

Adult Social Care, Children's Services and Education Committee

14 January 2026



Reading
Borough Council
Working better with you

Title	Suicide Prevention in Reading
Purpose of the report	To note the report for information
Report status	Public report
Executive Director/ Statutory Officer Commissioning Report	Melissa Wise, Executive Director Communities & Adult Social Care Dr Matthew Pearce Director of Public Health
Report author	Martin White, Consultant in Public Health
Lead Councillor	Councillor Rachel Eden, Lead Member - Education and Public Health
Council priority	Safeguard & support the health & wellbeing of Reading's adults & children
Recommendations	1. That ACE Committee notes the contents of this paper; the progress made on the suicide prevention action plan and the resources allocated to this area of work to ensure continued delivery.

1. Executive Summary

- 1.1. This report outlines the current policy context for suicide prevention and domestic abuse in England and in Berkshire. It presents data about the current incidence and prevalence of suicides in Reading along with a summary of what is known about domestic abuse and suicide at a local level. It summarises what is known about the links between suicide risk and interpersonal violence including domestic abuse and the best available evidence for preventative action. The main themes and current challenges that face local systems are identified through the lens of a violence prevention approach.
- 1.2. A summary of progress on the local suicide prevention action plan is provided with details of how the Health in All Policies approach and the new operating model for the Public Health team will address this important area of work.

2. Policy Context

- 2.1. The National Suicide Prevention Strategy for England 2023 – 2028 was launched in September 2023 with the aim to reduce the England suicide rate within two and half years. It has a cross-sector action plan that sets out priorities for action that include improving data and evidence; providing tailored and targeted support to priority groups including children and young people, middle aged men, pregnant women, new mothers, and those who have self-harmed. It also includes addressing risk factors; online safety, media, and technology; providing effective and appropriate crisis support; tackling means and methods of suicide; providing timely and effective bereavement support and making suicide everybody's business.

- 2.2. It builds on the previous strategy and recognises the emerging evidence that links domestic abuse and gambling with suicide risk; it notes the studies that demonstrate that domestic abuse is a risk factor for suicide amongst victims, perpetrators, and children. Measures are outlined to improve data; measure the effectiveness of interventions to support children who experience domestic abuse and to improve the response of the NHS to staff and patients. The strategy aligns with other government policy such as the Tackling Domestic Abuse Plan 2022 and emphasises the need for multi sectoral collaboration with training for professional curiosity when working with individuals at risk.
- 2.3. When it was launched the strategy was supported by limited government funding and it remains dependent upon local authorities, the NHS, and voluntary organisations for its continued implementation. The previous strategy required local authorities and public health teams to lead by developing local multi agency suicide prevention action plans to implement the national strategic intention. While this latest strategy has been supported by some funding it has been argued that the strategy lacks sufficient detail, needs more robust funding and mandatory training.
- 2.4. The national strategy and its action plan are translated locally through the Berkshire Suicide Prevention Strategy 2021-26 and the local Reading suicide prevention action plan. It should be noted that suicide prevention action planning is taking place in other fora across the Thames Valley and that there are voluntary commissioning arrangements between the local authorities, academic institutions, NHS trusts and voluntary sector that maintain near real time monitoring through the Thames Valley Police and ongoing bereavement support through AMPARO.
- 2.5. National policy for Domestic Abuse is based on the Domestic Abuse Act 2021. This has led to increased reporting, new protections, and a focus on non-physical abuse. The Act provided a legal definition and also legally recognised children as victims of domestic abuse in their own right for the first time. This is where they see, hear or experience the effects of domestic abuse, and are related to either the perpetrator or victim.
- 2.6. The Act was a step towards ensuring consistent victim centred support. It placed specific statutory duties on local authorities along with statutory guidance that set out detailed requirements about the provision of support within safe accommodation and ensuring a coordinated, strategic approach to prevention. This included:
- the production of a needs assessment
 - the development of a local domestic abuse strategy
 - the establishment of Domestic Abuse Local Partnership Boards with prescribed member organisations and a reporting schedule.

The guidance provides a framework for implementation of the duties to support all victims with an emphasis on disadvantaged population groups.

- 2.7. In March 2022, a cross-government Violence Against Women and Girls (VAWG) Strategy and Domestic Abuse Plan was announced. In it the government underscored its policy commitment with a National Statement Of Expectations For Commissioning Violence Against Women And Girls Services. There are five expectations for local strategies and services. They should:
1. Put the victim/survivor at the centre of service design and delivery.
 2. Have a clear focus on perpetrators in order to keep victims and survivors safe.
 3. Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG.
 4. Are locally led and safeguard individuals at every point.

