HOW USEFUL IS THE IMPLEMENTATION OF STAFF AWARENESS TRAINING IN SUICIDE AND SELF-HARM REDUCTION: PERSPECTIVES OF FRONTLINE STAFF

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Abstract

1.1.1.1 Background

Suicide and self-harm (SASH) within the prison estate is a prevalent issue. Figures indicate 325 deaths in prison in the 12 months leading to December 2018, of which 92 were self-inflicted, and 52, 814 incidents of self-harm- up a considerable 23% from the previous year.

Explanations to why SASH manifest greater in prison are manifold; prison experiences exacerbate mental health through the deprivation of liberty, goods, heterosexual relationships, autonomy and security. SASH can be considered a coping strategy or (mal)adaption to these deprivations.

As a response to this, the prison service has a SASH training package, delivered annually to frontline staff to aid SASH prevention.

1.1.1.2 Method

A mixed methods design was used incorporating frequency data from 61 post-training evaluation forms and 7 30-45 minute semi-structured interviews with frontline prison staff. A thematic analysis was used to identify codes from the interview data, and these were contextualised by the post-training evaluation form descriptive analyses.

1.1.1.3 Findings

Of the 61 post-training evaluation forms, 56 stated the training was highly effective in achieving course aims. However, of those interviewed, it is clear that this effectiveness was in delivery of procedural content only, such as the use of the ACCT. Knowledge and awareness delivery of mental health and SASH was 'basic', 'boring', and 'tick box orientated'. Staff feel unsupported in mental health provision and guidance post-training.

1.1.1.4 Conclusions

Effective training methods embody a level of 'control' and input from adult learners and training delegates. Participants want to be active 'learners' in SASH, seeking knowledge to support person-centred care of prisoners as well as the ability to follow procedure.

Following this, implications for future SASH practice and policy are highlighted in an applicable model to fit current prison regime and training resources.

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- HMPPS (Her Majesty's Prison and Probation Service)
- SASH (Suicide and Self-harm)
- OSG (Operational Support Grade)
- CM (Custodial Manager)
- ACCT (Assessment, Care in Custody and Teamwork)
- SO (Supervising officer)
- NOMS (National Offender Management Service)
- MoJ (Ministry of Justice)

Introduction

A particularly significant issue within the penal system in England and Wales is the rise in rates of self-harm, increasing by 23% in the previous year up to December 2018 (Ministry of Justice, 2019). Relative to this, the MoJ (2019) have reported that within this year there were also 325 deaths in custody, which is a significantly high 10% increase from the previous year, and of which 92 were recorded as self-inflicted. Not limited to this previous year, the increase in rates of suicide and self-harm (SASH) have been noticable in trends over a longer period of over 10 years (MoJ (2019). It is argued that this increase in self-harming behaviour, and the nature of suicidal deaths in custody, are related to the aims of imprisonment, and the 'prison climate' or 'pains of imprisonment' (Sim, 1994; Sykes, 1971). It is suggested by Crewe (2011) that SASH behaviour is a (mal)adaption to the 'prison climate' and the 'pains of imprisonment', and it is due to this that frontline staff should be vigilant and well trained in preventing and managing the risk of SASH (Human Rights Watch, 2003; Marcus, Young, Kerber, Kornstein, Farabaugh, Mitchell, Wisniewski, Balasubramani and Trivedi, 2005; Hodgkinson and Prins, 2011).

This study aims to explore frontline staff views on the usefulness of the SASH training delivered to prison staff with the aims of equipping them to identify and manage the risks of SASH amongst prisoners. It does so by following a mixed methods design, using quantitative self-report data from 61 post- SASH prevention training evaluation forms to support a thematically analysed qualitative phase of 7 face-to-face interviews. The 7 participants were frontline prison staff from a single category C, adult male prison and have had 2 or more years' experience working with vulnerable male offenders. Prior to the study, there had been a noted increase in instances of SASH within the establishment and a concern over the influx of new and unexperienced staff dealing with these issues. The latest accessible figures for the establishment show that between the months of July and August 2018 there were 38 recorded incidents of self-harm detected and reported by staff along with: 49 'Finds' (i.e. bladed articles), 5 'Disorders', 24 'Miscellaneous', 2 live and intentional fires, 28 assaults, 5 key lock compromises, 16 damages to prison property and 1 food refusal (Safer Prisons Newsletter, see appendix 8). Within this same bulletin, they highlight the main cause of violence at the establishment is 'debt' (see appendix 8), which, from an insider perspective, often leaves prisoners vulnerable to assaults, self-isolation and with poor coping strategies. Often, these poor coping strategies manifest or (mal)adapt into SASH. As the prison service experiences a high turn-over of staff (National Audit Office, 2017) and violence and SASH are manifesting within the estate, this study focuses attention on the usefulness of training to equip all staff with skills and knowledge they need to manage, report and reduce risk of SASH.

The study commences with a review of previous literature in chapter 2, beginning by exploring the rates of SASH within prisons and explaining the higher rates amongst inmates compared to the general public. Next, the literature review highlights the importance of staff awareness training in SASH followed by the process implemented by the prison service to allow staff to manage SASH risks. It follows by discussing harm-reduction as an alternative method of risk management, before discussing perspectives of frontline staff on the SASH training from previous literature. The chapter concludes by revealing literature on effective methods of training and illustrating the study aims and objectives.

Chapter 3 discusses the methodology and research design of the study, covering: research design, phase 1: quantitative post-training evaluation forms, phase 2: qualitative semi-structured interviews, ethical considerations and the insider researcher. Within phase 2, as the study is heavily focused on qualitative data, it outlines: data collection, sample, pilot study and analysis. Consequently, chapter 4 is an integrated analysis and discussion of the data from phase 1 and 2, addressing key areas in: previous training delivery style, previous

training ethos, previous training views on SASH, what participants learnt from previous training, previous experience of SASH and improvements/suggestions for future training development. Finally, chapter 5 concludes the study and sets out implications stemming from the findings and future directions for research and SASH training policy and practice.

Chapter 2 Literature Review

This chapter begins by setting the scene on the rates of SASH in prisons, exploring how these rates are mirrored by an increase in mental health needs and provisions for prisoners. It then follows by exploring why the rates of SASH appear to be more prevalent within the prison environment, considering the individual control theories and the pains of imprisonment. Following this discussion, the former concepts and ideas are drawn together to discuss why it is important to deliver staff awareness training in mental health, SASH, particularly to frontline prison staff. From this, the chapter discusses the current procedure and protocol for risk management of SASH in prisons, followed by current research on staff perceptions of receiving SASH training as a learning tool. The literature review concludes by drawing together research into appropriate methods of adult learning and training delivery styles.

2.1 Rates of suicide and self-harm in prison

The NHS defines self-harm as intentional damage or injury to their body as a way of dealing with personal issues for any of the following means: to punish themselves, express distress and/or relieve unbearable tension (NHS, 2018). This builds on early definitions such as, SASH is behaviour that is carried out by individuals upon themselves which tends to remove, destroy or imperfect some part of their body (Phillips and Alkan, 1961). Moreover, the act of self-harm has further been broken down by Podvoll (1969) in order to denote its personal use and inherent 'usefulness': using self-harm as an internal goal is used to relieve personal tensions and stressors, whereas using self-harm to appeal to an external goal is for restitution, a means of gaining control over a matter. Self-harm as a method of achieving an 'external goal' could allude to a means of feeling a sense of power over an array of emotional turmoil thus gaining a level of autonomy However, the stipulation that self-harm is a method of obtaining an 'external goal' may also explain why some prisoners have been identified as using self-harm as a manipulation tactic to gain articles prohibited through regime (Bowers, 2003). A form of external gain in this capacity could be the granted use of a television whilst on basic regime. Basic regime, under prison rule 8 or YOI prison rule 6, is part of the Incentives earned privileges (IEP) system which rewards positive behaviour whilst punishing negative behaviour through limiting access to personal money, association, personal items/clothing and visit orders (Liebling, 2008). However, this is not to suggest that prisoners that are suicidal or self-harm are this way due to the desire to coerce a form of gain, as a large proportion self-injurious behaviour is covert (James, Samuels, Moran, Stewart, 2017). It has been argued that prison exacerbates self-harm, leaving prisoners vulnerable to serious and self-destructive behaviour imposing psychological suffering (Kinahan and MacHale, 2014). Furthermore, the risk of completing a successful suicide attempt is a significant 30 times higher for those who self-harm, compared to their controls (Cooper, Kapur, Webb, Lawlor, Guthrie, Macway-Jones and Appleby, 2005). The NHS (2018) notes, that over 50% of those who die by suicide, death intentionally caused by the self, have a history of self-harm.

SASH within the prison estate is a prevalent issue. It is reported by the MoJ (2019) that there were 325 deaths in prison custody in the 12 months leading to December 2018, up 10% from the previous year. Of these 325, 92 were recorded as self-inflicted- 23.01% of the total deaths that year (rounded to the nearest .00). The MoJ (2019) reports a significant increase in self-inflicted deaths and it has been noted that the rate of self-harm in prisons also continues to rise throughout the years. The MoJ (2019) also report that there were 52,814 incidents of self-harm, up a considerable 23% from the previous year, within a prison population of 82, 148 by December 2018. However, whilst these figures produced are significantly high already, the prison service may be criticised for its staff underreporting of incidents of self-harm, as acknowledged during prison audits (MoJ, 2019). This stipulates

that the actual rates of self-harm, and potential for suicide, in prisons is likely higher and a rather prevalent issue. In comparison to the general population, most recent figures from December 2018 suggest that provisional data shows the UK age-standardised suicide rate is 10.6 deaths per 100,000 population in England, equivalent to 1,316 deaths (Office for National Statistics, 2019). This reveals prison self-inflicted deaths to be 6.99% (rounded to nearest .00) which is significantly high considering the England and Wales prison population is approximately only 0.15% (to the nearest .00) of the size of the general population of England and Wales, being 56,296,000 during the same period (Office for National Statistics, 2019).

A study of the National Office of Statistics in 1998 reports that within the prison estate in England and Wales, 40-76% of prisoners suffered from depression, obsessive compulsive disorder or an anxiety related disorder (Singleton, Meltzer, Gatward, Coid and Deasy, 1998). These disorders are the most common mental health conditions reported to be significantly linked to an increase in SASH behaviours (Singleton et al, 1998; Bulman, 2017). Respectively, as the prison population has continued to grow over the last two decades, as has the rate of mental health issues amongst prisoners (Berman, 2012). Whilst research does not directly link the two, there is research to support that an increase in population creating overcrowding and increases in prisoner stress and violence respectively, are contributing factors towards the growth of mental health issues amongst prisoners (House of Commons Library, 2018). This is reflective in figures that stipulate that self-harm has risen by 73% between 2012-2016 alone (National Audit Office, 2017). Attention has also been drawn to the funding crisis of the prison service which shows a 13% funding cut to the National Offender Management Service, rebranded as Her Majesty's Prison and Probation Service (HMPPS) between 2009 and 2017, which had a negative impact on staffing by 30% (National Audit Office, 2017). As a result, governors were forced to run restricted regimes making access to mental health support and provisions for prisoners even harder than during normal regime (National Audit Office, 2017).

2.2 Why suicide and self-harm rates are greater in the prison population compared to the general public

Previous literature, including that of Maden, Taylor and Brooke, (1995) stipulates that between 43% and 77% of prisoners have been identified as suffering from at least one mental health disorder at some point during their entry into the criminal justice system. Counter-productive to supporting the mental wellbeing of those identified as mentally unwell, the principles of punishment, control and security (that the prison estate aims to uphold) may have a significantly detrimental impact on individuals who have pre-existing mental health problems and vulnerability (Goomany and Dickinson, 2015).

Explanations as to why acts of SASH manifest greater within the prison estate are manifold; prison can exacerbate mental health issues and acts of self-harm through separation from family and friends, boredom and a loss of autonomy (House of Commons Library, 2018). Criminological theory attempts to explain the high rates of SASH behaviour in prison. Explanations as to why prisoners engage in SASH behaviours suggests it is down to the 'prison climate' (Goomany et al, 2015). Ross, Diamond, Leibling and Saylor (2008) explore the 'prison climate', often used almost synonymously with 'prison environment', denoting to the social, emotional and physical characteristics of the prison regime. Sim (1994) argues that the experience of men within the 'prison climate' is traditionally tied to understanding of the hierarchal arrangements within the prison: men as prison officers, men as governors, and men as other inmates. However, within this context, those in authority (prison staff) are referred to in their masculine context ('boss' or 'sir') whilst prisoners are conceptually regarded in non-masculine and non-human context, through prison identification numbers and men as prisoners (not prisoners as men) (Sim, 1994). This sets up a system, which reflects an 'us and them' ideology, giving masculine identity to those in authority and removing personal identity from inmates. Studies of masculinity endeavour to argue that

within masculine nature, whilst not homogenous, empowering patterns of behaviour are developed to challenge networks of authority and subordination. Issues of subordination, and reflective of a lower status, particularly prevalent when referring to the 'prison climate' are around overcrowding, separation from family and friends, spatial limitations, punishment and control through the IEP system, boredom and concentrated violence amongst the prison population (Ross et al, 2008). The issues within the prison climate that may contribute to SASH behaviour are retrospective to the 'pains of imprisonment'.

The pains of imprisonment, as a particular criminological theory in exploring individual emotional and physical responses to imprisonment, may be applicable in providing a better understanding of why prisoners self-harm or commit suicide. Coined by Sykes (1971), the 'pains of imprisonment' is a concept used to describe the deprivations within a prison that most prisoners experience and tend to find particularly challenging to manage. Sykes (1971) outlines 5 'pains of imprisonment' as:

- The loss of liberty (confinement, separation from family and friends, rejection from their outside community, loss of citizenship: lost emotional relationships, boredom and loneliness)
- Deprivation of goods and services (lack of choice, amnesties and material possessions)
- Lack of heterosexual relationships (figurative castration by involuntary celibacy from relationships with opposite gender)
- Deprivation of autonomy (following regime, work, activities, restrictions on mail and possessions as per the regime)
- Deprivation of security (enforced association with other unpredictable offenders).

It is the sum total of these 5 pains which Sykes (1971) sets out as being the reason that individuals find prison life to be undesirable. Critically, the pains of imprisonment do not seem apparent until post penal sentencing, as they evidently do not act as a substantial deterrent to the whole general population to desist from crime (Sykes, 1971).

The concept of 'pains of imprisonment' umbrellas various aspects of the prison regime and prison life, including but not limited to: limited space, limited freedoms, lack of social network and support, perceived unforeseeable future outside of prison (Crewe, 2011). Rocheleau (2013) and Sykes (1971) discuss prisoners' reactions towards the various pains of imprisonment and incorporate their reactions into two distinct and separate paths. The first, is that some prisoners may take a 'collectivistic' route in dealing with their 'pains of imprisonment', where they create bonds with other prisoners through ties of mutual support and loyalty, almost adhering to prison hierarchy cultures (Rocheleau, 2013; Sykes, 1971). Or, if they follow the second route, prisoners are discussed in terms of taking an 'individualistic' path, where they exploite other prisoners and the prison regime in order to experience some form of control, where otherwise, prisoner control is perceived to be deprived (Sykes, 1971). Referring to Goffman's (1961) work in Asylums to explore the second route, the act of self-harm may be used as a form secondary adjustment, which namely describes self-harm as an act which does not directly challenge staff but allows inmates to obtain disallowed satisfactions (or allowed ones through maladaptive means). However, whilst the 'pains of imprisonment' theory is indicative of the pains of the deprivation from being incarcerated, it does not go into much depth about other variable factors which may impact on the extent to which a 'pain' is felt, such as emotional instability and mental health. Skyes' (1971) loss of desirable goods and services as a pain of imprisonment can be used to express particular 'pains' with the current mental health provision within prisons. It is repeatedly recognised throughout literature that the provision of mental health care and facilities within the prison estate is below average, due to a lack of specialist mental health professionals and increasing mental health needs of prisoners (Dickinson and Hurley, 2012).

Higgins' (1990) research into prisoners with mental health issues alludes to, what is described above as taking an 'individualistic path', as a coping method of masking depression and other mental illness: prisoners may exploit other prisoners and relationships

with staff as a means of gaining a sense of control where feeling emotionally deprived of their own control. Particularly, in a self-report study, prisoners reported particular 'pains' in terms of their emotions, feeling that their personality itself was being assaulted whilst in prison, as regime was constantly changing and access to materials and support was inconsistent and limited (Mason, 1990). Goomany et al (2015) explore the 'prison climate' making implications towards the prison regime being partially responsible for the manifestation of SASH rates. Goomany et al (2015) puts responsibility on the regime for these reasons: prisoners are almost separated from their 'personality' when referred to by prison number, are limited in maintaining regular contact with loved ones, and are encouraged to engage in 'rehabilitative' activity, and punished where this is refused. Goffman (1961) also outlines the loss of identity of 'inmates' through the modifications of self, highlighted as the changes one goes through when an authoritarian system forces one to: define themselves as ill, change their thinking and behaviour, suffer humiliations and adjust to a restrictive institutional regime. Thus he explores that the prison system is stripping individuals of their sense-of-self where individual human needs are handled in a bureaucratic and impersonal way.

The separation from a sense of individual 'personality' may create individual tensions, decrease a sense-of-self and increase feelings of deepened sadness and low moods. For some prisoners, the unpredictable power of penal punishment on feelings of insecurity and uncertainty creates significant emotional difficulties (Crewe, 2011). Giddens (1991) uses the term 'ontological insecurity' to describe these feelings of difficulty that arise when prisoners lose faith in the reliability of support, staff and the world beyond the prison regime, and can no longer trust their current understandings of external realities. In essence, if prisoners feel emotionally pained and lose faith in engaging with the prison regime and activities available to them, they may not respond rationally or with a sound mind when employing coping mechanisms, and suicide and/or self-harm may be perceived by prisoners as a justified control mechanism. The pains of punishment can result in deterioration of mental health and increased risk of SASH (Bradley, 2009). Moreover, research has highlighted that mental health problems are amongst the leading cause of morbidity amongst prisoners; when compared with the general population, SASH incidents are more prevalent within the prison estate (Marzano, Fazel, Rivlin, Hawton, 2010; Hawton, Linsell, Adeniji, Sariaslan, Fazel, 2013).

SASH can be considered as a coping strategy or (mal)adaption to the pains of imprisonment (Crewe, 2011). In response to the prison conditions and regimes, Agnew's (1992) general strain theory specifies how the restraints of penal punishment may elicit feelings of distress and despair, and how prisoners may self-harm as a way of seeking relief and compensation for the perceived harms and victimisation of incarceration. Using general strain theory in this perspective highlights the importance of how prisoners view their experiences of incarceration, and indeed how they manage to cope with these experiences on a personal level (Agnew, Brezina, Wright and Cullen, 2002). To that effect, coping can elicit a range of different behaviours, some seen as 'healthy' (such as exercise which helps to release endorphins which are 'feel good' hormones) and others seen as 'self-destructive' and problematic (such as self-harming) which is only a temporary relief and potentially life-threatening (Turanovic and Pratt, 2012). Conversely, the above introduces an issue of personal self-control of the prisoner on an individual level, which would explain why a large proportion, but not all, of the prison inmate population engage in self-harming behaviours. Using the principles of self-control theory, it is argued that the ways in which prisoners employ certain methods of coping is not all that random as it may seem (Turanovic et al, 2012). Gottfredson and Hirschi (1990) explored the individual nature of those prisoners with perceived low self-control and found that they are often impulsive and engage in risk-seeking behaviours such as self-harm, which provide immediate gratification and emotional release. However, assessing the level of self-control of the individual can be rather problematic, as it is measured on an individualistic and personal level, and therefore frontline staff may struggle in identifying indicators of low self-control unless a prisoner explicitly provides this information (Gottfredson et al, 1990). As such, this signifies the

importance of staff awareness in identifying changes in mood and behaviour and noticing particular behavioural habits of individuals. Failure to recognise such behavioural traits, and a lack of self-control followed by an increase in low mood and self-injurious behaviour, may be detrimental to SASH prevention.

