



SAFER CELLS EVALUATION

EXECUTIVE SUMMARY AND RECOMMENDATIONS

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1. This short paper prepared for the Prison Service steps back from the detail of the full report on the evaluation of safer cells and attempts to draw some overall conclusions. It also sets out the Jill Dando Institute (JDI) recommendations based upon the research and finally makes suggestions for the way in which the future programme might be monitored. It falls into three sections:
 - Overview of results
 - Recommendations
 - Ongoing monitoring of the safer cells scheme

It is important to note that this paper should be read in conjunction with the full report, which sets out the methodology used and some of the difficulties encountered in carrying out the work.

OVERVIEW OF RESULTS

2. The Prison Service introduced the safer cells programme in response to a spate of self-inflicted deaths by hanging. Hanging is the favoured form of self-inflicted death and safer cells are, therefore, primarily designed to remove ligature points. Hanging is a particularly dangerous method of attempting suicide, as death is rapid, leaving little time for staff intervention.
3. The first safer cells were introduced in 1997 in Belmarsh. Since then they have been built in other establishments and the programme of work is continuing. Installing safer cells is, however, expensive and there are a number of questions that need to be addressed if it is to continue. These are outlined below:
 - Do safer cells effectively reduce suicide by hanging?
 - How are safer cells being used?
 - Which prisoners are placed in safer cells?
 - For what reasons?
 - Is there any evidence that prisoners benefit from being placed in a safer cell?
 - How do other methods compare with safer cells?
 - How do prisoners and staff feel about safer cells? Are there any unintended negative consequences of using safer cells?

This research examined the questions set out above using data gathered from six institutions in which safer cells have been introduced.

Do Safer Cells reduce suicide by hanging?

4. On the basis of the evidence collected it is not possible to say that safer cells have significantly reduced self-inflicted death *rates* in those prisons in which they have been introduced. There have been too few incidents of self-inflicted death in those establishments to be able to demonstrate a statistical effect. We can, nevertheless, say three things relevant to this issue – ***first, there is considerable theoretical support from the research literature for the notion of safer cells.*** It is typically assumed that if individuals want to kill themselves then they will find a means to do so. In practice, it is clear that the state of mind that leads some individuals to wish to take their own lives can be transitory and that if easy (by which we mean quick and relatively painless) means are blocked, then the crisis may pass. On normal location in prison, suicide by hanging is a quick and easy method. Blocking access to this through the safer cells programme should have two effects: It should make death by hanging less likely in those cells because ligature points have been removed; but if individuals are so determined to kill themselves and find another method, it should increase the likelihood that staff or others might intervene sufficiently early to prevent death.
5. Following an attempted suicide by hanging in one safer cell, in Hull, where it proved possible to create a ligature point from a sink plug hole, the sinks were rapidly altered and it is no longer possible to use the sink in this way. This is an example of good local practice where the speed of response was noted by inmates. In Dovegate, three successful suicides, close in time, involved hanging from the doorframe. There is some support for the view that the second and third suicides copied the first. The doorframes have now been redesigned but the incidents strongly support the need for constant vigilance and a rapid response to the identification of emerging ligature points. It is also important that safer cells are built exactly to Safer Custody specifications. This will minimise the chances that ligature points will be introduced inadvertently by contractors.
6. The cell design is constantly and quite rightly under review not only because improvements can be made in removing ligature points but also because other 'popular' forms of suicide might be 'designed out'. There is also a preference for cells to be as 'normal' as possible, allowing inmates access to TV and letting them personalise the cells with pictures etc. Allowing this 'normalisation' whilst maintaining the integrity of the safer cell principles, requires creativity at central and local level and suggests the need for a clear understanding at all levels of the principles on which safer cells are based.
7. Bearing in mind the fact that the cell design is evolving, our second conclusion is that ***the latest generation of safer cell design appears effective in preventing self-inflicted death by hanging.*** There are two caveats to this conclusion. First, a completely determined and knowledgeable inmate may be able to create a ligature point that had not been foreseen by the cell designers. This will always be the case. We can say, however, that there do not appear to be any obvious weak points in the current design. Secondly, there would clearly be no self-inflicted deaths in safer cells were the staff to allocate prisoners to those cells who are not at risk of self-inflicted death. There is considerable local variability in the way in which the cells are used, and many safer cells are used to house inmates that are not judged to be at risk. This is discussed more fully in the next section. There are, nevertheless, a sufficient number of high-risk inmates allocated to safer cells to be able to conclude that the design successfully reduces the ability of prisoners to find ligature points.