5. Raise local awareness of the issues and involve, engage, and empower communities to seek, design, and deliver solutions to prevent VAWG.

3. The Proposal

Epidemiology, national and local data

- 3.1. It should be noted that inferences drawn from the small numbers that underpin the data about suicides should be treated with caution to avoid placing vulnerable people at risk. While the national rates move slowly with marked upticks that coincide with economic downturns for example, the at-risk population groups remain unchanged and there remains a strong case for maintaining the focus of preventative action at a local level.
- 3.2. The Office for National Statistics most recent data about suicides in England and Wales from 1981 to 2024 was published on 3rd October 2025. The statistical methods that were used for this were changed to account for the lag period for registrations and to allow for a more reliable comparison between years. The adjusted registration period of within 15 months of the end of the occurrence year shows that suicide occurrence rates have been fairly stable from 2018 to 2023 when the rates were 10.7 and 10.4 per 100,000.
- 3.3. In 2024 in England alone there were 5717 suicides registered, a rate of 11.1 per 100,000. Of these 4231, 74% were males and 1486 26% were females. Males are 3 times more likely to die by suicide in England than females. The highest age specific rates were in males aged 50 to 54 years with a rate of 26.8 per 100,000 and in females aged 45 to 49 years with a rate of 7.9 per 100,000.
- 3.4. From 2022 to 2024 in Reading all rates were similar to those in England.

Chart 1 Suicide Indicators Reading profile

Indicator	Period	Reading			England				
		Recent Trend	Count	Value	Value	Worst	Range	Best	
Overall suicide rate for population aged 10 years and older (3 years pooled)									
Suicide rate (Persons) New data	2022 - 24	—	-	10.4	10.9	20.2		4.6	
Suicide rate (Male) New data	2022 - 24	—	-	14.4	16.8	33.2		6.2	
Suicide rate (Female) New data	2022 - 24	—	-	6.5	5.5	11.2		2.5	
Suicide rate for population aged 10 to 24 years (5 years pooled)									
Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)	2019 - 23	—	8	*	5.4	-	Insufficient number of values for a spine chart	-	
Suicide rate for population aged 25 to 44 years (5 years pooled)									
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs)	2019 - 23	—	35	12.2	12.6	31.2		4.3	
Age-standardised rate for suicide by age and sex (Male, 25-44 yrs)	2019 - 23	—	25	17.4	19.6	52.2		5.1	
Age-standardised rate for suicide by age and sex (Female, 25-44 yrs)	2019 - 23	—	10	6.9	6.1	-	Insufficient number of values for a spine chart	-	
Suicide rate for population aged 45 to 64 years (5 years pooled)									
Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs)	2019 - 23	—	25	12.9	13.6	24.8		5.2	
Age-standardised rate for suicide by age and sex (Male, 45-64 yrs)	2019 - 23	—	21	21.2	20.8	38.9		7.3	
Age-standardised rate for suicide by age and sex (Female, 45-64 yrs)	2019 - 23	—	4	*	6.7	-	Insufficient number of values for a spine chart	-	
Suicide rate for population aged 65 years and older (5 years pooled)									
Age-standardised rate for suicide by age and sex (Persons, 65+ yrs)	2019 - 23	—	7	*	8.2	15.0		3.6	
Age-standardised rate for suicide by age and sex (Male, 65+ yrs)	2019 - 23	—	4	*	13.1	-	Insufficient number of values for a spine chart	-	
Age-standardised rate for suicide by age and sex (Female, 65+ yrs)	2019 - 23	—	3	*	4.1	-	Insufficient number of values for a spine chart	-	
Years of life lost to suicide for population aged 15 to 74 years (3 years pooled)									
Years of life lost due to suicide (Persons, 15-74 yrs)	2020 - 22	—	41	31.2	34.1	75.9		14.2	
Years of life lost due to suicide (Male, 15-74 yrs)	2020 - 22	—	28	42.1	51.5	127.0		16.4	
Years of life lost due to suicide (Female, 15-74 yrs)	2020 - 22	—	13	20.5	17.2	43.4		6.7	

Chart 1 shows that for all indicators Reading is similar to England. The all-persons rate was 10.4 per 100,000, for males it was 14.4 and for females it was 6.5 per 100,000.

