2022

Analysis of profiles for deaths under probation supervision

England and Wales, April 2019- March 2021

FINDINGS FROM SECONDARY DATA ANALYSIS COMPLETED BY NOTTINGHAM TRENT UNIVERSITY

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Context: An analysis of the deaths which occurred in those under current Probation supervision (known as DUS) was undertaken by academics at Nottingham Trent University in collaboration with HMPPS, to inform, frame and prioritise discussions at operational and strategic decision-making level within HMPPS.

1   Executive Summary

1.1   Background context

Internal and external interest in deaths under probation supervision (DUS)[1] has been growing over recent years. The number of deaths under supervision in England and Wales has generally continued to rise in recent years, up from 963 cases in 2017/8 to 1343 cases in 2020/21[i] Presently, the MoJ publishes annual statistics outlining deaths under supervision cross-tabulated by a small number of personal and sentencing characteristics, with 2019/20 year the first year in which more detailed figures on the cause of death allowed for distinction to be made between drug overdose and other self-inflicted causes of death. This study aims to further explore the profiles of those who died as published in the 2019/20 and 2020/21 MoJ statistics as reported by both the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs)[2].

Several recent developments have prompted additional scrutiny and development activity regarding DUS. The Prisons and Probation Ombudsmen (PPO) extended their remit in 2021, beyond Approved Premises deaths, to include investigations on all deaths within 14 days of release from prison. A new Policy Framework for reporting and reviewing deaths under supervision is underway implementation from April 2022 to support enhanced data and learning from all deaths. Furthermore, the Independent Advisory Panel for Deaths in Custody recently published a report on substance-related deaths; HM Inspectorate of Probation (HMIP) published two joint thematic inspections with the Care Quality Commission (CQC), on Substance Misuse and Mental Health Issues, and has commissioned research on current probation practice in suicide prevention. These bodies have recommended the need for greater learning and development in preventing deaths, especially those related to substance use[iiiiii]

The level of responsibility for HMPPS in the prevention of death is the community is different those in custody. For offenders under supervision in the community (other than, to an extent, those occurring in approved premises) the main responsibilities of offender managers in the community are to assess, supervise and rehabilitate offenders. While they can encourage offenders to address issues affecting the offenders' health and wellbeing, their ability to manage these issues is limited.

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[1] The Deaths of Offenders in the Community statistics bulletin covers the deaths of offenders in England and Wales that occurred while they were under probation supervision because they were: • serving their court order sentences in the community (including community orders, suspended sentence orders); or • on post-release supervision after completing a custodial sentence. These figures refer to deaths of offenders occurring outside custody, with the exception of the small number of cases occurring to those residing in approved premises, which are also included in this publication.

[2] A series of organisations established on 1 June 2014, responsible for the delivery of offender management to medium and lower-risk offenders in the community. CRCs ceased to operate in Wales on 1 December 2019 and in England on 26 June 2021, with new arrangements replacing the CRCs from those dates

1.1 Aim

This analysis aims to expand our understanding of the national profile and characteristics of those who die under probation supervision in England and Wales, with specific focus on deaths categorised as self-inflicted[3] and homicide[4]. The findings will aim to inform strategy and plans relevant to death under supervision within HMPPS.

1.2 Data and interpretation

To achieve this aim, extra data than currently published, was drawn solely from nDelius[5] regarding all those who died under probation supervision, as per those captured in the published in the 2019/20 & 2020/21 MoJ published statistics (including Approved Premises[6] deaths).

The MoJ data reports each death has been classified[7] into one of six categories: Accidental; Homicide, Natural Causes, Self-Inflicted, Other and Unclassified.

All deaths which had an Unclassified or Other cause (724 cases) were not included to allow for meaningful interpretation[8], with data relating to 1700 deaths analysed in this report. The data is presented in cross-tabulated and graphical format, by cause of death and profiles provided by cause of death and gender, based upon the probability of specific factors being present.

Within the 1700 cases analysed, who died under supervision during 2019/20 and 2020/21, the results show that the largest proportion of people under supervision die from natural causes, accounting for around half of all deaths in this period. Over one-third (36%) died from self-inflicted causes where the method was referenced, including drug overdoses (26%) and apparent suicide by hanging, suffocation, or falls (in this report reported as SI: Hanging +; 10%).

There are slight differences in the findings reported by factor and the cause of death profiles. This is because the factor findings (section 5) exclude missing or N/A data, but the cause of death profiles (section 6) include this missing data as 'not present' (with a small number of factors unable to be included).

These findings should be interpreted only as trends and not as definite percentages as there are both significant limitation in the data quality and the report only includes data from those who

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[3] Self-Inflicted death: Any death of a person who has apparently taken his or her own life, irrespective of intent. An examination of a sample of cases has revealed that this category is being used more broadly than in common parlance. It includes drug-related deaths in circumstances that would not lead to a designation of 'self-inflicted' in the 'Safety in Custody' statistics and do not fit the category of 'suicide' as defined in the general population statistics published by ONS.
[4] Any death of a person at the hands of another (includes murder and manslaughter).
[5] nDelius is the Probation Service case management system and the data did not include OASys or NOMIS data
[6] Approved premises (formerly known as probation and bail hostels) accommodate offenders released from prison on licence, offenders directed to live there as part of their sentence (such as a requirement of a community order) and those directed to live there by the courts as a condition of bail. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment
[7] Each death has been classified as one of the following apparent causes, based on information held and reported by the probation provider (NPS, CRC or Probation Trust) to HMPPS. This system for classifying deaths provides a provisional classification for administrative and statistical purposes. The official cause of death is determined by the Coroner.
[8] Note that some cause of death may have been updated since publication and so numbers may not match.

died and not the wider population. Therefore, these findings should not be interpreted as reflective of the risk of death within the wider probation population and only as indicators of factors which help see differences between the causes of death.

1.3   Summary by each factor

The following summary considers each factor and how they may be proportionally over-represented when comparing causes of death. This can support considerations regarding whether a particular factor may be relevant or affected (e.g., by intervention) across causes of death. Although there were some expected relationships (e.g., age and natural causes) many factors have differential effects across the causes of death.

This summary should not be interpreted in relation to the wider probation population, except where noted, since comparative data for people on probation supervision (PoP) who did not die is not included. All definitions and nuanced findings for all factors are outlined in Section 5.

Personal and protected characteristics

Gender: Compared to the wider probation population and other causes of deaths, females were more likely to die from drug overdose and males from homicide. A profile comparison is also outlined below.

Age: There were clear age differences in cause of death within the age groups, with younger groups more likely to die from homicide with an increasing likelihood of death by natural causes in the higher age groups.[9]

Ethnicity: Compared to the population under probation supervision, those from a White ethnicity were over-represented in those who died under supervision (81% in the probation population and 92.3% of this sample). Those with Black, Asian, or Mixed ethnicity were more likely to die from homicide; Mixed and White groups from drug overdose; Natural cause was more prevalent in Asian ethnic group.

Religion: Those reported as Muslim were more likely to die from homicide with low rates in other causes.

Neurodevelopmental conditions[10] were over-represented in accidental and hanging + deaths

Physical health was over-represented in natural causes.

Sexual Orientation: Those reported as Lesbian, Gay or Bisexual were more likely to die by natural causes than heterosexual group.

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[9] This data includes deaths which occurred during the Covid-19 pandemic and so may over-represent age-related factors.
[10] A combined factor for Autism, learning difficulties and dyslexia

Offending and sentencing

Prison leavers
- More prison leavers are in the sample (52.2%) then the population under probation supervision (41.72%), indicating that here is a greater rate of death in prison leavers.
- *Time from release*: the shortest average time and greater rates of death shortly after release were in drug overdose category, followed by SI: Hanging+

Community sentence: The shortest time and higher rates of deaths occur in the early post sentence stages in the drug overdose, followed by hanging+ and homicides.

Organized crime or gangs: Those with this registration had a higher likelihood of homicide and accidental death.

Domestic violence, DV Victim and restraining order: these registrations were all linked to a greater likelihood of drug overdose and hanging+.

Enforcement or recall: For both enforcement and recall, the highest rates were in those who died from drug overdose and homicide.

MAPPA and RoSH: No notable disproportionalities were identified based on whether they were under MAPPA or the level Risk of Serious Harm (RoSH).

By **offence type**, those sentences over-represented include:
- Sexual offending for Natural Causes
- Violent, weapon and fraud offending groups from SI: Hanging+
- Summary Motoring offences for Accidental death
- Acquisitive offences from SI: Drug Overdose
- Drug Offences from Homicide
- The highest risk of reoffending, based on OGRS was in SI: Drug Overdose.

Known risks (mental health, drug misuse and suicide/self-harm)[11]

Recent suicide/self-harm risk: A small number of cases had a recent contact code (within 28 days of death) related to suicide or self-harm risk and these were largely for deaths from hanging + and drug overdose. Only around 5% of hanging+ deaths had a recent suicide/self-harm contact code

Known suicide/self-harm risk (*combined 12-month contact code & registration*): 18.5% of deaths have such an indicator with a disproportionally high level (34.7%) present in those who die from hanging+.

Known drug misuse (*combined 12-month contact code, license or testing condition*), a distinct relationship with deaths from drug overdose, with 41.6% having known drug misuse.

Known mental health issues (*combined disability code & registration*) showed a higher likelihood to die from drug overdose and accidental death.

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[11] See Sections 4.7-4.9 for definitions

1.4 Profile of deaths in females (combined across all causes)

Due to potential differences between the profiles of males and females, a comparison was completed of the probability of the presence of factors for females relative to males (combining all causes of deaths). Those factors with more than 10% difference are summarised below (full details in Section 6):

Factor >10% difference	Female vs Male (% probability of presence)
Domestic Violence	15.3 vs 28.2
DV victim	21.1 vs 0.9
Settled accommodation	50.5 vs 38.6
Known Suicide risk	30 vs 17.3
Known MH condition	64.2 vs 38.3
Community sentence	56 vs 38.9
Facing enforcement or recall	32.6 vs 20.8
Under MAPPA	7.9 vs 29
Die from drug overdose (Limited difference in drug misuse)	37.9 v 24

1.5 Profiles by cause of death

The following tables outline the probability that a specific factor is **present within each cause of death** and allows consideration as to how factors may interlink within a specific cause.[12]

The table below highlights factors which were identified as having the highest or lowest level of presence within each non-natural cause of death, as compared with natural causes[13]. Only the factors that were at notably higher or lower levels are outlined below to demonstrate the distinct profile characteristics. Furthermore, those factors which were exceptionally high or low (over 10% difference) than all other causes of death have been highlighted.

Differences in the profiles were identified, which were especially notable in Self-inflicted: Hanging, suffocation or fall from height, Self-inflicted: Drug Overdose and Homicide causes and only these three causes are presented. Full details in section 6.

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[12] Due to the analytical method, factors related to offending type are not included and these profiles should not be conversely interpreted that there is evidence of the absence of a factor.
[13] Moderate level factors including those very close in percentage are not reported in this summary and available in Section 6

Relative presence of factors within cause of death

Key: | Highest probability (>10%) | Higher probability | Lower probability |

	Hanging, suffocation, fall from height (%)	Homicide (%)	Drug Overdose (%)	Natural causes (%)
Protected characteristics	Aged 35 or under (48.7)	Aged 35 or under (77.6)		8.9
	Male (91)	Male (92.1)	Female (18)	89.7
	White ethnicity (94.9)	BAME ethnicity (34.2)	White ethnicity (95.5)	(BAME) 8.3
	Muslim faith (0)	Muslim faith (14.5)		1.1
	LGBT (16.8)	LGBT (7.9)	LGBT (14.2)	(LGBT) 26.1
	Neurodiversity (13.5)		Neurodiversity (12)	6.2
Violence risks	Domestic violence (37.8)	Domestic Violence (30.3)	Domestic Violence (32.7)	20.8
		Registration: weapon (14.5)		6.3
Education, employment, and accommodation	Employed (7.1)		Employed (2)	3.5
	Settled accommodation (35.3)	Settled accommodation (32.9)		42.8
	Educational needs (4.5)	Educational needs (10.5)		5.3
Known risks and vulnerabilities	Known suicide risk (35.9)		Known suicide risk (24.7)	12.6
	Known mental health (42.9)		Known mental health (54.9)	33.7
			Known drug use issue (41.9)	13.7
	DV victim (5.1)	DV victim (1.3)	DV victim (5)	2.4
Sentence Status		Community Sentence (59.9)		(Community) 43.3
Offender Management		Enforcement/recall initiated (34.2)	Enforcement/recall initiated (28.2)	14.5

1.6 Conclusion

This analysis indicates that there are differential profiles between causes of death by those who die under probation supervision. Routinely available factors are relevant when considering the potential relative risk of non-natural death and may provide useful insights to guide services into priority areas for development. These conclusions are based solely on nDelius data[14] and can be used to consider the relative prominence of a factor, relative to other causes of death. However, due to the data limitations and only including those who have died, these findings should not be viewed as indicative of risk within the wider probation population.

Overall, across all deaths, there is a higher proportion of prison leavers than would be expected from their proportion in the wider probation population (52% vs 41%), with drug overdose contributing most to this rise. Drug overdose was most prevalent in the early stages of both post-release or after community sentencing and together with homicide deaths, were also more likely to be facing enforcement or recall in the lead-up to their death. There appears to be a higher risk of non-natural death present after stages of the criminal justice process at both the post-sentence and release phases and when facing enforcement or recall. This confirms the importance of supporting the health and wellbeing of those under supervision during transition periods (both before and after release and sentencing), as has been identified within police and prison custody.

For apparent suicide, the general population profile[iv] is partially supported, with men, those from a White ethnicity and with a history (i.e., known) suicide risk more at risk of this cause of death. Although numbers are small, neurodiversity is more prominent within non-natural deaths. Furthermore, the heightened presence of domestic violence (both as perpetrator and victim) and a greater proportion currently serving a violent or fraud conviction demonstrates relevance to risk management. Factors relevant to sentence management e.g., being employed or having reasonable educational achievement do not appear especially protective for apparent suicide although have greater prominence in those who die from homicide. Furthermore, those who die from apparent suicide or homicide are less likely to have settled accommodation, which together suggest that developments in these areas could have an impact on the risk of non-natural death.

There was confirmation that two known risk indicators (drug misuse and suicide risk) were related to later death which suggests that Probation staff can, and are, identifying and responding to risk. There are significant limits to the data regarding drug misuse with this finding providing only an indication, but it still provides some insight into the relationship. However, around 1/3rd of apparent suicides had been reported as having a suicide or self-harm risk, although there was limited reporting in the month prior to their death (with only 5% noting

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[14] Does not include other HMPPS data e.g., OASys and P-NOMIS

relevant information). These rates are reflective of prison suicides where around 1/3rd of those who died being on an ACCT at the time of the death and only 7% identified as at high risk[v]. This indicates that the current approaches to suicide risk identification, can be used to identify future risk, although may benefit from further development.

Regarding specific risks identified prior to death, females and those who die by drug overdose and apparent suicide were more likely to have been identified with mental health issues or a suicide or self-harm risk, and of having been a victim or perpetrator of domestic violence. These known risk areas, shown to be prominent in certain causes of death, may suggest potential areas for intervention.

There were distinct differences in the prevalence of minority groups within non-natural deaths, for example those who died from homicide were more likely to be younger, BAME with those from Muslim populations most at higher risk of being killed by another person. Furthermore, those serving community sentences were more likely to die from homicide than prison leavers. Distinct patterns were also noted in females, who were more likely to die from drug overdose and had a distinctive profile compared to men. These findings suggest that greater consideration of diversity and gender-specific strategies and data reporting may be required in the prevention of non-natural deaths.

It is beyond the scope of this study to consider the response of any service, including HMPPS, to the identified factors prior to death or reflect on current practice. HMPPS and the Probation Service do not hold the same duty of care for those under supervision as those in custody but can identify areas of concern during supervision and support people in the community or in transition from prison.

The findings of this study are limited by the breadth and quality of the data and further research and analysis is required to confirm these emerging and indicative findings. However, the findings from this study are in line with existing research and the distinct profiles identified, which include many factors not previously published, take us beyond the current knowledge base. These emerging findings can help shape the direction of travel within existing strategies (e.g., NPS Suicide Prevention Action Plan, HMPPS' Female, Equality and Drug Strategies) and in the implementation of the new policy framework on deaths under supervision which aims to develop greater learning from deaths. Finally, it can also provide current evidence to support and guide joint working with partner agencies on shared ambitions to prevent avoidable deaths.

2 Definitions and classifications

Definition of a death under probation supervision

The period of this report is 1 April 2019 to 31 March 2021. During this time, the monthly average of people under supervision was 168,914, with 100,824 people under community (court) order, and 68,090 people on post-prison release supervision[15].

For this report, being defined as a death under probation supervision includes two categories: Court Order and Post-release.

Court Order consists of two subcategories: 1) people who serve a community order, which means they have committed an offence that is considered to be not so serious as to require an immediate prison sentence, or 2) people under suspended sentence order with requirements, which means they do not have to go to prison, if they do not commit further offences and follow the requirements (e.g., a curfew, drug treatment).

Post-prison release supervision is defined as people still under supervision, who have been released from prison on this sentence. In all cases, during the period of this study, all individuals were assigned a probation officer and supervised by either The National Probation Service or Community Rehabilitation Companies. Individuals supervised under pre-release supervision are excluded since their deaths would be recorded as a 'death in custody'

Classification of deaths

Deaths were originally classified across multiple categories (see Appendix A) and were then collapsed into five categories for the analysis

The classification of death categories 'Unclassified', 'Other' were removed (540 cases) with "Self-inflicted: Other or Unspecified" removed from the analysis since this can reflect a mixture of drug overdoses and suicide and hence is difficult to interpret (184 cases).

Cause of Death	n	%
Natural Causes	873	51.4
Self-inflicted: Drug overdose	440	25.9
Self-inflicted: Hanging, suffocation or fall from height	170	10.0
Accidental	135	7.9
Homicide	82	4.8

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[15] This is the overall average of the total number of people under supervision at each final date of each three-month period reported in MoJ offender management statistics (31 June 2019, through 31 March 2021). These numbers do not account for the changing number of people under supervision throughout during this period.

3 Literature summary on risk factors for death under supervision

This section will briefly outline the current knowledge on risk factors for deaths under probation supervision and those in contact with criminal justice. Recent years have seen an increase in research about the deaths of people who are imprisoned, but comparatively little research attention has been given to understanding deaths of people under supervision.

Mortality rates

Currently, the mortality rate for people under supervision is not clear, although most studies report all-cause mortality rates as generally higher than the general population rates[16] – but it is important to note that most of these studies only include people who have been released from prison, with mortality rates for people who received community sentences less clear (inter alia, Bukten et al., 2017; Chang et al., 2015; Skinner & Farrington, 2020; Zlodre & Fazel, 2012). In one of the few studies comparing people who had served community and custodial sentences with people from the general population, the all-cause risk mortality was comparably high for those who had been involved with the criminal justice system (Dirkzwager et al., 2012).

While all-cause mortality rates differ across settings and countries, a consistent and crucial finding is that overall mortality does not accurately reflect the differential causes of death in those who die under supervision. Across studies, the risk of dying from non-natural causes within the population under supervision is many times higher than in the general population. For example, people under supervision are at higher risk of dying by suicide (e.g., Jones & Maynard, 2013; Pratt et al., 2006), drug overdose (e.g., Farrell & Marsden, 2008; Merrall et al., 2010), accidents (e.g., Bingswanger et al., 2007), and homicide (e.g., Willoughby et al., 2021; Zlodre & Fazel, 2012) than the general population. Further, risk, timing, and cause of death are not equally spread across gender, age, ethnicity, socio-economic factors, and physical and mental health needs.

While there is a growing body of research on people who are released from prison, people under community supervision are sparsely researched, even though they make up a considerable proportion of people in the criminal justice system. Gaining a better understanding of the causes and risks of death of all people under supervision has been indicated as a priority area of research (e.g., Sattar, 2001).

Natural causes

The majority of people who die while under supervision, as in the general population, die from natural causes, which includes cardiovascular diseases and cancer. However, the risk of death by natural causes also seems to be elevated when compared to the general population (Skinner & Farrington, 2020) and may remain elevated for up to a decade after release from custody (Kinner et al., 2012). It has been suggested that incarceration itself may reduce lifespan, with

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[16] The mortality rate of the UK general population is reported as 1,016 per 100,00 (Office for National Statistics).

each additional year increasing the odds of premature death after prison release (Patterson, 2013). The elevated risk of natural death may be related to the range of pre-existing risk factors for people who enter prison and criminal justice system.

In general, people in the CJS are more likely to come from disadvantaged backgrounds characterized by adverse childhood experiences (Centre of Social Justice, 2010) with difficulties to re-entry in the community, with many people facing homelessness or temporary housing, debts, and unemployment (Gelsthorpe et al., 2010; Social Exclusion Unit, 2002). People under supervision are reported as often having physical and mental health issues (Brooker et al., 2014; Sirdifield, 2012) and issues related to drug and alcohol misuse (HM Inspectorate of Probation, 2020). However, the acute elevation of mortality risk under supervision and after prison release cannot wholly be explained by these pre-existing risk factors, and thus these situations may confer some risk for mortality (Kinner et al., 2012). Life under supervision, and life after release from prison particularly, may be an especially vulnerable time in a person's life.

Suicide

Research indicates that the risk of suicide amongst people under supervision is very high, with studies' indicated risk ranging between six (Jones & Maynard, 2013) and 36 (Pratt et al., 2006) times higher when compared to the general population, and almost 1.5 times higher than of the prison population (Haglund et al., 2014). Sirdifield and colleagues (2020) found complex and varied stressors related to suicide, including drug overdose, mental health problems, and poor physical health. Furthermore, psychiatric disorders, especially depression and psychosis as well as in-patient admission may increase risk of suicide (Chang et al., 2015; Haglund et al., 2014).

Previous suicide attempts have been considered a significant indicator of heightened suicide risk (Haglund et al., 2014), which could be an important risk screening marker as an estimated third of all people under probation supervision has a history of attempted suicide (Pluck & Brooker, 2014). The risk of suicide attempt and death is most pronounced in the 28 days after release (Haglund et al., 2014; Pratt et al., 2006). The risk of suicide is also reported as higher in men and those of White ethnic group (Haglund et al., 2014; Testa et al., 2018), although women have been suggested as being at higher risk of suicide shortly after prison release (Pratt et al., 2006).