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8. Fifty four prisoners were interviewed as part of this study, 27 of whom had been considered 'at risk'. Three said that had they not been in safer cells they would have committed suicide by hanging. This is 11% of the sample of those 'at risk' that we interviewed. Unfortunately we do not know what percentage of the prison population are judged at risk of suicide or self-harm. Were this figure to be available we could argue that of the order of 11% of that group might be prevented from suicide by hanging if they were located in safer cells. This is likely to be a significant number.
 9. Furthermore, in the four months from 1 December 2002 (when the new report form F213SH was introduced) – 31 March 2003 there have been 539 hangings by 428 individuals resulting in 35 deaths. None of these successful suicides occurred in safer cells. Looking at the unsuccessful suicide attempts by hanging, six were in safer cells (1.2% of all hanging incidents of self-harm). It is difficult to draw firm conclusions from these data because we do not know whether safer cells were available in the establishments in which the incidents took place, and staff had failed to allocate the at risk inmates to them, or whether there were no such cells available. Nevertheless, our final conclusion is that **at least three, but probably many more prisoners have been prevented from committing suicide as a result of this programme.** (NB: This is not the same as saying that self-inflicted death rates are lower as a result of the programme because of the small number of inmates involved in acts of deliberate self-harm.)

How are safer cells being used?

10. The summary table attached shows the variability in the use of safer cells across establishments. It covers how the cells are used, which prisoners are placed in them and why. The variability seems to be due to an interaction between the design features of the cell (including how safer cell design relates to other cell design in the establishment), the number of safer cells and their location and the particular inmate population. For example, there is a stigma attached to safer cells at Feltham, which houses young offenders, and this is taken into account in deciding whom to allocate to those cells. In Lindholme, where the safer cells are seen as more attractive than other cells, they are used for enhanced prisoners. Clearly if safer cells are 'better' than normal cells then there is a risk that inmates might self-harm or threaten self-inflicted death in order to secure an allocation to one of those cells. Such judgements are probably best made locally, but the implications of design variability in relation to other cells within a given institution, together with the sensitivities of the particular population, need to be taken into account in planning the role out of these cells across the prison estate.

How do other methods compare with safer cells?

11. There was agreement between staff and inmates that safer cells alone could not successfully address self-inflicted death and self-harm. The importance of good relations with staff, the listeners' scheme, a 'normalised' environment, a cell-mate, and on-going support were all mentioned as contributing to the management of self-inflicted death and self-harm. There was nevertheless some agreement that safer cells could be useful in reducing the success of impulsive suicide attempts by hanging. There were seen to be three viable alternatives to the management of hanging: The first two – gated observation cells and CCTV – would both need

constant monitoring to be successful. The third, sharing cells with other inmates, also requires constant vigilance by the cellmate, although the emotional and other support from the cellmate might have a positive effect itself. All three approaches in effect call for the introduction of 'guardians'. But suicide by hanging can be carried out quickly and with the best will in the world at risk individuals cannot be watched all the time. This, combined with the fact that reliance on 'guardianship' would depend upon successful risk assessment, which is itself problematic, argues in favour of cell design as an important contributory factor in preventing this particular form of suicide.

How do prisoners and staff feel about safer cells? Are there any unintended negative consequences of using safer cells?

12. Safer cells are not universally popular with inmates although staff members tend to see them more positively as contributing to a wider suicide and self-harm prevention programme. Both staff and prisoners did accept, however, that in reducing ligature points, safer cells made a valuable contribution to the reduction of death by hanging.
13. Neither staff nor inmates saw safer cells as contributing to a reduction in suicide using other methods, or self-inflicted harm. This is hardly surprising since it was clear to all that the safer cells were not designed to those ends.
14. The major criticism, across a number of establishments, was that cell ventilation was poor in safer cells. This was seen as a significant problem allegedly leading to poor physical and mental health. A particular disadvantage was that inmates could not control ventilation. Safer cells were said to be cold in winter and hot in summer.
15. Women prisoners are more inclined to prefer to share a cell with another inmate as a means of reducing suicide risk. There was, therefore, some support for the principle of double safer cells in Eastwood Park (provided they could be 'homely'), the one female establishment covered by the research. In male establishments, double cells are less popular and it is more difficult to find a suitable inmate to share with one who is judged to be 'at risk'.
16. Although staff were sensitive to the risk of stigma associated with being located in a safer cell, this appeared to be an issue with the inmates in the young offender establishment only.
17. There was a suggestion in some establishments that safer cells increased inmate frustrations because of the lack of control over their environment. This in turn could lead to vandalism of the cell. The most recent safer cell design is less problematic in this regard, with the cell chair, for example, capable of being moved to another place in the cell (unlike in some of the earlier designs where it was fixed to the floor). The issue of control of space remains, however, and needs to be kept in mind by those designing future cell furniture and fittings.