However, research into depressive mental states of male offenders has also revealed that often the symptoms of depression can be 'masked' (Hodgkinson et al, 2011). An example of this discussed by Higgins (1990), asserts that a depressive mentality may present itself in some male offenders in the forms of serious violence, tension and the committing of assaults during psychological turmoil. This may result in a mental health problem being missed or unrecognised by staff, especially if the offender is not blatantly self-directing his violence as an act of self-harm and is not complaining of low moods and depression (Higgins, 1990; Hodgkinson et al, 2011). It is likely, that following prison regime and a zero tolerance to violence, that this prisoner will be consequently punished for his violent behaviour whilst the underlying mental cause be overlooked. In this instance, Higgins (1990) implies that these acts of violence and punishment may serve as a catharsis; however, the prisoner is almost trapped in an undetected depressive cycle. Also detrimental to diagnosis and support of these male offenders, Marcus et al (2005) argue that men are less likely (than their female counterparts) to admit to poor coping and to seek help for an affective disorder such as depression. Nonetheless, the provision of such mental healthcare is problematic due to the lack of trained healthcare professional available to administer support, in proportion to the number of vulnerable prisoners (Dickinson et al, 2012), and the complexities of the prison regime. For example, healthcare staff may be required to attend to other duties within the prison regime, such as supervised medication dispensing which leaves for medically trained staff shortages for elsewhere within the prison during these times. As a result, efforts in reducing SASH of prisoners may implicitly, during these regime demands, become the responsibility of non-medically trained frontline staff (Dickinson et al, 2012).

2.3 The importance of staff awareness training

Due to the operational demand for non-healthcare professionals to be responsible for managing SASH, it is therefore apparent that efforts to develop responsiveness to SASH training and awareness for frontline staff is imperative in supporting its alleviation. The main focus of this study, however, will focus on SASH in terms of prisoners deliberately engaging in self-injurious behaviours, such as: cutting themselves, burning themselves, self-hitting and/or hitting body parts against objects, substance abuse and misuse, creating ligatures, and jumping/hanging from a height with intent of self-inflicting harm (Hawton, Rodham, Evans, Weatherall, 2002). What should be noted, however, is that deliberate self-harm can be characterised by either suicidal intent, or no suicidal intent (Hawton and James, 2005). Although, what cannot be assumed from this is that all instances of self-harm that lead to suicide had an inherent suicidal intention. All self-harming behaviours highlighted above, and those not listed here, have potential for life-threatening and dangerous consequences for prisoners, and not all prisoners mentally process this information clearly and rationally when being self-injurious without suicidal intent (Hawton et al, 2005). Prisoners may self-harm in such a way that leads to a greater chance of death without actually wanting to, or rationally acknowledging, that they can die. Therefore, regardless of the intent or severity of the self-injurious acts and behaviours, all self-harming behaviour should be identified promptly and monitored effectively by all frontline staff dealing with prisoners.

Moreover, the Human Rights Watch (2003) support this notion of deploying adequate staff awareness training surrounding safer custody and SASH, suggesting that the inadequate management of prisoners (by non-medically trained prison staff) can precipitate undesired effects such as aggravated mental health conditions and an increased risk of SASH. Implicitly, included in the literature above, is almost a request for frontline staff to be

trained to be more vigilant and responsive to unusual and/or changes of behaviour in these vulnerable men. This is significant, as research has found that it often takes an attempted suicide or an act of self-harm for treatment referral and self-harm provisions to be made; therefore, the delivery of successful and effective SASH training to all prisoner facing staff is necessary for prevention (Marcus et al, 2005). Those working within the criminal justice system, particularly in the prison estate, need to be trained in awareness of symptoms, including masked symptoms, of depression and poor mental health: In many cases frontline prison staff are relied upon to monitor and report such symptoms due to regime and limited access to trained healthcare professionals (Hodgkinson et al, 2011).

Ways in which training frontline staff in better understanding and identifying risk of SASH, which may also prove beneficial for Her Majesty's Prison Service, its staff and its prisoners, is by providing a holistic 'secure support system', whereby prisoners can have unjudged and trusting relationships with staff regardless of whether they have desisted from self-harm, or not. By this, it can be discussed that whilst prisoners can refuse treatment or medical help, that they should also be able to refuse safer custody and medical intervention when self-harming, and perhaps providing a safe environment to self-harm should they do this, may support the likelihood that prisoners will not feel they have to self-harm covertly (James et al, 2017). If more acts of self-harm are overt, and staff are aware of these behaviours more often than not, then effective monitoring of self-injurious behaviours can be implemented, thus helping reduce harm and in some effect, preventing suicide. However, this is a controversial way of monitoring and reducing the harms of SASH and could raise many legal and ethical implications for the staff involved in relaying the harm reduction advice, as well as Her Majesty's Prison Service as a whole (Edwards and Hewitt, 2011). On the other hand, Duperouzel and Fish (2008) and Shaw (2012) have found that amongst the self-harming community, aims to completely prevent self-harming in some cases can lead to more distress (as prisoners have their mechanism for emotional release obstructed by staff), escalation in self-harming behaviour and hindered relationships with professionals that are responsible for their care.

2.4 The process of reporting and managing suicide and self-harm risk in prisons

Of those vulnerable prisoners that are identified as being at risk of suicide and of self-injurious behaviours, Western countries such as England and Wales, Australia and Scotland, have developed a multi-disciplinary tool for aid and support in prisoner care planning and documented supervision (Power, Swanson, Luke, Jackson & Biggam, 2003). This system is referred to as the 'ACCT' document (Assessment, Care in Custody and Teamwork), which was originally piloted as a means of monitoring those at risk of self-harm (HM Prison Service, 2005). It is also coupled with the use of a F2052SH, Form 2052 for suicide/self-harm, which was introduced as a secondary tool within the ACCT care management plan as a means of monitoring those deemed at risk of suicide following an attempt and/or self-injurious behaviour (HM Prison Service, 1995). Furthermore, the use of this documentation in a comprehensive and accurate manner also serves to protect staff against professional negligence litigation (Allan, Packman, Dear, O'Connor-Pennuto, Orthwein, Bongar, 2006).

Once the document is opened appropriate risk assessments, including the self-harm F213SH form, and care maps are put into place in order to manage risk. Risk refers to possible offender 'triggers', which may provoke thoughts, feelings and acts of self-harm, to supervise/observe prisoners at given intervals and work with multi-disciplinary groups to comprise a care plan in order to minimise these risks (Humber et al, 2011). Risk factors of SASH include, but are not limited to: homelessness, living alone or isolated from family/friends, unemployment, problems with housing, drug and alcohol use/misuse, previous history of self-harm, physical health issues, criminality, bereavement and physical health problems/impairments (Steeg, Haigh, Webb, Kapur, Awenat, Gooding, Cooper, 2016), all of which are also indicators of poor mental health and coping (Humber et al,

2011). Hawton et al (2013) stipulate that, in the prison setting, risk factors indicating the highest level of risk of SASH amongst male prisoners are: being younger than 20 years of age, of white ethnic origin, in a high security setting and either serving a life sentence or being unsentenced (on remand). However, other risk factors they acknowledge as contributory to SASH in prisoners are: violent offending history, age and previous history of self-harm (Hawton et al, 2o013). This list does not exclude factors highlighted by Steeg et al (2016), though, as prisoners also experience life events such as family/friend bereavements, substance abuse before and during a prison sentence, and physical impairments brought on by lifestyle choices and age. In context, whenever any instance of self-harm, or statement of intention to self-harm, takes place the 'first on scene' or the frontline staff first to respond to the incident is responsible for opening the ACCT (HMPPS, 2011). To do so, they fill in the offenders' personal details on the front cover (his name, prison number, cell location and a photo for identification) and then they obtain an ACCT log number from the prison gatehouse/control room (HMPPS, 2011). Once this log has been obtained, safer custody are informed of the ACCT being opened and the orderly officer has 24 hours to organise an initial case review (HMPPS, 2011). At the initial case review, an ACCT assessor and mental health staff review the prisoners risks and triggers and set personal goals with them in order to manage and reduce their risk of self-harm at present and in the future (HMPPS, 2011). As part of this case review, the ACCT assessor will agree a set level of observations based on their risk at the time of the review, and this will be documented on the front of the ACCT document to inform frontline staff of the frequency of observation and quality of the observation needed and until when (i.e. quality conversation recorded, 3 times per hour until next review) (HMPPS, 2011). During this process a member of healthcare will be required to attend for any instance of self-harm and will assess injuries at present and record this in the ACCT on the F213SH (Allen et al 2006). The F213SH form is self-explanatory and well laid out in numerous sections which allow the member of staff that is first on scene to the incident to detail the self-injurious act and methods It is useful for multi-disciplinary staff and the safer custody department in monitoring self-harm spatially and via common methods in order to implement staff awareness of time, location and method most frequently used in the establishment to further minimise risk (Allan et al, 2006).

However, in assessing the risk reduction element of the ACCT document as a care system and risk management tool, it has been noted that both comprehensive staff training in mental health and SASH awareness, coupled with multi-disciplinary care was essential. It is essential in providing the most effective support for those prisoners proposed to be at risk, with particular emphasis being placed on staff training (Humber et al, 2011; Power et al, 2003; Cox & Morschauser, 1997). On these grounds, it is accentuated that all prison staff who may have direct or indirect contact with prisoners whilst within the establishment should receive initial training in suicide/self-harm prevention. This should include refresher training occurring on an annual basis to maintain and enhance staff knowledge and awareness around mental health issues and suicidal risk factors (Konrad et al, 2007; HMPPS, 2011). Particular highlights of staff training, surrounding the effective use of the ACCT document process, focuses on the recording of relevant and fruitful data which can be used both to initiate relevant modes of prisoner care, but also in a court of law should there be an unfortunate death in custody (HM Prison Service, 2005; Konrad et al, 2007).
Staff are encouraged to document in the 'ongoing records' quality entries, which refers to the elements of the prisoners' care plan such as: a mental health state examination by healthcare staff, assessments of SASH risks by case managers and documented evidence of engagement and communication with staff and other prisoners (Humber et al, 2011). On the other hand, with limited resources within the prison estate, focus on better adapting the data retrieval process to provide more quality information for care planning may support the safer custody team (Fruehwald et al, 2004). Researchers have given examples of ways in which prison estates can manage small changes that may improve quality of prisoner interactions with staff and increase a sense of belonging amongst at risk individuals, such as the use of shared accommodation to provide companionship and reducing the opportunity to engage in cohort suicidal acts (Fruehwald et al, 2004). Although, rather contradictory with

other evidence, as previously explored, it has been identified that those convicted for violent offences are more likely to be at risk of suicide and/or self-harm (Humber, Webb, Piper, Appleby, Shaw, 2013). However, in-line with prison policy is the PSI 20/2015 Cell Share Risk Assessment (CSRA) which often finds those convicted of a violent offence as being 'high risk' and therefore unsuitable to be in accommodation other than single occupancy for the safety of others (National Offender Management Service, 2011).

2.5 Alternative methods of suicide and self-harm reduction

In contrast to current prison procedure in reducing risk of SASH, researchers have discussed developing a harm-reduction model focusing on safe practice in self-harm such as the use of clean blades for making wounds, where harm prevention has proven ineffective i.e. for prolific self-harmers. Harm reduction for self-harm is a term that is used when describing policies, procedures and interventions that are used with the aim of reducing the negative effects of self-injurious behaviours such as infection, and/or the negative effects of self-harm prevention such as aggravated self-harm, or even suicide, attempts (James et al, 2017). However, as the defining feature of this model is that it reduces the adverse effects of self-injurious behaviours, rather than preventing the act of self-harm and/or suicide (James et al, 2017). Currently, there are no established harm reduction models for self-harm; although, practices could include frontline staff, who work with self-harming prisoners, being trained in advising prisoners how to self-harm safely (James et al, 2017). This could include training staff on how to clean wounds, so that they can show prisoners, using methods of self-cutting for example, the best ways to keep wounds clean and hence reducing the harm of infection (James et al, 2017). This may be beneficial for all parties involved with the care of prisoners who self-harm, in circumstances where prisoners may self-harm covertly and these harms are not revealed for a period of time, or not at all, to staff who are expected to provide care and prevent self-harm.

2.6 Suicide and self-harm training (SASH) in prisons as a tool of staff awareness: perspective of frontline staff

Irrespective of documents and processes used to manage SASH, and the correct and appropriate use of documents to manage and record these risks, it is significantly important to administer a training package on the offset to support staff to do their job effectively and correctly. The prison service has a SASH training package that is administered to all staff, annually, with the aims of training staff to feel competent in opening and managing ACCT documents and being aware of the behaviours, conditions and support networks available in the event of SASH behaviour. The training package is then evaluated by the trainers with the use of post-training evaluation forms which are stored securely in the training department. These forms ask participants to score areas of the training such as: administration, course effectiveness, application in practice and feedback on specific trainers (see appendix 6) using ordinal scales such as 'low/medium/high' for satisfaction. Theoretically, this training should provide a more concise and comprehensive mode of practice across the prison estate, but the issue in this is understanding to what extent this is feasible and/or realistic. What presents as being important throughout the literature here, is that a consistent and multi-disciplinary cohort of staff should assist the reduction of suicide and self-injurious behaviour amongst at risk prisoners by encouraging prisoner motivations to manage 'triggers', develop appropriate care plans and review prisoner progress. However, according to an article published by the Guardian, prison authorities' response to a rising level of suicide and self-injurious behaviour across prison estates, as reported by the National Audit Office, is 'poor' and prison staff are failing to collect enough information on the wellbeing of prisoners at their time of need (Bulman, 2017). Consequently, it perhaps seems relevant to focus attention on staff training, the impact of its delivery and the quality and development of the ACCT process thereafter. As it appears

necessary to focus research on the development of training, and staff awareness and understanding of the safer-custody processes, research on this topic could also benefit from incorporating input from frontline staff and those involved in monitoring and preventing suicide and self-injurious behaviours.

At present, there is very little literature into SASH from the perception of the frontline prison staff who are imminently expected to manage and prevent it (Marzano, Adler and Ciclitira, 2015; Rayner, Allen and Johnson, 2005). Respectively, much of the literature is pivotal on exploring the SASH tendencies of women (Kenning, Cooper, Short, Shaw, Abel and Chew-Graham, 2010), as research trends show they have higher rates of completed suicide than men (Mackenzie, Oram and Borrill, 2003), and tend to have higher rates of serious mental illness (Fazel and Danesh, 2002). However, most incidents of SASH within the custodial setting are carried out without suicidal intent, by prolific self-harmers and, reflective of the over-representation of this gender in the prison population, are men (MoJ, 2017). Furthermore, there appears to be a common misconception that SASH is a 'female' problem (Marzano et al, 2015), and non-suicidal forms of self-harm being teenage female activity (Brickman, 2004). Meaningfully, this has been concluded as a misconception, as previous literature supports that men are more likely than women to self-harm with the intent of dying (Hawton, 2000). The MoJ (2017) published figures depicting the rate of self-harm in male prison establishments over the previous 10 years, and it reflects an increase year-to-year, standing at 33,605 in June 2017 which is almost triple of June 2007 at 12,223. That being stated, researchers such as Taylor, Hawton, Fortune and Kapur (2009) have repeatedly concluded that frontline prison staff who deal with prisoners who self-harm experience a range of negative emotions about their job role; however, little research has been done to fathom a reason as to why staff may respond negatively to SASH (Marzano et al, 2015).

Hayward, Tilley, Derbyshire, Kuipers, and Grey (2005) argue that staff may respond to self-harming prisoners negatively as self-harming is a maladaptive and socially unacceptable behaviour which staff are subtly made aware they are responsible for (Justice Select Committee, 2016), yet are relatively powerless in terms of prevention. Huband and Tantam (2000) discuss that having to deal with the stresses of SASH, whilst feeling powerless in doing so, may enhance the motion of individual coping and defence mechanisms, which in some cases can be 'distancing' from the self-injurious prisoner. In terms of a cognitive-emotional perspective, this is likely to occur where a prisoner exerts low-severity, repetitive and controllable acts of self-harm (Stanley and Standen, 2000; Weiner, 1986). While the self-injurious behaviour appears to be minor, and not an instantaneous threat to life, prison staff may perceive this almost as an 'unreal' attempt at self-harm, one where a particular concern for the prisoners' safety is not necessary.

Bowers (2003) and Fish (2000) express that non-suicidal injurious behaviours are seen as indicative of staff coercion and can cause men who self-harm to be viewed with dishonesty. They have noted that the staff responses that they have studied have shown a tendency for staff to stereotype male prisoners who use non-suicidal self-injurious behaviours as 'manipulators', trying to coerce staff to pay them attention and meet their demands (Bowers, 2003; Fish, 2000). In these instances, staff have been more inclined to show a reduced willingness to help male prisoners with self-harming behaviours and are more likely to experience feelings of anger and negativity towards the safer custody element of their role (Bowers, 2003). However, the inherent caring nature of the safer custody role of prison staff in preventing SASH is contradictory to the general approach of prison officers in dealing with prison work in general, as literature suggests prison officers mainly use passive, indirect and palliative coping strategies in their occupational culture (Schaufeli and Peeters, 2000). A passive nature cannot, in large, be considered as a 'caring' quality, nor can express an individual who is 'willing to help' in a perceived difficult encounter with a self-harming individual. Nonetheless, it is highlighted as an integral part of the role of a prison officer to ensure the safety and security of the prison environment, and those within it. This includes, but not limited to, prison officers having a crucial responsibility in

identification and provision of prisoner risk of SASH, despite feeling passive, anger, unqualified, untrained or unskilled in safer custody work (Towl and Forbes, 2002). Regardless of prison staff feeling passive, anger, unqualified, untrained or unskilled in safer custody, a failure to recognise suicidal risk factors and behaviours, can lead to legal challenge should the prisoner die under their custody (Konrad, Daigle, Daniel, Dear, Frottier, Hayes, Kerkhof, Leibling and Sarchiapone, 2007). Therefore, adequate safer custody training, and the provision of adequate suicide prevention and intervention staff and protocols, is beneficial two-fold; first, in supporting and managing the maladaptive needs of the prisoner and second, in reducing instances of SASH within the establishment, thus preventing legal sanctions on serving prison staff (Konrad et al, 2007).

Konrad et al (2007) suggest that there are a number of ways in supporting the reduction of SASH instances within the prison estate, including the implementation of staff training. They suggest that all correctional staff, as well as the healthcare staff employed on site, should receive initial SASH prevention training upon employment, and receive refresher training each year throughout the course of their employment within the prison estate (Konrad et al, 2007). In the previous comment, it should be emphasised that there has been an expression for healthcare staff to also attend and be given this same training. Although they may be health care professionals, there is no indication that they are all trained sufficiently in dealing with and identifying SASH risk factors, regardless of their medical training in dressing wounds and dealing with the aftermath. Hayes (2006), in addition to the above, also prerequisites that 'mock drills' to give staff an indication of possible scenarios of SASH should be incorporated into both the initial SASH training, and the yearly refresher training packages.

2.7 Effective methods of delivering staff training

Research into effective training methods suggest that adult learners do not wish to be 'taught' parse, they like to assume a level of 'control' in their learning or at least play a role within it, as well as perceiving that the training has benefits in terms of improving them as an individual (Dalto, 2015). It has been identified that a number of training modalities can be used to train employees, with a recent increase in e-learning tools (Welsh, Wanberg, Brown and Simmering, 2003). Welsh et al (2003) state this is because e-learning tools are more cost effective to develop, whilst offering scope to train a larger group of people within limited time frames. However, a criticism of using this delivery method within the prison setting is the constraints that arise from low staffing levels, and the inability to detail staff time on the rota to complete this outside of the ordinary working regime (Crewe, 2011). It has also been noted that virtual reality training is growingly popular, allowing the trainee the opportunity to learn through engagement and interaction with the issue at hand, and learn how to handle situations in a safe but mundane scenario (Squelch, 2001). This would be useful in training prison staff through the SASH training package as it would give a practical environment which stimulates elements of a prison employees interaction with those at risk, and also engages these staff allowing for the level of 'control' over their training which Dalto (2015) highlights as significant for staff training.