Drug overdose[17]

A recent report by HM Inspectorate of Probation indicated that around half of all probation service users report drug misuse (HM Inspectorate of Probation, 2020). The mortality risk of

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[17] The distinction between accidental drug overdose and intentional drug overdose can be challenging to determine. Therefore, this section discusses drug overdose without making assumptions with suicide discussed separately above,

drug overdose in recent prison leavers is many times higher than in the general population (see e.g., Bingswanger et al., 2013; Farrell & Marsden, 2008; Merrall et al., 2010), but may be more pronounced among women (Gan et al., 2020; Farrell & Marsden, 2008) and among White men (Boulger et al., 2021). The risk of death by overdose seems to be highest in the first 28 days after release and when opiates are used (Boulger et al., 2021; Merall et al., 2010; Spittal et al., 2019). A common explanation is that tolerance to specific substances has reduced during imprisonment.

Positive drug tests have also been shown to indicate a significantly increased risk for overdose (Boulger et al., 2021). However, the introduction of new psychoactive substances since 2008/2009 (CJJI, 2017) has made testing more difficult – and probation officers simultaneously indicate they do not want to expose just-released persons to continuous testing, to build trust and self-reliance, especially when people reside in Approved Premises (Moody, 2017).

Accidental deaths

There is very little research on the context of accidental deaths among people under supervision, which includes e.g., traffic accidents, falls, or drownings[18] – even though the category is included in almost every study that records deaths under supervision (inter alia, Binswanger et al., 2007; Joukamaa, 1998; Spittal et al., 2019; Zlodre & Fazel, 2012). Accidental deaths among people under supervision may be linked to being under the influence of drugs/alcohol (Sattar, 2001). It has therefore been suggested that accidental death may be especially pronounced among the young persons under supervision, as impulsivity and risk taking is related to younger age in forensic populations (Spaans et al., 2017), which in turn is related to higher accident-proneness (Turner et al., 2004). Nonetheless, accidental deaths are plausibly the least understood and researched cause of death under supervision.

Homicidal deaths

People who are released from prison are at heightened risk of dying from violence-related deaths (Binswanger et al., 2007; Willoughby et al., 2021; Zlodre & Fazel, 2012). Homicides are any death caused by another person and the increased risk may be due to any combination of individual, interpersonal, or community factors, leading to increased exposure to violence (Decker et al., 2018). There are gender and ethnic disparities in the rates of violence-related deaths in the general population: Men make up about 80 percent of all homicide victims worldwide (UN Office on Drugs and Crime, 2019); Women make up the majority intimate partner/family homicide victimization (Stöckl et al., 2013). Ethnic minority groups may also be at increased risk, as Indigenous people in Australia (Kariminia et al., 2012; Willoughby et al. 2021) and Black and Hispanic people in the United States (Lim et al., 2012) have elevated risks of violence-related deaths after prison release. While men might have *absolute* higher risks of

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[18] Some studies also include accidental overdoses in this category. As it is hard to determine whether overdoses are accidental or intentional, this study discusses overdoses as self-inflicted deaths, whether accidental or intentional.

homicidal deaths than women after release from prison (Binswanger et al., 2013), women might experience a *relative* higher increase or spike in risk of homicidal deaths after release from prison (Kariminia et al., 2012; Lim et al., 2012; Willoughby et al., 2021).

4   Method

Ethics and approval

This study was approved by the Social Sciences Research Ethics Committee at Nottingham Trent University (NTU), HMPPS' National Research Committee (NRC) with the DPIA screen approved.

The data used in this report

The data was drawn from across the nDelius case management system, drawn centrally by the National Applications Reporting Team (NART). This data was cross-referenced with the published data on death under probation supervision with the support of the PPAS team. This cross-referencing identified the full nDelius data in all but a few cases.

Population figures are based upon official figures in the Offenders supervised by the Probation Service at end of period, March 2019 to March 2020, England and Wales (MoJ, 2021). The definition of 'under probation supervision' includes those who are currently under supervision but not in prison (i.e., not those under pre-release supervision).

The data was then drawn from areas such as Offender Summary/Index; Event list (offence data); Order type; Registration Summary (all flags); Personal Circumstances; OGRS score; Non-Statutory Instruments (NSI); Contact Codes and License Conditions.   It is beyond the scope of this report to detail the definitions of the nDelius codes and system.

Different timelines have been used for the range of contact codes within some analysis due to their different potential interpretation.

- 28 days – this timeline has been used for analysis considering current concerns in the 4 weeks before death and may aid consideration of acute factors.

- 12 months – this timeline has been used for analysis, usually in combination with registrations, to identify whether factors were known in the time prior to death (including historical and static factors).

Registrations in nDelius are deregistered after a death.   Therefore, only those Registrations that had been recorded and were not deregistered before the date of death are shown, i.e., registrations that were deregistered before date of death have been removed from the analysis.

For the Main Findings, Registrations coded as "NA" and "Other" have been removed from the analysis since they cannot support meaningful interpretation. After applying these filtering criteria, 1241 individuals had more than one registration on the date of their death.

For the Profile Findings, Registrations coded as NA have been retained in the analysis and should be viewed as providing no evidence of the presence of the factor.

Total sample and cases that were removed

A total of 1700 individuals were included in the final dataset (out of the 2484 recorded deaths in 19/20 and 20/21). For the analysis, two categories were removed from the data: "unclassified" and "other" categories (540 individuals) since the cause is not defined. In addition, "Self-inflicted: Other or Unspecified" (184 individuals) has been removed from the analysis since this can reflect a mixture of causes of death and so makes interpretation difficult and lack meaning.

All percentages in tables and figures are calculated within classification of death category unless otherwise stated.

How data was analysed

All analyses were conducted in R (version 4.1.2). All analyses presented are descriptive such that they only describe the current sample and do not make inferences about a wider population. Where comparisons are made to a wider population (e.g., population percentages) this is descriptive and is not supported with statistical modeling.

Considerations when interpreting the data and limitations to the study

When reviewing and interpreting this report, it must be noted that this data is not confirmed nor complete. This analysis is based solely on data recorded in the nDelius system, usually by Probation Practitioners or administrative staff and there will be gaps in its completeness or accuracy.

The Classifications on the apparent case of death not confirmed cause of death e.g., that allocated by Coroners, but as recorded by the Probation Practitioner or Probation Service as administrative information, based on the known information at the time of the death. Therefore, this data should not be read as accurately representing the number of deaths nor the percentages, but as relative trends between categories only.

Where meaningful, codes within nDelius are reported verbatim but other codes are not suitable for analysis in their original form. Therefore, some of these codes have been condensed into categories suitable for analysis, with some codes collated across entry points (e.g., contact codes and registrations) into superordinate categories with meaningful labels attached. Therefore, any interpretation should be made considering the details provided regarding how the variable was formed.

5 Main Findings (by Factor)

This section outlines all the findings and results from the analysis considering percentages, by variable, of the cause of death. Each section will provide tabulated and graphical representations and will end with a summary of each section.

Interpreting the tables and graphs

All variables have tables and graphs provided which relate solely to the sample in this study. They do not reflect on the percentage or rate within the wider probation population, unless specified, and should be read as '*Within those who die under probation supervision*' only.

To interpret the graphs: Each column of the graph accounts for 100% of people that make up the group listed on the X axis of the graph (i.e., across the horizontal axis). For example, out of those who have factor X (e.g., accidental deaths), A% are one group (e.g., 12.6% are female) and B% are another (e.g., 87.4% are male).

5.1 Published Demographics

This section reviews the demographic characteristics reported in the published MoJ statistics using the current sample.

5.1.1 Gender

This sub-section outlined the classifications of death by recorded gender.

Within the sample 216 (12.7%) individuals were female and 1,484 (87.3%) were male. These are similar proportions of gender in the population under supervision which are report 87.9% as male and 12.1% as female.

The following table and plot outline the percentage of individuals, by gender, within each cause of death & within each gender. In the following plot, the percentage within each cause of death is represented with the dashed line representing the percentage of females in the sample (12.7%) and the solid line represents the percentage of females in the population. Finally, the graph shows a visual representation of the probability of a cause of death (within those who died, not the probation population) between genders.

Cause of death	Within cause of death		Within gender	
	Female% (n)	Male % (n)	Female %	Male %
Accidental	12.6 (17)	87.4 (118)	7.9	8.0
Homicide	7.3 (6)	92.7 (76)	2.8	5.1
Natural Causes	10.9 (95)	89.1 (778)	44.0	52.4
Self-inflicted: Drug overdose	18.4 (81)	81.6 (359)	37.5	24.2
Self-inflicted: Hanging, suffocation or fall from height	10.0 (17)	90.0 (153)	7.9	10.3

Probability of cause of death, by gender
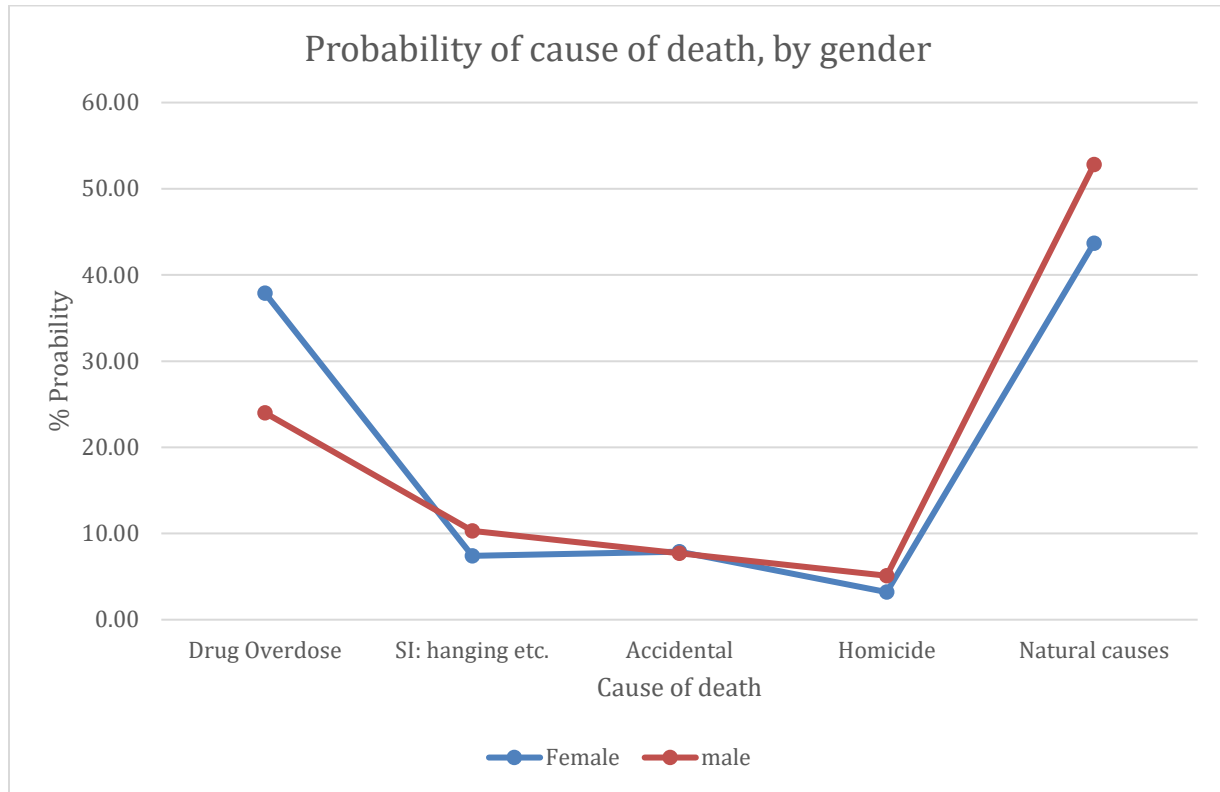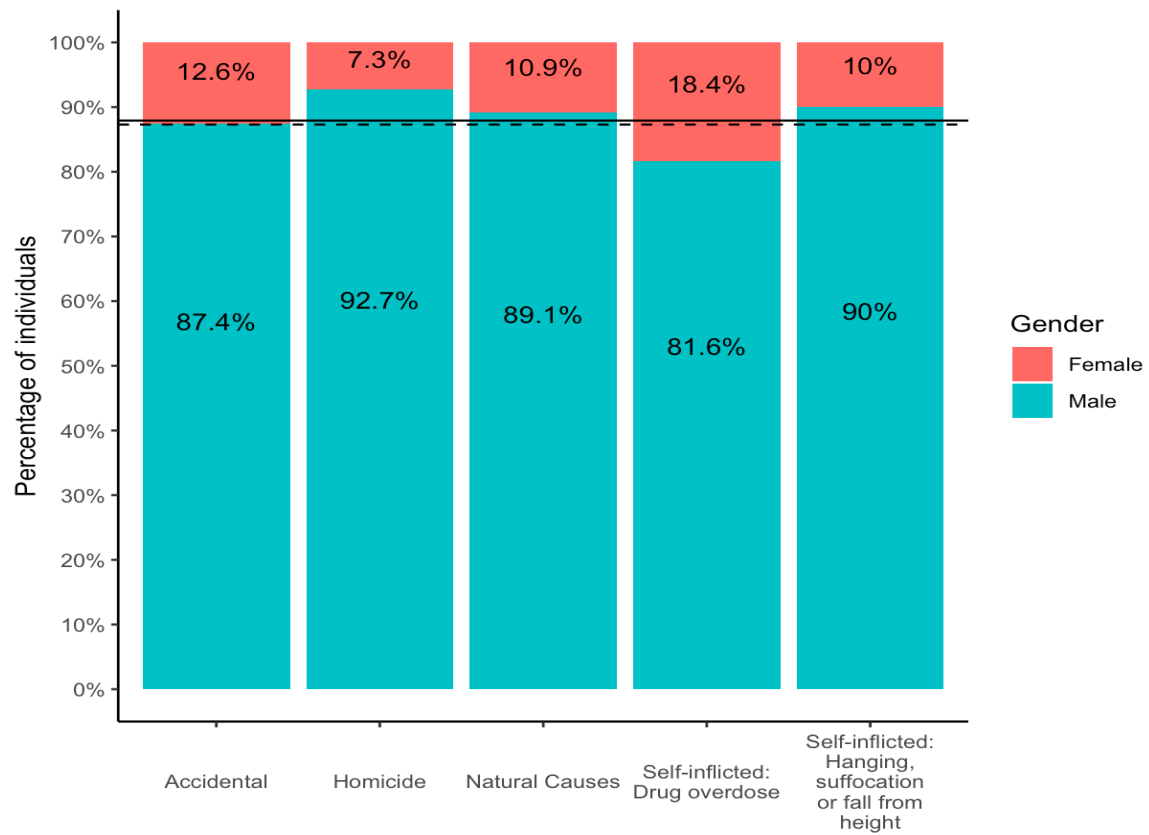
5.1.2   Age

This sub-section provides details on the age range (Mean and SD) by the classifications of death.   The average age of individuals in the sample was 46 years (sd = 15.6 years).

Cause of death	Mean (*sd*)
Natural Causes	54.9 (14.8)
Self-inflicted: Drug overdose	37.6 (8.7)
Accidental	37.2 (10.9)
Self-inflicted: Hanging, suffocation or fall from height	36.6 (11.0)
Homicide	30.2 (9.2)
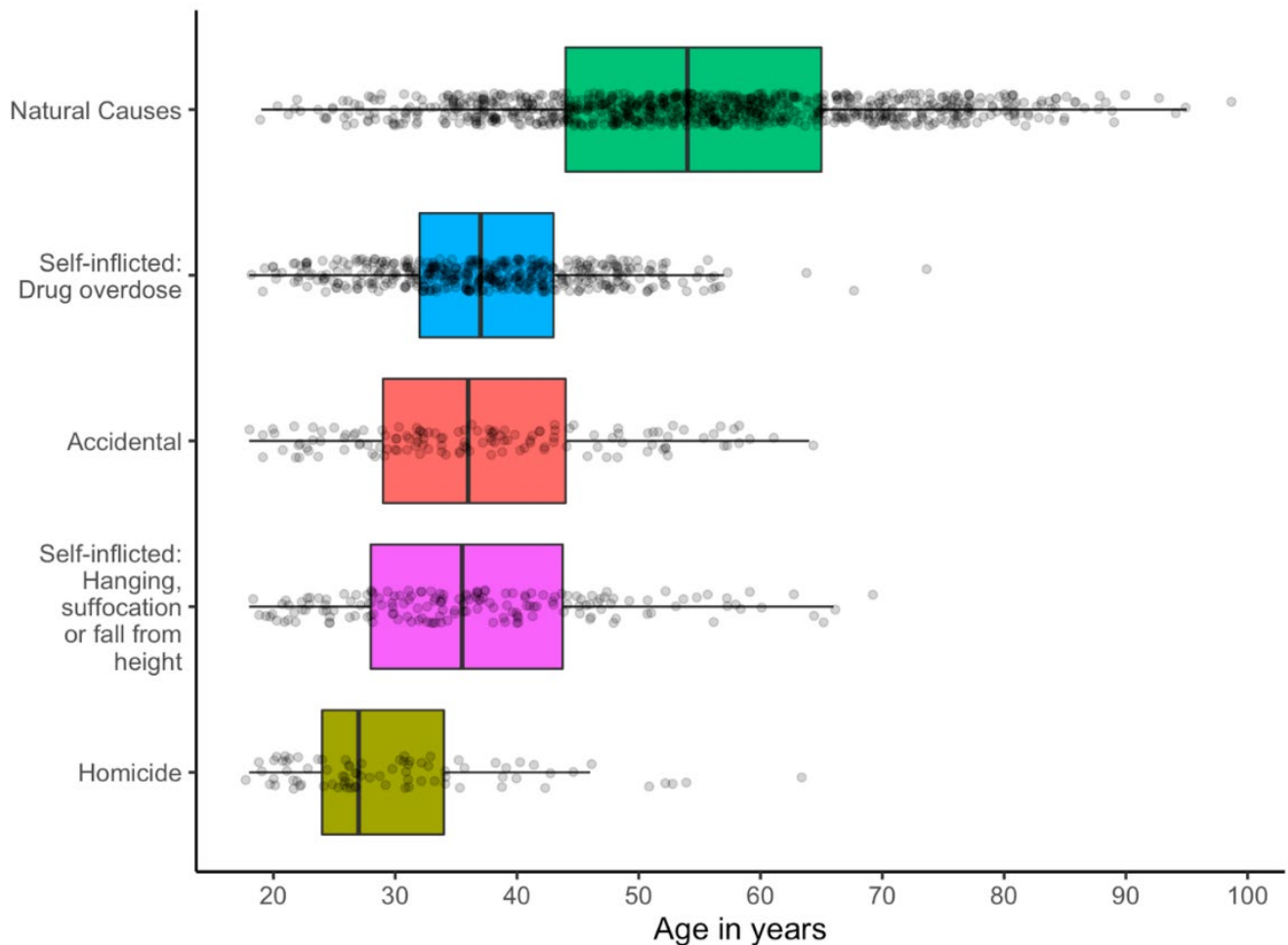
1.1.1   Classification of death by age band

This sub-section outlined the classifications of death by age band. The following table and plot outlines the percentage of individuals, by age group, within each cause of death & within each age group.

Note that the "unknown" age band is not shown in the outputs below.

Cause of death	18-24 % (*n*)	25-35 % (*n*)	36-49 % (*n*)	50-65 % (*n*)	Over 65 % (*n*)
Accidental	16.8 (18)	12.6 (46)	7.9 (47)	5.7 (23)	NA
Homicide	22.4 (24)	11.3 (41)	2.0 (12)	1.2 (5)	NA
Natural Causes	9.3 (10)	19.0 (69)	41.0 (243)	81.0 (329)	98.2 (216)
Self-inflicted: Drug overdose	29.0 (31)	40.1 (146)	38.3 (227)	7.6 (31)	0.9 (2)
Self-inflicted: Hanging, suffocation or fall from height	22.4 (24)	17.0 (62)	10.8 (64)	4.4 (18)	0.9 (2)
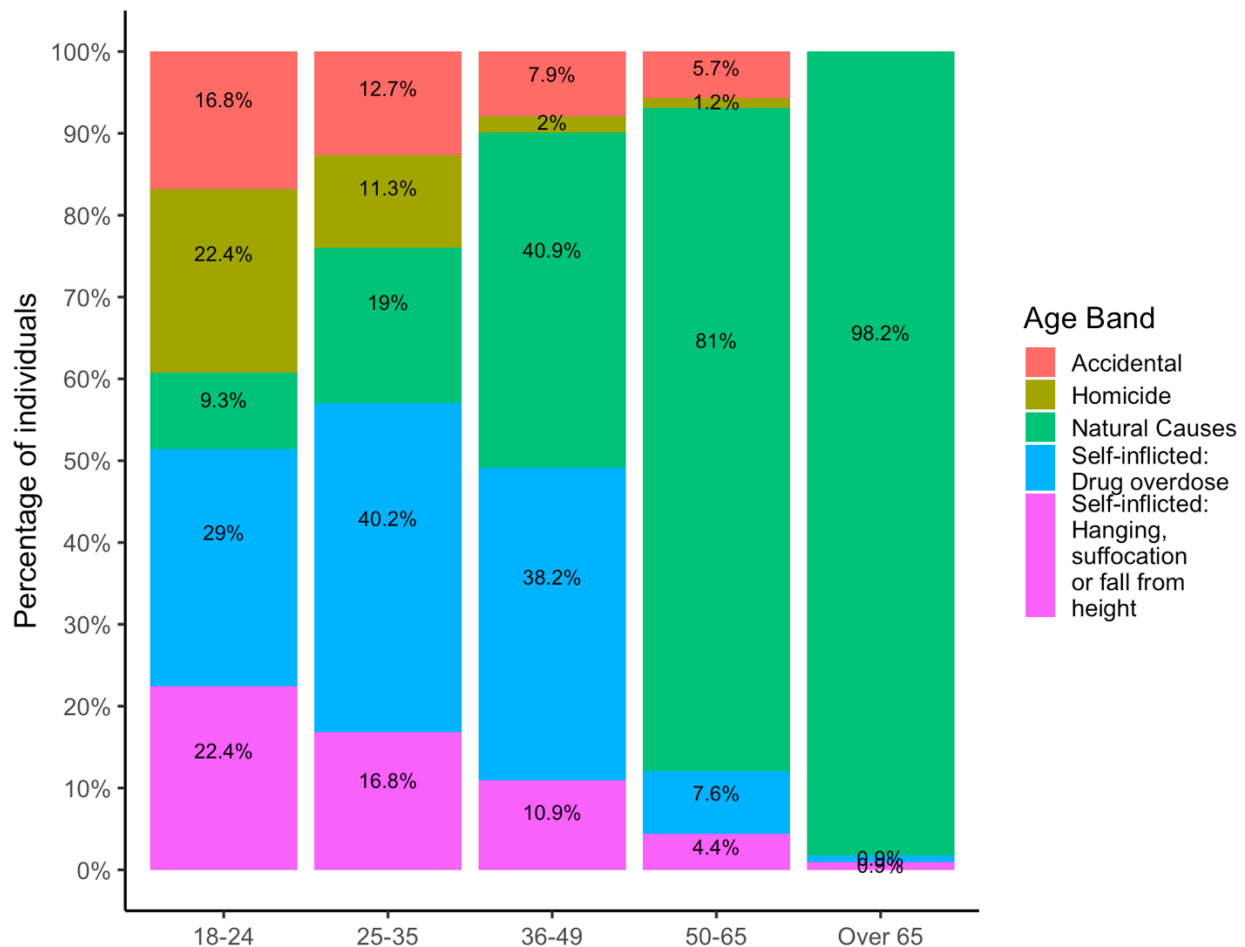
1.1.2 Ethnicity

This sub-section considers the ethnicity of the sample, by cause of death.