Chart 2 All person suicide trends in Reading 2001 to 2004

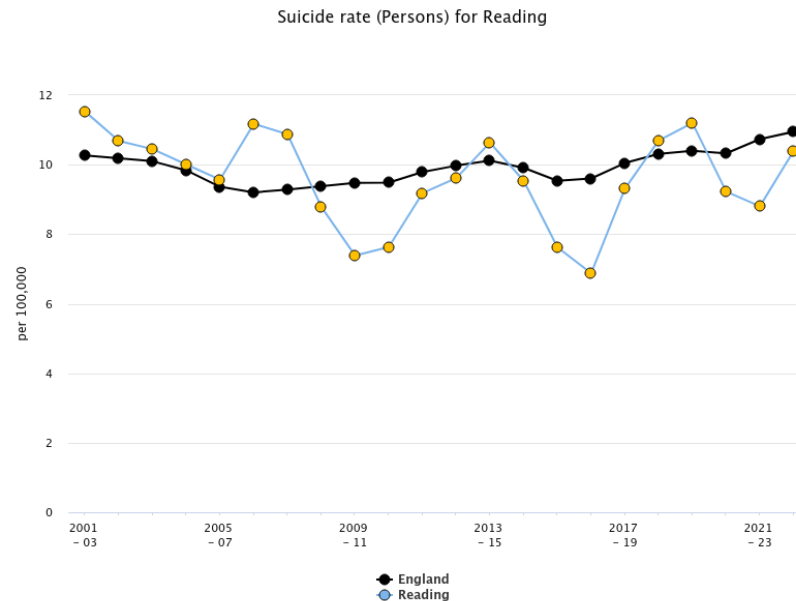


Chart 2 presents the trend lines over a 20-year period that evidences how small local numbers vary when compared with the statistically more reliable larger regional and national data sets. This shows how an inference of locally rising rates may be misleading.

Chart 3 Rates of suicide in Reading compared with the South East Region 2022-2024

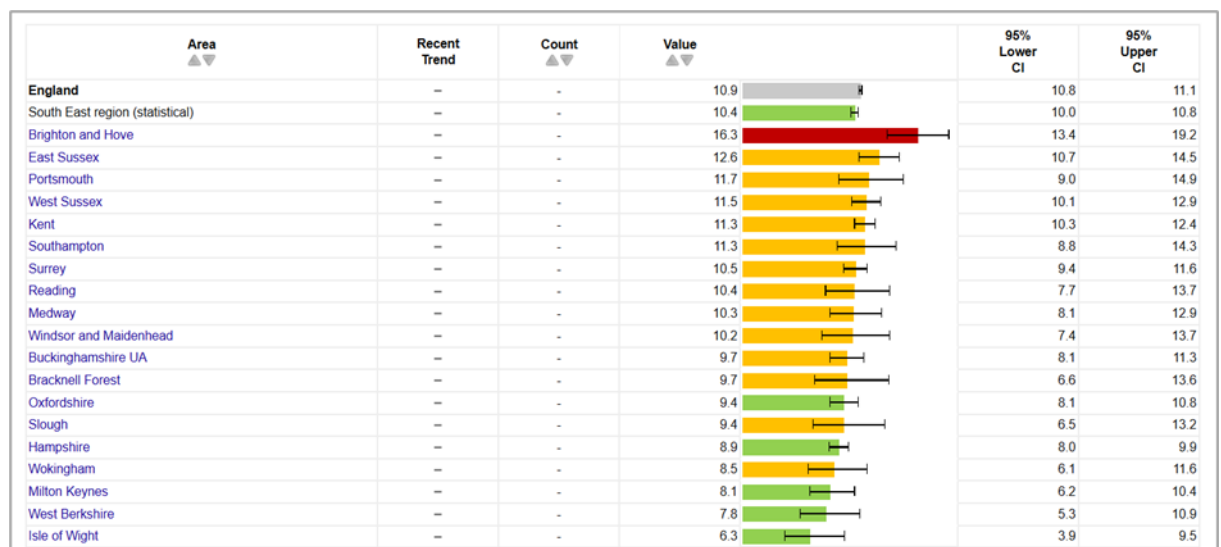


Chart 3 shows how Reading compares with other local areas in the South Eastern region. It can be seen that the confidence intervals overlap with all other areas and shows that Reading is not an outlier for high rates of suicide.

- 3.5. These charts are based on data about confirmed suicides that are based on coroner's conclusions. The estimated average time from the event to an inquest and a conclusion is 144 days. This lag presents a challenge for effective prevention action such as timely bereavement support with 72 hours and the early identification of novel methods or clusters, which is three or more potentially linked cases within a short time frame. The monitoring of near real time data at a local level is dependent on an arrangement with Thames Valley police and a part time post that is funded by combined local authority

public health grant funding. This generates a monthly bulletin that summarises police incident reporting about suspected suicides.