However, throughout the literature there is little to suggest which method of training is most effective or suitable to delivering training packages. That being said, there have been a group of researchers that have indicated that there is a distinct feature of training packages that seems to have a direct and positive impact on training delegates' learning, and they suggest it is the ways in which the trainer keeps the trainee engaged (Burke, Sarpy, Smith-Crowe, Chan-Serafin, Salvador, Islam, 2006). It has been discussed that the best practice that employers and trainers can take in making sure that staff are engaging with their training and also retaining the information that is being portrayed, is to regularly update and modify training schedules with the involvement of frontline staff (Smith, 2017; Burke, Sarpy, Smith-Crowe, Chan-Serafin, Smith, Sonesh, 2011).

Smith (2017) describes this process of training improvement through three key steps: the first step is to conduct a needs assessment, merging the codified company requirements with the perceived training needs of the employees that are to receive (or have received) the training. The second, is to select a proper delivery style, which for prison employees, may include incorporating prison-specific visuals and scenarios to engage staff and actively portray what is required of them when adhering to safer custody practices (Smith, 2017). Finally, the third stage is described as being two-fold. Firstly, trainers should effectively assess how well staff have retained information through administering activities such as a training related quiz, and secondly, trainers should ask staff for feedback to provide management with a measure of training effectiveness (Smith, 2017). Whilst the SASH training implements the majority of these stages, as with any training there is scope for development, which is where this research project has stemmed. On the other hand, the SASH training package that was delivered to prison staff itself, as an insider researcher having received the training as a delegate, the training does not actively contain a section to assess the retention of information. This element of the training package may be useful to incorporate into future training packages for SASH as the delivery benefits may also be described as two-fold. First, it allows trainers to assess and evaluate the responses of their employees and ensure clarification that staff have correctly interpreted the materials that have been delivered. Second, but equally important, it may also allow trainers to identify areas of weakness in staff interpretation to allow them to suggest further training for those employees that require it.

2.8 Literature review summary

SASH within the prison estate is a prevalent issue, with self-harm increasing 23% over the previous year and self-inflicted deaths 10% respectively (MoJ, 2019). Of these 82,148 serving prisoners in England and Wales, estimates reveal 40-76% of these prisoners to be suffering with a mental health disorder, whose associated risks and symptoms may include SASH (Singleton et al, 1998). Counter-productive to supporting the mental health of these vulnerable prisoners are the 'pains of imprisonment' or principles of punishment and control that are present within the prison estate, and it is these that exacerbate mental health conditions and associated risk of harm (Goomany et al, 2015). It is the pains of imprisonment that give reason to why individuals find prison life undesirable post-sentencing (Sykes, 1971).

In particular, prisoners report particular 'pains' in terms of their emotions, feeling that their personality itself was being assaulted whilst in prison, as regime and access to services was restricted (Mason, 1990).Self-harm and/or suicide can be considered as a coping strategy or (mal)adaption to the pains of imprisonment (Crewe, 2011). Gottfredson et al (1990) explored the individual nature of those prisoners with perceived low self-control and found that they are often impulsive and engage in risk-seeking behaviours such as self-harm, which provide immediate gratification and emotional release. Failure to recognise such behavioural traits, and a lack of self-control followed by an increase in low mood and self-injurious behaviour, may be detrimental to SASH prevention.

Due to the operational demand for non-healthcare professionals to be responsible for managing SASH, it is therefore apparent that efforts to develop responsiveness to SASH training and awareness for frontline staff is imperative in supporting its alleviation. This is done so, in large, through the implementation of the ACCT process (Power et al, 2003). Staff are encouraged to make regular prisoner observations and document dynamic entries on their mood, wellbeing, activities, interactions and any harms they are aware of (Humber et al 2011). Therefore it is imperative that SASH training standards meet the requirements of managing and reducing risk of SASH, as well as appealing to adult staff learners for

appropriate retention of knowledge, and successful application of skills in practice (Dalto, 2015).

2.9 Aims and objectives

As outlined in the literature above, there is a recurring increase in the rates of self-harm, and with an increase of 10% on the previous year, the rates of suicide remain relatively high also within the prison estate (MoJ, 2019). A recurring theme throughout the literature is the importance of staff awareness training in SASH (Kinahan et al, 2014; Cooper et al, 2005; Hawton et al, 2002; Hodgkinson et al, 2011). Also, of equal relevance, is the importance of delivering relevant materials to non-healthcare professionals working as frontline prison staff the correct support and tools to manage the ACCT process and offer the correct individualistic support to each prisoner in need (Dickinson et al, 2012). Focusing on the training delivery itself, it has been noted that staff involvement with the training delivery and also the development of the training package is crucial, to make the training applicable through time and also to make it engaging and effective in terms of staff responsiveness to the training (Smith, 2017; Burke et al, 2006). Throughout the literature on training, the pivotal focus is always on the staff themselves and their involvement, which is why this study focuses on the perspectives of frontline staff. It is from this, that it became apparent and relevant to conduct the following study, with the following aims and objectives:

How useful is the implementation of staff awareness training in suicide and self-harm reduction: Perception of frontline staff.

Aim: The purpose of this study is to discuss staff viewpoints on the current procedures and training implemented on SASH reduction within the establishment and use this to support safer custody with training and harm reduction initiatives.

Objectives:

- Explore how, from the perception of frontline staff, how SASH training can support staff in identifying risk in prisoners and provide quality information for care planning.
- Explore to what extent frontline staff believe that the implementation of training supported the safer custody team in managing risk
- Explore how well equipped frontline staff feel following the implementation of suicide/self-harm training, and how this has impacted the quality of application of skills in policy and practice.

Chapter 3 Methodology

This methodology chapter sets out the design and use of mixed qualitative and quantitative research methods study into the perspective of frontline prison staff on the usefulness of the SASH training package. It begins by setting out the research approach taken, followed by the research design and data collection tool used.

Firstly, and with the permission of the relevant HMP Governor[1] and training department (Appendix 5), the SASH post-training evaluation forms (Appendix 6) were requested as a tool for further data collection to support the findings of the study. The post-training evaluation forms had qualitative data present, but some elements were best analysed quantitatively, and therefore a mixed methods approach was used although it was weighted towards a qualitative design.

Secondly, a qualitative research design was used to explore frontline prison staff perceptions on the effectiveness of the 'SASH' training delivered on site. Focusing heavily on qualitative research methods and qualitative data, the methodology chapter provides a brief overview of qualitative research methods, before relating the use of this method specifically to the aims of this study. The chapter then follows by discussing the 'data collection technique', which in this study was the use of semi-structured interviews, outlining the study-specific benefits of using this method of data collection.

Discussion of these phases of fieldwork is followed by discussing the project sample, followed by ethical considerations. The chapter ends by discussing the role of the 'insider researcher' as the study was conducted by a colleague of the sample that was used, and therefore this had implications for the research data that was retrieved.

3.1 Research design

A mixed methods research design was utilised in this study to enquire about the usefulness of training given to prison staff in a category C male prison. The study explored the perspectives of frontline staff through the use of semi-structured interviews, alongside self-report quantitative data from post-training evaluation forms.

[1] Permissions off the governor not included in the thesis as it reveals identity of the establishment and staff within it. SREP have seen permissions as satisfactory.

A mixed methods design is the combination of quantitative and qualitative approach to collect and analyse data, working to answering the same questions about a particular theory or phenomena (Creswell and Tashakkori, 2007). This section of the chapter begins by setting the context of the prison in which the fieldwork was conducted before outlining the development of the mixed methods approach in two phases: Phase 1 quantitative – analysis of post-training evaluation forms; Phase 2 qualitative - semi-structured interviews with staff who have undertaken the training.

The research study was conducted in a category C, adult male prison with a maximum capacity population of inmates of approximately 800 serving a mixture of short-term and life sentences. There are ten residential units across the site which house the prisoners. They have access to a range of rehabilitative courses and workshops, such as but not limited to: cleaning, cooking, resolve behavioural workshops, peer mentoring, listening schemes, gardening and upholstery. Prisoners also have access to a team of healthcare professionals from CareUK who deal with the range of adverse medical needs of prisoners, as well as there being an active mental health professional available on site Monday-Sunday. There is also a safer custody department that works alongside staff and prisoners, offering support for those with mental health and prison issues, as well as monitoring and administering staff training in SASH.

Despite the implementation of the SASH training package to staff, as exemplified in the literature review, the rates of self-harm within the prison estate continues to rise.[2] This supported the rationale to use a mixed methods design to discuss the usefulness of the training with staff, and triangulate this with data from the post-training evaluation forms, to develop suggestions for the governor to support delivery and retention of information in the SASH package and so support more effective training to assist vulnerable prisoners. Eight rationales for implementing a mixed methods research design were identified by Doyle, Brady and Byrne (2009):

1. **Triangulation:** the use of a literature review, quantitative data collection and qualitative data collection supporting each other allowing for holistic enquiry.
2. **Completeness:** As above, a phenomena is explored through a mix of positivist and interpretive paradigms, allowing for a more thorough enquiry into the social phenomenon (Bryman, 2007).
3. **Offsetting weaknesses and providing stronger inferences**: the use of both methods of enquiry, quantitative and qualitative, counteract each other's weaknesses by filing the gap where the other method cannot meet.

[2] Establishment specific figures could not be given for anonymity

4. **Answering different research questions**: Qualitative methods can explore 'why' but cannot measure the significance of a relationship between variable, quantitative methods can.
5. Explanation of findings
6. Illustration of data
7. Hypothesis development and testing
8. Instrument development and testing.

Those benefits most relevant to the justifications for the purpose of using mixed methods in this study have been highlighted above in bold. According to Teddlie and Tashakkori (2009) there are four main types of mixed methods approach: triangulation, embedded, explanatory and exploratory, and arguably each method in its own design can provide detailed and comprehensive data to achieve research aims and build theory. Originally the study was to utilise only a qualitative design, however the use of a 'completeness' mixed methods design was implemented to support the qualitative findings with quantifiable data. This was because of the relatively low sample that was available to interview from the onset, and all of the delegates involved in the SASH training had completed a post-training evaluation form from the event. As such, where the qualitative data set could provide a source of valuable data to analyse the usefulness of the training from the perspective of those that have been through it and worked with it in practice, the use of quantifiable data alongside this information could provide stronger inferences in terms of showing patterns and trends in attitudes towards the training at the time of the event in comparison to the discussions in the interviews (Doyle et al, 2009).

Arguably, the 'completeness' design, as used in this study, is the most common and well-known design (Creswell et al, 2007), and has been used as a means to allow qualitative and quantitative data to validate each other. In this study, a literature review, semi-structured interviews and quantitative analysis of post-training evaluation forms were used as the data collection tools, as the basis of the 'completeness' method. Completeness itself refers to the investigation of the same phenomenon, from different angles, by including different research methods to explore its precise meaning (Kvale, 1996). Also highlighting mixed methods as a strength in social research, Jick (2006) states that this method can help researchers improve precision of their interpretation of data, incorporating the strengths of each method to compensate for the gaps and weaknesses of the other. This can be explained pictorially in the below diagram which shows qualitative and quantitative methods as being two singular, very one-sided concepts, however, the use of both to explore the same ideology disrupts this idea of two different research perspectives, and creates a more holistic and complete view of the social phenomena (Ridenour and Newman, 2008, Pp.22):

Table 1: Qualitative, Quantitative, Qual-Quant

QUANTITATIVE		QUALITATIVE		QUAL-QUANT	
• 1-2-3-4-5-6 • THEORY TESTING • DEDUCTIVE • BEGINS WITH THEORY		• A-B-C-D-E • THEORY BUILDING • INDUCTIVE • ENDS WITH THEORY		• HOLISTIC • CLOSES GAP • COMPLETES THE CYCLE	

As well as the use of a mixed methods design being advantageous for its 'holistic' nature, they are also useful in comparing and understanding contradictions between quantitative results and qualitative findings (Wisdom and Cresswell, 2013). An example of where conflict may be found in this particular study may be time bound, between the initial completion of the post-training evaluation forms after the training and the interview stage several months later. Initially, a respondent may have, for numerous reasons, given a particular response

to one aspect of the training, but then when asked about the application and usefulness of this aspect may give a different response. This could perhaps be due to having time to implement training through experience, nonetheless, this contradiction would likely not be evident in the data and analysis without incorporating the quantifiable data from the post-training evaluation forms with the qualitative data from interviews.

Furthermore, in collecting data that is both quantitative and qualitative, in order to form an answer to the research aims and objectives, it allows for methodological flexibility in collecting rich and comprehensive data (Creswell, Fetters and Ivankova, 2004). It does this by mirroring the way individuals naturally collect data, and evaluate a situation or response, by integrating numbers (for example the temperature of a sick individual) and corresponding this with qualitative data (for example self-report of the individual feeling unwell, observations on how they look, and comparisons to how they normally would act, behave and communicate). However, in using mixed methods it complicates the evaluation process, as two different types of data set require differences in analytical technique, they require different data collection tools and consequently, more time of the researcher (Wisdom, Cavaleri and Onwuegbuzie and Green, 2011). However, for this study the limitations of a mixed methods design were outweighed by the benefits, as the quantitative sample (post-training evaluation forms) was already collected prior to the research as part of the SASH training package. Although, the post-training evaluation forms did provide severe limitations for data analysis, which will be discussed in a later limitations section.

3.1.1 *PHASE 1: Quantitative post-training evaluation forms*

In phase 1, a sample of 61 post-training evaluation forms were selected from the staff training records, following permissions from HMPPS governing research body and the governor of the prison establishment requesting that only directly employed prison staff were sampled in this study. Therefore, this instantaneously reduced the amount of the post-training evaluation forms that were accessible for use in the project, as many of them were from probation staff and prison civilian staff. Of the forms that were left, particular instruction from the governor and the training department on site was that none of the forms could leave the facility where they were stored, be photocopied or removed from the establishment. As a result, all data used from the post-training evaluation forms were to be hand written in the form of frequency tables, which could then be used to create descriptive statistics in the form of written frequencies.

Due to the former issue and the limited accessibility to the post-training evaluation forms, and only during the researchers' free time Monday-Friday when the training department is on site, just 61 post-training evaluation forms were able to be included in this research. The post-training forms from the latest training period from October-December 2017 were presented for use in a large envelope in order as filed by admin staff from random collection post-training, and of the envelope there were two types of evaluation form. Based on dates on the forms, the most recent style of post-training evaluation form (Appendix 8) was selected by the researcher as a standard data collection tool. Of these remaining, participants were disregarded if they were not direct employees of Her Majesty's Prison Service, as per conditions by HMPPS research department to only research direct HM Prison staff, leaving 61 available forms. Where the use of inferential statistics would have been beneficial to highlight significances and trends in the data, the sample was relatively low and there was no demographic information about the individuals who had completed the post evaluation forms, and therefore this form of analysis was not feasible (Gasper, 2000).

The frequency tables drawn from these forms were hand typed to reflect the questions that were asked on a standard post-training evaluation form. The answers given in response to the questions on the 61 forms sampled were tallied and included in the frequency table. Frequencies were drawn from the data set, and the findings were used to support the findings of the qualitative data analysed through the use of thematic analysis (see phase 2).

3.1.2 *PHASE 2: Qualitative semi-structured interviews*

This was the main phase of data collection and was designed to explore frontline prison staff perceptions on the usefulness of the 'SASH' training delivered on site, and how this supports them in the daily reduction of self-injurious behaviours. Qualitative data allows for gathering in-depth knowledge of the social phenomena, SASH, within the prison estate and how relevant training highlighted within the study supports staff in their duty (Bryman, 2012). It does this through the adoption of an interpretive epistemology, exploring the assumption that knowledge on social phenomena is socially constructed as opposed to being objectively determined (Carson, Gilmore, Perry, Gronhaug, 2001). Qualitative research focuses on the identification of a range of behavioural patterns, opinions, justifications and explanations for social phenomena (Ingham, Vanwesenbeeck, Kirkland, 2009). Qualitative research is the exploration of social phenomena by interpretation of the social world, and in terms of understanding the underlying thoughts and experiences of the people within it (Ingham et al, 2009). Qualitative researchers are concerned with how people interpret and adhere meaning to their social environment, and how they make sense of their experiences in the social world around them (Merriam, 2009), as opposed to scientific measurement of variables designed to test hypotheses in quantitative designs (Hammersley, 2013).

In this particular study, the pivotal focus is on the perspectives of frontline prison staff in relation to the annual SASH training that they received in late 2017. As this focuses on uncovering their subjectiveexperiences/understandings/views et cetera, a strong qualitative research design was appropriate.

Semi-structured interviews were used as the data collection tool to reflect the interpretive epistemology of qualitative research. Different to positivism, that takes evidence as it is given, interpretivism invokes social meaning behind evidence of a social occurrence (Elliot, Fairweather, Olsen, Pampaka, 2016). Interpretivists deconstruct a social occurrence, looking for social roots that have socially constructed the event or phenomena to take place (Elliot et al, 2016). An example that could be used to explain this difference could be that positivists could see the rise in adult obesity as linked with the high intake of calories in food, whereas interpretivists would consider social meaning, looking at ways obesity could be socially constructed due to factors including enhanced living conditions, cultural developments increasing variety of cuisine, and income in relation to food pricing. Researchers with an interpretive epistemology aim to explore social phenomenon, discussing the ways in which individuals interpret the social world around them, as well as attempting to make sense of the participants' lived experiences within the social world (Smith et al, 2009).

3.1.2.1 Data collection

As explained, qualitative research explores attitudes, behaviours and experiences of the social world, and Dawson (2009) suggests this is achieved through data collection methods such as interviews or focus groups. Within qualitative research methods, it is acknowledged that interviews are considered a professional conversation of daily life and interaction with the social world through a purposefully structured set of questions and areas of enquiry, that have been drawn up by the interviewer in order to ensure their research aims are met (Tracy, 2013; Turner, 2010). However, whilst interviews can provide in-depth data about a social phenomenon, data remains subjective to interpretation by the interviewer and can therefore not be considered wholly reliable during data analysis (Schostack, 2006). On the other hand, the issue of reliability (in terms of interpretations reflecting the true meanings of participants) can, in part, be alleviated by the use of a semi-structured interview as the interviewer has a plan of inquiry, but is not restricted in the order or direction of the topics discussed (Babbie, 2016).

In researching the perspectives of frontline staff in relation to the SASH training package, this element of semi-structured interviews as a qualitative research tool was particularly useful in engaging participants to elaborate on points they had made that the researcher did not highlight as an initial area of interest. Below is a table outlining the advantages and disadvantages in using semi-structured interviews, which was a contributing factor in using this data collection tool:

Table 2: Advantages of using semi-structured interviews

i.	Semi-structured interviews			ii.	Structured interviews		
iii.	Advantages	iv.	Disadvantages	v.	Advantages	vi.	Disadvantages
vii.	Flexible and powerful tool in capturing the way people make meaning of their experiences	viii.	Only a loose structure, cannot easily be replicated to test for reliability	ix.	Easy to replicate- increase inter-rater reliability	x.	No flexibility in structure- new concepts cannot be explored
xi.	Can explore and clarify interesting data if/when it arises in the interview	xii.	Can become more time consuming where interesting concepts are developed through enquiry outside of the interview schedule	xiii.	Quicker to conduct as follows a set structure/ series of questions	xiv.	Answers can lack detail as questions are often specific to a particular concept or topic
xv.	Loose structure promotes natural conversation	xvi.		xvii.	Easy structure to follow for report writing.	xviii.	
xix.	Increases validity through probing information.	xx.		xxi.		xxii.	
xxiii.	Effective in capturing holistic perspectives on usefulness of training	xxiv.		xxv.		xxvi.	
							(Wengraf, 2001)

The semi-structured interview has flexibility in terms of questioning and structure, allowing for the emergence of novel ideas and topics throughout the conversation, but requires careful listening throughout so to interpret the professional experiences most effectively and appropriately (Gillham, 2005). This was particularly useful regarding the aims and objectives of the study, as the pivotal focus was on the perspectives and experiences of frontline staff, in relation to the SASH training. The use of open-ended questions within the semi-structured interview, supported exploring these aims and objectives (O'Keeffe, Buytaert, Mijic, Brozovic, Sinha, 2016). This is because it allowed participants to speak freely about the topic in question, providing an opportunity for in-depth data about the social phenomena. However, ensuring the collection of credible data through qualitative means can be thought-provoking and challenging.