For the analysis, due to low numbers in some groups, the reported ethnicity is based on superordinate groups (e.g., Black, Asian). Initially the analysis is presented by cause of death and then by ethnic group. The detailed ethnicity of the individuals is provided in Appendix B. Individuals recorded as "NA" (n=22) "unknown/not stated" (n=33) and "other" (n=4) ethnicity are not shown in the output below.

The following table outlines the percentage of individuals, by ethnic group, within the sample, wider probation population and then each cause of death. The following plot then outlines the ethnic group breakdown within each cause of death.

Ethnicity	N sample	% within sample	% Probation population
Asian	43	2.6	6.1
Black	53	3.2	8.1
Mixed	32	1.9	3.6
White	1535	92.3	81

	Within cause of death			
Cause of death	Asian % (*n*)	Black % (*n*)	Mixed % (*n*)	White % (*n*)
Accidental	1.5 (2)	3.0 (4)	2.3 (3)	93.2 (124)
Homicide	6.2 (5)	17.5 (14)	11.2 (9)	65.0 (52)
Natural Causes	3.8 (32)	3.1 (26)	0.8 (7)	92.4 (787)
Self-inflicted: Drug overdose	0.7 (3)	1.4 (6)	2.1 (9)	95.8 (415)
Self-inflicted: Hanging, suffocation or fall from height	0.6 (1)	1.8 (3)	2.4 (4)	95.2 (157)
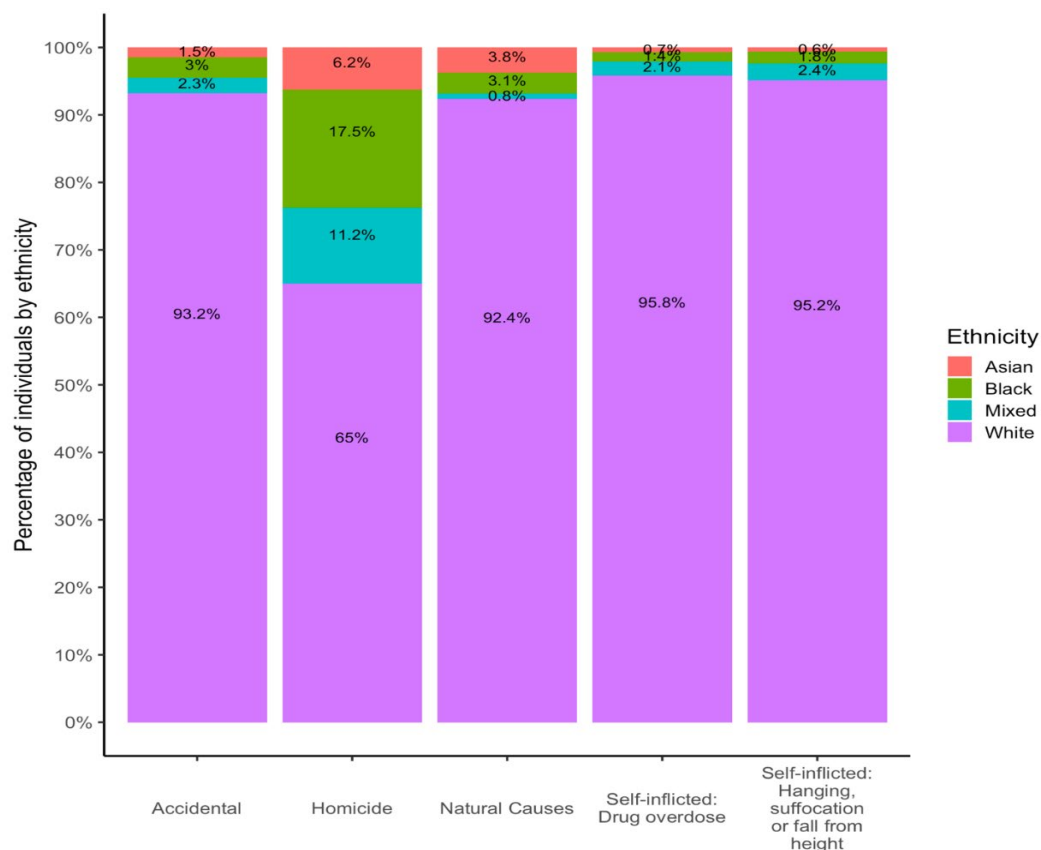
To aid interpretation, the direction of the analysis is switched to consider the breakdown within each ethnic group. Therefore, in the following table and plot, the percentage of individuals within each ethnic group who die by each cause of death is presented.

| | Within ethnic group | | | |
Cause of death	Asian %	Black %	Mixed %	White %
Accidental	4.7	7.5	9.4	8.1
Homicide	11.6	26.4	28.1	3.4
Natural Causes	74.4	49.1	21.9	51.3
Self-inflicted: Drug overdose	7.0	11.3	28.1	27.0
Self-inflicted: Hanging, suffocation or fall from height	2.3	5.7	12.5	10.2
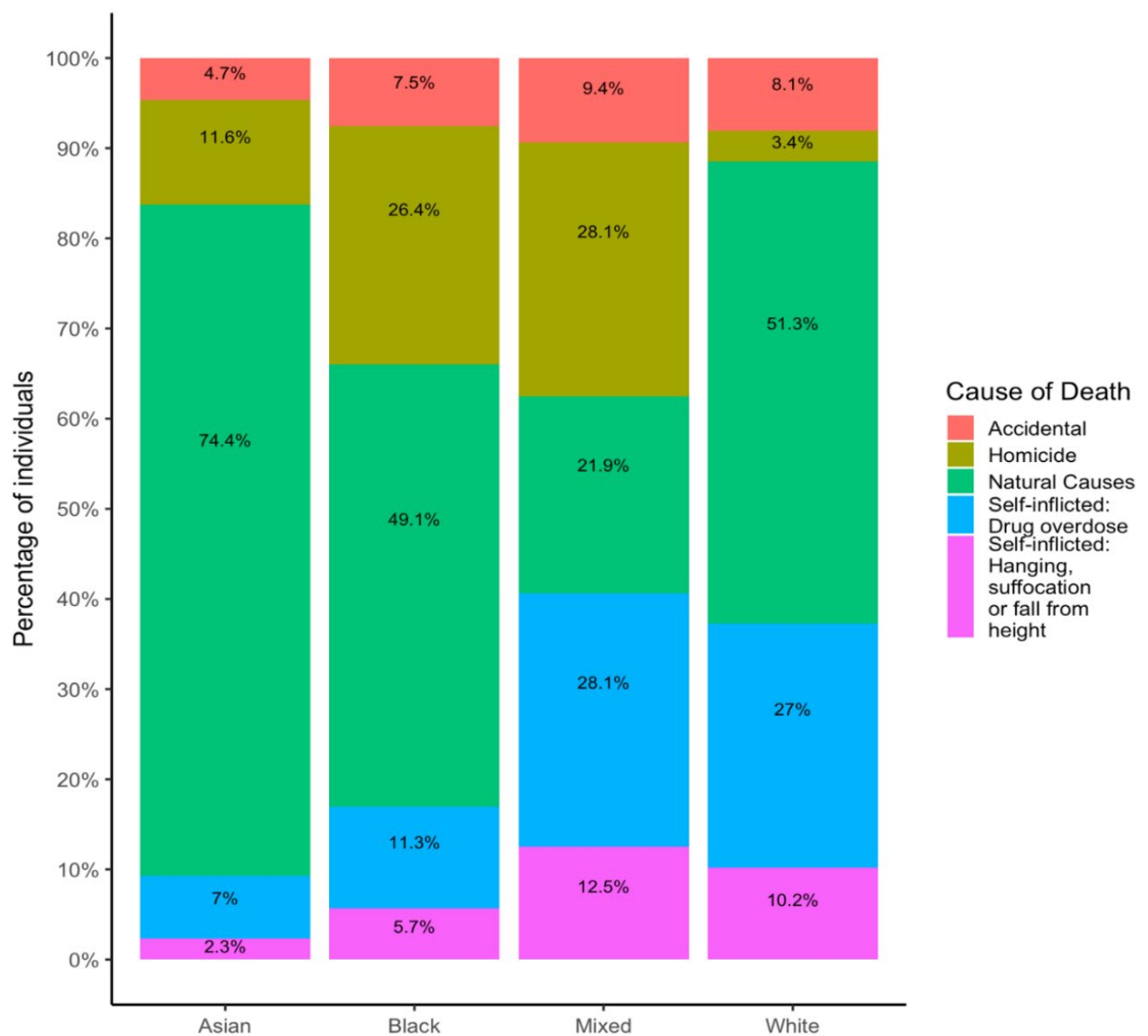
5.1.3 Nationality

In this sub-section, the listed nationality of the sample is presented, by cause of death.

Nationalities were collapsed into British and foreign nationals based upon the country noted in records as being their nationality; this does not assume whether they were naturalised as British or dual nationality. Individuals with "unknown" nationality (n=77) have been removed.

Nationality	% (*n*)
British	95.2 (1524)
Foreign national	4.8 (77)

The following table and plot outline the percentage of individuals, within each nationality of the cause of death.

Cause of death	British % (*n*)	Foreign national % (*n*)
Accidental	7.5 (115)	13.0 (10)
Homicide	4.9 (74)	5.2 (4)
Natural Causes	50.8 (774)	59.7 (46)
Self-inflicted: Drug overdose	27.0 (412)	10.4 (8)
Self-inflicted: Hanging, suffocation or fall from height	9.8 (149)	11.7 (9)
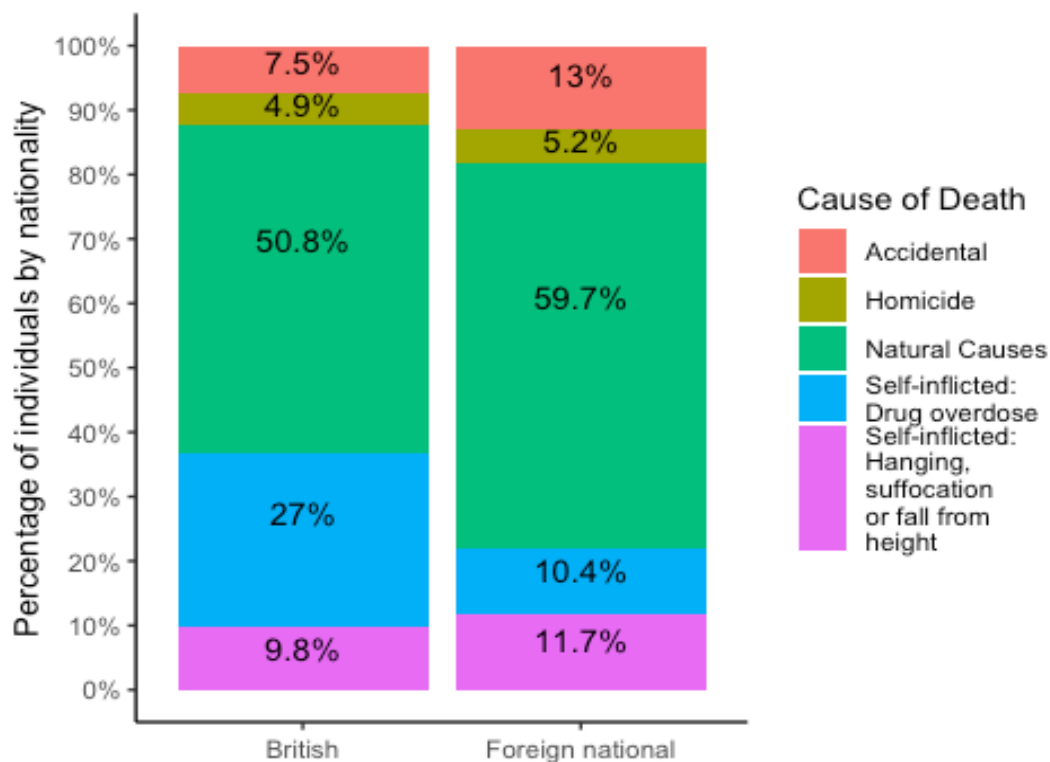
5.1.4 Summary on known demographics

The data indicates that there are differences in the profile of those who die under supervision, by cause of death.

Compared to the wider Probation population, Females were proportionally more likely to die from SI: Drug Overdose and males from homicide.

There were clear age differences in cause of death within the age groups, with younger groups more likely to die from homicide and an increasing likelihood of death by natural causes in the higher age groups. It should be noted that this data includes deaths which occurred during the Covid-19 pandemic and so may over-represent age-related factors.

Compared to the population under probation supervision, those from a White ethnicity were over-represented in those who died under supervision (81% of the population and 92.3% of the sample). There are ethnicity differences noted in the cause of death, with those from a Black, Asian or Mixed ethnicity proportionally more likely to die from homicide; and Mixed and White groups more likely to die from SI: Drug Overdose; Natural Causes was proportionally more likely in the Asian and less likely in the Mixed ethnicity group.

The nationality data showed less obvious differences although those with a foreign nationality were proportionally less likely to die from SI: Drug Overdose.

5.2 Offending and sentencing

This section reviews the data on offence type and sentencing outcome.

5.2.1 Sentence Type

This section presents data on the type of sentence being served at the time of death, by cause of death. The population under supervision in June 2020 is reported as 41.72% post-release (MoJ, 2021). The sample was classified as post-release from prison or on a court order.

Sentence type	Sample % (n)	Population %
Post-Release	52.2 (887)	41.7
Court-Order	47.8 (813)	58.3

The following analysis shows sentence type by cause of death.

Cause of death	Court-Order % (n)	Post-Release % (n)
Accidental	57.8 (78)	42.2 (57)
Homicide	58.5 (48)	41.5 (34)
Natural Causes	45.7 (399)	54.3 (474)
Self-inflicted: Drug overdose	44.1 (194)	55.9 (246)
Self-inflicted: Hanging, suffocation or fall from height	55.3 (94)	44.7 (76)

In the following plot, the dashed line represents the percentage of court-order sentences in the sample (47.8%) and the solid line represents the percentage in the population (58.3%).
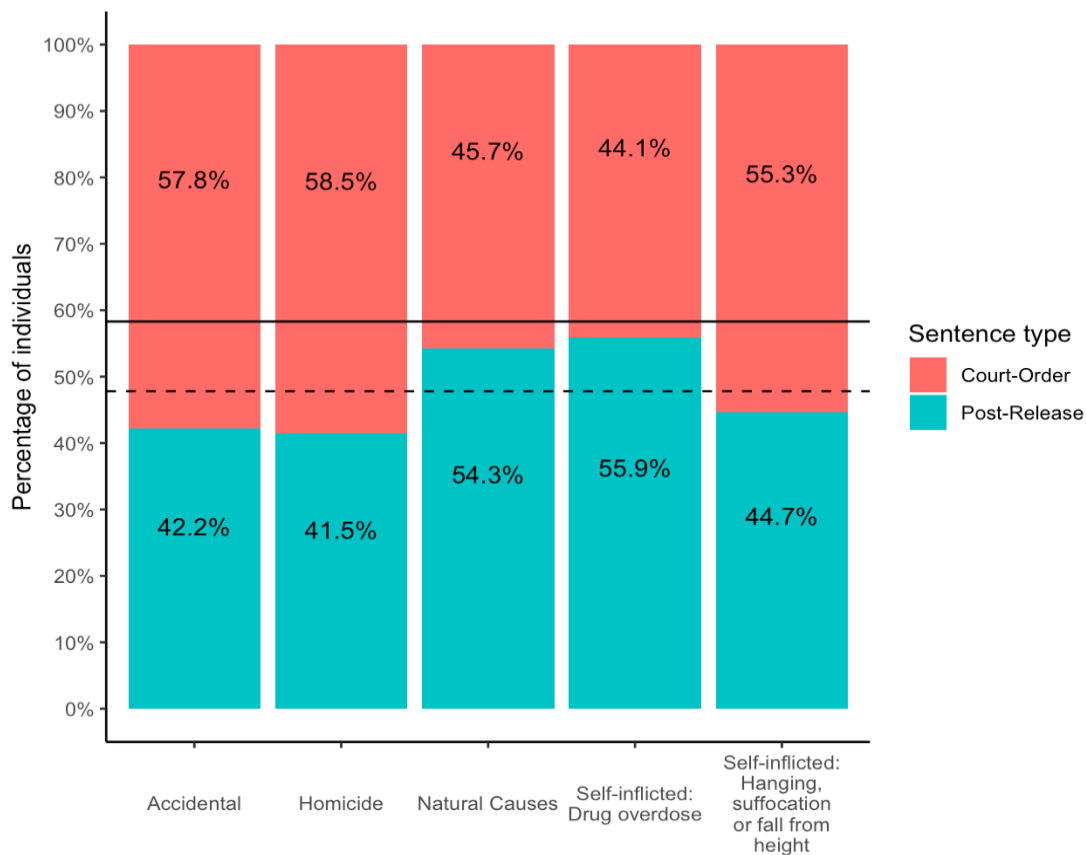
5.2.2 Current Offences

This sub-section considers the data regarding the most recent offences for which the current sentence is being served. These are condensed into the superordinate categories as outlined by MoJ (2021). Only the most recent sentencing occasion has been used in this analysis.

Most recent offences per individual were filtered by the most recent, excluding high nulls. 13 individuals had two most recent offences recorded, these events have been retained in the analysis.

Data used in this analysis is the most recent Date of sentence (Event). Percentages are calculated within offence type to aid interpretation. To aid visual interpretation, 'Violence & weapon possession' are a combined group with 'Acquisitive' a combination of theft & robbery groups. Due to small numbers, the Miscellaneous and Fraud groups are collapsed into "Other". The frequencies and percentages of each group (non-aggregated) can be found in appendix E.

The following table and plot outline the percentage of individuals, by offence type to die by each cause of death.

Current Offence	% (*n*)
Violence against the person	28.7 (487)
Theft offences	16.0 (271)
Sexual offences	12.8 (217)
Public order offences	9.6 (163)
Summary motoring	8.9 (151)
Drug offences	6.9 (117)
Possession of weapons	5.4 (92)
Criminal damage and arson	4.1 (70)
Robbery	3.0 (51)
Miscellaneous crimes against society & summary non-motoring	2.4 (40)
Fraud offences	2.1 (35)
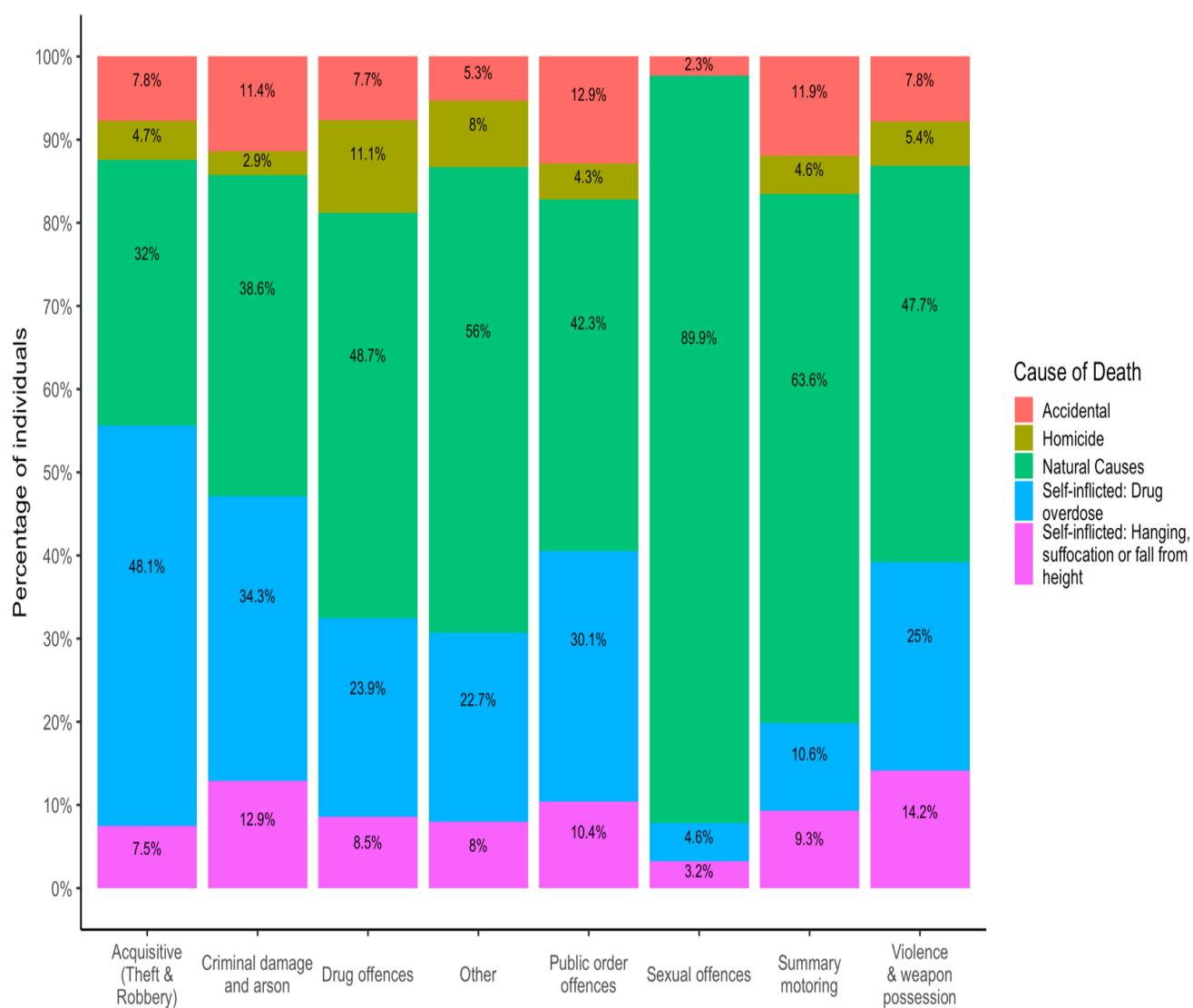
5.2.3 OGRS score

This sub-section reports the Mean (SD) for the most recent OGRS scores, by cause of death to consider the risk of reoffending provided by that indicator.