RECOMMENDATIONS

18. Recommendations are listed below drawing on the summary above and some of the information provided in the full report.

There is strong evidence that good design can reduce suicide. Given that suicide by hanging is quick, easy, and has been the method of choice for those inmates wishing to kill themselves, the safer cells programme has much to commend it. **We recommend, therefore, that the programme continues** bearing in mind the following points:

- i. The issue of cell ventilation needs to be addressed.
- ii. If inmates find a ligature point in the safer cells, which had not been anticipated by the designers, then remedial action needs to be taken as quickly as possible, before the method spreads within and between establishments. The rapidity with which the weakness of the sink design was dealt with is an example of good practice.
- iii. Those inmates at greatest risk are young and at an early stage in their sentence. Young men are at high risk of impulsive suicide. Female prisoners overall have extremely high rates of self harm, including hanging. If safer cells are to be rolled out across the prison estate, it makes sense to give priority to those establishments or wings housing the most at risk groups. Category C and D training prisons are less of a priority.
- iv. If cells in existing establishments are to be adapted to the safer cell standard, then the issue is which cells and how many. Assuming that choices have to be made, and that not all cells could be converted in a cost-effective manner, we suggest that safer cells should be available in induction wings and that a proportion of remaining cells might be converted. The number should be sufficient to guarantee that a substantial number of inmates not judged to be at risk would be located in safer cells, thus reducing any stigma. It would also mean that staff would not have to make fine judgements about which inmates were or were not at risk.
- v. The context of the whole prison needs to be taken into account in converting cells within existing establishments. If the safer cells are 'better' than other cells, then there is a risk that either they will encourage acts of self-harm in order to secure a transfer into a safer cell, or that staff will use them as a reward rather than for the purpose for which they were intended. If they are 'worse' than other cells, then they may be used, or perceived to be being used, for punishment. The Safer Custody Group needs to consider how prescriptive it should be in the use of safer cells and to what extent local flexibility will be allowed. Clearly there is little point in going to the expense of building safer cells if the local decision is to allocate them to prisoners who are not at risk. But there may be good local reasons for that decision and this possibility needs to be considered at an early stage and negotiated with the establishment's senior staff.

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- vi. Ideally the population of the establishment should be taken into account in designing the cells and their number and location. Women and young offenders, for example, have particular issues in relation to the frequency of suicide and self-harm and the design and use of these cells. Unfortunately paying attention to the characteristics of the inmate population may restrict the flexibility of the use of the accommodation in the future. There are, however, some points that may be relevant to any future use. For example, locating safer cells on frequently used routes, say at the top of a flight of stairs, so that a large number of inmates pass the door routinely, leaves the occupant open to potential bullying and abuse.
 - vii. Assuming that the issue of ventilation can be addressed, then safer cells could become standard in all new establishments. For the marginal cost at that stage, this would give greater flexibility of use over the lifetime of the establishment. It would also reduce the issue of stigma if all cells were built to that standard and lessen the importance of risk assessment since all inmates would be located in safer cells.
 - viii. Designing out ligature points, and going on to consider other design changes that might reduce suicide, are recommended but ideally the cell needs to be designed so as to maintain as normal an appearance as possible. Prisoners need to be able to personalise the cells if they are not to be seen as clinical and cold (as some were criticised as being). This may call for creativity on the part of central and local staff and reinforces the importance of staff understanding the principles of safer cell design so that they can remain flexible in allowing prisoners to change cells without compromising safety.
 - ix. There was some suggestion that contractors were using their initiative to take short cuts and reduce costs, which risked the safer cell principles being breached. A communication strategy with all staff, including contractors, perhaps facilitated by the local suicide prevention co-ordinators, might reduce these risks.