Whilst collecting credible data is challenging, one data collection method is not necessarily better than the other (O'Leary, 2004). Therefore, it is implicit that the data collection method used would depend on what the researcher aims to achieve. Interviews are a systematic way of talking to people, often using open questions for the majority, as a means of interchange of views on a topic of interest between two plus people, highlighting the uniqueness of human interaction and social phenomena for production of knowledge (Kvale, 1996). Interviews are also ideal research methods for getting participants to speak openly and in depth about a topic of interest, from a subjective point of view (Kajornboon, 2004). Additionally, participants can talk about their perceptions of concepts and ideas, as well as informing of their interpretation of given situations and context (Kajornboon, 2004). Gray (2004) has imposed that there are many strengths to using interviews as a data collection tool, including: a need to attain highly personal data such as that on SASH within prisons, there are opportunities available for the researcher to probe ideas and gain clarification from responses, direct interviews enable a direct and immediate response rate and finally, that it is useful for those with a written language barrier.

The semi-structured interview schedule (Appendix 4) was constructed, with the aim of covering specific topics highlighted as important from an insider researcher position (which is explained later in this chapter): On the other hand, the flexibility in being able to add to and adjust the schedule based on the direction of the individual interviewee allowed each individual participant to fully discuss and divulge their experiences in relation to the SASH training package (Guihen, 2017). This was a particularly useful advantage of using semi-structured interviews, as it allows for previously unknown and unsought information to emerge from the participant, enhancing the quality of the data set and respectively, providing more thorough information for better quality analysis (O'Keeffe et al, 2016; Booth, 2015). The design of the interview schedule was set out to cover all topics relevant to the researchers' aims and objectives, and in a chronological order of key concepts that would address all of these aims. It was also set out in this order in able to create easy flow in conversation and to guide the researcher and participants through all areas which addressed the research question.

As King (2004) also highlights, the use of a loosely structured interview schedule is also beneficial in further consideration of key concepts, codes and ideas, as when a novel response was given to the interviewer by the interviewee, the interviewer had the opportunity to probe more lucid information from the participant. This meant that the interviewer had the opportunity to better clarify the data they were collecting from the participants to gain a sound understanding of the information being portrayed, and also to elaborate on concepts that were not well addressed by the participant. It is necessary for the interviewer to follow this process as they are responsible for ensuring that their questions provide data which address the aims and objectives of the research project appropriately (Mason, 2002). This approach to data collection can yield considerable benefits in terms of reducing researcher cost (O'Keeffe et al, 2016), as the flexible nature of the interview schedule provides for the gathering of more insightful and meaningful data otherwise available through multiple separate structured interviews, or follow-up research.

It may also be presumed that with more in-depth and insightful data may increase credibility of data (O'Leary, 2004).

Additionally, the use of semi-structured interviews would be relevant as specific areas of interest of the researcher can be identified, planned and explored, whilst it allows flexibility to add new direction per interviewee should a new idea or concept be revealed. Semi-structured interviews are used broadly in qualitative research methods and they do not appeal to the research by testing a hypothesis, rather exploring new phenomena and social interactionism (David & Sutton, 2004). In a semi-structured interview, although an interview schedule is used, questions and topics can be added but also the order of the questions and topics in the schedule can be changed in order to reflect the direction of the interview at present (Kajornboon, 2004). Though, as Gray (2004) outlines, the use of semi-structured interviews grounds cause for ethical concern. The preliminary ethical concern for this study is that the participant will be discussing a sensitive topic without anonymity to the researcher, such as SASH, it may infer psychological harm to the respondent (Gray, 2004). In this instance, there are numerous resources available within the prison service; such as the staff care team, HR telephone counselling services, occupational health and external agencies such as Samaritans.

3.1.2.2 Sample

A voluntary sample of approximately 10 participants was sought to undertake the study, with a sample of 8 people actually volunteering to take part. The sample of 10 participants was sought due to the conditions of the study taking place within the establishment: it would be done in the researchers and the participants' free time (lunch breaks/before/ after work) and relative to this, the time constraints to undertake a 30-45 minute interview with staff were relative to both the interviewer's and participants' detailed work pattern. Several meetings were held between the researcher and the governor of the prison establishment to discuss the project aims and objectives, and the practicalities of the study before the Governor and the Deputy Governor gave written consent via email for the project to go ahead within the chosen establishment. With this permission in writing, a project proposal was addressed to HMPPS' department of research, where after several alterations and amendments, they gave permission to access staff as participants within the prison. With these permissions, it was unanimously agreed that a list of the SASH training delegates would be obtained from the training department, and those individuals contacted directly via email to advertise voluntary participation in the study.

However, of these 8 people, one had withdrawn shortly after the interview had taken place, lowering the data set to a sample of 7 participants. Of the 7 participants that had volunteered to take part, and actively completed the interview process, 4 were female between the ages of 25-53, and 3 were male between the ages of 28-51. All participants that had taken part had between 2-25 years' experience within the prison service, and had actively worked frontline with prisoners in various occupational demand including but not limited to: nights wing duties, prisoner-family visit duties, day wing duties and ACCT assessment duties.

Participants were recruited on a voluntary basis by displaying information posters (Appendix 1) of the study around the prison gatehouse, as well as sending a mass email to all of the training delegates directly employed by the prison service with information of the study. Participants that responded to this advertisement campaign did so via email and in person during the working day. The inclusion criteria for the project was that participants must be direct employees of the prison i.e. prison officers, SO's, CM's and OSG's, and had undertaken their annual training in SASH, the latest being delivered at the end of 2017.

Staff given this training were identified initially by the prison service itself as being frontline in dealing with safer custody issues, and relevant in supporting the prevention and

reduction of SASH of the prisoners within the establishment; therefore, this highlights the training delegate's degree of expertise in giving their opinion on how effective the implementation of the training was, and the usefulness it portrays in identifying and managing risk. On the other hand, as the sample is relatively small and only reflective of a sub-population of staff within a single prison establishment, the sample may have selection bias and be non-representative of the entirety of the prison estate across England and Wales (Marrow, 2005). However, the participants themselves were selected as frontline staff who have regular face-to-face contact with prisoners, and who have also completed the SASH training within the establishment, and therefore they can be regarded as experts by experience (Smith and Osborn, 2008). With this in mind, it can be argued that although the information relayed during the interviews is not generalisable to the whole of Her Majesty's Prison Service prison estates, it could be considered as reliable (O'Keeffe et al, 2016). Reliability in this context is with reference to the experiences of staff, and the expertise in the topic they are discussing as being practical, experience-based knowledge. They act as a professional messenger, between those with knowledge of the area, frontline staff, and those without practical, experience-based knowledge of the prison estate.

3.1.2.3 Pilot study

Following recruitment of participants, a pilot study was conducted. A pilot study is a small-scale version of the study, used to test the feasibility of techniques and methods (Cope, 2015). Pilot studies have advantages such as: helping assess the adequacy of study methods and procedures, highlighting areas of development for research instruments and, aiding the assessment of participant recruitment strategies (Polit and Beck, 2011). Using the participant that had withdrawn as a pilot study, as they were the first participant, the participant had consented to a follow up discussion on why they had withdrawn and ways in which the interview schedule and environment could be improved. They had discussed that although they were aware of the topics being discussed, they often felt that the nature of the questions was set out to 'trick them' and that the interview needs to flow more as a conversation rather than a set of topics and questions. An example of a perceived 'trick' question was being asked to describe 'what does safer custody mean to you?'. The participant felt that, while they understood the process of managing risk of self-harm, that the question aimed to 'shame' them if their idea of safer custody was different to text books or the researchers. Considering this, the interview schedule was updated to explore the meaning of safer custody through asking participants to describe avenues of safer custody support, who the safer custody team are, who is involved in safer custody procedure, and what signs indicate SASH in prisoners instead. The schedule was reviewed throughout the following 7 interviews, to make interviews more conversational, questions less direct ('tricking'), and flow through a natural discussion.

3.1.2.4 Analysis

A thematic analysis was used to analyse the data from the semi-structured interviews, as a means of coding transcripts to highlight recurrent ideas across the data sample (Buetow, 2010). The initial phase of the thematic analysis was the first phase of coding, which set out broad concepts such as 'previous training delivery style' and was then developed further in the second phase of coding to reflect particular subcodes, such as: frequency or repeated training, how training effectiveness is ensured and types of resources/activities used. These codes and subcodes were used to relay context on what was being voiced by participants within the data, and also to structure the discussion. However, at times it was necessary to offer a degree of saliency, signifying codes in the data when they are not frequent or related to other recurrent concepts, where ideas were important yet not recognised as inherently significant for all participants (Buetow, 2010). Phase 2 of the coding is particularly important in developing codes to reflect specific ideas and suggestions within the data, as it allows for the comparing and contrasting of each participant's responses, whilst the initial

codes provided a basic structure for the report (Kuckartz, 2014). By comparing and contrasting the nature of the second phase of codes, in relation to the major categories highlighted in phase 1, the analysis explored the complexity of the initial codes and offered exploratory meaning to their wider range of topic areas brought out during phase 2 coding (Kuckartz, 2014). The thematic analysis set out the structure of the analysis chapter and assisted with exploration of data in terms of grouping data into topic areas to reflect collaborative social meaning across the interview data.

3.1.3 *Ethical considerations*

With reference to The University of Huddersfield's school of Human and Health Sciences Research Ethics Panel 'SREP' (SREP/2018/002), and adhering to the security and permissions of HMPPS (appendix 5), several key ethical concerns appropriated consideration. The predominant ethical considerations that were identified as essential in addressing within this study were: informed consent, anonymity, the right to withdraw, confidentiality, data security and protection from emotional and psychological harms for both the interviewer and the participants (British Society of Criminology, 2015).

Initial consent for the research to commence came from the ethical panel at The University of Huddersfield, which highlighted the necessity to contact HMPPS research governing body for additional approval to undergo research at their facilities and using their directly employed staff. A research proposal was submitted via an application form obtained from the following website (https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service/about/research#research-application-process) in February 2018. Over a couple of months, a panel reviewed the application and sent a form in return to the researcher outlining suitable adjustments to consider moving forward. The application was reviewed with academic supervisors and in line with SREP, and resubmitted for approval. An approval letter was granted, giving initial consent for the research project to progress and commence within the category C male establishment requested. Following this, and the consent of the governor, individual consent could be drawn from interested voluntary participants.

Informed consent, the right to withdraw and protection from emotional and psychological harms were also addressed through the distribution of an information sheet (Appendix 2) and consent form (Appendix 3) to all participants, clearly indicating the aims and objectives of the study, the right to withdraw and contact information to do so, and agencies for emotional support from professional agencies post-interview. Participants were briefed with the details of the study before the interviews took place and were asked to confirm verbally on the recording at the start that they understood the brief and are still consenting to take part. Participants were also advised that their right to withdraw is feasible up until the point of dissemination of the data, at which point the data will be quoted by use of pseudonym and the participant unidentifiable from the report. At the point of dissemination, data used will be anonymous to researcher and participant, and therefore consent is implicit henceforth.

First and foremost, a major ethical consideration that had been outlined on numerous occasions during the proposal and research stages of the study was around the anonymity and confidentiality of the participants. To ensure the confidentiality of the participants, all participants were informed that there would be a use of pseudonym in the thesis, which would be allocated during the transcription of the interviews and the participant would not be informed of their pseudonym. This is so that participants who wish to discuss their involvement with others would not be able to dissect theirs, or others', dictations from the thesis and disclose a participants' identity. Furthermore, the interviews were done in a private facility within the prison, of the participant's choice, and during free time where it was presumed that the participant and facility would not be required for work activity, and therefore private. All participants were asked to read an information sheet which outlined

their, as well as other participants, rights to confidentiality and anonymity of the establishment and asked to accept this and the use of pseudonyms in the thesis by signing a consent form. Before commencing the interviews, to collect the raw data, participants were asked again to confirm they are happy to take part, understand the information sheet and have given written consent to participate. Respectively, none of the transcripts or digital dictations were named or given a reference code, to again ensure confidentiality and anonymity, and therefore these could not be used as a reference point to remove a participant's dictation from the thesis.

Another potential ethical consideration that was discussed in detail between HMPPS and an external ethical panel was the possibility of psychological and/or emotional harms. It was discussed that the researcher should be supportive of the right to withdraw and to the nature of the topic, as it concerned the SASH training package that was considered sensitive by some staff. However, the supportive role of the researcher interviewing about a sensitive topic has been criticised by Hennink, Hutter and Bailey (2011) as they raised the point that whilst researchers must be empathetic when discussing a sensitive topic, they should remember their position as a researcher and not a counsellor. With this in mind, reference points were added to the bottom of the information sheets to signpost participants to relevantly trained agencies, such as Samaritans, should they require emotional support. Although, overall, the study had no aim or objectives to ask for personal or sensitive data in relation to SASH behaviours, and therefore the risk of psychological or emotional harms were minimal. Nevertheless, at the end of the interviews, participants were given a short debrief relevant to the data the participant had produced during the conversation. As an example, one participant referred to a personal incident where they were required to utilise safer custody techniques to manage self-harming behaviour by a prisoner and were referred in the debrief back to the support agencies listed in the information sheet for the study. This was to ensure the researcher was supportive and considerate of the possible emotional and psychological harms that could arise and could offer appropriate care to participants. Whilst creating the support section of this information sheet, the researcher had spoken to Human Resources and the Care Team within the prison for information, guidance and support in this area. This was to assist signposting participants to appropriate care, but also in protecting the researcher from harms and understanding thoroughly the modes of support available.

A further ethical issue, that required a number of alterations to the data collection methods, was around data storage. In the original research proposal to the ethics panel and the HMPPS research department, it was proposed that during the time of the interview, the interviewer/researcher would hand type the transcription in live time with the interview, and then ask for the participant to read and clarify the nature of the transcript to be a true reflection of their input to the study. These electronic files were then suggested to be sent via secure prison email to a secure university email to be accessed and analysed offsite. This idea was initially thought to minimise the risk of data on hard copies being lost, damaged or viewed by any persons other than the researcher and academic supervisors. However, the HMPPS research department suggested this be revised, as they could not be certain as to the security of the methods of sending data via email, and the storage of these files on the works' desktop. On revision, and through discussion with the deputy governor, it was decided that the use of an encrypted Dictaphone, with security settings to encrypt and password protect the files, was a more robust and appropriate method of data storage. HMPPS research body had approved this revised method, and an application to use an Olympus-3500 dictation device on site was permitted through a prohibited articles form from the governor of security. Following simple instructions found online, the Dictaphone was password protected itself to limit access to the device and its contents, and all digital files were set to automatically encrypt so if the device was plugged into a computer, it would require another password to access its files. This ensured all raw data was secure, and protected against accidental loss of the device, as well as improving the anonymity and confidentiality of those recorded as only the researcher had access to these files on a private desktop computer during transcription. The ability to replay the file, also allowed the

researcher to immerse fully into the data and create accurate transcriptions of the raw data. During the interviews, all participants were asked again to confirm they are happy to take part and understand the information sheet, which outlines that they will be allocated pseudonyms post-interview stage, and these will not be discussed or disclosed with any participant throughout the process. Any names that were used by participants in the interviews, related to a particular known person, were removed during transcription. Recordings were made in private areas throughout the establishment, in staffs' free time, to ensure confidentiality of the data being collected and to adhere to the anonymity and security of the data storage from the onset.

3.1.4 ***Reflexivity***

Another consideration which was discussed and drawn upon was the impact of the researcher being an insider on the study. Particularly beneficial in gaining participants in the setting of this research was the researcher's insider researcher status, considered as the degree in which the researcher has some form of belonging to the group that is being researched, based on their shared experiences and/or their status as a member of the group (Louis and Bartunek, 1992). In relation to this study, the researcher is a colleague and frontline member of staff within the prison, interviewing fellow colleagues (some of which are personal friends) about issues and concepts which they have shared knowledge and experience of. It was presumed that by actively identifying and targeting colleagues who were delegates for the training would improve response rates and participation. In this case, this did not appear to be the case as of 200+ frontline staff in the establishment, only 8 came forward as willing participants. Furthermore, as Asselin (2003) argues, that whilst the role of the insider researcher may promote openness in participants' responses, the dual role of the 'researcher' and 'insider' can cause complications confusion in how to respond to participants and in what perspective to analyse the data. Plainly, the insider-researcher is not neutral in their position, they know too much relative to the sub-cultures and social phenomenon being studied, and this may discourage participants. This could have been alleviated by researching in another prison. However, a particular advantage of the insider-researcher position in this case was gaining timely approval to research in the researchers' place of work, as permissions to another establishment would have been dependent on unknown governors and staff, and subject to further security clearances.

As the researcher is an active employee of HMPPS and also a direct employee of the participants, discussion was made to highlight this as a concern for staff participation, and effectively, for consent of prospective participants. Regarded as an 'insider' the interviewer and researcher in this study is an active colleague of the participants, employed by the same prison institution and had worked with several of the participants in various capacities throughout their career. Previous studies and reflections into 'insider' researchers have revealed that a researcher with insider insight and knowledge of the type of environment the participants' experience, may be considered more desirable in terms of interviewee participation and legitimacy of the data divulged (Gair, 2012). This is because the interviewer (the insider researcher) and the participant have presumed shared commonalities in terms of their employment, and a degree of shared understanding of the issues and topic areas that are being discussed during the interview. In this instance, it can be presumed that a member of staff, or participant in this context, would better be able to explore topics with the understanding the interviewer has an idea of what they are referring, an idea of the working environment and pressures they are under as staff, and the same level of training on the topic of SASH as the participant (Gair, 2012).

Supporting this, Kelly et al (1994) discusses the implications of insider researchers on the legitimacy and criticality of their work and analysis of corresponding data, and states that a critical awareness of the information the data provides is inaccessible to those who have not 'lived' the experiences of their participants. By this, they are suggesting that only an insider can truly understand the nature of the data that emerges from the interviews, particularly

within the prison setting, as much of what happens within a prison institute is confidential and cannot be discussed with those non-employed and outside of the environment. On the other hand, having insider status does not automatically grant a degree of critical awareness, or enhanced insight and understanding (Gair, 2012). Hypothetically, the level of critical awareness of a situation is dependent on the involvement of the individual researcher has within the group of their participants and their relative practical knowledge of the topic areas; for example, whether the researcher has the same involvement with prisoners and whether they have had active involvement with safer custody practices themselves would impact their understanding of the data discussing these areas. Nevertheless, Breen (2007) inferred that when considering researchers, studying the phenomena of the social world by interviewing others, all researchers could in some degree be regarded as 'insiders' as modern-day humans studying others alike.

Although, other researchers have discussed the possible negative impacts of being considered as an 'insider' researcher when conducting interviews with colleagues. Boulton (2000) has identified that where a participant is aware of the shared experiences and knowledge of the interviewer, that often some of the ideas and information that they would ordinarily share with an 'outsider' is left undisclosed under the presumption that the researcher already understands this information. The 'outsider' position here is with reference to an individual without common knowledge and shared experiences with the participants involved with the study (Louis et al, 1992). This can be particularly problematic for the researcher, as it may lead to the interviewer inadvertently 'adding' this information to their discussion of the data and thus creating a bias. It could also be an issue in terms of clarity of the interviewee's direction of their response, and in the reliability of the thematic analysis (Boulton, 2000). A solution to this issue that was implemented during the research as an insider researcher was suggested by De Cruz and Jones (2004): participants were asked critical questions about what was assumed to be common knowledge of the interviewer and the interviewee, allowing for an almost 'outsider' perspective to be taken.