To determine this variable, ORGS scores are filtered by most recent *date of sentence.* For individuals where two most recent OGRS scores were recorded, either any non-zeros or mean of the OGRS scores was used. Individuals with only zero scores were removed from the analysis. The mean OGRS score in the sample was 45.3 (sd = 29.3; Max = 98; Min = 1)

The following table and plot outlines the Mean OGRS score by each cause of death.

Cause of death	Mean (*sd)* OGRS
Accidental	55.4 (26.6)
Homicide	59.3 (21.0)
Natural Causes	32.5 (27.1)
Self-inflicted: Drug overdose	64.7 (23.1)
Self-inflicted: Hanging, suffocation or fall from height	50.8 (25.7)
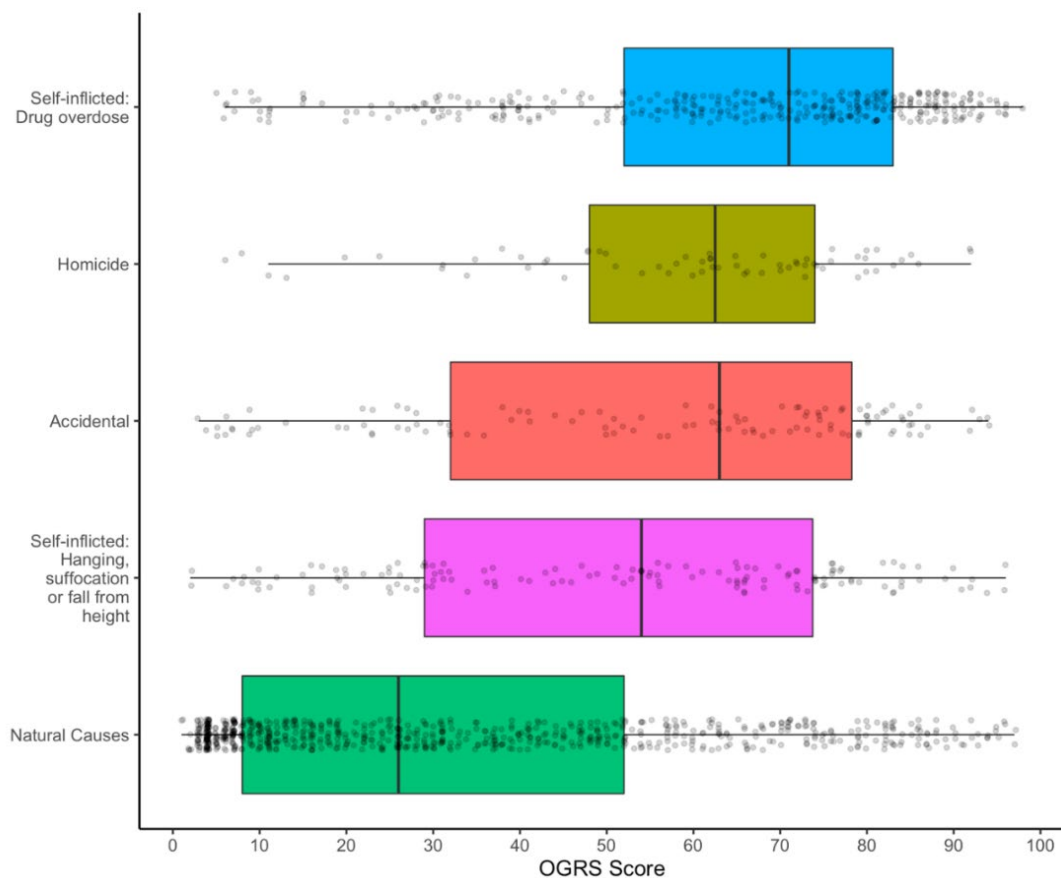
5.2.4 Prison leavers

This section considers the profile of the time after release (in days) for those who die after release from prison, by cause of death. Due to the length of some post-release licenses, only the data of those individuals who had an interval of 12 months or less between being released and dying are reported here (n=608).

Cause of death	Mean (*SD*)
Natural Causes	159.1 (107.2)
Accidental	154.9 (100.1)
Homicide	151.0 (111.1)
Self-inflicted: Hanging, suffocation or fall from height	143.7 (103.7)
Self-inflicted: Drug overdose	124.4 (108.8)
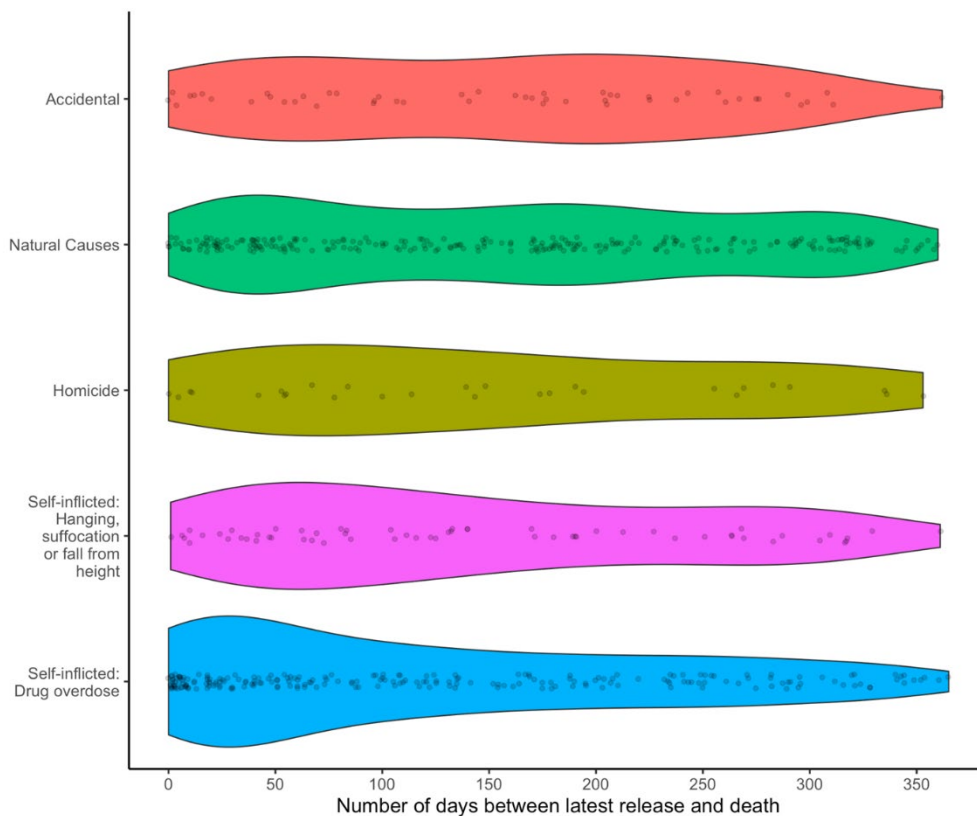
5.2.5 Community Sentence

This analysis concerns the time between latest sentencing and date of death (reported in days), calculated using the most recent sentence date per individual. Only those individuals serving community sentences are included in the analysis. Only the data of those individuals who had an interval of 12 months or less between being sentenced and dying are reported here - this was 633 individuals.

Cause of death	Mean (*SD*) time
Natural Causes	170.2 (104.0)
Accidental	161.1 (108.1)
Homicide	146.7 (117.9)
Self-inflicted: Hanging, suffocation or fall from height	143.8 (117.0)
Self-inflicted: Drug overdose	131.3 (110.5)
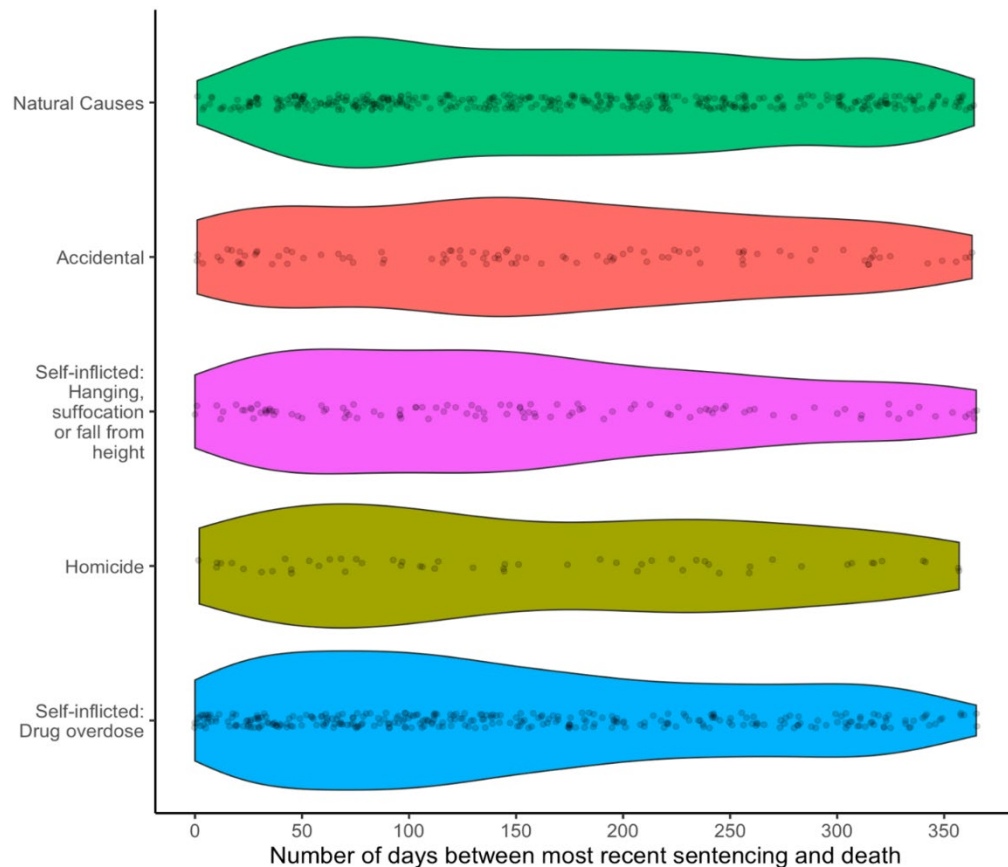
4.2.6 Summary of Offending and Sentencing

The data indicates that there are differential profiles between cause of death on the basis of offending and sentencing.

There is a greater proportion of prison leavers in the sample (52.2%) than within the population who are under probation supervision (41.72%) indicating a somewhat greater proportion die under supervision.

When considering offence type:

- Within Sexual offending Natural Causes is the most common cause (89%) with the lowest proportional rate compared with other offence groups for SI: Hanging+ and SI: Drug Overdose.
- Violent/weapon and fraud offending groups were proportionally most likely to die from SI: Hanging+
- Within Summary Motoring offences, they had higher proportional rates of Accidental death and low SI: Drug Overdose.
- Acquisitive crimes were proportionally most likely to die from SI: Drug Overdose with low proportional to other groups to due from Natural Causes.
- Drug Offences were proportionally most likely to die by homicide compared with other groups.

Regarding OGRS scores, the lowest risk group are Natural causes with the highest risk in those who due by SI: Drug Overdose.

Within the prison leavers population, the shortest time and an early bulging after sentence to death is in the SI: Drug Overdose category, followed by SI: Hanging+

Within a community sentence population, the shortest time and a bulging of numbers occur in the early stages in the SI: Drug Overdose, followed by SI: Hanging+ and Homicide.

5.3   Personal circumstances

This section reviews the personal circumstances of people under supervision at the time of their death related to accommodation, education, and employment.

Where there are multiple entries on an area, this data utilizes the most recent entry available, per individual. These were grouped into superordinate categories to aid interpretation, with the full list and their groupings provided in Appendix D.

Please note that due to low numbers, data are not shown for the following variables:

•   Alcohol screening
•   Armed forces
•   Dependents
•   General health
•   Literacy and numeracy
•   OPD pathway screen

5.3.1   Accommodation

This sub-section provides data on accommodation type as recorded at the time of death, by cause of death.   Accommodation types were condensed into superordinate categories to aid interpretation, especially for some small number group. Where there were multiple entries, the data reported is from the most recent entry.

The following plot outlines the percentage of individuals, by each accommodation type, to die by each cause of death.

Accommodation type	% (*n*) in sample
Settled accommodation	72.6 (1,067)
Short-term accommodation	11.9 (175)
Homeless	7.4 (109)
Hospital/residential health	3.2 (47)
Probation accommodation (AP & BASS)	2.9 (43)
Other	1.9 (28)
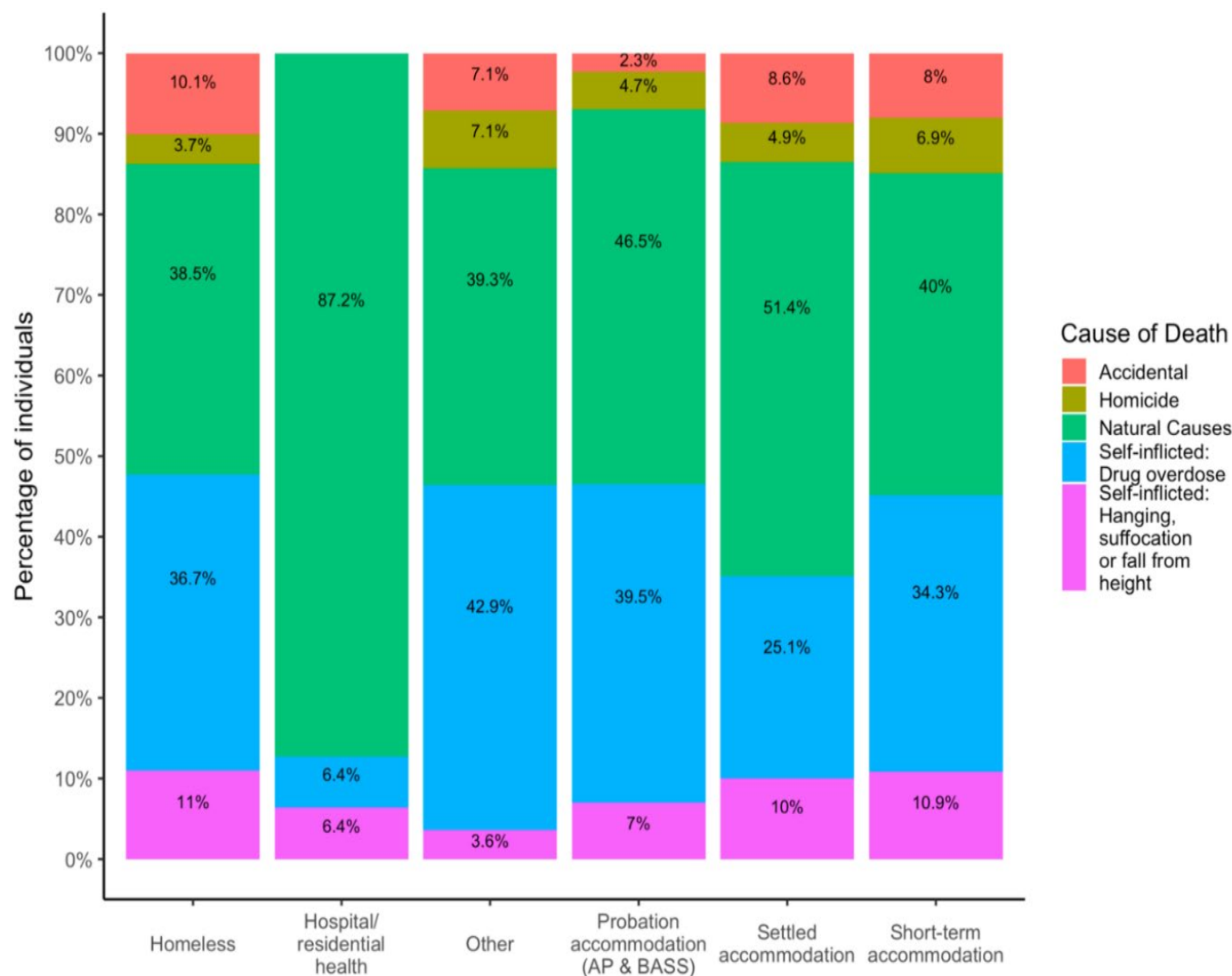
5.3.2 Educational Attainment Levels

This sub-section considers the reported educational attainment level, by cause of death.

Where there were multiple entries, the data reported is from the most recent entry. Educational attainment was categorised into two groups: "significant need (Level 1 or below)" and "no significant need (Level 2 or above)". As such, those individuals who were recorded as having no qualifications or their highest qualifications were recorded as being at Level 1 (e.g., NVQ Level 1) were placed in the "significant need" group. Those individuals who had at least one Level 2 qualification or above were placed in the "no significant need" group.

Educational attainment level	% (*n*)
Significant need (Level 1 or below)	68.5 (220)
No significant need (Level 2 or above)	31.5 (101)

Cause of death	Significant need (Level 1 or below)% (n)	No significant need (Level 2 or above) % (n)
Accidental	54.3 (19)	45.7 (16)
Homicide	61.9 (13)	38.1 (8)
Natural Causes	72.0 (113)	28.0 (44)
Self-inflicted: Drug overdose	75.0 (54)	25.0 (18)
Self-inflicted: Hanging, suffocation or fall from height	58.3 (21)	41.7 (15)
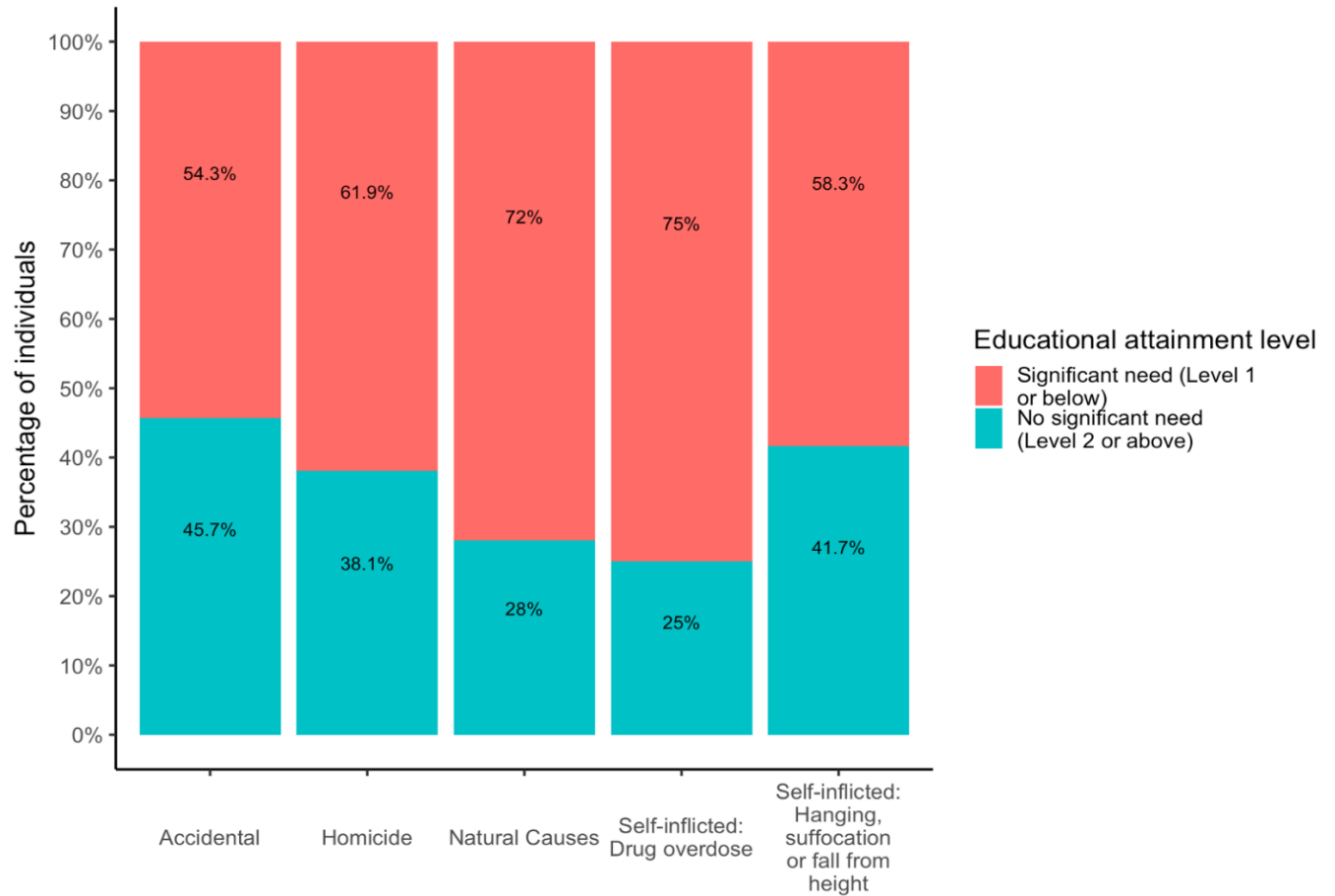
5.3.3 Employment status

This sub-section provides data on employment status as recorded at the time of death, by cause of death.