ONGOING MONITORING OF THE SAFER CELLS SCHEME

- 19. It is important that the Safer Custody Group continue to monitor the use of safer cells and their effects. It was not possible for us to determine the effect of the safer cell programme on the rate of self-inflicted deaths because the programme is relatively new and the death rate is low. We were also concerned at the poor quality of some of the data – it was not possible, for example, to determine in which specific cell an inmate had self-harmed. The new data collection methods have overcome most of these problems but care needs to be taken to ensure that the data are collected as intended and that staff understand the reasons for the collection of the information. The existence of suicide prevention co-ordinators in establishments is extremely helpful in this regard.

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20. If safer cells are successful in reducing suicides, there may be an increase in incidents of self-harm within safer cells due to prisoners trying to commit suicide and failing to do so using methods other than hanging. For example, one prisoner tried to self-strangulate 5 times using bedding but was unable to kill himself. The self-harm data should be monitored carefully bearing this possibility in mind. It would not follow that an increase in self-harm in safer cells was a bad thing. It might be reflective of the success of safer cells in preventing suicide and of staff success in successfully allocating high-risk inmates to those cells.
21. As currently designed safer cells appear to make it very difficult for inmates to use a ligature point to commit suicide. Nevertheless, prisoners can be very inventive, and have time to consider options. If there is a death by hanging in any safer cell then a rapid assessment needs to be made to determine whether the method used calls for a redesign of the cell, or whether the method was so specific to the skills of the inmate as to make further modification of the cell unnecessary. We suspect from other research that reducing high rates of a particular method of suicide may only provide a short-term gain. Constant vigilance is required to keep on top of the problem.

SUMMARY

	<i>Eastwood Park</i>	<i>Hull</i>	<i>Swaleside</i>	<i>Feltham</i>	<i>Dovegate</i>	<i>Lindholme</i>
Safer cells	<ul style="list-style-type: none"> female closed local, adult & YOI high levels of suicide & self-harm risk 8 single safer/reduced-risk cells in juvenile wing and 4 in HCC 	<ul style="list-style-type: none"> cat B local, adult & YOI under 24s, sex offender wings, seg unit & HCC: all safer cells (double/single) 5 single safer cells on induction, 6 on care & separation unit 	<ul style="list-style-type: none"> cat B training, adult 1 wing all single safer cells 1 gated safer cell on HCC lifers on safer cell wing but during research safer cell wing changed to induction low incidence of self-harm and suicide 	<ul style="list-style-type: none"> YOI and juveniles, remand centre 33 safer cells (double and single) in HCC, induction and residential units 	<ul style="list-style-type: none"> private, cat B, adult includes Therapeutic Community (TC) for 200 suicide & self-harm rates high (no suicides in TC) cell door design problem (now fixed); new prison; inexperienced staff 	<ul style="list-style-type: none"> category C training, adult 30 of 120 cells on enhanced wing are single safer cells
How are safer cells used? Which prisoners are placed in safer cells and for what reason?	<ul style="list-style-type: none"> not often used to manage self-harm and suicide, except for new arrivals aged <21 seen as contra-indicative for suicidal inmates used as punishment, for violent/refractory inmates, at prisoners' request, for demanding inmates (respite for staff) 	<ul style="list-style-type: none"> all in units listed above: under 24s, sex offenders, seg unit, HCC in induction, only used as last resort if suicidal, might move wings to get to safer cell 	<ul style="list-style-type: none"> induction in safer cell wing now other at risk inmates usually remain on normal location if serious attempt made, moved to HCC (last resort) 	<ul style="list-style-type: none"> risk assessment to decide who allocated not normally for new arrivals (to reduce stigma) double cells mostly used for only one at risk inmate inmates reluctant to use them, because of stigma not enough: problems prioritising, inmates having to move 	<ul style="list-style-type: none"> all cells are safer cells (2 double cells per wing) double cells not used for at risk inmates 	<ul style="list-style-type: none"> not used for suicide and self-harm prevention (used for enhanced prisoners) staff thought it best to have 1-2 spare safer cells in each wing
How do other methods compare with safer cells?	<ul style="list-style-type: none"> double ordinary cells best management strategy (no double safer cells at time) need safer clothing & bedding or ability to remove these in crisis 	<ul style="list-style-type: none"> best approach: relationship building, good assessment & support, Listeners, Samaritans safer cells good when relationship not yet built or in crisis double cells best, but not liked by prisoners CCTV good if monitored constantly 	<ul style="list-style-type: none"> best approach: shared accommodation (short-term) and relationship building (long-term) safer cells useful in comparison, esp. for impulsive acts Listeners scheme viewed positively inmates requested care suite 	<ul style="list-style-type: none"> best approach: good risk assessment, staff-inmate relationships, ongoing support, normalised environment Outreach very positive 	<ul style="list-style-type: none"> best approach: positive staff-inmate relationships (inmates said didn't always exist) over-reliance on CCTV and design more staff, esp. psychologists, needed Listeners scheme positive need care suite and gated observation cell 	<ul style="list-style-type: none"> best approach: Listeners, esp. if with care suite good staff-inmate relationships