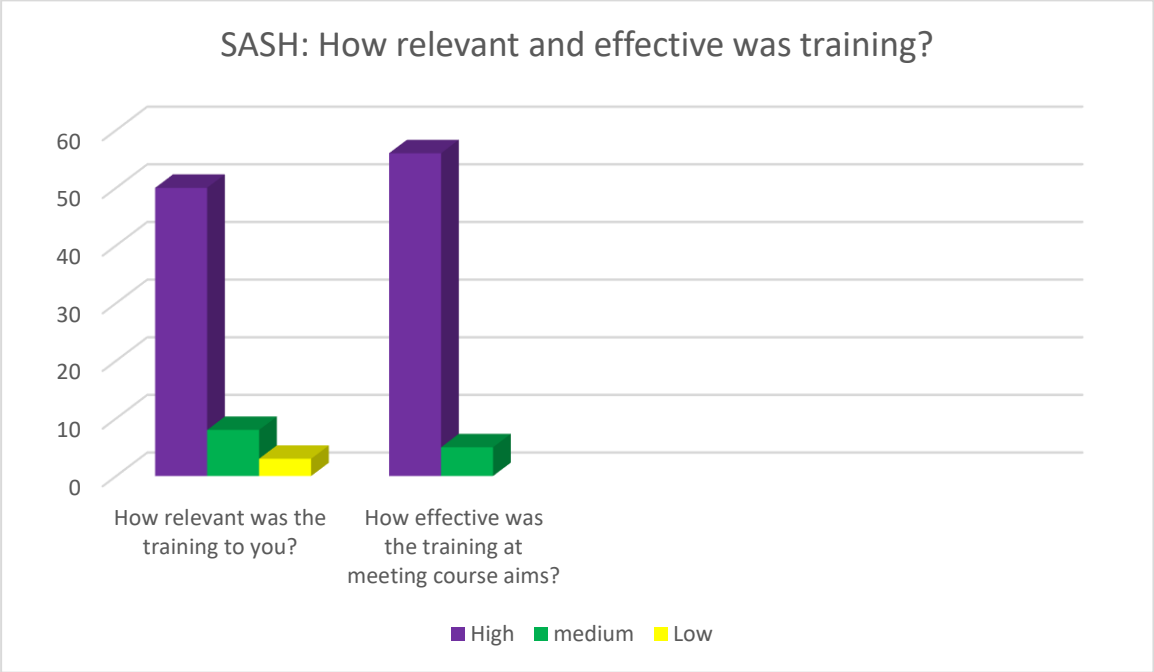
Chapter 4 Analysis and Discussion

Following the process outlined in the previous methodology chapter, data was collected from 61 post-training evaluation forms and during recorded semi-structured interviews from the 7 consenting participants. This chapter begins by outlining phase 1, information from the post-training evaluation forms, before following into phase 2. Phase 2, as the bulk of the thesis, is focused on the qualitative data collected from the semi-structured interviews. The chapter then follows by concludes by drawing all of the key findings together.

4.1 Phase 1:

No demographic information could be given in relation to the respondents included in phase 1: post-training evaluation forms as this was not asked for or provided on the evaluation forms (Appendix 6). Of the 61 respondents on the post-evaluation form, 56 state that the training was highly effective in achieving course aims and objectives, whilst only 5 stated that these aims were only half met at 'medium'. Following this, 50 stated that the training was of 'high' relevance to them, 8 thought it was of moderate relevance to them, while 3 felt it was of low relevance.

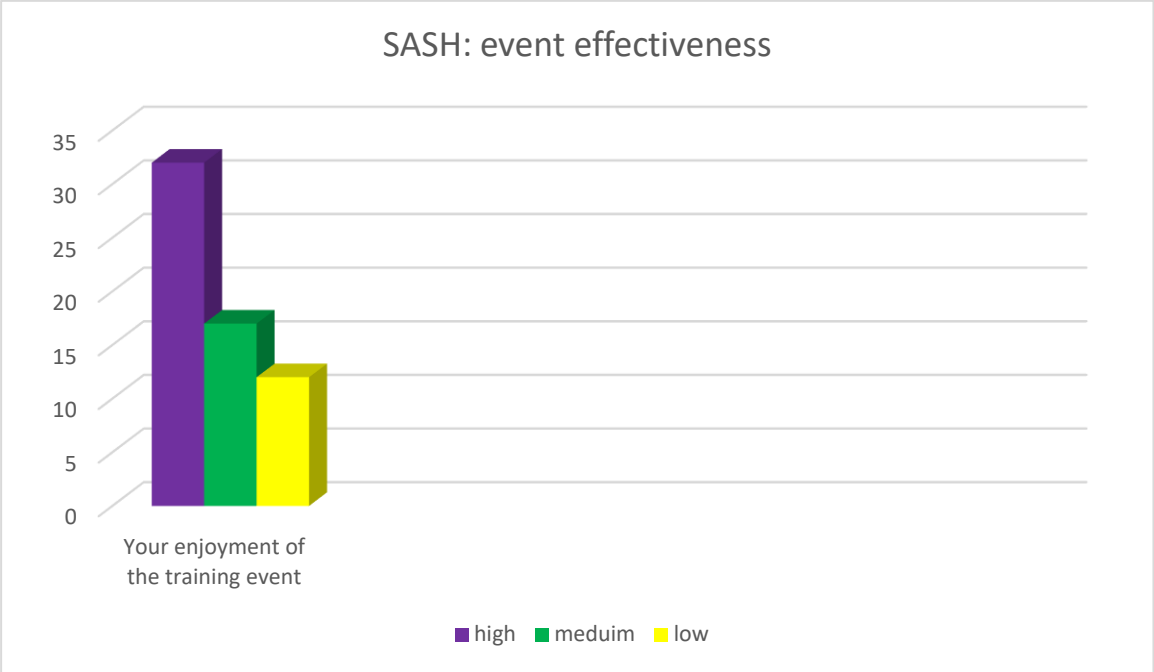
Figure 1: Post-training evaluation form data: How relevant and effective was training.



All 61 respondents are frontline, operational staff and therefore it is implicit that the training should be relevant to all considering the increase in self-harm in prisons as identified in the literature review. The varied responses given could be reflective of several factors, such as ordinary working frontline capacity (whether they have much contact with prisoners), their current SASH knowledge and experience (they already know the information given in the training) and how engaged they were with the training (if they were not engaged or motivated to learn, they would not feel it relevant).

Overall, 32 stated they enjoyed the training at the highest level, followed by 17 that enjoyed it but not thoroughly and 12 that did not either enjoy or hate the training:

Figure 2: Post-training evaluation data: Event effectiveness.

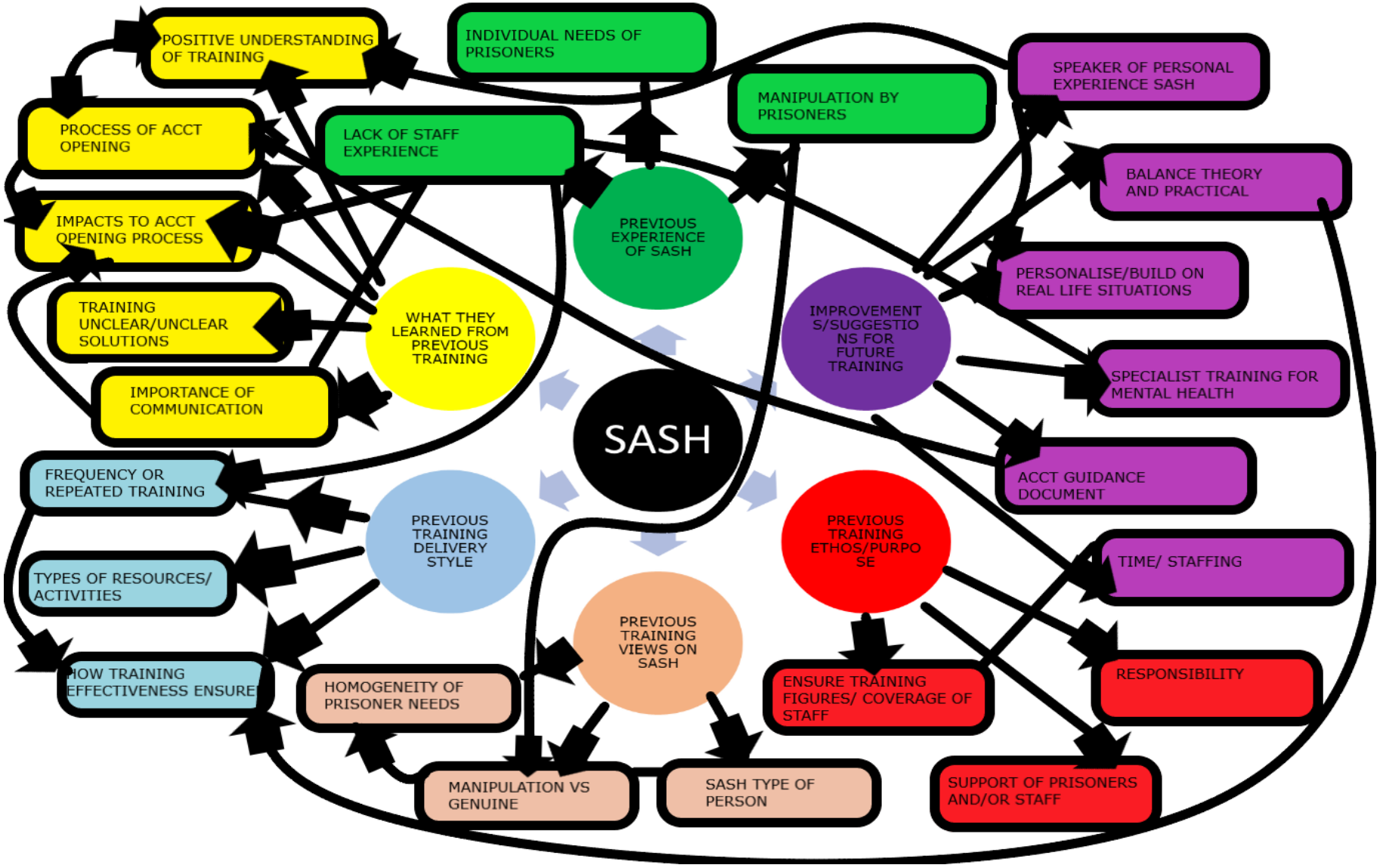


However, critique of the use of such data is that post-evaluation forms often produce bias data; respondents tend to rush through giving particularly positive feedback as such to leave the facility quicker, avoid shame of not understanding material taught, and will often only engage with the post-evaluation form whole-heartedly should they have a particular issue or concern they want to raise (Gasper, 2000). Furthermore, without the demographic information of participants, and a significantly higher respondent rate, statistical significance tests and information could not be obtained.

4.2 Phase 2:

Of the 7 consenting interview participants, 4 were female and 3 were male, ranging from the ages of 28-54 and all in frontline operational roles. The data was analysed thematically, with information in the data set being categorised to a set of thematic codes as explained in the methodology chapter. The figure below shows the codes and sub-codes drawn from the data, and used as a base structure for the analysis:

Figure 3: Map of codes (See appendix 7 for descriptions).



The discussion and integrated analysis begins by setting out the context of the training, what the training package was, its frequency, and how staff recall the training, cross-referencing data from phase 1.The discussion of phase 2 will then follow by exploring the perceived importance and use of the safer custody department and procedure, before looking into the theme surrounding what they have learnt from previous training. This leads on to frontline staff's views on improving and developing the training package to support future cohort of staff in the delivery of SASH prevention techniques.

The discussion of the data is contextualised by consideration of relevant research and theory set out in the literature review chapter. Throughout the chapter, the analysis of each theme will draw out the indirect and direct implications of frontline staff in the interviews and will consider what this means in terms of suggesting practice for the future. Following this, the end of the chapter will summarise and draw together all of the key concepts and ideas highlighted in the data.

4.2.1.1 Participants' safer custody knowledge and experience

All of the participants have direct working experience on the residential units (prison wings) and involvement with the paperwork (the ACCT document) used to manage risk of SASH of prisoners. Overall, participants in this study were regarded as experienced members of staff, having all completed their probation and having several years' in the current job role, with some working in several prisoner-orientated roles within their career. All 7 participants were considered 'experienced staff' in their current areas of work, and 3 of them were considered 'experienced staff' across multiple operational grade bands and/or multiple establishments. Of all participants, just one had not previously had an instance where they had personally experienced dealing with an incident of suicide or self-harm, or a prisoner indicating such risks. However, they were aware of the contexts in which ACCTs were opened from experience in recording a log of the open ACCTs within the establishment. Overall, all participants were clear that they understood about the ACCT document and process from some part of their experience in the role, it was not clear whether this was a direct result of the SASH training or practical experience in the job.

4.2.1.2 Previous training delivery style

The safer custody department are required by the governing body of HMPPS to deliver annual training in SASH with the intention to train and refresh the cohort of staff in current SASH management protocol, and also to support maintenance of coherent and correctly filed auditable paperwork, in the form of the ACCT document and the F213-SH Form for self-harm (Humber et al, 2011).

Of the 7 participants interviewed, 5 specified that they have received the training regularly and that it is generally delivered to them on an annual basis. Of the other two participants, one specified that they had not received training for a period of years, and the other did not specify a particular frequency, just acknowledged they had received it at some point. However, of the data from the post-training evaluation forms back in phase 1, 40/61 respondents report they had never had this training before, while 9 state they have had it less than 12 months ago and the remaining 12 more than 12 months ago. The assumptions of this finding could be manifold, either: the 40 respondents are new members of staff receiving the training for the first time, the training is not being rolled out annually as it should be, or the training was previously delivered under a different name/package. Of the participants interviewed, one made a particular comment on how the training frequency is reactive rather than proactive:

Er I got the training years and years ago and then I got it again when we had a suicide in the prison. […] Erm, basically we have, everyone had the training again this time because of the situation[3] *that has actually happened. So, I think sometimes people, as far as our training is concerned, they forget and think you are going to remember it years and years when really, we should have more training yearly, other than just leaving it until something actually happens. (Participant 7)*

Initially this was concerning as perhaps if all staff had received this training on a regular basis, this 'situation' would have been better avoided and the prisoner been supported by staff and the prison service. The participant hints that the training should not simply be about how to deal with the aftermath of an incident, but about prevention of potential incidents.

Er, basically its just them, the tutors or the staff, telling us about situations that you could come across. And same again, until you're actually in it, in a situation like that, nothing fits into place. So I think really we could do with more in depth, being told how we can help people before its too late. (Participant 7)

Whilst reactive training can be useful in refreshing staff knowledge and/or using the instance as a learning tool for staff improvement, it lacks the preventative element and duty of care ethos of the prison service.

In general, participants reported that the training begins by discussing the ACCT document and showing all training delegates how to correctly fill it in and discussing the protocol for opening an ACCT and seeking support for reviews, closures and post-closures. It then moves on to showing a video clip of a prisoner under distress and self-harming, and the officers involved being both passive and responsive. Passive, in the sense that neither wants to deal with it, and responsive in that one of them does go to deal with it, eventually. As discussed by the trainers, the member of staff that identifies an issue should be the one responsible for raising the concern and opening the ACCT. From this, the training moves through a PowerPoint discussion on 'myths and realities' of SASH through an interactive session where the training delegates are asked to highlight which statements are facts and which are myths. At the end of this session, training delegates are split into groups and one is given a 'scenario' sheet and asked to act out the scenario in a role play, while the others

[3] There has been a recent death in custody and the training has been rolled out again to all staff post-situation.

act as officers and intervene as appropriate to manage and reduce the risk of SASH in that situation.

Participants were asked to recall what they remembered of the training, and for participants this was limited despite all taking the training in the previous 9 months to the interviews taking place, onward from October 2017:

I did remember there were parts of it where you could talk about your own experiences but yeah there's not really a lot more I can think about really. (Participant 5)
However, staff tended to respond well to remembering the training on the process of filling in the ACCT document and the process of opening an ACCT:

It meets the requirements of what you need as in showing you how to fill in the paperwork correctly that we have within the prison, err, it gives you a basic understanding of err issues that are surrounding inmates and their lives, their needs, and err that's it really. (Participant 2)

I think a lot of it was about the ACCT documents really, I don't think there was much about leading up to the ACCTS. (Participant 6)

Some of the participants did recall more about the training, of those that discussed further activity involved within the training, particular attention was drawn to the codes 'use of resources' and 'frequency of the training':

Training, erm, well I've received the training about two or three different times now. […] what I remember of the training was being sat in a room being talked at from a PowerPoint, watching a couple of videos and then being asked to do some role-play. (Participant 4).

The general tone that was given by the participants in relation to the resources and materials used in the training was generally negatively reflected, with participants tending to explore the need for the training to appeal more to different learning styles and mundane experiences of SASH. Staff revealed that, for example, the heavy use of PowerPoint within the training package made the training boring and concentration difficult and made training delegates less alert and less willing to participate where interaction was required, i.e. during the 'myths and realities of self-harm' session:

…a lot of it was PowerPoint and videos, which is quite boring. (Participant 3)

I remember they used a lot of PowerPoint, I think sometimes, I don't think you can always hold your concentration when it is PowerPoint all of the time. (Participant 5)

I think they could have engaged people a bit more because I think some people when they are sitting in front of a computer screen, they lose interest. (Participant 3)

It seems apparent that the order that the training is being delivered begins with the process orientated information, and activities requiring critical engagement is later in the training session. This is problematic for critical engagement, particularly where staff have indicated a loss of interest following the process orientated information in the former section of the training. Whilst the ACCT document is a legal document and is important, the training layout presents a structure which prioritises legal procedure rather than offering comprehensive support for the identification and prevention of SASH. Furthermore, the format and the delivery of information to training delegates through the heavy use of PowerPoint appears to have undermined staff's perception of the effectiveness of the training materials. This can be counterproductive to the aims of the training package, as where staff are not concentrating it is difficult to ensure the retention of the information from the training. It is also difficult to measure the degree of 'expertise' in the topic area expected following the delivery of the training. Staff who have not been concentrating may

have missed vital information, and as the training package is annual, may be live on the residential units lacking confidence and knowledge in how to deal with the stresses and risks of SASH, which, as Huband et al (2000) has discussed, could cause the member of staff to respond to prisoners at risk of SASH by distancing themselves from them rather than intervening. This lack of confidence was also reflected in the post-training evaluation forms, with 7/61 reporting they feel 50% (or less) confident in applying the training in practice, and of the remaining 54, 8 were 70% confident, 13 80% confident, 17 90% confident and just 16 100% confident. There is no indication that these individuals received follow-up training and/or support following This can potentially be the difference between preventing harm or dealing with a death in custody.

Nonetheless, the majority of the staff in interview responded positively to the repetitive annual nature of the training, in regard to the frequency of the training and the covering of some of the same materials in each session annually:

…I would say that 90% of it is kind of the same each year, but it is good to sort of refresh yourself… (Participant 1)

…it is a good thing to have the training and to have the refresher. (Participant 2)

The use of repetition is noted in psychological studies as being effective for the retention of information into the long-term memory, and therefore the repetitive, reiterative element of this training package could be beneficial in relaying important information on policy and procedure to staff (Amir, Rehman, Price, 2018) However, reflecting back on the issue of boredom and concentration, efforts should be made to redevelop the package annually to retain staff interest and ensure that staff are motivated to learn and develop their skills and knowledge in the area of SASH. This would also ensure that the training was delivering up-to-date knowledge, and cutting edge understandings of SASH prevention and good practice. As highlighted in recent research by Dalto (2015), adult learners do not respond well to being 'taught', also indicated by the negative responses given about the training methods of PowerPoint within the SASH training package, whereas adult learners prefer a degree of 'control' over their training experience. It would seem practical and beneficial for HMPPS to review the resources used and way of delivering the package to its staff, and engage staff involvement in how they would like their training environment to be. By getting staff involved in their own learning, it may have positive effects on concentration and responsiveness to the learning program.