Employment types were condensed into superordinate categories to aid interpretation. Where there were multiple entries, the most recent entry is reported. The following plot outlines the percentage of individuals, within each cause of death with different employment types.

Employment status	% (*n*)
Unemployed (with financial support)	44.8 (444)
Unemployed (no financial support)	14.5 (144)
Unavailable for work	14.4 (143)
FT employed or self-employed	10.7 (106)
Retired	9.0 (89)
PT employed, self-employed (under 30 hours) or student loan	3.9 (39)
Other or unknown	2.7 (27)
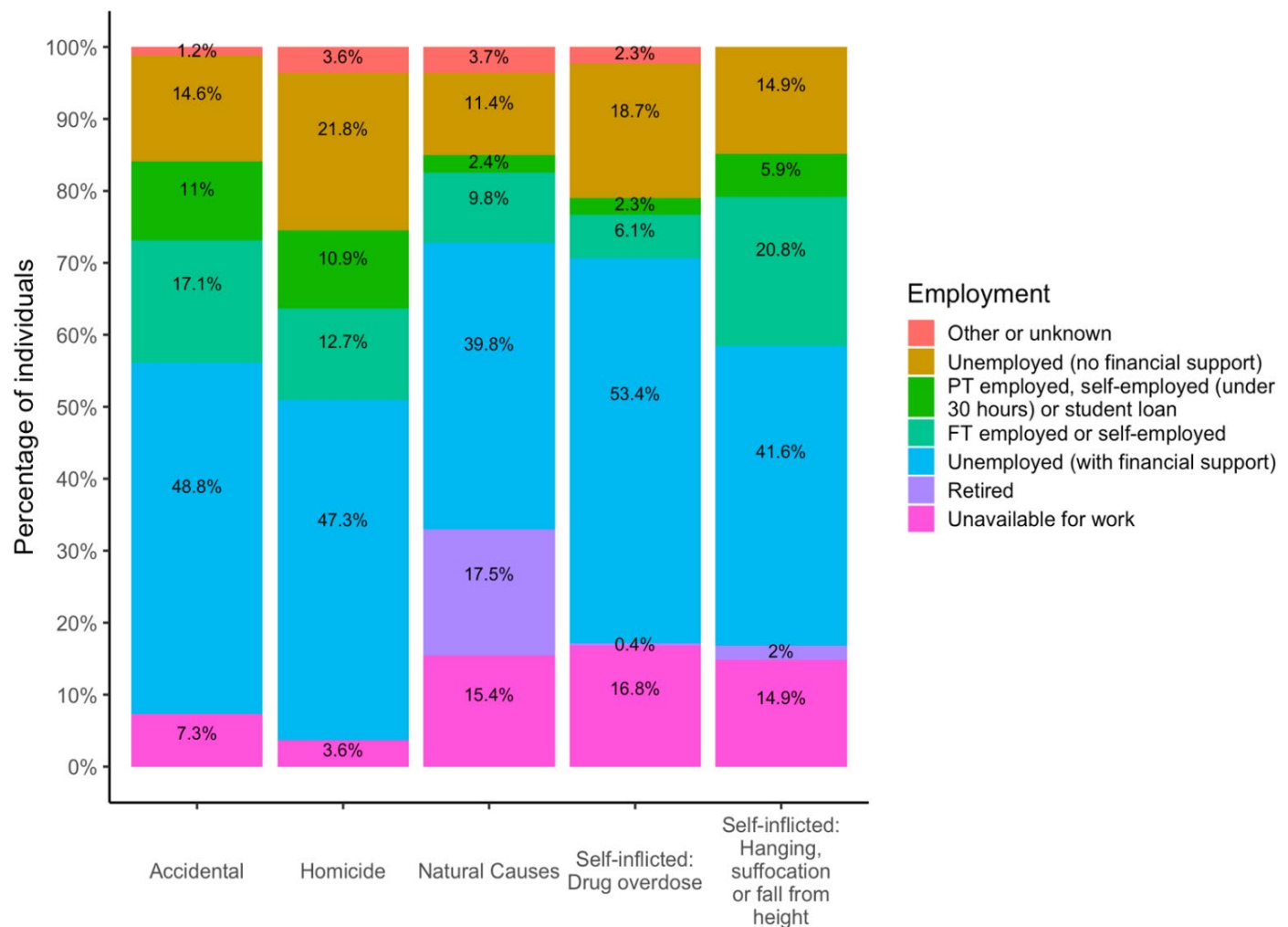
5.3.4 Summary on Personal Characteristics

The data in personal characteristics display differences by cause of death.

Excluding hospital settings, those in settled accommodation were proportionally less likely to die from SI: Drug Overdose with those in AP/Bass proportionally least likely to die from SI: Hanging+

Within the sample, 68.5% are reported as having a significant educational need. Those identified as having a significant educational need were most likely to due from SI: Drug Overdose, followed by Natural Causes.

Within the full sample, only 14.6% are reported as being in FT or PT employment at the time of their death, with a further 9% reported as retired.

Proportionally, those in employment or retired were least likely to die from SI: Drug Overdose with those who die by SI: Hanging+ proportionally most likely to be in FT employment.

5.4 Protected characteristics

This section considers the classification of deaths by additional protected characteristics. These characteristics do not form part of the annual published MoJ data. The numbers are often small in individual groups and so have been combined, where necessary, to be able to present meaningful information.

5.4.1 Disability

This sub-section outlines the prevalence of codes related to Offender Summary: disability status codes, covering neurodevelopmental conditions, physical conditions and visual, hearing and speech impairment. The following tables and plots outline the percentage of individuals, by cause of death as to the prevalence of disabilities.

Please note that Mental health has a disability code but is outlined in section 4.8

5.4.1.1 Neurodevelopmental conditions

This section combines neurodevelopmental conditions including Autism, dyslexia, learning difficulties and learning disabilities. An overall sample prevalence of 152, 8.9% is recorded - this is indicated on the plot as a dashed line.

Cause of death	No neurodevelopmental conditions% (*n*)	Neurodevelopmental conditions % (*n*)
Accidental	81.8 (90)	18.2 (20)
Homicide	88.2 (60)	11.8 (8)
Natural Causes	92.8 (673)	7.2 (52)
Self-inflicted: Drug overdose	86.8 (329)	13.2 (50)
Self-inflicted: Hanging, suffocation or fall from height	83.5 (111)	16.5 (22)
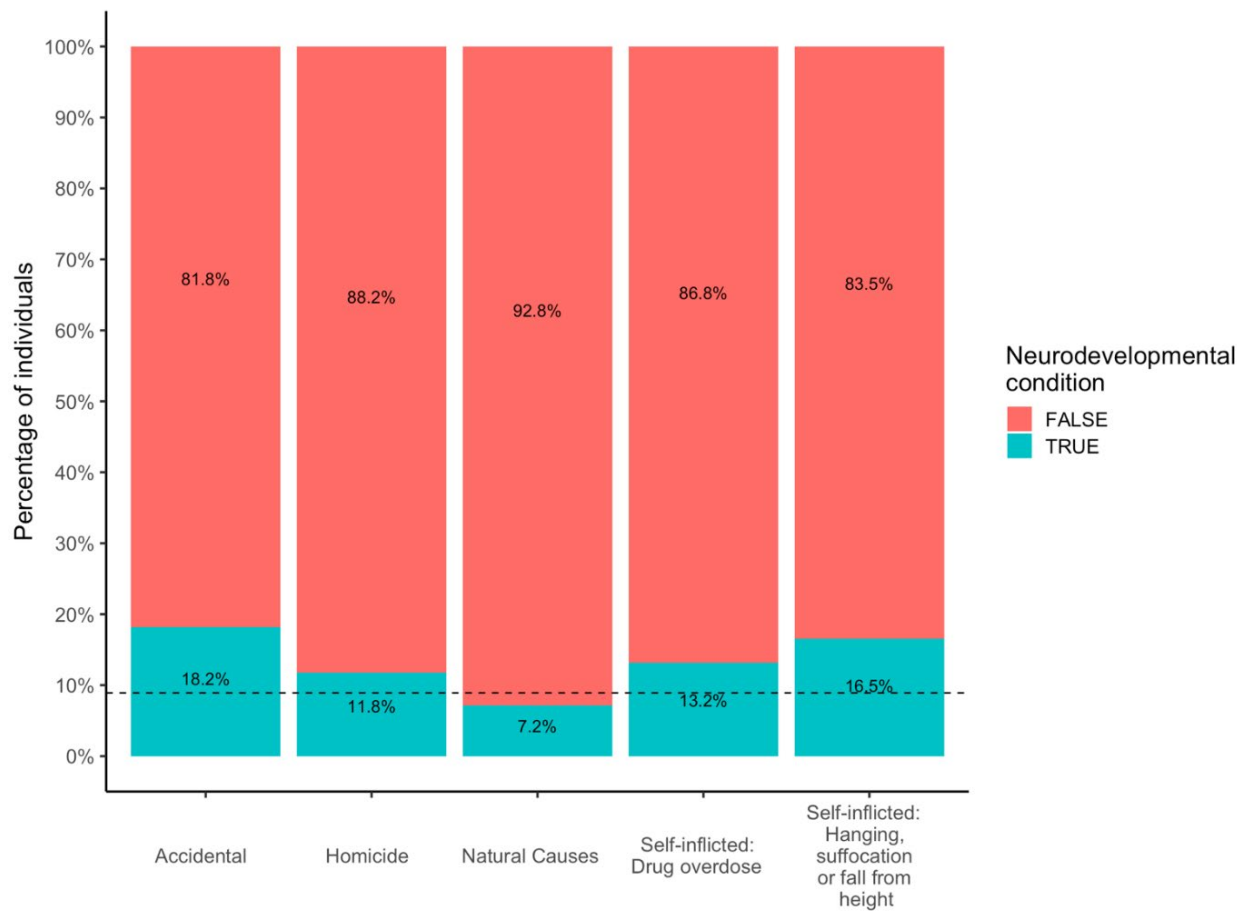
5.4.2   Physical Condition

This sub-section considers those with a registration for a physical health concern. There was an overall sample prevalence of 270, 15.9% - this is indicated on the plot as a dashed line.

Cause of death	No physical condition % (*n*)	Physical condition % (*n*)
Accidental	86.4 (95)	13.6 (15)
Homicide	95.6 (65)	4.4 (3)
Natural Causes	74.6 (541)	25.4 (184)
Self-inflicted: Drug overdose	85.5 (324)	14.5 (55)
Self-inflicted: Hanging, suffocation or fall from height	90.2 (120)	9.8 (13)
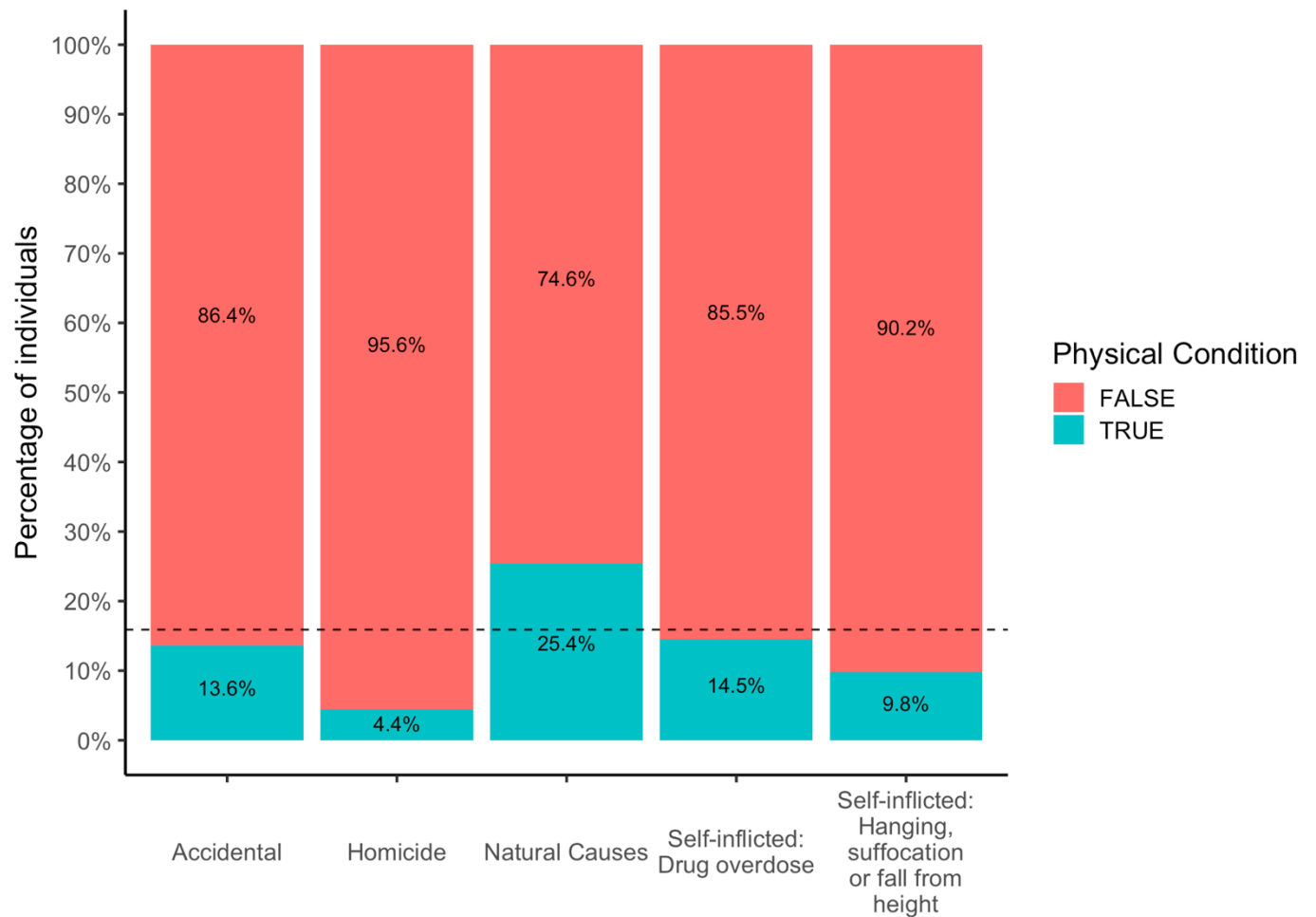
5.4.3 Visual, hearing and speech impairment

This sub-section considers those with a registration for a visual, hearing and speech impairment. There was an overall sample prevalence of 55, 3.2% - this is indicated on the plot as a dashed line.

Cause of death	No impairment % (*n*)	Impairment % (*n*)
Accidental	96.4 (106)	3.6 (4)
Homicide	95.6 (65)	4.4 (3)
Natural Causes	95.2 (690)	4.8 (35)
Self-inflicted: Drug overdose	96.8 (367)	3.2 (12)
Self-inflicted: Hanging, suffocation or fall from height	99.2 (132)	0.8 (1)
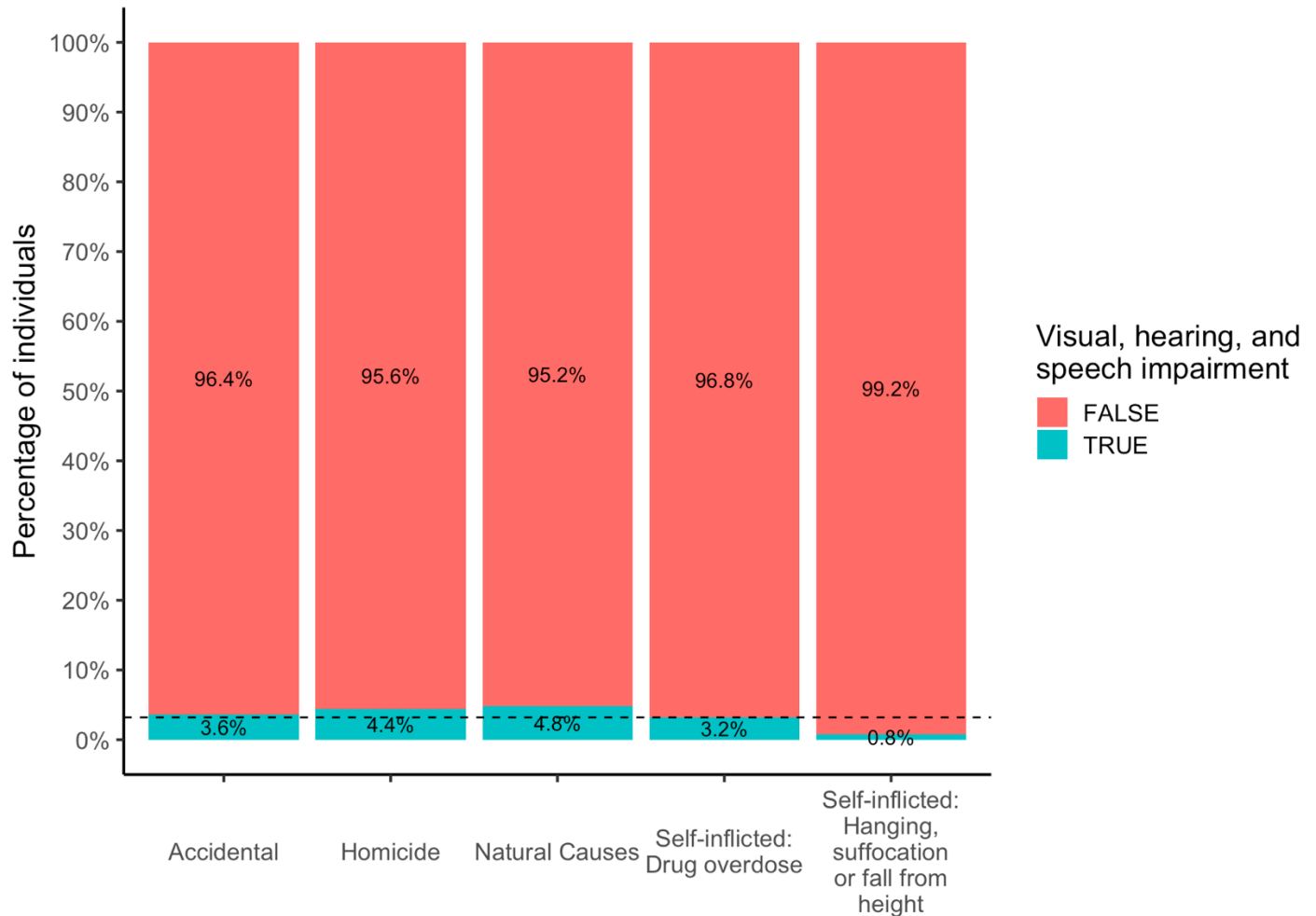
5.4.4 Religion

In the following analyses, the categories Christian, Church of England (Anglican) and Roman Catholic have been collapsed into the group "Christian". In addition, religion categories with fewer than 10 individuals have been collapsed into 'other'. Those with "unknown" (n=78) or "not disclosed" (n=284) religion have also been removed from the analysis.

The following table and plot outlines the percentage of individuals, by cause of death, of their stated religion.

Cause of death	Christian % (*n*)	Muslim % (*n*)	Other % (*n*)	No religion % (*n*)	Atheist % (*n*)
Accidental	27.9 (29)	2.9 (3)	1.9 (2)	67.3 (70)	NA
Homicide	19.4 (12)	19.4 (12)	1.6 (1)	59.7 (37)	NA
Natural Causes	32.1 (184)	1.7 (10)	8.4 (48)	56.4 (324)	1.4 (8)
Self-inflicted: Drug overdose	27.9 (88)	1.9 (6)	2.9 (9)	66.3 (209)	1.0 (3)
Self-inflicted: Hanging, suffocation or fall from height	25.2 (30)	NA	5.0 (6)	67.2 (80)	2.5 (3)
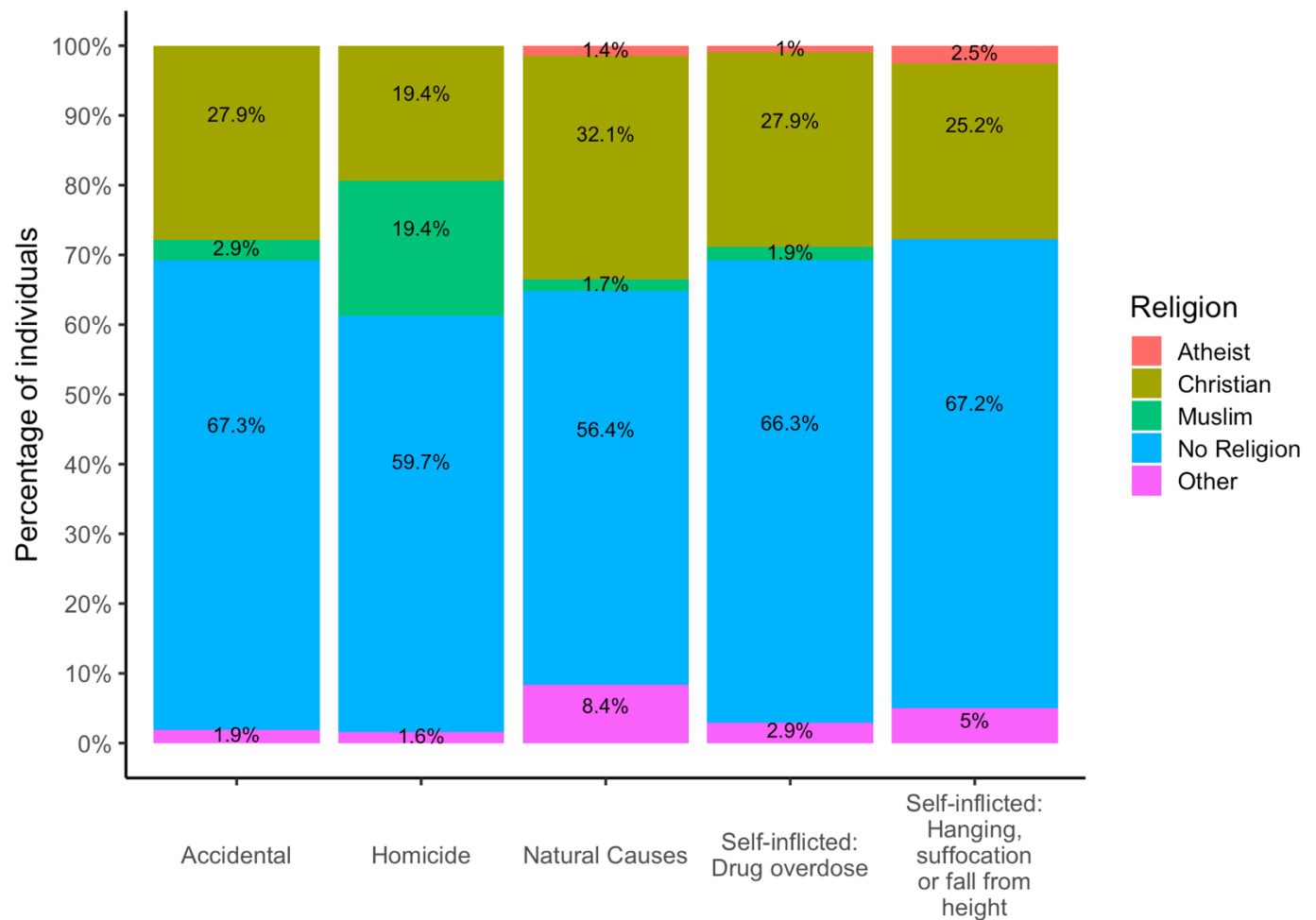
5.4.5 Sexual orientation

This sub-section considered reported sexual orientation, by cause of death.