	<i>Eastwood Park</i>	<i>Hull</i>	<i>Swaleside</i>	<i>Feltham</i>	<i>Dovegate</i>	<i>Lindholme</i>
How do staff and prisoners feel about safer cells?	<ul style="list-style-type: none"> ▪ not liked, esp. by prisoners, but value in crisis acknowledged ▪ problems with ventilation and maintenance (old, dirty, unhomely) ▪ need for double safer/reduced-risk cells 	<ul style="list-style-type: none"> ▪ positive (spacious, comfortable, clean, normalised), but ventilation problems ▪ more effective for suicide than self-harm 	<ul style="list-style-type: none"> ▪ more effective for suicide than self-harm ▪ should not be used in isolation 	<ul style="list-style-type: none"> ▪ mixed feelings (thought prevented likelihood of impulsive hanging, but stigma) ▪ more effective for suicide than self-harm ▪ positive effect on prison 	<ul style="list-style-type: none"> ▪ mixed feelings (value in reducing ligature points acknowledged, but design problems, esp. ventilation) ▪ inmates do not like double cells ▪ little effect on self-harm 	<ul style="list-style-type: none"> ▪ mixed feelings ▪ inmates regard them as too clinical and basic
Are there any unintended negative consequences?	<ul style="list-style-type: none"> ▪ negative emotional effects, inc. frustration, depression ▪ stigma not a problem ▪ 2 out of 8 inmates had vandalised a safer cell ▪ 1 out of 8 had waited to leave safer cell to self-harm 	<ul style="list-style-type: none"> ▪ ventilation ▪ stigma not a problem ▪ vandalism has occurred, but not major problem ▪ substitution of method and waiting to leave safer cell to self-harm reported 	<ul style="list-style-type: none"> ▪ ventilation problems, leading to worsened physical and emotional health, inc. increased self-harm ▪ social isolation ▪ no stigma or vandalism reported 	<ul style="list-style-type: none"> ▪ stigma ▪ increased feelings of isolation ▪ lack of ventilation 	<ul style="list-style-type: none"> ▪ lack of ventilation, leading to anger and worsened mental and physical health ▪ most acute in double cells 	<ul style="list-style-type: none"> ▪ neither stigma, vandalism or lack of ventilation were identified as problems
Is there any evidence that prisoners benefit from being placed in safer cells in terms of reduced rates?	<ul style="list-style-type: none"> ▪ minimal evidence ▪ most recent suicide by self-strangulation in safer cell; previous by hanging in non safer cells 	<ul style="list-style-type: none"> ▪ time frame too small to say ▪ one inmate said no longer suicidal when left safer cell ▪ 2 out of 41 self-harm incidents occurred in safer cells 	<ul style="list-style-type: none"> ▪ cannot say (mainly used for lifers) ▪ 2 suicides since safer cells introduced did not require ligature points ▪ one prisoner attempted suicide by self-strangulation 5 times while in a safer cell 	<ul style="list-style-type: none"> ▪ hanging substituted by cutting in safer cells to some extent (less lethal) ▪ inmates felt hanging not possible; one tried and failed to hang himself in a safer cell 	<ul style="list-style-type: none"> ▪ suicides and self-harm in safer cells still occurred ▪ likely that some reduction, taking into account “teething” problems ▪ “copycat” suicides, once a method is successful 	<ul style="list-style-type: none"> ▪ cannot say, because not used to address these ▪ not thought to be key strategy by either staff or inmates (current approach regarded as effective)