4.2.1.3 Previous training ethos

Within the interviews participants were asked a series of questions to explore frontline staff opinions as to why the training was delivered and its purpose. An important theme that emerged was participants' thoughts on HMPPS' intent in administering the training to staff. The main consensus was about 'ensuring training figures', where the training package is delivered to all staff as a means of documenting training figures and essentially passing 'responsibility' to frontline staff in the event of an incident of suicide or self-harm:

I felt it was a very tick box orientated process, the entire thing from start to finish. I felt that it wasn't, it didn't feel like it was really interested in helping the prisoners. I felt it was more designed to sign something off to say that if something goes wrong, then the prison service can say 'well you signed a piece of paper that you received the training we scheduled on this date'… (Participant 4)

It appears that staff are interpreting their requirement to attend this training as a means of blaming frontline staff in incidents of SASH. This outcome could be potentially problematic in ensuring usefulness and engagement in the training, as the use of blame through shifting responsibility could instil a level of 'fear' in the training delegates. This 'fear' over

responsibility should an incident of SASH occur could be considered a rationale factor for disengagement with the training and the post-training implementation of risk management tools. Furthermore, it indicates a level of distrust between frontline staff and their management teams, indicating a broader 'us and them' staffing culture and moral base. The perceived ownership of responsibility the participants have acknowledged as part of the reasoning for delivering the training to staff, also indicates that staff feel they are not supported by management or the prison hierarchy. There seems to be a degree of implied indifference between those receiving the training to those administering it.

Personal fear about work to prevent SASH may affect willingness to engage with the training in the offset, and thus affecting the motivation and responsiveness of staff to SASH in the daily working environment (Huband et al, 2000). As with all fears, it is inherent in human nature to avoid situations which are perceived to potentially cause harms and distress, which may be symptomatic of the pressures of staff's perceived responsibility over another human's life (Delgado, Jou, Ledoux and Phelps, 2009). Perhaps this perceived responsibility, and the implied blame shifting could be a result of delivery methods used within the SASH training package, specifically those which outline the procedure following a prisoners' death in custody. From an insider researcher point of view, it is often highlighted that incorrect management of those at risk of SASH could result in investigations by the coroners court and suspension for frontline staff. Whilst in cases this may be appropriate, it does not seem to highlight the significant benefits of the training more than it does to serve as a possible threat to staff.

However, whilst feeling this way about the intentions of HMPPS in administering this training to staff, there was still a shared recognition of the usefulness of the procedures detailed in the training, such as the use of the ACCT document, and that this was supportive of the needs of prisoners:

It's important that they're training staff in how to deal with it, or at least how to like acknowledge the signs of when someone is like withdrawn or they might be at risk of ending their lives… so…it's important to be aware. (Participant 3)

Here, the participant implies through the words 'or at least how to like acknowledge the signs' that the training itself gives information on recognising symptoms of SASH but much less on what to actually do to minimise these risks. Furthermore, there seems to be a contradictory element in of some of the participants' individual interview responses about the perceived purpose of staff receiving the training package. On the one hand, there was an inherent feeling of pressure in staff taking the responsibility of identifying and managing the risk of SASH behaviours as a non-medical practitioner, with basic mental health knowledge from the SASH training package. On the other hand, there was an acknowledgement and shared positive response to the training providing staff with this basic awareness of risk indicators and methods of managing risk; recognising the valuable role they can play in prevention. Perhaps this is due to the lack of mental health professionals available to intervene when needed, giving frontline staff responsibility under their 'duty of care' to prisoners. However, the assumed responsibility of frontline prison staff to support and assist the management of SASH reduction practices within the custodial setting is contradictory to their authoritative professional role, with frontline prison staff being described as passive in nature (Schaufeli et al, 2000). Although this is not directly acknowledged in the interviews, several have made comments about not being a healthcare professional whilst expected to support mental health needs of prisoners. As noted in the literature review, a 'passive' individual does not denote one of a proactively caring nature, particularly when dealing with emotionally difficult self-harming encounters (Shaufeli et al, 2000).

Overall, it is indirectly implied by frontline staff that the training package as a whole is very process orientated, focusing on the application of HMPPS models and tools of managing SASH (i.e. the process of opening an ACCT). It is noted, particularly by participants 3, 5 and

7 that the training package was far less informative about the mental health issues leading towards the act of SASH, and information given of this nature was 'basic':

I think a lot of it was about the ACCT documents really, I don't think there was much about leading up to the ACCTS. (Participant 6)

It gives you a basic understanding of er, issues that are surrounding inmates and their lives, their needs, and er that's it really. (Participant 2)

Perhaps the prison service could best invest time and resources into expanding the safer custody department to incorporate staff who are specifically designated as frontline safer custody coordinators or, investing into more mental health professionals as trained and specialist resources.

Another concept that arose from the interviews, in particular from participant 7, was that although they have received the training, there is no follow up guidance or training evaluation:

It would be nice to have a feedback to know these people have received the right help. Because then you know whether you have done the right thing or the wrong thing. So even if you are told you told him something which I shouldn't have told him, or, told somebody something I shouldn't have told him then, er, then at least you know when you have done the right thing or not. Or you get no feedback whatsoever. I don't want to know all his personal ins and outs, but it would be nice if I knew myself id actually done something to contribute, otherwise this training is just a waste of time really.

Whilst all participants have referred to the post-evaluation forms at the end of the training event, which is used as a means of evaluating the training on the day, it has been noted that staff are not being recognised when they have implemented policy, procedure and knowledge learned on the training effectively in practice. Or, on the other hand, when they have said or done something in practice which has been effective and supportive of safer custody procedure. This again refers back to previous literature on adult learning, and innate learning practice in human beings where behaviours and attitudes are repeated if their outcomes are positively praised and rewarded (Archer, 2010), however, if the individual is unsure, unrewarded or doubtful of the outcome they may not actively engage in such behaviours in the future and thus attitudes reflect that 'this training is just a waste of time really'.

4.2.1.4 Supporting staff: Supporting prisoners

Within the interview participants were asked to identify risk factors and indicators of SASH, and compiled a collective list (in no particular order as none was signified) as follows:

- Self-harming behaviours (cuts, ligatures, overdose)
- Social withdrawal (not engaging with peers)
- Physical changes (weight loss, weight gain, not cleaning)
- Emotional changes (tearful, aggression)

All of the above are found amongst each of the participants' answers, indicating that that they are aware of and have successfully retained information on the possible risk factors and indicators of SASH. These risk factors of SASH behaviour have been highlighted in research into depressive symptoms, which covers these areas under the headings of 'withdrawn-depressed' which covers bullet points one to three above, and 'anxious depressed' which covers emotional responses such as bucket point 4 (Achenbach, 1991). Therefore, it can be concluded that these participants are aware of the overt symptoms of depression, SASH. However, what is not clear from this information is whether this success

in identifying the risks of SASH is related to the training package received or a by-product of personal experience within the broad spectrum of SASH behaviour through their work practice. What is prominent from the data is that physical changes in the prisoner at risk of SASH are most commonly identified by frontline staff, and that staff are more likely to raise an issue of concern if they can see a physical change to the attitude or appearance of the prisoner they are have a 'duty of care' to:

You can see changes if you work around say certain individuals a lot you pick up on things and you can read things other people may not see […] you know your eyes are probably your biggest tool on you without them coming to tell you they have got an issue. That's probably our biggest thing, looking and seeing. (Participant 1)

Whilst this is positive as staff are aware of the significance of physical changes surrounding SASH behaviour, and are vigilant in using this knowledge to see changes in the individual and act upon it, it also implies a need for further development in the training package. This development to the training package should focus on the delivery of a more holistic view of SASH symptoms to emphasise that not all of those with SASH tendencies have physical indicators. An example of where self-injurious behaviours may not present through physical changes to the individual may be through the use of manipulation as an external goal of restitution: a means of gaining control over a situation (Podvol, 1969, Turanovic et al, 2012). As exemplified by participant 1 above in the data, participants who have had particular one-to-one experience with prisoners with self-injurious behaviours more commonly recognised cases where self-harming was used spontaneously as a way of manipulating the prison rewards system and gaining the return of personal property which was removed from possession whilst put on a basic regime. However, from the interviews, and as an insider researcher who has experienced the training personally, there appeared to be no instance within the SASH training package where self-harm was explored as a means of manipulation. As a result of this, staff were not trained appropriately in how to manage these instances of self-harm, or what indicators to look for to suggest a manipulation of the prison systems.

This neglect was particularly problematic as manipulation by prisoners was reported as being a regular occurrence for frontline staff when dealing with prisoners and that the training does not support staff to recognise and manage self-harm in these manipulative contexts. It was indicated that staff, especially those with a lack of experience, are encouraging it through ignorance and a lack of knowledge in how to deal with the situation when manipulation is a tactic:

I think it is a poor system because I think it is easily manipulated […] I feel that people are using it when they are being put on things like basic because they have had things taken off them, to gain things back. […] then the system is allowing them to get things back. (Participant 6)

…there's such a lot of new staff in erm, there's no experience there. (Participant 6)

When the participant was asked to clarify what they meant by 'I think it is a poor system because I think it is easily manipulated' they responded with:

Well I feel that people are using it when they are being put on things such as basic because they have had things taken off them, to gain things back. And saying, 'I'm depressed because I haven't got this, haven't got that' and that, then the system is allowing them to get things back. So, I think in that sense, its no a very, its not very good. (Participant 6)

Here, the participant elaborates and discusses potential for SASH to be used as a means of manipulating the rewards system to gain back property, rather than as a means of emotional release as a result of poor mental health. Participants with particular frontline experience with prisoners they deem to be 'manipulators' have discussed that they tend to engage in self-harming behaviours which are deemed medically as non-suicidal, such as making superficial cuts. These non-suicidal behaviours are done with the understanding that frontline staff have a duty of care and must follow the ACCT protocol which coerces staff to pay that prisoner particular attention and meet their demands (Bowers, 2003; Fish, 2000). In the prison establishment being studied, participant 6 has indicated that these methods of manipulation work. Problematic to this, the lack of training surrounding self-harm related manipulation and the shared ideology that superficial self-injurious behaviour is symptomatic of a 'manipulator', is that this research and previous research shows staff to have a reduced willingness to help prisoners who engage in self-harming behaviours they perceive to be of this sort, and tend to resent and neglect their duty of care towards them (Bowers, 2003).

Here, the issue is twofold: first, if the prisoner is self-harming as an 'external goal' they tend to disregard the reality that self-harming can cause accidental death and if staff are reluctant to acknowledge their minor self-injurious behaviours the prisoner may take the self-harming behaviour 'too far' and essentially kill themselves or cause serious or permanent injury. Thus, in these circumstances, the prison service and frontline staff have failed to maintain a duty of care to the prisoner, and hindered his human right to life (Bergen, Hawton, Waters, Ness, Cooper, Steeg, Kapur, 2012). Secondly, not all prisoners that engage in self-injurious behaviours are suicidal, some use self-harm as a form of emotional escape or to gain a sense of control by relieving emotional tensions brought on by the restraints of the prison regime (Bradley, 2009). Bearing this in mind, where staff are interpreting self-harm as a manipulation tactic, they are mis-understanding the broader motivation of self-harm, and potentially not recognising a vulnerable prisoner in need. It could be suggested that practical experiences of frontline staff dealing with manipulative prisoners who self-harm are communicated between each other, and in line with prison regime and policy, a collective management model should be devised and delivered in training to support staff of all levels of experience.

Not limited to experiences of self-harm as a manipulation tactic though, staff could also support each other through sharing experiences of any previous encounters with self-harm and their approach to dealing with it. Supported by participants 7 and 4, Participant 6 quotes:

I think that we need either people that are more trained in looking at the, maybe a team of people to back the mental health that have higher training, you know more, I just think that there's quite a lot of work to be done around that. And it's about opportunities isn't it, and it's about people being isolated because of their mental health and because they are depressed […] which is also actually isn't conducive to actually people getting better and coming off the ACCT is it?

The participant here has noted that there are instances where prisoners are almost being isolated because of their mental health and self-injurious activity, and where this is coupled with the ideology that superficial self-harm is symptomatic of a manipulator, it again could result in staff having a degree of resentment towards the prisoner, and therefore this hinders the level of care and level of support available to that prisoner. If the prisoner feels unsupported, this could increase the degree of emotional tension the prisoner feels and so the risk of suicide or more severe self-harm (Beccaria, No Date; in McLaughlin and Muncie, 2013). Developing the training package to include guidance in this area appears important, both to the staff deemed responsible for managing these situations but also in supporting the prisoner s and reducing the risk of suicide from aggravated 'superficial' self-harm. Here, the participant hints at the insufficiency of SASH knowledgeable content on the training by referring to the need for staff to get 'higher training' so that they can manage mental health

needs. This appears contradictory to the aims of the training package, as the package, aims to train staff to deal with SASH, yet staff feel they do not have 'high' enough training to do so effectively. To develop this, the training could be extended to include a specific mental health module which covers, more from a medical and subjective point of view, what it actually means to suffer from mental illness. This would be useful in developing staff awareness and as discussed previously, build on their 'basic' knowledge of what symptoms and triggers they are looking for in prisoners and other staff when raising a concern.

4.2.1.5 Developing the training to meet staff needs

Leading on from discussions around the training package as a whole and its usefulness to staff, a compelling theme of 'improvements and/or suggestions' was uncovered as participants were asked to discuss what they would like to see in future SASH training packages. This theme is essential in the development of the training package itself, but also as it has been highlighted in previous literature that staff involvement in modification of training programmes engages staff in their own training and motivations to learn (Burke et al, 2006; Burke et al, 2011).

A couple of the participants highlighted the necessity for a 'speaker of personal experience of SASH':

I would suggest a lot of speaking with people who have self-harmed. […] people willing to speak about their experiences of self-harming. […] I would make it more personal, I would make it more anecdotal. (Participant 4)

The use of an individual with personal experience with SASH, maybe in terms of being a previous or current self-harmer, may be beneficial within the training package for staff to be able to engage with a real-life situation and also to ask questions that the trainers may not have answers to. The use of a speaker with previous experience of self-harm also builds authenticity about the training, reiterating to staff that SASH is a very real issue and is not homogenous in nature or that all prisoners who self-harm are coercive. This has been supported in research using a train-the-trainer model working with patients who self-harm, and found participants were more positive about the training and an improved self-eficiacy in caring for self-harm patients (Kool, Meijel, Koekkoek, Bijl, Kerkhof, 2014). It also brings a sense of credibility to the information it is relaying, as the speaker is deemed 'experienced' in terms of direct and personal involvement with SASH (Kool et al, 2014). Furthermore, it may be beneficial for the trainers and the training delegates to hear from a speaker of this nature, particularly a trusted prisoner or ex-prisoner, to develop an understanding of what it means to be a prisoner on the receiving end of the ACCT and safer custody process. For example, it has been reflected in the interviews that training delegates have understood the implications of physical changes in behaviour and attitude that indicate risk of SASH, but risk seems unclear to staff where the act of suicide or self-harm has been 'spontaneous'. In these instances, the personal speaker may be able to shed some light on the situation and give useful hints and invaluable knowledge to staff on how to identify, manage and support those offenders that are covertly self-harming. This would be useful as it is noted that the rate of self-harm is continuing to rise throughout the years (MoJ, 2019), and a large proportion of this behaviour is covert (James et al, 2017). It is a dynamic relationship between staff and prisoners, SASH intervention, and training should reflect that, in supporting staff on building professional relationships with prisoners where they can example that they understand and are knowledgeable about safer custody issues and are best able to signpost prisoners to the support that they need.

Further to this it has been suggested that this speaker may be a trusted prisoner willing to speak to staff to share their knowledge and input on self-harming on a personal level, and also within the particular context of the prison environment they are in:

I would try and get people who have previously self-harmed in the prison environment, or even prisoners that are willing to talk about their experiences. (Participant 4)

The benefits of this could be two-fold. First, as explained above, staff have the opportunity to utilise a resource which is related to a real life situation and covers real life self-harming experiences. Staff have the opportunity to enquire about why the individual may have self-harmed, what it is about the prison regime that is impacting their decision to self-harm, and more importantly, what kind of support the prisoners actually need and want. Secondly, the prisoner could act as an advocate for other prisoners within the establishment and offer their voice in redeveloping and innovating the training which is essentially recognised by staff as being delivered in the interests of supporting prisoners and reducing their SASH risks. It would offer the prisoner community a sense of empowerment over their own self-harm reduction, which may in turn support prisoner engagement with the safer custody process and the frontline staff implementing the processes. As recognised from the participants, the trainers can only relay the 'black and white' facts of SASH that are universally recognised, which often results in the safer custody department creating an image of prisoners with 'umbrella' needs. Using a prisoner with personal experience can add completeness to the image of what a self-harming prisoner is, wants and needs.

This leads into the next compelling theme of 'personalisation and building on real life situations' where 3 of the participants indicated that the training is very monotonous and discusses SASH in a very homogenous and unified way. One participant noted that there is a lack of continuity of care and personalisation of care between frontline staff and the prisoner, referring to prisoners often being referred managerially as a 'caseload' rather than a set of individual people. They suggest that there is a lack of individualisation to each prisoner and lacks person centred care as often case-managers are changed around regularly and do not know the prisoner and have no rapport with them:

Where the SOs [Supervising Officers] and that they are gonna go in and might not have seen the person before. So there's no, there's no rapport there, there's no gel with that person is there? You know it's just a matter of people being passed from one person to another. So there's no continuity of care basically, is there? (Participant 6)

The participant hints at continuity and personalisation of care as being crucial, perhaps indicating that this current lack of it in the prison environment is a hindrance to the safer custody department and possibly to the reduction of SASH in the establishment. Interestingly, continuity and care are two of the four integral parts highlighted in Carter's National Offender Management Model, a model which underpins the ethos of HMPPS (Maguire and Raynor, 2017). Furthermore, continuity is an element of the rehabilitative aims of offender management, which is a fundamental aim of the penal system (Bain, 2011). It is recognised in research literature that the successful rehabilitation of offenders is critically dependant on the continuity of sentence planning and care in prison, and this can also be applicable to the continuity of care in relation to prisoner safer custody support (Maguire et al, 2017). If a prisoner does not feel supported within the prison service, in relation to their mental health needs, they are less likely to engage with the service and its frontline staff making the reduction of suicide and self-injurious behaviour difficult to manage (Beccaria, No Date; in McLaughlin and Muncie, 2013). Afterall, the goals of rehabilitation are to encourage prisoners to engage in prosocial activities, attitudes and lifestyles, and although self-harm is a maladjusted coping mechanism for many as discussed in the literature review, self-injurious behaviour is not a prosocial activity, and the state of negative mental health is not encouraging prosocial attitudes or lifestyles (Gendreau and Cullen, 1994). Partridge's (2004) research showed that managers tend to favour passing their caseload of offenders at risk of SASH to other managers; however, prisoners and frontline staff were unfavourable of this and preferred a continuity of care in risk management. Perhaps this, coupled with the perspectives of staff that participated in this study, reflects an ongoing issue within penal practice in managing offenders with SASH

behaviours, indicating a necessity for prisons to alter case management procedure to prioritise continuity of prisoner care.

Previous research which may also support the need for continuity of staff care with prisoners is Higgins (1990) and Hodgkinson et al (2011) who acknowledge that often symptoms of depression, an indicator of SASH, are often masked. Continuity of care in these instances would be useful on a practical level in terms of both supporting prisoner needs and supporting frontline staff in recognising change indicators of SASH, as building rapport with the individual prisoner and understanding their usual behaviour would make slight changes in behaviour more obvious. It would also minimise the risk of these individual prisoners being dismissed as a manipulator, as discussed previously in the chapter. This would also better support the prisoner as in Higgins' (1990) example of violence being a possible mask for mental health issues, if continuity of care is provided then the prisoner's behaviour is more likely to be recognised as symptomatic of their mental health needs, and so provided with appropriate mental health support, rather than being punished. Furthermore, these participants also signified the importance of 'building on real life situations', as with the personal speaker suggestion, they are keen to have more activities present in the training that reflect a realistic daily mundane image of the SASH prisoner, and the methods of managing such instances.

You need to, you need to make it personal. You need to make that officer, that, err, admin staff member, that OSG, you need to walk out of that boardroom thinking […] I didn't realise that. I didn't know that. I've got a completely different view. (Participant 4)

[…] and you notice it more if you know that it's a being rather than a name on paper. (Participant 6)

Here participants are suggesting that the training delivery is set out to discuss issues of SASH but the training and trainers lack personalisation and acknowledgement that the training is about traits of actual people. There is an indication that the training content appears to staff as almost abstracted from the realities, although it is inherently about a real-life situation. The participant indicates that by making training delivery and content more personal to mundane experiences and situations, that it will have an impact on the training effectiveness and the retention of information, 'you need to walk out of that boardroom thinking […] I didn't realise that. I didn't know that. I've got a completely different view' (participant 4). This statement also alludes to the idea that in personalising training, the delegates may be more engaged and interactive in their training and continuing this after the session has finished, though it is unclear whether that is likely to be through discussion with others or as an internal dialogue.