Individuals with "not disclosed" sexual orientation (n=260) have been removed from the analysis. Please note that the categories bisexual (n=26) and gay/lesbian/bisexual (n=27) were collapsed into one group: LGB. The following table and plot outlines the percentage of individuals, by stated sexual orientation on their cause of death.

| | Heterosexual/Straight | |
Cause of death	% (*n*)	Lesbian/Gay/Bisexual% (*n*)
Accidental	8.1 (101)	7.3 (4)
Homicide	5.6 (70)	1.8 (1)
Natural Causes	48.3 (606)	65.5 (36)
Self-inflicted: Drug overdose	27.7 (347)	14.5 (8)
Self-inflicted: Hanging, suffocation or fall from height	10.4 (130)	10.9 (6)
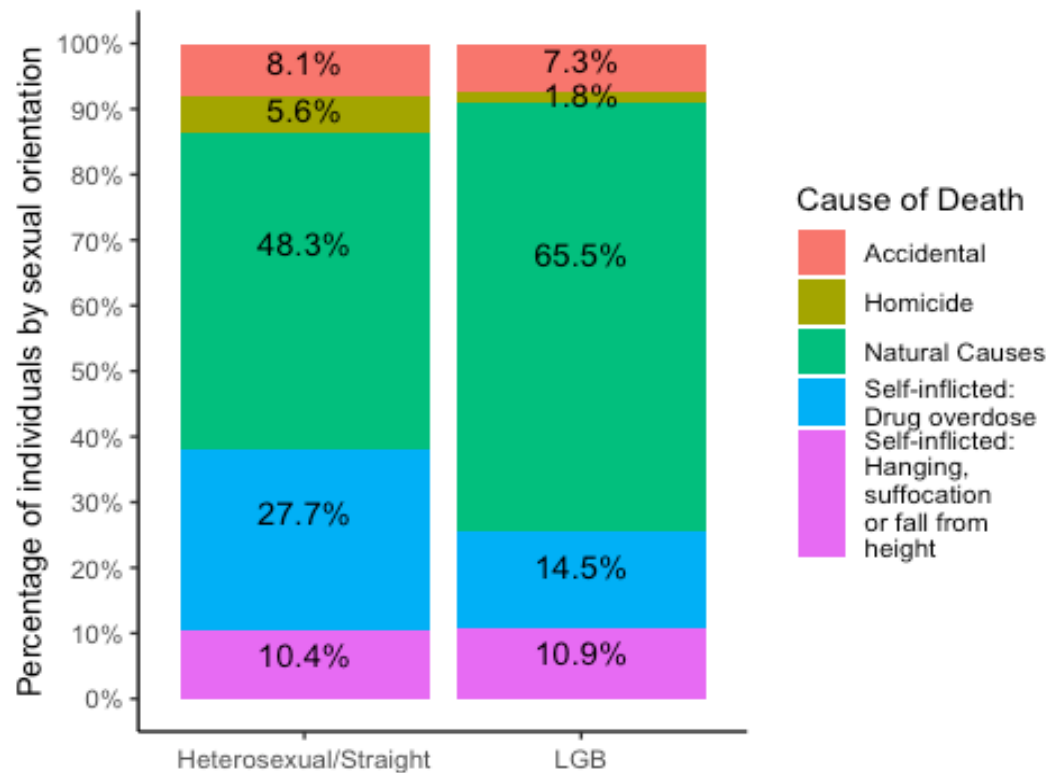
5.4.6 Summary of Protected Characteristics

The data indicates that there are differences in protected characteristics between cause of death.
Under disability registrations:

- Those with neurodevelopmental conditions are proportionally over-represented in Accidental and SI: Hanging+

  Physical health registrations were most over-represented in Natural Causes and least in Homicide

- The numbers involved with visual, hearing and speech impairment are likely too small for meaningful interpretation

Those reported as Muslim are proportionally more likely to die from homicide, with Christians proportionally least likely.

Within sexual orientation, those reported as LGB are proportionally more likely to die by natural causes.

5.5 Recent contact codes (within 28 days of death)

This section outlines the presence of specific contact types within the 28 days prior to death to consider events, interactions and risk indicators which have occurred just prior to death.

Please note that contacts have been filtered to only show those that were active within 28 days of the date of death. Contact groups that contained fewer than 10 occurrences were removed from the analysis. Contact groups excluded were Risk to children (n=9); Alcohol misuse (n=2) and Sexual offender (n=1)

The following tables and plot outline the percentage of individuals, by cause of death of the prevalence of specific contact codes.

Contacts per individual are shown within 28 days from the date of death. On average, there were 4.33 (sd = 1.86) contacts recorded per individual within 28 days of the date of death. The maximum number of contacts was 16 and the minimum was 1.

Contact code	% (*n*)
Enforcement	52.8 (367)
Recall initiated	27.5 (191)
Drug misuse	15.4 (107)
Suicide/Self Harm	4.3 (30)

5.5.1 Enforcement and recall
Prevalence of enforcement and/or recall in the 28 days prior to death, by cause of death

There were a total of 238 individuals with enforcement contacts and 119 with recall initiated within 28 days of death. Note that percentages are calculated within recall type (i.e. within 100% of enforcements or recalls initiated).

Cause of death	Enforcement % (*n*)	Recall initiated % (*n*)
Natural Causes	38.2 (91)	42 (50)
Self-inflicted: Drug overdose	34.9 (83)	32.8 (39)
Self-inflicted: Hanging, suffocation or fall from height	11.8 (28)	10.9 (13)
Accidental	9.2 (22)	7.6 (9)
Homicide	5.9 (14)	6.7 (8)

This sub-section considered the relevance of enforcement and recall. Firstly, whether, out of all cases which had enforcement or recall initiated whether there were differences in the cause of death and; Secondly how prevalent enforcement or recall initiation was in the 28 days prior to the different causes of death.

Cause of death for those with enforcement and/or recall against those individuals without enforcement and/or recall.

This sub-section considered whether there were differences in the proportion of cases who had at least one enforcement or recall initiated compared with those without either, by cause of death. There were 294 individuals (17.3%) who had at least one enforcement and/or recall - this is indicated on the plot with a dashed line.
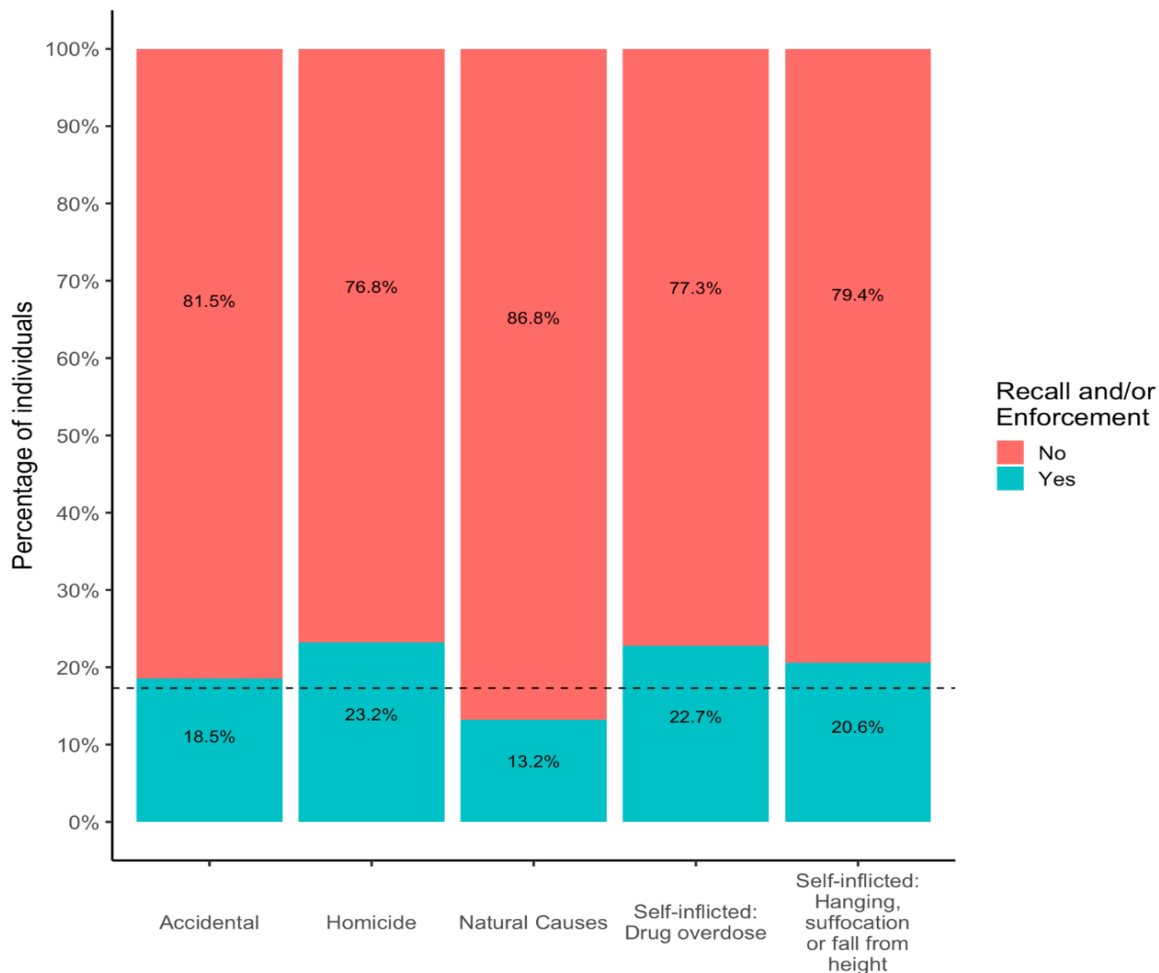
5.5.2 Summary of enforcement and recall

This sub-section considered whether being subject to enforcement or recall processes were disproportionally affected their cause of death.

There were few differences in the cause of death depending on whether the person was subject to either enforcement or recall. Those subject to recall were slightly more likely to die from Accidental death and those subject to enforcement were proportionally more likely to die from Homicide.

However, those subject to either were proportionally more likely to die from Natural Causes and Accidental death than those who were not subject to either process.

5.5.3 Recent suicide/self-harm contact

This section considered the use of suicide/self-harm contact codes in the 4 weeks prior to death. Firstly, whether there were differences in the cause of death amongst those who had such a code and secondly how many such codes were present in the 28 days prior to the death.

In the 28 days prior to death there were a total of 30 suicide /self-harm contact codes across 28 individuals. There were no codes present for Homicide.

Cause of death	n	% within S/SH code	% within all SI: Hanging +
Self-inflicted: Drug overdose	13	43.3	3
Self-inflicted: Hanging+	10	33.3	5.9
Natural Causes	4	13.3	0.5
Accidental	3	10.0	2.2
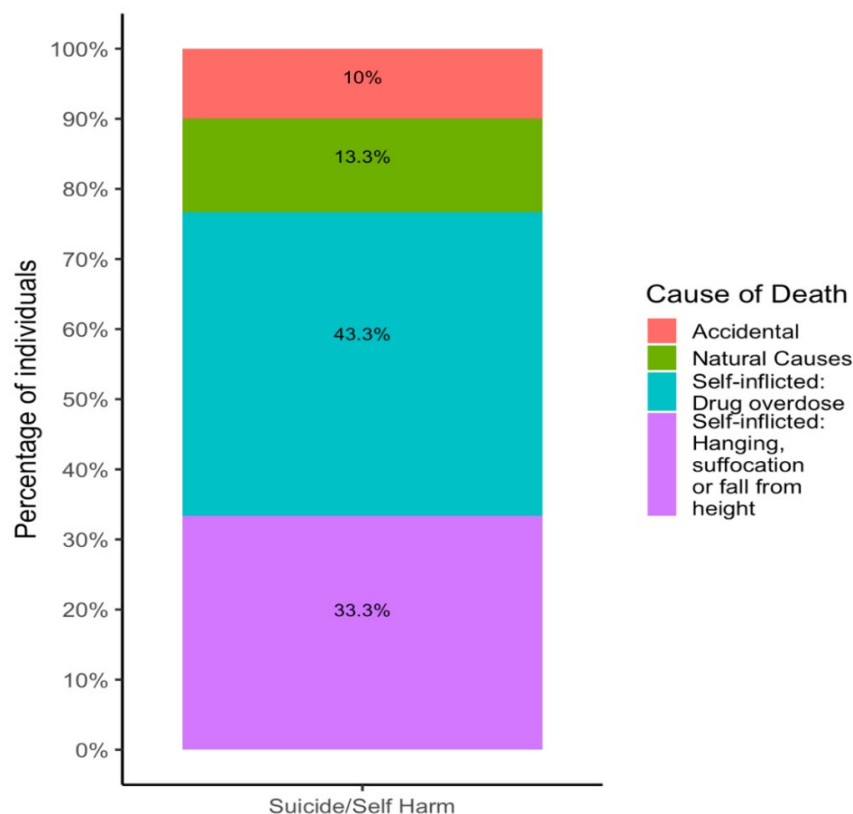
5.5.4 Summary of recent suicide or self-harm contact

This section demonstrates that, in the very small number of cases where a recent contact code and current suicide or self-harm risk was identified, there is a notably larger proportion of deaths from SI: Hanging + (43.4%) and drug overdose (one-third) within the following 28 days.

However, only around 5% of SI: Hanging+ deaths had a recent suicide/self-harm contact code.

5.6 Additional Offending and Criminogenic Factors

This section provides analysis of additional factors, gained from Registrations which were active at the time of the death. These include factors regarding gang membership, MAPPA, Risk of Serious harm (RoSH) level and potential risks to others and themselves.

Registrations

Registrations that were not deregistered before the date of death are shown, i.e., registrations that were deregistered before date of death have been removed from the analysis. Registrations coded as "NA" and "Other" have been removed from the analysis. Note that 1241 individuals had more than one registration on the date of their death. For this analysis, percentages are calculated and presented within registration category.

The categories "mental health issues" and "suicide or self-harm risk" are reported separately as they are combined with other indicators drawn from Contact or Disability codes. Warrant/summons, SFO, Other and Vulnerable have been removed from the analysis due to low numbers or unreliable data.

The following plots outline the percentage of individuals, by each factor on the breakdown of cause of death.

To improve the readability of the plots, the registrations have been grouped into the following:

• Risk (ROSH, MAPPA & risk to children)
• Criminal lifestyle (Organised crime/gang & weapons)
• Domestic abuse (Domestic violence (DV), DV victim & restraining order)
• Sentence (Sexual offender & Lifer)
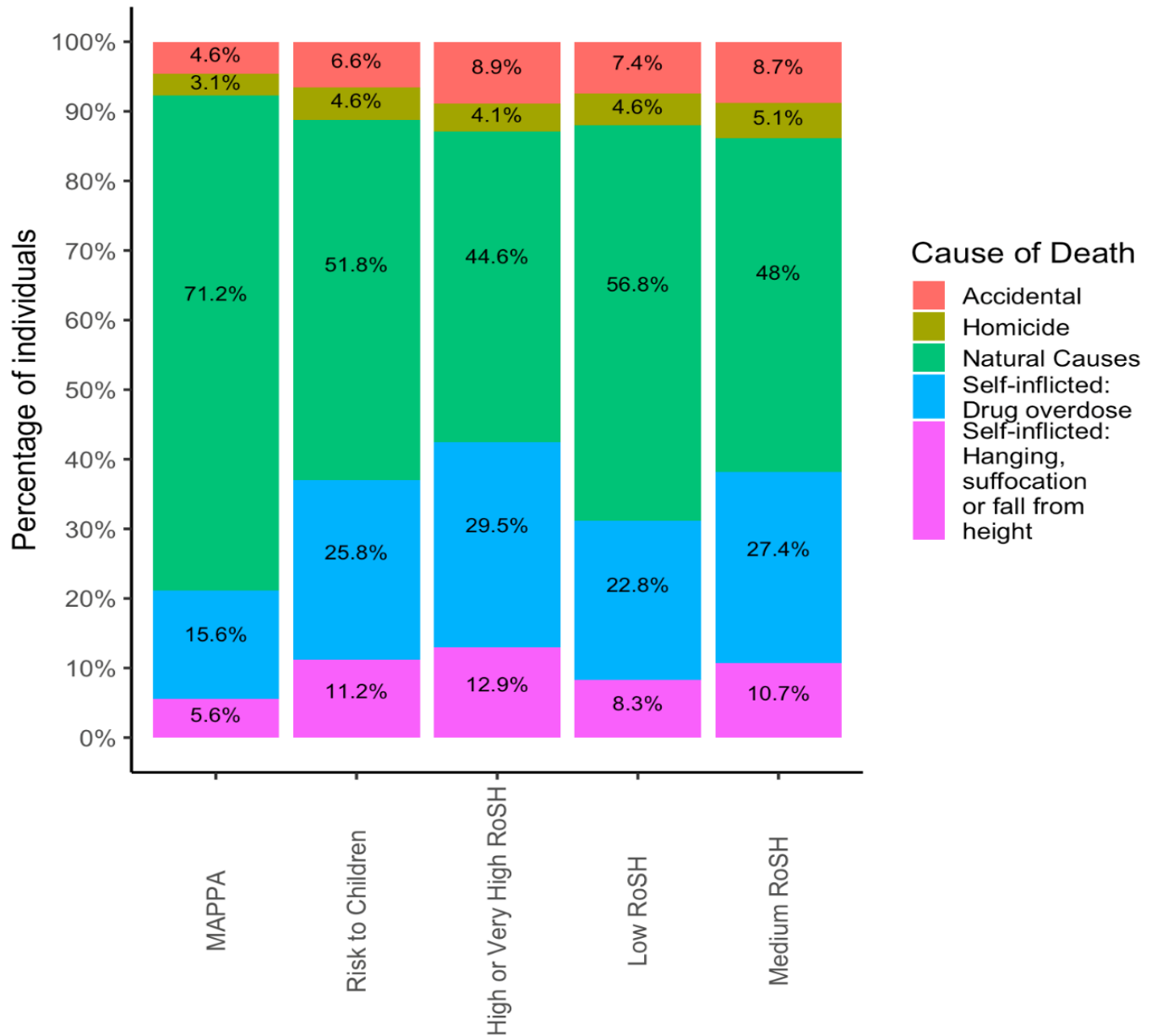
5.6.2 Criminal Lifestyle (including Organised crime/gang & weapons)
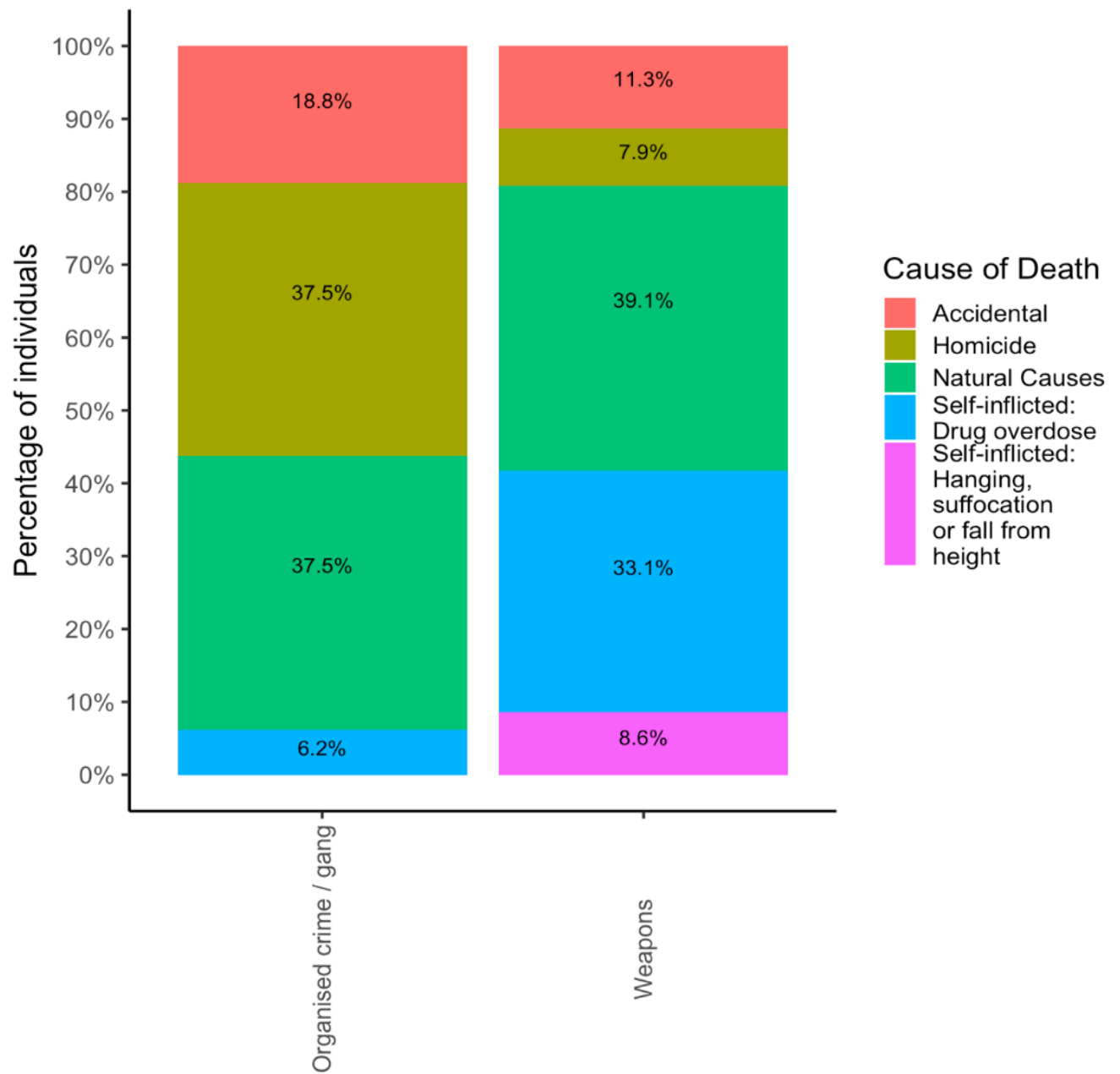
5.6.3   Domestic Abuse (including DV, DV victim & restraining order)
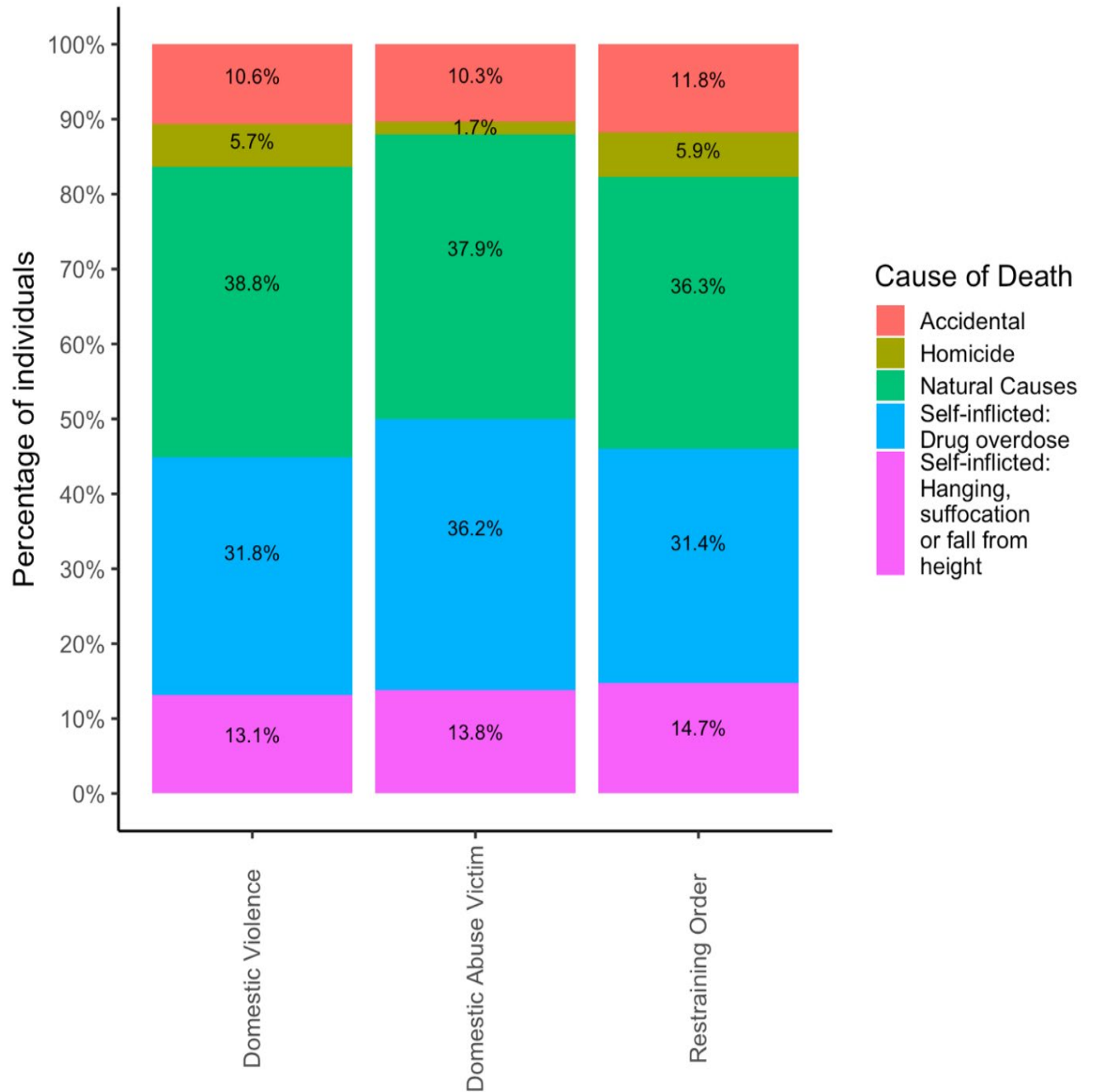
5.6.4 Sentence (Sexual offender & Lifer)
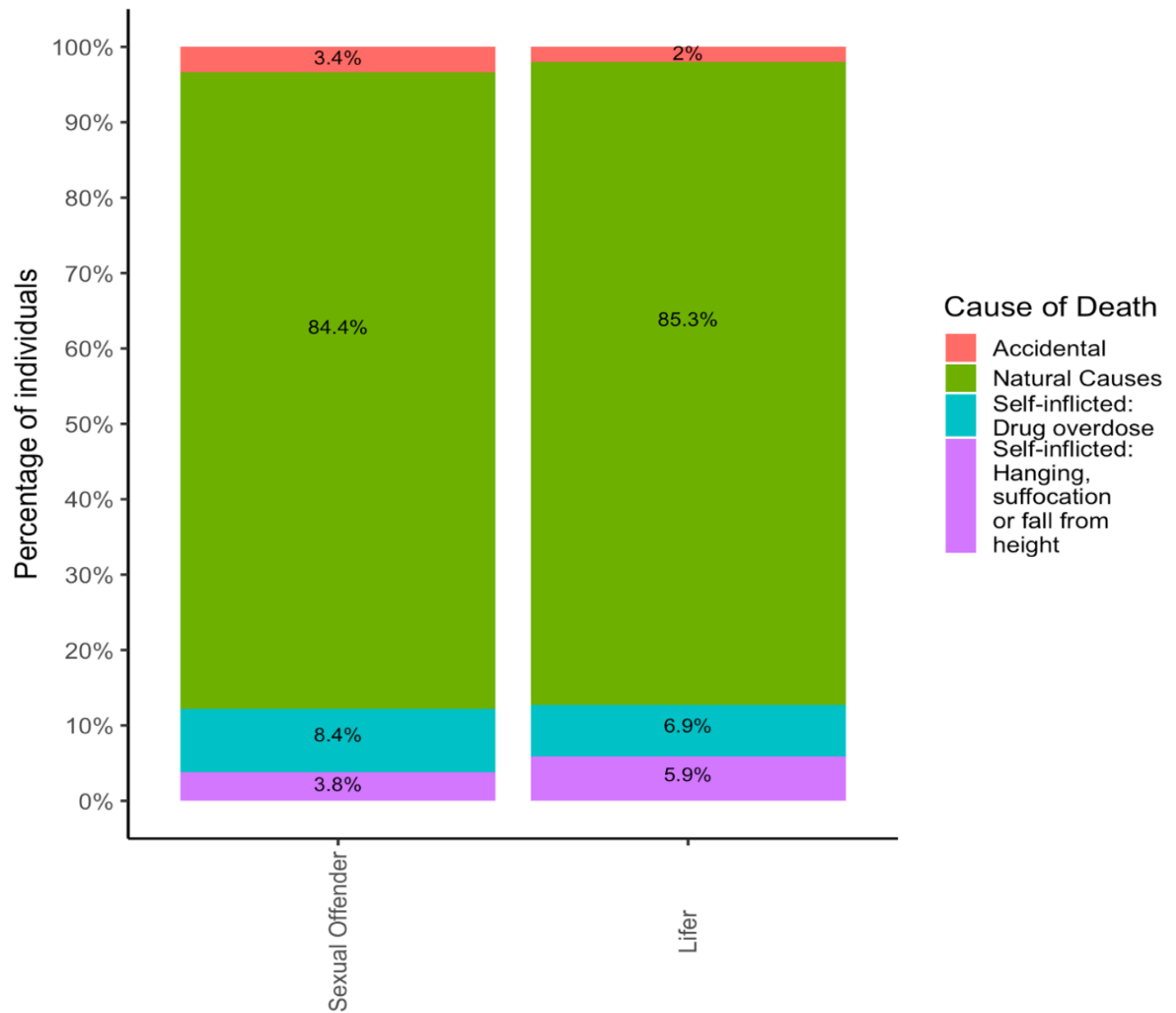
5.6.5 Summary of additional offending and sentencing factors

This section considered the presence of additional factors reported in the 'Registrations' section, covering a range of offending or criminogenic factors.

The registrations were categorised into 4 groups: Risk; Criminal lifestyle; Domestic Violence; Sentence with few differences notable within the groups, beyond the Criminal Lifestyle group where weapon use and gangs showed notably different profiles

- Within Risk: Those who are listed as High or Very high Risk of serious harm (RoSH) reported the proportionally highest rate in deaths by SI: Drug Overdose and SI: Hanging+

- Within Criminal Lifestyle: Those who were reported as involved in Organised Crime or Gangs, had the proportionally highest rate of Homicide and Accidental deaths and no SI: hanging etc deaths recorded.

- Within Domestic Abuse: Those listed as DV Victim were slightly less proportionally likely to due from Homicide and more likely from SI: Drug Overdose.

- Within Sentence: Both Sexual Offender and Lifer registrations had the proportionally highest rate of Natural Causes and no Homicides reported.

The proportionally highest rates for SI: Drug Overdose occurred across those with registrations for the following codes: Domestic Violence, DV Victim, Restraining Order and Weapon

For Homicides: those with organized crime/gangs were proportionally most likely to die, followed by those with weapons listed.

For SI: Hanging+ those with a registration for Domestic Abuse (DV, DV victim and restraining order) and then High/V High RoSH had the proportionally highest likelihood to die in this manner

5.7 Drug misuse

This section considers the relevance of 'drug misuse' on cause of death.

For this section different indicators which suggest the person under probation supervision had a drug use issue have been combined to attempt to gather the most meaningful data where no single variable would provide that information. Specifically, individuals who were recorded as having a drug testing condition or one or more license and/or a drug misuse contact within 12 months of death were recorded as having drug misuse. This resulted in 388 individuals (22.8%) being flagged as having drug misuse. This percentage is indicated on the plot with a dashed line.

The following tables and plot outline the percentage of individuals, by cause of death of the prevalence of identified drug misuse.

Cause of death	No % (*n*)	Yes % (*n*)
Accidental	80.0 (108)	20.0 (27)
Homicide	73.2 (60)	26.8 (22)
Natural Causes	86.6 (756)	13.4 (117)
Self-inflicted: Drug overdose	58.4 (257)	41.6 (183)
Self-inflicted: Hanging, suffocation or fall from height	77.1 (131)	22.9 (39)
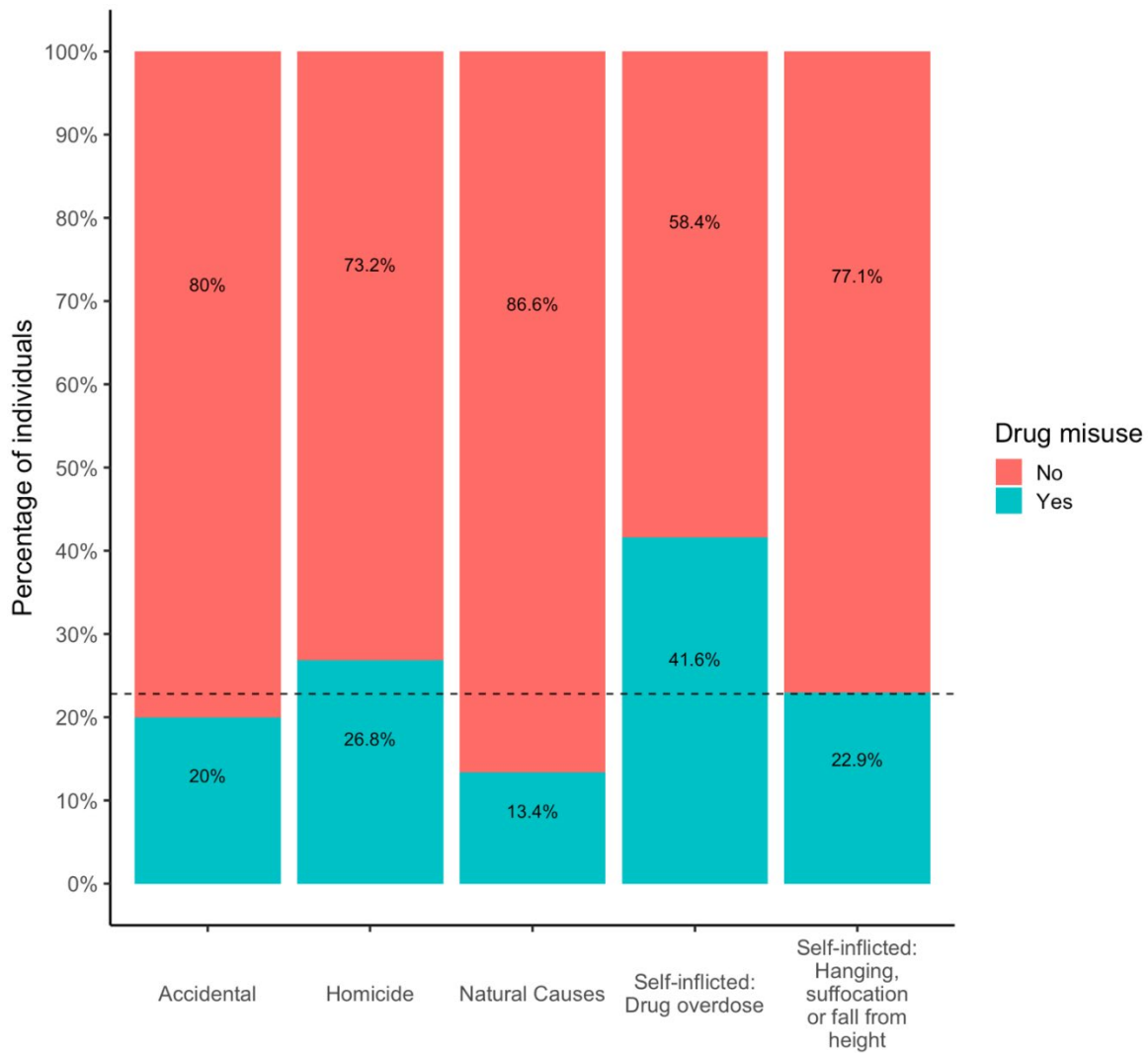
5.7.1 Summary on Drug Misuse

This section considered, using a combination of indicators, the prevalence of a drug misuse issue.

The analysis showed a distinct disproportionality in this group, with 41.6% of those who died from SI: Drug Overdose having such an indicator on nDelius. There were disproportionally lower rates in Natural Causes, with only 13.4% of such deaths having a drug misuse indicator.

5.8   Mental health conditions

This section considers the relevance of mental health concerns on cause of death.
Different indicators suggestive of a mental health condition have been combined to gather the most meaningful data. Individuals were flagged as having a mental health condition if they had an active mental health registration that was not deregistered before death and/or recorded as having a mental health disability. 673 individuals (39.6%) were identified as having a mental health issue, with this percentage indicated on the plot with a dashed line.

Cause of death	No % (*n*)	Yes % (*n*)
Accidental	54.1 (73)	45.9 (62)
Homicide	64.6 (53)	35.4 (29)
Natural Causes	67.7 (591)	32.3 (282)
Self-inflicted: Drug overdose	48.0 (211)	52.0 (229)
Self-inflicted: Hanging, suffocation or fall from height	58.2 (99)	41.8 (71)
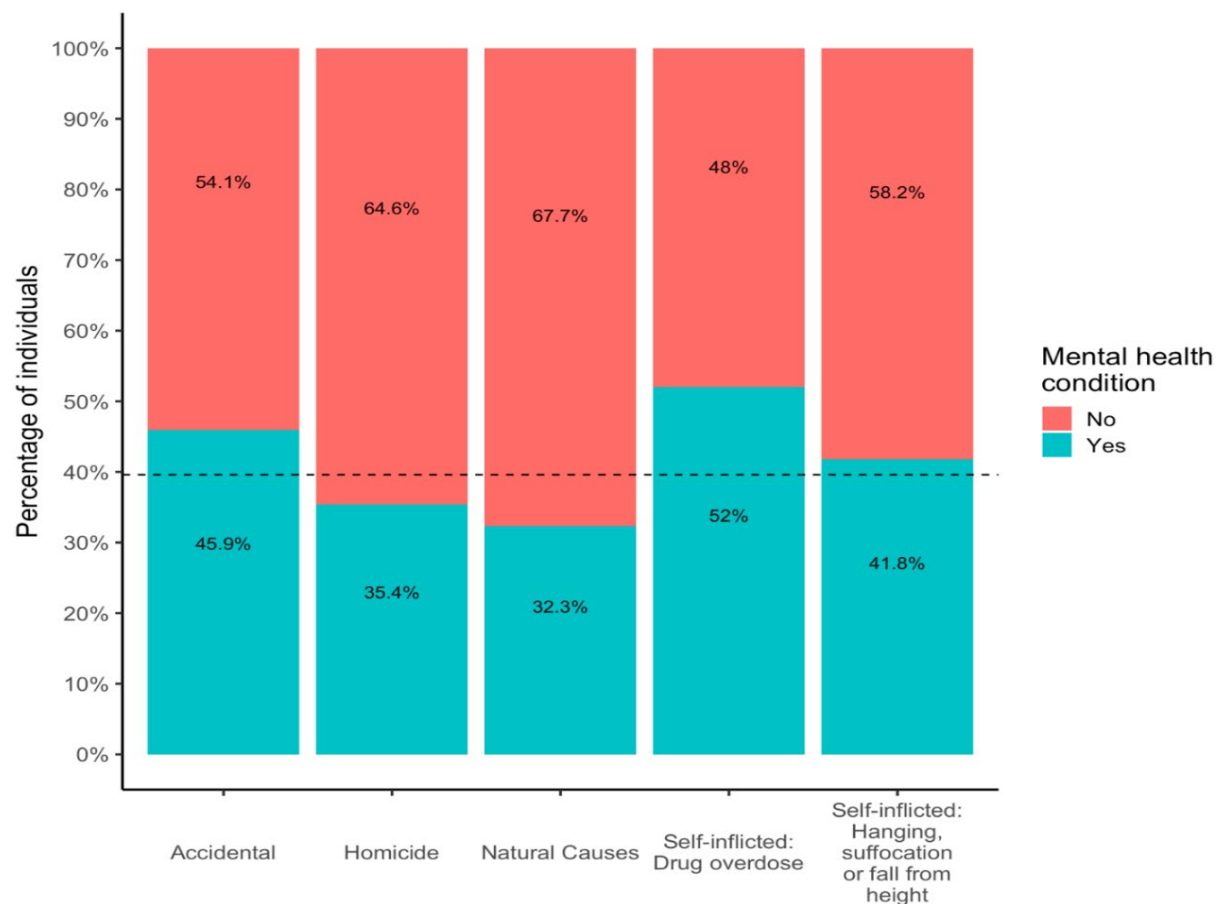
5.8.1   Summary of Mental Health

This section considered the presence of mental health issues utilizing two or more codes.

The analysis indicated that those with Mental health issues were proportionally most likely to die from SI: Drug Overdose and Accidental death and least likely to die from Natural Causes.

5.9   Known Suicide / self-harm risk

This section considers the relevance of known suicide / self-harm risk on cause of death.
For this section different indicators which suggest the person had a suicide / self-harm risk have been combined to attempt to gather the most meaningful data: One or more suicide /self-harm active registrations but not deregistered before death; and/or were recorded as having one or more suicide /self-harm contact within 12 months of death. 315 individuals (18.5%) were flagged as having a suicide / self-harm risk, the % is indicated on the plot with a dashed line.

The following tables and plot outline the percentage of individuals, by cause of death of the prevalence of identified suicide or self-harm risk.