Referring back to the literature review, Squelch (2001) suggested the use of virtual reality as a means of implementing scenarios of a mundane nature but in a safe and secure environment. This could be beneficial in achieving personalisation of the training, as the package could be developed to include a digital module which has interactive scenario play where staff can view a situation and select appropriate options to solve or alleviate the situation. The selected solutions the frontline staff make could be supported by guidance notes from the safer custody department to inform staff where they have selected the best option or the least effective and so forth, providing feedback to staff which participant 7

feels is important. [4]However, the practicality of this is perhaps hindered by associated cost of developing a package, and the facilities to roll out this interactive package.
In addition to the former suggestions to personalise training, participants have highlighted the need for training to have more of an equal 'balance of theory and practice':

I think they could have engaged people a bit more because I think some people when they are sitting in front of a computer screen they lose interest. Whereas if it were more group exercises people might learn better that way. (Participant 3)

Here, participant 4 alludes to the imbalance of theory and practical exercises, reflecting how they feel the heavily theorised nature of the training hinders adult learning and learner interest. They also suggest that group exercises, which is later indicated to as being interactive exercises, would better suit staff learning styles and support engagement. If staff are more engaged with their training, this would have positive implications for 'ensuring training effectiveness' (Dalto, 2015). Referring back to previous literature in support of this, it is noted that practical staff involvement in their training and its delivery style improves learners' engagement and motivations to learn (Dalto, 2015; Squelch, 2001). However, when all of the participants were discussing the practical exercises they would like more of in the training, role plays had a particular vocal point. In particular, participant 2 expressed a strong disinterest in the use of role plays:

Role play is something that I really hate. On every training course they put in some role play and I, I'm not an actor.

Participant 2 was not the only one to express a dislike with the use of role plays, participant 4 also states their discomfort:

And then you sort of get forced into doing role play that you don't really feel comfortable in doing because you're not really sure what to say because you haven't really been taught what to say.

It is directly implied here that some of the staff feel they are in equipped to complete the role plays, and respectively, if they feel they cannot complete a role play which is not real, then in effect staff cannot be assumed responsible or capable of completing safer custody practice in the real-life prisoner facing environment. Again, this owes itself to previous discussion where staff have indicated that the training is very procedural and lacks information on suicide, self-harm and mental health issues in general, and how to approach the individual prisoner other than opening an ACCT. This lends to the idea that staff should

[4] Discussed later in the chapter.

receive more specific training surrounding mental health and be given training in effective communication skills with those in need of particular safer custody needs.

However, even those participants that did not mind role plays, there was still a clear request for training to include more personal and interactive elements to make training more practical:

They just need to do more things than just PowerPoint. Maybe role playing, maybe just do it in smaller groups rather than just one big one. (Participant 5)

The particular attention on the size of the groups here hints that perhaps the current grouping size for role-play activity is too large. By suggesting directly here that the groups could perhaps be made smaller, also owes itself to the previous discussion that training needs to be more personal. Participant 4 also discusses role plays in a similar way to the above, however their focus is on how more interactive exercises could help with engagement:

I think they could improve on it by, like I say doing more, erm, staff role plays and exercises to be a bit more engaging. (Participant 3)

Other practical tasks highlighted as useful for engagement, and for trainers to ensure training effectiveness, by participants include, in no particular preference: group discussions, having speakers of experience, ordering key information on cue cards, and group quizzes. Particularly in the use of quizzes, prizes can be used to improve training delegates' willingness to engage through healthy competition and the use of reward, with the use of reward serving as vicarious reinforcement (Apps, Lesage, Ramnani, 2015; Smith, 2017).

However, what has been consistent through the data is that the training package itself is primarily used as a means of supporting staff to support prisoners dealing with SASH behaviours. What it does not account for, as brought up by participant 8, is that staff may also be dealing with similar SASH behaviours and attitudes of their own:

Plus you have to be careful because a lot of the people you are working with might be dealing with the same thing. So you know your talking to someone on the inside and you can relate to that, you have to be careful that you don't get in, get into that situation. (Participant 7)

Although trainers did specify that if staff wanted support they would speak to them after the training, staff on the training were still required to participate when the group was split to facilitate role plays. Engaging in role plays with some staff lacking informative knowledge on the reasons for self-harming, for example, could appear to give a sense of mockery towards those that are self-harmers, which is what participant 7 could be hinting at above. Some of the staff found the nature of the role plays humorous, and some were not willing to engage with a serious attitude to self-harm, which could have caused emotional sensitivities for those involved in the role play that have, or do, self-harm. Furthermore, the role of acting lacks detailed mundane elements, and can be potentially offensive in the above context and counter-productive to staff learning (Reddy, 2018), especially where as previously noted, staff have a misconception that SASH is solely a manipulation tactic.

4.2.1.6 Summary of analysis

Overall, throughout the data there is a primary focus on the lack of support for staff in terms of: a lack of staffing resource, the lack of mental health support for staff, a lack of knowledgeable training, a lack of feedback and guidance post-training, and a lack of consistency in terms of training frequency, delivery and procedural use. On the one hand,

staff are actively acknowledging that the training is useful in helping them to identify risks of SASH and they appear relatively confident on applying the ACCT process as a model of managing these risks. On the other hand, there are very clear indications that the training is very procedural in focus and lacks, what staff perceive as important, informative guidance and training on the contributing causes of SASH, such as depression. It is also clear, that whilst the training is perceived as useful for these procedural means, that participants feel their personal experience is far more valuable in assisting them to deal with SASH; therefore, as previously highlighted the use of virtual reality modules and speakers of personal experience could be useful for all staff as a means of developing 'personal experience' in a safe and secure setting. This would be particularly useful with the large influx of new staff who may not have had 'personal experience' with SASH prisoners, or anyone, in the past. In general, the training is perceived by staff as very procedural and reactive to SASH in custody. Frontline staff are interested in becoming more involved in their training, beyond the procedural, and are expressing a need for training to become informative to support a shift from 'reactive' to 'proactive' knowledge, and to also make the training more of a learning experience. By involving more real-life information, activities and interaction within the training, participants have made clear they are more likely to engage, become motivated and enjoy their training.

Chapter 5 Conclusion and Implications

To conclude, although the usefulness of the SASH training for frontline prison staff has not been widely researched, frontline staff recognised its importance and relevance to their duty of care towards vulnerable prisoners. However they were critical of the training materials used, such as the heavy use of powerpoint, and the amount of mental health information supplementing SASH providedin the current training package. Whilst the rate of self-injurious behaviour continues to rise throughout the years (MoJ, 2019), HMPPS should recognise the importance of delivering a SASH training package which will equip frontline staff with the tools and knowledge necessary to alleviate and reduce risk of SASH. As the purpose of this study was to discuss staff viewpoints on the current procedures and training implemented on SASH reduction within the establishment and use this to support safer custody with training and harm reduction initiatives, it achieved this aim by answering the following objectives:

Explore how, from the perception of frontline staff, SASH training can support staff in identifying risk in prisoners and provide quality information for care planning.

On the one hand, participants reported an inherent feeling of pressure in staff being responsible for identifying risk of SASH as a non-medial practitioner and with only very basic mental health knowledge from the SASH training package. On the other hand, there was a common positive response by participants to the training package indicating it did make them more confident and aware of the risk factors and indicators that suggest a prisoner is at risk of SASH. Similarly, it was a shared consensus that they felt that although they may feel under pressure in dealing with the SASH situation themselves as non-medical practitioners, that they were confident they could follow SASH policy and procedure by opening an ACCT document and signposting the prisoner to relevant support networks such as Samaritans, listeners and mental health services.

Within the interview participants were asked to identify risk factors and indicators of SASH, and a collective list was compiled (in no particular order as none was signified) as follows:

- Self-harming behaviours (cuts, ligatures, overdose)
- Social withdrawal (not engaging with peers)
- Physical changes (weight loss, weight gain, not cleaning)
- Emotional changes (tearful, aggression)

All of the above are also found amongst existing literature as being indicators or risk factors of SASH and also of mental health conditions such as depression (Steeg et al, 2016; Humber et al, 2011; Achenbach, 1991). Therefore, it can be concluded that these participants are aware of the risks and indicators of SASH.
However, what is not clear from this information is whether this success in identifying the risks of SASH is related to the training package received or a by-product of personal experience with the broad spectrum of SASH behaviour through their work practice. What is prominent from the data is that physical changes in the prisoner at risk of SASH are most commonly identified by frontline staff, and that staff are more likely to raise an issue of concern if they can see a physical change to the attitude or appearance of the prisoner they have a 'duty of care' to. As a result, quality information for care planning may only be provided in the presence of clear physical symptoms of SASH presented by prisoners. Quality of information obtained is therefore reliant on several factors such as staff experience with SASH, their ability to identify risks and their rapport with the prisoners relaying the information in exchange for support.

Explore to what extent frontline staff believe that the implementation of training supported the safer custody team in managing risk

As recognised by frontline staff, there is a significant staffing issue throughout the prison estate, and especially with reference to the cohort of healthcare professionals available to staff and prisoners on site. Due to this shortage of staff, there is an operational demand for frontline staff to be responsible, to a large degree, for the management and prevention of SASH by prisoners. Although staff have positively reported that they are aware of the signs and procedural tools (ACCT) used to identify and manage the risk of SASH, they are not confident in understanding what SASH is from a mental health and medically informed perspective. Whilst frontline staff are competent in opening an ACCT and passing this information on to management to support the safer custody department, they are ill-equipped to offer any real support or understanding on the issues surrounding SASH. Furthermore, it is repeatedly reported throughout literature and from frontline staff in this study that SASH as a manipulation tactic is a prevalent issue within the prison estate (Bowers, 2003), and it is the (mis)understanding of this issue that has negative impacts on staff engagement with safer custody policy and practice, the training, and vulnerable prisoners.

Explore how well-equipped frontline staff feel following the implementation of suicide/self-harm training, and how this has impacted the quality of application of skills in policy and practice.

There are clear indications that staff feel unengaged with the training and under-supported throughout the training process. Staff reported the training to be very procedural and materials to be heavily PowerPoint based, which they find does not support: engagement, motivation to learn, or the learning needs of adult learners. Furthermore, staff feel that the training ethos cast a level of 'blame' and responsibility upon frontline staff in the event of an incident of SASH; distancing staff from their management teams and having potential detrimental impact on staff willingness to engage with vulnerable prisoners effectively (Hubband et al, 2000). This either illustrates a lack of trust between management levels of staff, or is causing tensions between lower pay grade staff and their management as they mistrust their motivations behind training provision. In this instance, suggestions by staff to improve training include more interactive activities into the training package, and to deliver more 'higher training' on mental health awareness and medically driven information on SASH, coupled with guidance from 'a speaker of personal experience' in self-harming behaviour.

Overall, there are clear indications from frontline staff and the post-training evaluation frequency data that there is a shared acknowledgement of a lack of support for staff through the training and learning process. Staff are lacking support in terms of: shortages of staff, a lack of mental health provision for prisoners and staff, a lack of training in understanding SASH, poor feedback and guidance post-training and inconsistency in training delivery, frequency and training ethos/use. As a result of the above, staff are less motivated to engage with the training, which has a negative effect on their ability to apply those skills they learn in training into practice.

5.1.1.1 Implications for future research

Implications for future research would consider exploring the aims and objectives of this study through the use of a larger sample, both in phase 1 and 2, and to sample participants across different establishments. In phase 1 of this study (the post-training evaluation forms), it was not possible to determine whether the sample was demographically representative as forms did not gather demographic data, nor were they large enough to draw any statistically significant data (Gasper, 2000). Therefore, trends and patterns in the

data could not be analysed. Thus, future research should design and distribute new, more research-useful post-training evaluation forms instead of those currently used, or in addition as part of a survey.

Furthermore, the sample in phase 2 was small and situated within one prison in one demographic area (limited as this prison was the only one allowed research access to by HMPPS). Whilst this small sample allowed for the gathering of in-depth data and a thorough exploration of the topics raised and a valuable insight into the perceptions of frontline staff and their SASH training, without confounding factors of varying training packages and delivery, or different institutional contexts and cultures, it has also highlighted scope for further expansion across the custodial setting. Expanding this study to include a sample across other establishments (including Category A-D and women's prisons) could show similarities/differences in viewpoints on SASH training delivery as well as raising examples of good and poor practice. Comparing results from prisons elsewhere would make apparent whether the novel issues raised in this study are novel to this prison or relevant and generalisable to the prison estate as a whole, as well as improving reliability that findings reflect the true meaning of how staff view their training (Babbie, 2016, Wengraf, 2011). It may also be useful considering repeating the study with a researcher that is not an insider, and comparing the findings to explore whether the insider-researcher status has an impact on the quality of the data.

5.1.1.2 Implications for SASH training policy and practice

Further to the findings of the study, from the perspectives of frontline staff, future policy and practice for more effective SASH training should include:

- Holistic approach to SASH: Training should not primarily focus on the procedural work (i.e. the ACCT) but should include appropriate mental health training and provision for proactive and informed frontline engagement with prisoners' needs and SASH prevention, rather than the current reactive approach. Many of the participants in this study made clear that they want to understand more how to help signpost and deal with the mental health situation presented, but feel they do not receive the relevant training and support to do so.

- Varied and engaging resources/activities: Previous literature and frontline staff stipulate that practical activities aid staff motivation and willingness to engage with materials, and assists developing skills and knowledge in a secure environment (Dalto, 2015). During the discussion, participants made clear that they found elements of the training 'boring', like someone was 'talking at' them and they found it difficult to concentrate due to the training delivery style and materials used.

- Highlight avenues for feedback and evaluation: Current training is repeated annually and could benefit from adjusting to the needs of staff. Frontline staff reported particular concerns that their practice is not being evaluated and they are unaware of areas of strength and weakness when attempting to implement skills and learning from the training in practice. They feel evaluating the process, their personal working practice of policy and procedure, and then reflecting this as a change to training delivery in the future would support understanding of materials and strengthening adult learner knowledge.

Furthermore, the SASH training package would also benefit from recommendations for the provision of a support package for staff in conjunction to the support it recommends for provision of prisoners. Following the interviews, all staff were signposted back to the information sheet which outlines two modes of support for staff: Samaritans and a telephone number for counselling through HR. Whilst all participants were aware of Samaritans, as a mode of support regularly used for prisoner provision, none were aware of

the counselling line available to them. This information would be best utilised as part of the SASH training package, to show staff they are also supported by their management teams and the prison service.

In terms of feedback, staff wanted management to evaluate practice when they implemented the training, and provide feedback . This would consolidate training, but also provide data to base revisions to new and ongoing training to best meet staff needs. This ongoing training to consolidate the annual could be implemented successfully within the current prison regime. The prison holds a lock down training day, the second week of every month. On this day, large volumes of staff are 'free' off the shift pattern to attend allocated training, which often does not cover the whole of the allocated morning or afternoon. This allows for line managers and safer custody personnel to meet with frontline staff and discuss person-specific issues in their current working practice, training development needs and feedback on their use of the ACCT procedure. This would be relatively light on resource requirements, can cover a large amount of staff on regular rotation, and would not impact current working regime.

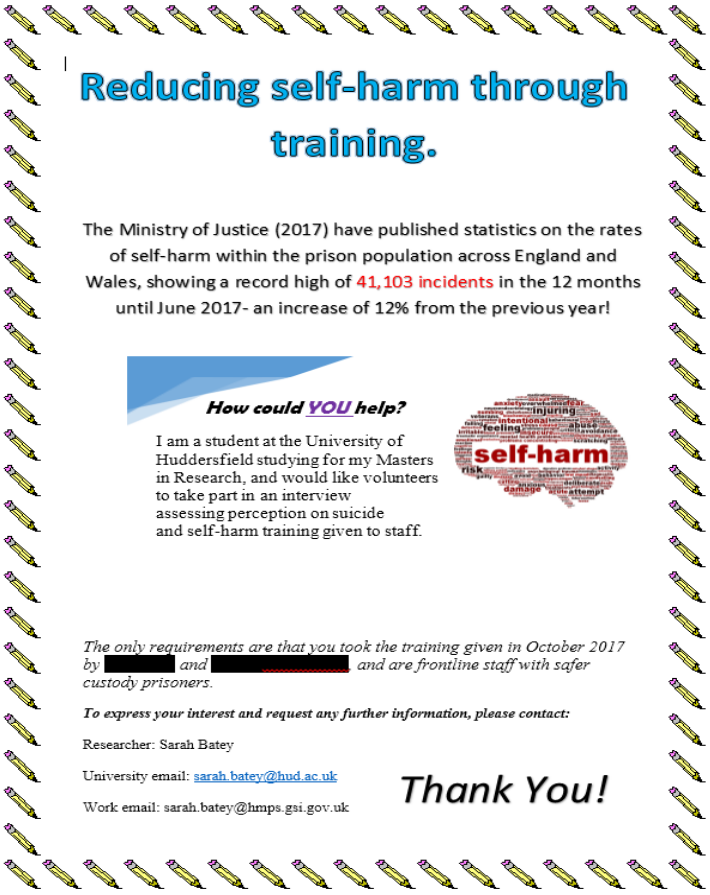
Third, where staff have indicated that training should include more interactive resources and offer a more holistic view on SASH, they have suggested the use of a 'speaker of personal experience' in SASH. Implications effectively incorporating this into the training could be by coupling the 'Listener' scheme with the SASH training. Listener schemes are a current prison-based scheme where 'trusted' prisoners engage in training alongside Samaritans in order to offer peer guidance and support to other vulnerable prisoners with SASH needs (Devilly, Sorbello, Eccleston, Ward, 2005). These 'trusted' prisoners, or 'listeners', are already trained and risk assessed by Samaritans and the safer custody team as suitable to discuss and support SASH needs with prisoners. Therefore, they would be a suitable and resource-friendly advocate for the needs of prisoners and a 'speaker of personal experience' within the SASH training package to support staff.

Finally, it is relevant to highlight that whilst the findings from this research are useful in effective SASH training and identifying risk in vulnerable prisoners, the training model and implications can broadly be adapted to suit risk management in other non-custodial settings. Whilst many prisoners can be identified as posing a risk of vulnerability to SASH as per indications previously discussed such as isolation from family/friends, substance misuse and previous criminality and self-harm (Steeg et al, 2016), so could members of the general public who use services such as drug and alcohol recovery facilities, the homeless who use refuge centers, as well as ex-offenders, for example. These people still have the same risk factors as identified in this study as being a predisposition or indication of SASH risk and are having interactions with professional staff in other workplace capacities outside of the prison setting. In adapting the model above in terms of, 'holistic approach to SASH', 'Varied and engaging resources/activities' and 'Highlight avenues for feedback and evaluation', staff in all frontline capacities with individuals who present with SASH risk factors can be trained in identifying risk and appropriate understandings of managing mental health issues and concerns. Using varied and engaging resources is relevant in any adult training package (Dalto, 2015) to ensure retention of information and successful and meaningful engagement with the materials in training. Furthermore, appropriate evaluation and feedback is useful twofold: feedback to staff can work as a form of vicarious reinforcement to promote successful working practice and deter unsuccessful or poor performance from reoccurring (Apps et Al, 2015), and evaluation of the process supports growth and development of the package in future delivery of the training.

Appendices[5]

Appendix 1

Poster advertising study



[5] All references to the prison or specific staff have been removed across the appendices and labelled REMOVED

Appendix 2

Information Sheet

University of HUDDERSFIELD
Inspiring tomorrow's professionals

How useful is the implementation of staff awareness training in suicide and self-harm reduction: perception of frontline staff.

INFORMATION SHEET

I am Sarah Batey, a Masters by research student at the University of Huddersfield studying the 'SASH' training at REMOVED. You are being invited to take part in a study about Safer Custody: suicide and self-harm reduction, specifically relative to the recent training you have received. Please take your time to read through the following information carefully, outlining the purpose of this study, and do not hesitate to ask any further questions to clarify any queries you may have.

What is the study about?
The purpose of this study is to discuss staff viewpoints on the current procedures and training implemented on suicide and self-harm reduction within the establishment, and use this to support safer custody with training and harm reduction initiatives.

Do I have to take part?
Your participation is voluntary. If you would like to take part, you will be asked to sign a consent form to confirm you understand the study and consent to be involved. You will be free to withdraw from the study up until the dissemination of the data into the thesis, and without giving any reason. A decision to not take part and/or withdraw from the study will not negatively affect your employment position within the prison, and any data collected will be destroyed completely at request. After data dissemination, the data will be integrated into a report and therefore the right to withdraw at this point would be impossible due to the complications of identifying anonymous data incorporated in the report.

What will I need to do?
If you agree to take part in this research you will be invited to an interview in staff office space at the establishment which should take no longer than 45 minutes. You will be asked a set of questions for discussion, which will be recorded using an encrypted Dictaphone device. You will not be identifiable from the recording, as any quoting will be done by use of pseudonym. Only myself, Sarah Batey, and my academic supervisors will have access to the recordings. You will not need to bring any equipment with you, and the staff interview space can be flexible to your working location and demands of your role.

Will my identity be disclosed?
Your identity will remain anonymous throughout the project. Any data quoted will be done so by use of pseudonym which will be allocated post-interview stage, and there will be no personally identifying information used during the report.

What will happen to the information?
All information collected from you during this study will be kept secure, and any identifying material such as names and working establishment will be removed to ensure anonymity. It is anticipated that research may, at some point, be published in a journal or report. However, should this happen your anonymity will be ensured and the permission to include your data is included in the consent form.

Who can I contact for further information?
If you require any further information relevant to the research, please contact me or my academic supervisory team on:

Researcher: Sarah Batey
Email: sarah.batey@hud.ac.uk
HMPPS Email: sarah.batey@hmps.gsi.gov.uk

Main academic supervisor: Dr Steve Lui
Email: s.lui@hud.ac.uk
Telephone: 01484 473467

Academic supervisor: Dr Carla Reeves
Email: c.reeves@hud.ac.uk
Telephone: 01484 472549

For further assistance from the School of Human and Health Sciences Ethical panel:

Email: hhs_srep@hud.ac.uk

What if I need/want to speak to someone afterwards?

If you require any emotional support following the study, please contact:

Telephone: 08000198988
Quoting your employee number and establishment when prompted. They offer free, confident and impartial counselling.

SAMARITANS: 116 123
Free confidential and impartial general support from any phone at any time.

Appendix 3

Consent Form

University of HUDDERSFIELD
Inspiring tomorrow's professionals

CONSENT FORM

Title of Research Project: How useful is the implementation of staff awareness training in suicide and self-harm reduction: perception of frontline staff.

It is important that you read, understand and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate, if you require any further details please contact your researcher, Sarah Batey.

If you are satisfied that you understand the information and are happy to take part in this project, please put a tick in the box aligned to each sentence and print and sign below.

☐ I have been fully informed of, and understand, the nature and aims of this research as outlined in the information sheet version 2, dated 14/03/2018

☐ I understand that no person other than the researcher and project supervisors, Dr Carla Reeves and Dr Steve Lui, will have access to the raw data provided in the interviews.

☐ I understand that I have the right to withdraw from the research up until the raw data is disseminated into the thesis report via the discussion and results chapters.

☐ I give permission to be recorded via Dictaphone for the interviews, and for my words to be quoted in the thesis by use of pseudonym. The pseudonym will be allocated post-interview stage, so I and others will not identify quoted text as my own dictation.

☐ I understand that the interview data collected will be kept in secure, password encrypted electronic files for a period of 10 years at the University of Huddersfield, and then appropriately destroyed.

☐ I understand that access to an anonymised summary report of the thesis will be available to the Governor and the safer custody department for reference.

☐ I understand that the final report will be used for an academic thesis and may be published in a journal or report and acknowledge that I will not be identifiable from the data used.

☐ I understand that my right to confidentiality may be breached, if I disclose any information which highlights a threat to the safety and security of the establishment and those within it. Examples of this would be divulging instances where yourself and others are in danger or risk of harm, and instances where the security of the establishment may be breached by staff or prisoners. It would be my (Sarah Batey, the researcher's) duty of care to report such intelligence to a relevant governor, and/or via an intelligence report.

☐ I understand that an anonymised summary report of the thesis will be available to the Governor and the safer custody department for reference.

Signature of Participant: Print: Date:	Signature of Researcher: Print: Date:

Appendix 4

Interview Schedule

Background about your role:

- How long have you worked for the prison service?
- Could you tell me about what you do in your current role?
- What experience do you have in relation to safer custody in the prison service?

What does 'Safer Custody' mean:

- What does the term 'safer custody' mean to you?
- Why do you think HMPPS have a safer custody team?
- Could you describe the type of person that would access the safer custody team?
- For what reasons are the safer custody team accessed/utilised?

Safer custody training:

- Can you confirm you have received the safer custody training administered in October/November 2017, and what do you think about the training provided?
- Could you describe the reasons you believe that HMPPS administered the training to staff?
- To what extent do you believe in the safer custody training administered to staff?
- Why do you feel this way about the safer custody training?
- How well do you feel that the training was delivered? 1
- What are your thoughts about the amount of materials available to staff to support safer custody training procedures?

Identifying safer custody issues and implementing procedure:

- Do you feel confident in identifying risk factors and indicators of suicide and self-harm following the training, and why?
- What would you identify as risk factors and indicators of suicide and self-harm within custody?
- Why have you chosen these examples?
- If you have identified what you feel are risk factors for suicide and self-harm, from a prisoner, what procedure would you follow to raise and manage this?
- May need to discuss ACCT and reporting safer custody issues if not brought up

Tasks:

- Imagine you have unlimited access to resources and can implement anything you deem as appropriate, what would you describe as the best safer custody environment for prisoners?
- Imagine you have unlimited access to resources and can implement anything you deem as appropriate, what would you describe as the best safer custody practice for staff?
- When would you open an ACCT and why?

Improving training and harm-reduction results:

- Do you feel that the safer custody procedure could be improved, and how?
- If answered that the staff training, earlier in the interview, was not effective, discuss ways in improving training delivery 1

Appendix 5

Approval letter from HMPPS research governing body

REMOVED

HM Prison & Probation Service

Sarah Batey

REMOVED

Email:

04.04.18

Research Title: 2018 – 014. How effective[6] is the implementation of staff awareness training in suicide and self-harm reduction: viewpoint of frontline staff

Establishment: REMOVED

Dear Sarah,

Further to your application to undertake the above research project at **REMOVED**, in HMPPS, your resubmission has been re-reviewed by two members of the qualified team at REMOVED this month.

---

[6] Terminology changed at later stage to 'useful' to best reflect study aims

There remain some outstanding points should be easy to remedy:

- Please include on your consent form that 'an anonymised summary report of the thesis will be available to the Governor and the safer custody department for reference', as you state elsewhere.

- Please revise the information sheet to note that a Dictaphone will be used, to replace the following (under the heading, What will I need to do?) 'The interview will be hand written or typed by myself and you will be able to view the data I have collected at the end of the interview and asked to clarify the transcription best reflects what we have discussed.'

- You note that the encrypted electronic files will be kept for 10 years at the University of Huddersfield. Please note what will happen with those digital recordings in 10 years – will they be destroyed and what is the process for that?

Once these changes are made, we will be happy to grant approval to this study. Additionally, we ask that you please note the following, and make the minor amendment underlined below.

- You will kindly send an electronic copy of the research report, with an executive summary, to the Regional Research Lead (myself). I will pass this onto the Governor of the establishment and any other relevant stakeholders.

- In addition, you will kindly prepare a summary, to go the above stakeholders, approximately 3 – 5 pages which sets out the implications of the project for NOMS decision makers.

- We ask that you inform the NRC and the Regional Research Lead of the date / location of publication of the research.

- Please note that the Governor at REMOVED will need to give final approval for this work. Please note, you are not authorised to proceed with the research without the Governor's express permission to do so.

- Researchers are under a duty to disclose certain information to NOMS. For applicants wishing to conduct research in prisons this includes behaviour that is against prison rules and can be adjudicated against (see Section 51 of the Prison Rules 1999), illegal acts, and behaviour that is harmful to the research participant (e.g. intention to self-harm or complete suicide).

- Please note that your work has been approved based on the details provided in your application. Please do not go outside of the agreement. If you wish to modify the scope of this work, for example, using populations at another establishment, you will need to contact the NRC to ask for permission.

Yours sincerely

REMOVED

Cc: The National Research Committee

Appendix 6

Blank post-training evaluation form

Ministry of JUSTICE
National Offender Management Service

End of Training Event Evaluation
NOMS Training Evaluation System

Event Title:	**Date:**
Venue:	**Trainer(s):**
Your Name:	**Work Base:**

It is important that the quality and effectiveness of all our learning events is monitored. Time spent on completing this short evaluation will help improve services in the future.
Please be honest. Responses will be used for evaluation purposes only and will be treated confidentially.
Please tick the rating which best reflects your level of satisfaction with each aspect of the event:

Did the trainer explain how to complete this form & the importance of the evaluation process?	**YES** ☐	**NO** ☐

	Satisfaction Rating						**Comments Please**
	Low		Medium		High		
Event Administration	**1**	**2**	**3**	**4**	**5**	**6**	
Notification of being detailed this training	☐	☐	☐	☐	☐	☐	
Quality of domestics & course induction	☐	☐	☐	☐	☐	☐	
Event Effectiveness							
Achievement of course aims & objectives	☐	☐	☐	☐	☐	☐	
Length of training event	☐	☐	☐	☐	☐	☐	
Relevance of training event to you	☐	☐	☐	☐	☐	☐	
Your enjoyment of the training event	☐	☐	☐	☐	☐	☐	
Event Impact							
To what extent did training build on previous knowledge	☐	☐	☐	☐	☐	☐	
Improvement in skills / knowledge	☐	☐	☐	☐	☐	☐	
Relevance to job	☐	☐	☐	☐	☐	☐	
Trainers							
Knowledge of subject matter	☐	☐	☐	☐	☐	☐	
Use of suitable delivery methods	☐	☐	☐	☐	☐	☐	
Responsiveness to learners needs	☐	☐	☐	☐	☐	☐	

1. Before attending, have you discussed any aspect of this training session with your line manager?

Yes ☐ No ☐

If the answer is yes, please say what it was:

2. Do you know why you attended this training session?

Yes ☐ No ☐

Please say why you ticked the box you did:

3. If you have done this training session before, approximately when did you last do it?

Never completed this training before ☐ Less than 6 months ago ☐

Between 6 and 12 months ago ☐ More than 12 months ago ☐

4. How confident do you now feel to use your new or refreshed skills / knowledge? Please tick which percentage applies to you:

0%☐ 10%☐ 20%☐ 30%☐ 40%☐ 50%☐ 60%☐ 70%☐ 80%☐ 90%☐ 100%☐

No confidence Moderate confidence Complete confidence

Please say why you ticked the box you did:

5. *"This training was of value to me"*. Please tick which answer best suits your response:

Disagree very strongly ☐ Disagree strongly ☐ Disagree ☐

Agree ☐ Agree strongly ☐ Agree very strongly ☐

Please say why you ticked the box you did:

6. Please comment on learning and training materials and supporting infrastructure e.g. facilities and classrooms.

7. How will this training make a difference to the way you do your job?

8. Is there anything you would like to see added to / taken from or changed in this training session? Please give details:

 TES End of Event/2011/V.2

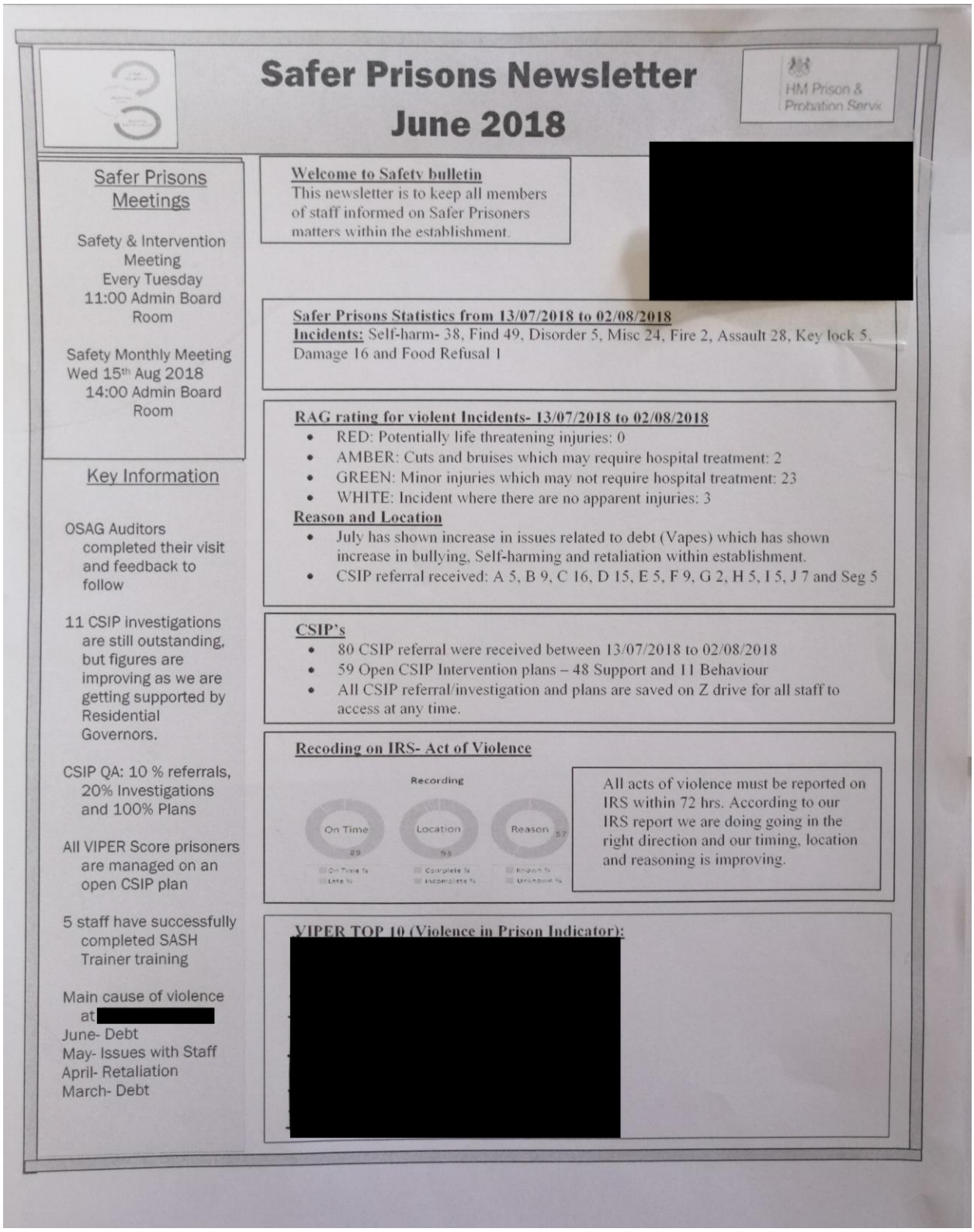
Appendix 7

Table of thematic codes.

Code	Sub-code	Description of code
Previous training delivery style	Frequency or repeated training	How often staff receive training, and similar content
	How training effectiveness ensured	How trainers and HMPPS measure usefulness and/or information retention
	Types of resources/ activities	What materials and media were used to deliver the training and what staff thought of their use
Previous training ethos/ purpose	Ensure training figures/ coverage of staff	Meeting legal requirements to train staff
	Support of prisoners and/or staff	How the training is useful for staff and/or prisoners
	Responsibility	Passing of blame, and accountability, in an instance of suicide and/or self-harm
Previous training views on SASH	Homogeneity of prisoner needs	Treating all prisoners' needs as similar.
	Manipulation vs genuine	Whether self-harm is used for personal gain (coercion by prisoners) or whether it is symptomatic of mental health concerns
	Suicide/self-harm type person	What staff perceive as someone that is likely to be suicidal or self-injurious
What they learnt from previous training	Positive understanding of training	What they have taken from the training and how it applies to their job role
	Process of ACCT opening	Outlining the process of opening an ACCT document and management of the ACCT going forward.
	Impacts to ACCT opening process	Ways in which the individual dealing with a situation, or the regime, impacts in some way the ACCT opening and managing process
	Training unclear: unclear solutions	Staff unsure of/ not understanding parts of the training, or they feel the training has not covered certain areas

	Importance of communication	Why multi-disciplinary staff communication is important, and the need for effective/ positive vocal communication with prisoners
Previous experience of SASH	Manipulation by prisoners	Specific instances of where manipulation has been used and for what means
	Individual needs of prisoners	Comments from participants on what they perceive the needs of prisoners to be in respect to preventing SASH
	Lack of staff experience	e.g. High turnover of staff, new frontline staff on prisoner units.
Improvements/ suggestions for future training	Speaker of personal experience suicide/self-harm	Somebody that has experienced suicide and/or self-harm directly (i.e. current/ex self-harmer)
	Balance theory and practical	Variation of practical activity and informational theory
	Personalise/ build on real life situations	Training materials more anecdotal and reflecting mundane job-based scenarios
	Specialist training for mental health	Training more individuals specifically in mental health to support management process of SASH
	ACCT guidance document	Document outlining 'when, how, why, where, what' of opening, closing and using an ACCT for staff reference.
	Time/ staffing	Time refers to allocated time out of staff's daily duty to: 1) support prisoners 1-1 2) reflect and gain support (staff) following an incident Staffing refers to the lack of staff available on site from all operational grades, healthcare and the regime across the establishment

Appendix 8



Safer Prisons Newsletter
June 2018

HM Prison & Probation Servic

[redacted]

Welcome to Safety bulletin
This newsletter is to keep all members of staff informed on Safer Prisoners matters within the establishment.

Safer Prisons Meetings

Safety & Intervention Meeting
Every Tuesday
11:00 Admin Board Room

Safety Monthly Meeting
Wed 15th Aug 2018
14:00 Admin Board Room

Safer Prisons Statistics from 13/07/2018 to 02/08/2018
Incidents: Self-harm- 38, Find 49, Disorder 5, Misc 24, Fire 2, Assault 28, Key lock 5, Damage 16 and Food Refusal 1

RAG rating for violent Incidents- 13/07/2018 to 02/08/2018

- RED: Potentially life threatening injuries: 0
- AMBER: Cuts and bruises which may require hospital treatment: 2
- GREEN: Minor injuries which may not require hospital treatment: 23
- WHITE: Incident where there are no apparent injuries: 3

Reason and Location

- July has shown increase in issues related to debt (Vapes) which has shown increase in bullying, Self-harming and retaliation within establishment.
- CSIP referral received: A 5, B 9, C 16, D 15, E 5, F 9, G 2, H 5, I 5, J 7 and Seg 5

CSIP's

- 80 CSIP referral were received between 13/07/2018 to 02/08/2018
- 59 Open CSIP Intervention plans – 48 Support and 11 Behaviour
- All CSIP referral/investigation and plans are saved on Z drive for all staff to access at any time.

Recoding on IRS- Act of Violence

All acts of violence must be reported on IRS within 72 hrs. According to our IRS report we are doing going in the right direction and our timing, location and reasoning is improving.

VIPER TOP 10 (Violence in Prison Indicator):

[redacted]

Key Information

OSAG Auditors completed their visit and feedback to follow

11 CSIP investigations are still outstanding, but figures are improving as we are getting supported by Residential Governors.

CSIP QA: 10 % referrals, 20% Investigations and 100% Plans

All VIPER Score prisoners are managed on an open CSIP plan

5 staff have successfully completed SASH Trainer training

Main cause of violence at [redacted]
June- Debt
May- Issues with Staff
April- Retaliation
March- Debt

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