Cause of death	No % (n)	Yes% (n)
Accidental	78.5 (106)	21.5 (29)
Homicide	82.9 (68)	17.1 (14)
Natural Causes	87.6 (765)	12.4 (108)
Self-inflicted: Drug overdose	76.1 (335)	23.9 (105)
Self-inflicted: Hanging, suffocation or fall from height	65.3 (111)	34.7 (59)
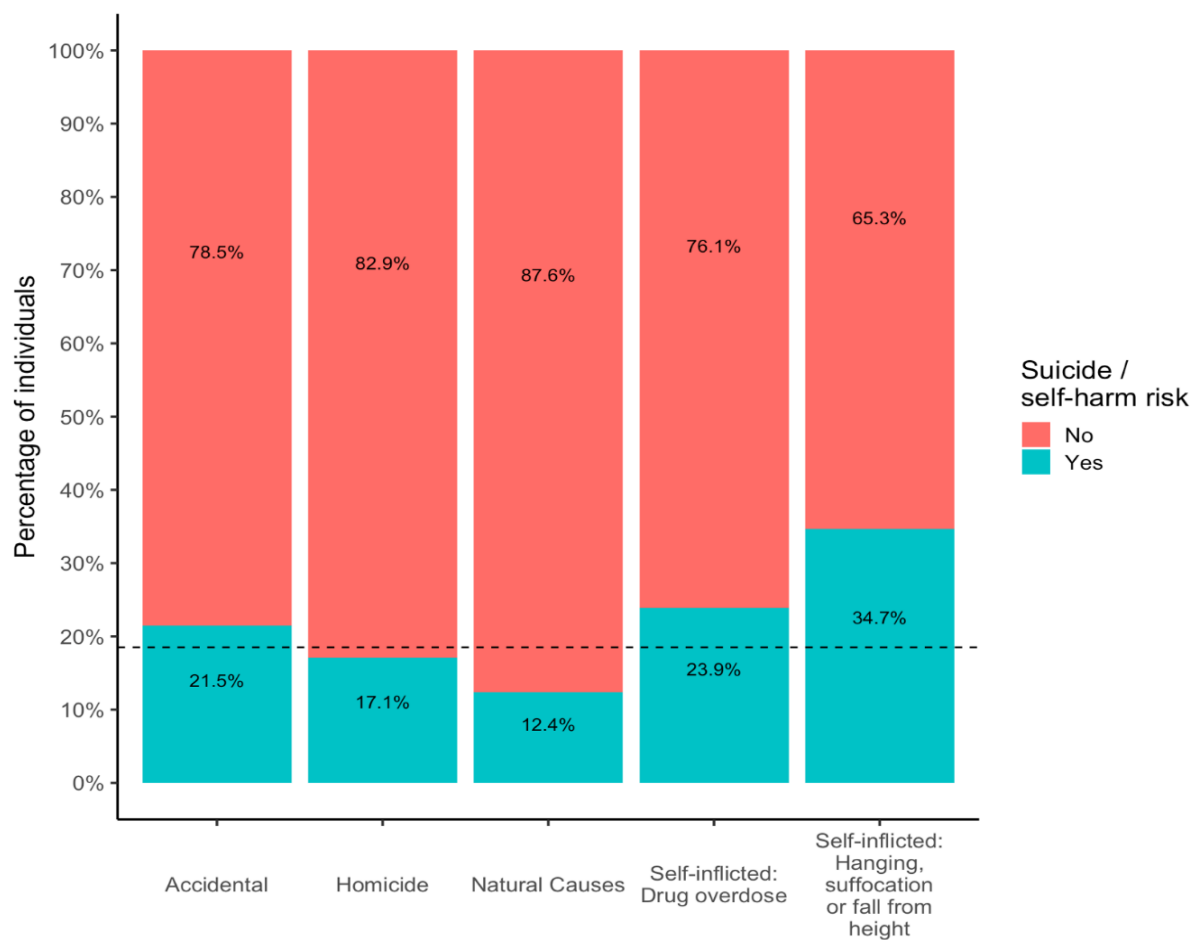
5.9.1   Summary of Suicide or self-harm risk

This section considers the prevalence of known suicide or self-harm risk based on an integration of indicators.

The analysis indicates that 18.5% of the sample have such an indicator with a disproportionally high level (34.7%) present in those who die from SI: Hanging+. Those who die from Natural Causes had the proportionally lowest rate of identified suicide or self-harm risk.

6 Profile Main Findings

Introduction

This section outlines analysis which considers the probability that a particular factor is present within the profile of each cause of death.   The results of this analysis should not be interpreted in the converse way that a factor is not present, since those individuals where the data was missing (i.e., NA or missing) have been placed in the 'not present' category for that factor.

PROBABILITY: SELF-INFLICTED AND HOMICIDE (<50%)
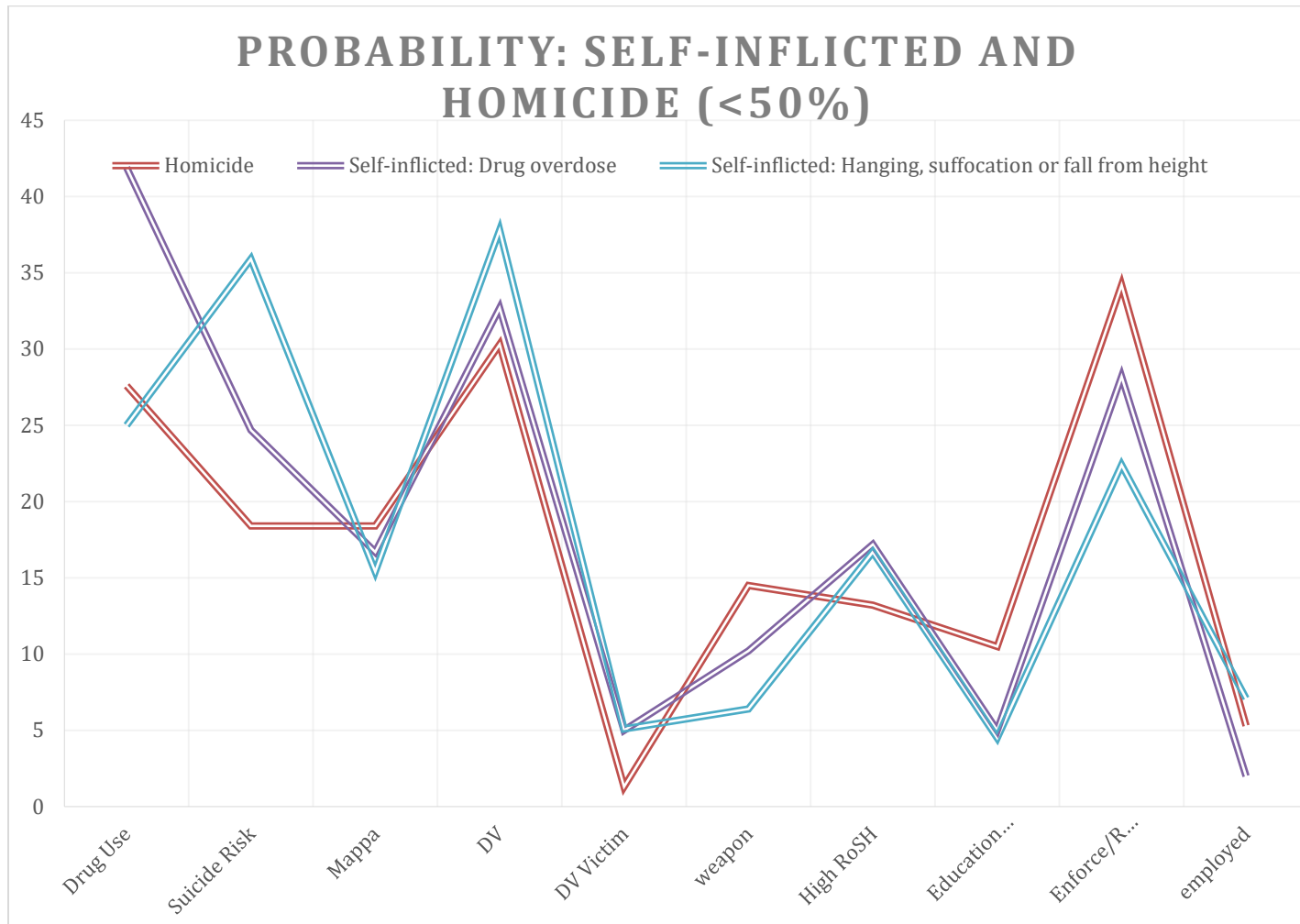
Cause of death	<36	male	Neurodeevlopmental	Post-release	Drug use	Suicide Risk	MH	MAPPA	heterosexual	Muslim	DV	DV Victim	weapon	White ethnic	High Rosh	Education needs	Enforce / recall	Settled accomm	employed
Accidental	49.6	87.6	16.5	43.8	21.5	19.8	50.4	15.7	82.6	1.7	28.9	3.3	11.6	91.7	18.2	5.0	28.1	40.5	5.0
Homicide	77.6	92.1	9.2	40.8	27.6	18.4	36.8	18.4	92.1	14.5	30.3	1.3	14.5	65.8	13.2	10.5	34.2	32.9	5.3
Natural Causes	8.9	89.7	6.2	56.7	13.7	12.6	33.7	35.8	74.9	1.1	20.8	2.4	6.3	91.7	12.4	5.3	14.5	42.8	3.5
Self-inflicted: Drug overdose	39.7	82.0	12	56.6	41.9	24.7	54.9	16.7	85.8	1.5	32.7	5.0	10.2	95.5	17.2	5.0	28.2	43.6	2.0
Self-inflicted: Hanging, suffocation or fall from height	48.7	91.0	12.5	47.4	25.0	35.9	42.9	15.4	83.3	0	37.8	5.1	6.4	94.9	16.7	4.5	22.4	35.3	7.1

5.1 Self-inflicted: Hanging + and Drug Overdose probability profiles

This section will outline the profile (i.e., the probability of the presence of factors) for those who died from Self-inflicted death – both SI: Drug Overdose and SI: Hanging+ and indicates that, in comparison with other causes of death:

SI: Hanging etc	SI: Drug Overdose
HIGHER probability	**HIGHER probability**
Aged 35 or under (48.7%) Male (91%), Known as having a suicide risk (35.9%), Domestic violence (37.8%) A DV victim (5.1%) White ethnicity (94.9%) Employed (7.1%) Neurodiversity (13.5%)	Not Male (82%) (*see further analysis below on females*) Post-release (56.6%) Identified as having a Drug use issue (41.9%) Known as having a suicide risk (24.7%) Identified with a Mental health issue (54.9%) A DV victim (5%) White ethnicity (95.5%) Enforcement or recall initiated (28.2%) In settled accommodation (43.6%) Neurodiversity (12%)
LOWER probability	**LOWER probability**
Registration of Weapon use (6.4%) Having educational needs (4.5%) In settled accommodation (35.3%)	Employed (2%)
	SIMILAR or MODERATE probability Aged 35 or under
SIMILAR or MODERATE probability Post-release Identified as having a Drug use issue Identified with a Mental health issue MAPPA High RoSH Enforcement or recall initiated	MAPPA Heterosexual Domestic Violence Registration of Weapon use Having educational needs High RoSH

5.2 Homicide profile

This section will outline the profile (i.e., the probability of the presence of factors) for those who died from Homicide and indicates that, in comparison with other causes of death:

HIGHER probability

Aged 35 or under (77.6%)
Male (92.1%)
Heterosexual (92.1%)
Registration of Weapon use (14.5%)
Having educational needs (10.5%)
Enforcement or recall initiated (34.2%)

LOWER probability

Post-release (40.8%)
Identified with a Mental health issue (36.8%)
A DV victim (1.3%)
White ethnicity (65.8%)
In settled accommodation (32.9%)

SIMILAR or MODERATE probability

Identified as having a Drug use issue
Known as having a suicide risk
Identified with a Mental health issue
MAPPA
Domestic Violence
High RoSH
Employed
Neurodiversity

5.3 Accidental and Natural Causes profile

This section will outline the profile (i.e., the probability of the presence of factors) for those who died from Accidental death and indicates that, in comparison with other causes of death:

Accidental	Natural Causes
HIGHER probability	**HIGHER probability**
Identified with a Mental health issue (50.4%)	Post-release (56.7%)
Registration of Weapon use (11.6%)	MAPPA (35.8%)
LOWER probability	**LOWER probability**
Post-release (43.8%)	Aged 35 or under (8.9%)
	Drug use issue (13.7%)
	Suicide risk (12.6%)
	Mental health issue (33.7%)
	Heterosexual (74.9%)
	Domestic Violence (20.8%)
	Registration of Weapon use (6.3%)
	High RoSH (12.4%)
	Enforcement or recall initiated (14.5%)
	Employed (3.5%)
SIMILAR or MODERATE probability	**SIMILAR or MODERATE probability**
Aged 35 or under	A DV victim
Male	White ethnicity
Identified as having a Drug use issue	Having educational needs
Known as having a suicide risk	In settled accommodation

Heterosexual	
A DV victim	
White ethnicity	
Enforcement or recall initiated	
Having educational needs	
MAPPA	
Domestic Violence	
High RoSH	
In settled accommodation	
Employed	

5.4 Gender profile, by factor & cause of death.

The following graph outlines the probability of the factors, separated by gender to provide insight into the differential profiles between male and females who died under supervision.

Probability of factors, by gender
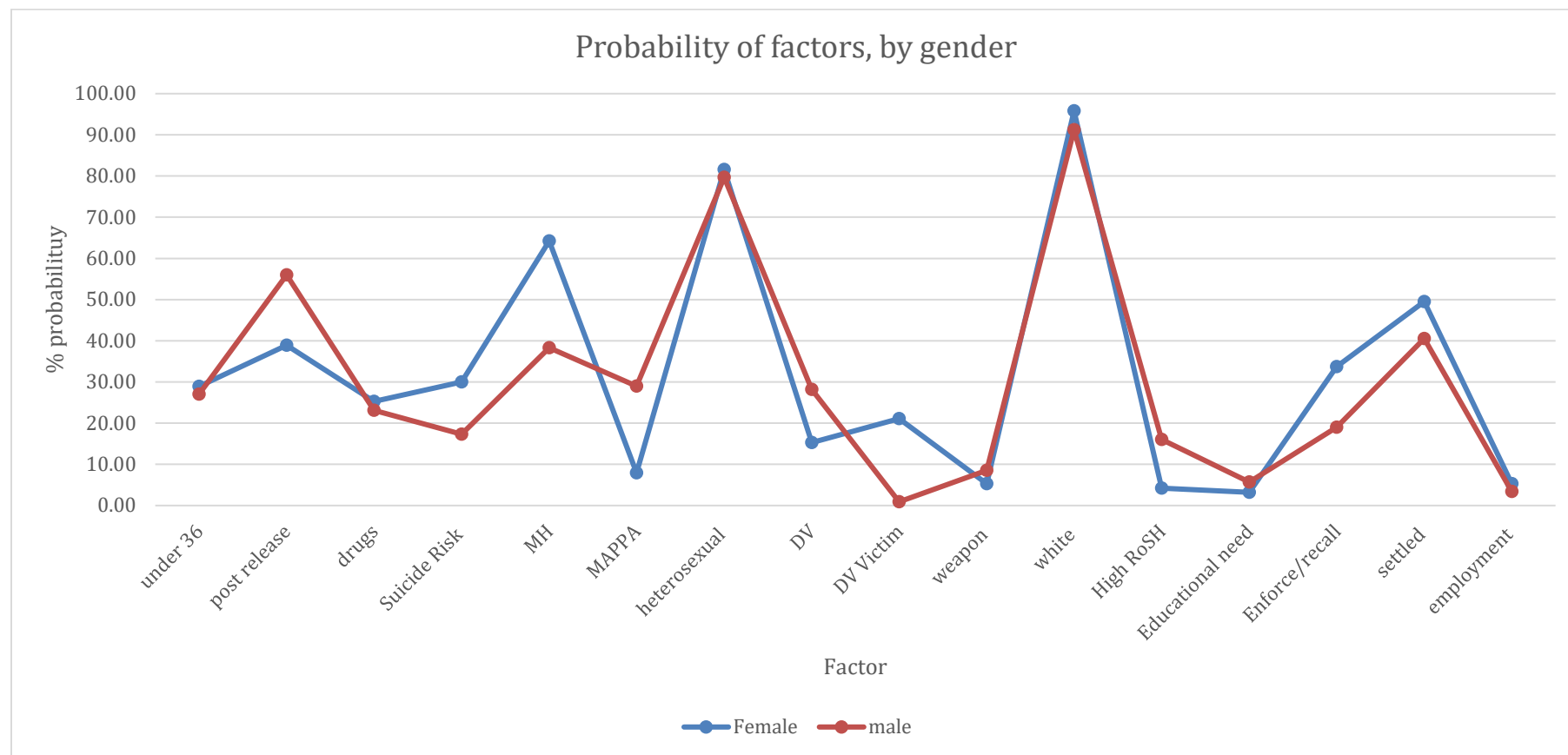
6 Appendices

6.1 Appendix A: Original classification of deaths

Cause of death (full list)	n	%
Self-inflicted: Drug overdose	424	24.9
Natural Causes: Other	419	24.6
Natural Causes: Heart Related	199	11.7
Self-inflicted: Hanging	145	8.5
Natural Causes: Unspecified	128	7.5
Natural Causes: Cancer Related	124	7.3
Accidental: Road traffic accident	64	3.8
Homicide: Stabbing	46	2.7
Accidental: Other	43	2.5
Self-inflicted: Fall from height	19	1.1
Homicide: Other	17	1.0
Accidental: Fall from height	16	0.9
Self-Inflicted: drug overdose	14	0.8
Accidental: Unspecified	12	0.7
Homicide: Unspecified	12	0.7
Homicide: Shooting	7	0.4
Self-Inflicted: Hanging	5	0.3
Natural Causes: Other	2	0.1
Natural Causes: cancer related	1	0.1
Self-inflicted: drug overdose	1	0.1
Self-Inflicted: Drug Overdose	1	0.1
Self-inflicted: Suffocation	1	0.1

6.2 Appendix B: Detailed ethnicity

The table below shows the detailed ethnicity of the individuals as recorded in the *ethnicity_desc* variable:

Ethnicity (full list)	n	%
Arab	2	0.1
Asian or Asian British	1	0.1
Asian or Asian British: Bangladeshi	3	0.2
Asian or Asian British: Chinese	1	0.1
Asian or Asian British: Indian	17	1.0
Asian or Asian British: Other	9	0.5
Asian or Asian British: Pakistani	12	0.7
Black or Black British: African	26	1.5
Black or Black British: Caribbean	19	1.1

	n	%
Black or Black British: Other	8	0.5
Mixed : Other	3	0.2
Mixed: British/English/Welsh/Scottish/Northern Irish	1	0.1
Mixed: White and Asian	6	0.4
Mixed: White and Black African	5	0.3
Mixed: White and Black Caribbean	17	1.0
Other Ethnic Group	4	0.2
Refusal	9	0.5
White	6	0.4
White : Irish	15	0.9
White : Other	51	3.0
White: British/English/Welsh/Scottish/Northern Irish	1459	86.9
White: Gypsy, Irish Traveller, Romany	4	0.2

6.3 Appendix C: Detailed Registration codes

Registration code	n	%
Medium RoSH	1109	22.9
Low RoSH	565	11.6
Domestic Violence	557	11.5
MAPPA	482	9.9
Risk to Children	411	8.5
Mental Health Issues	346	7.1
Suicide/Self harm	293	6.0
High or Very High RoSH	271	5.6
Sexual Offender	237	4.9
Weapons	151	3.1
Lifer	102	2.1
Restraining Order	102	2.1
Warrant / Summons	79	1.6
Vulnerable	70	1.4
Domestic Abuse Victim	58	1.2
Gang	9	0.2
Organised Crime	7	0.1
SFO	2	0.0

6.4Appendix D: Detailed Accommodation Status

Accommodation was initially coded across 20 categories, shown below. These were then collapsed into six groups: settled accommodation, short-term accommodation, homeless, hospital/residential health, probation accommodation (AP & BASS) and other. The categories were grouped as follows:

Settled accommodation
Friends/Family (settled)
Rental accommodation - private rental
Rental accommodation - social rental (LA or other)
Supported Housing
Householder (Owner - freehold or leasehold
Permanent Independent Housing
Permanent Independent Housing (LA or private rent)
Short-term accommodation
Transient/short term accommodation
Friends/Family (transient)
Friends/Family
Homeless
Homeless - Other
Homeless - Rough Sleeping
No fixed abode
Homeless - Squat
Probation accommodation (AP & BASS)
Approved Premises
BASS accommodation less than 13 weeks
BASS accommodation 13 weeks or more
Hospital/residential health
Long Term Residential Healthcare
Other
Awaiting Assessment
Historic Accommodation Record

Accommodation	n	%
Friends/Family (settled)	288	19.6
Rental accommodation - social rental (LA or other)	244	16.6
Rental accommodation - private rental	230	15.7
Supported Housing	208	14.2
Transient/short term accommodation	104	7.1
Householder (Owner - freehold or leasehold)	78	5.3

Homeless - Other	69	4.7
Friends/Family (transient)	66	4.5
Long Term Residential Healthcare	47	3.2
Approved Premises	36	2.5
Homeless - Rough Sleeping	31	2.1
Awaiting Assessment	26	1.8
Permanent Independent Housing (LA or private rent)	10	0.7
Permanent Independent Housing	9	0.6
No fixed abode	7	0.5
Friends/Family	5	0.3
BASS accommodation less than 13 weeks	4	0.3
BASS accommodation 13 weeks or more	3	0.2
Historic Accommodation Record	2	0.1
Homeless - Squat	2	0.1

6.5Appendix E: Detailed Most Recent Offence (by percentage)

Cause of death	%_Miscellaneous crimes against society and summary non-motoring	%_Violence against the person	%_Sexual offences	%_Possession of weapons	%_Fraud offences	%_Theft offences	%_Criminal damage and arson	%_Summary motoring	%_Public order offences	%_Drug offences	%_Robbery
Accidental	5.0	8.0	2.3	6.5	5.7	8.9	11.4	11.9	12.9	7.7	2.0
Homicide	7.5	4.3	NA	10.9	8.6	3.3	2.9	4.6	4.3	11.1	11.8
Natural Causes	60.0	50.1	89.9	34.8	51.4	29.2	38.6	63.6	42.3	48.7	47.1
Self-inflicted: Drug overdose	25.0	23.2	4.6	34.8	20.0	50.6	34.3	10.6	30.1	23.9	35.3
Self-inflicted: Hanging, suffocation or fall from height	2.5	14.4	3.2	13.0	14.3	8.1	12.9	9.3	10.4	8.5	3.9

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