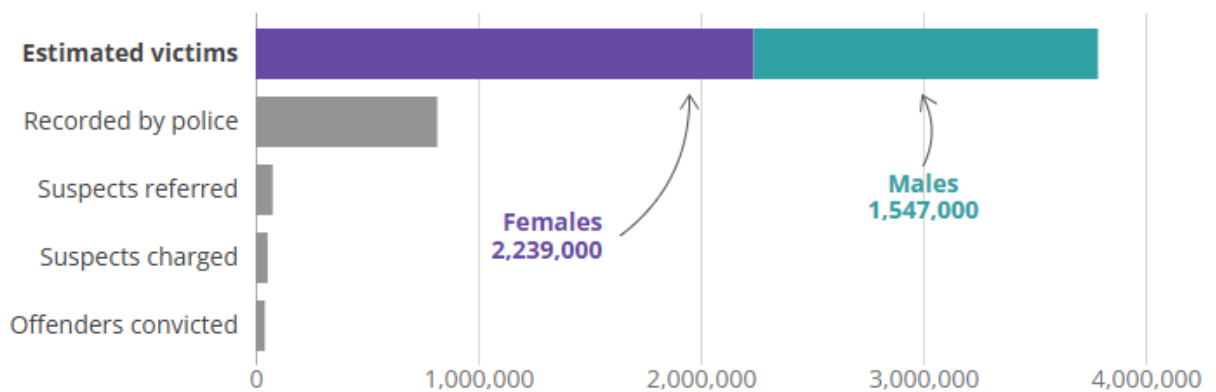
Children and Young people.

- 3.6. An analysis of 2011 census data by the Office for National Statistics Suicide published in February 2025 was based on 8 million children and young people in England and builds a picture of those groups who are at a higher risk of dying by suicide. The rates were higher for males and for children in households where the parent carers held a degree level qualification. An analysis of 4 million children and young people aged 10 to 18 years old found that males with special educational needs (SEN) without a statement such as School Action plans, Statutory Assessment or Early Years Intervention were 1.5 higher than those with no recorded SEN provision.
- 3.7. It should be noted that the National Confidential Inquiry into Suicide and Homicide (NCISH) has produced analysis that cautions against the use of risk assessment in some contexts. A study from 2016 notes that the numbers of suicides amongst children and young people is low but rises in late teens. It lists a number of factors that contribute to suicide in young people and that 15% of the reported antecedents of a young person suicide was abuse and or neglect.

Domestic abuse

- 3.8. National data about domestic abuse comes from a variety of official and unofficial sources, each with their strengths and limitations. The data is based on estimates from surveys, reports of cases in the criminal justice system and insights gained from surveys by a range of charities about violence against women and girls including domestic abuse. The combination of these sources builds an overall picture but for a number of reasons it is likely that there will be underreporting.
- 3.9. In 2025 work was underway to develop a new measure of domestic abuse and new survey questions were added to the Crime Survey for England and Wales in April 2023 as part of a split-sample trial until March 2025. Half of respondents are asked new questions, and the other half are asked the existing questions.
- 3.10. The ONS bulletin on Domestic Violence from November 2025 brings together the latest data about domestic abuse from a range of different organisations and summarises the latest figures from the Crime Survey for England and Wales. The main points are:
 - The Crime Survey for England and Wales estimated that 3.8 million people (7.8%) aged 16 years and over experienced domestic abuse in the survey year ending (YE) March 2025.
 - An estimated 2.2 million females (9.1%) and 1.5 million males (6.5%) experienced domestic abuse in the last year.
 - There was no statistically significant change in the prevalence of domestic abuse experienced in the last year, compared with the previous year; comparisons cannot be made before YE March 2024 because of the introduction of new survey questions to measure domestic abuse.
 - The police recorded 816,493 domestic abuse-related crimes in England and Wales in the year ending March 2025; a decrease compared with the previous year (851,062), which reflects recent changes in police recording practices.
 - There were 54,987 domestic abuse-related prosecutions in England and Wales in YE March 2025 compared with 51,183 in YE March 2024.

Chart 4 Prevalence of domestic abuse in the last year, for people aged 16 years and over, England and Wales, year ending March 2025



Source: Crime Survey for England and Wales from the Office for National Statistics

- 3.11. The National Police Chiefs' Council (NPCC) National Policing Statement from July 2024 about violence against women and girls provided a summary of available data and further insight at a national level about domestic abuse and suicide at a national level. It set out clearly the scale and severity of violence against women and girls which accounts for approximately 20% of all recorded crime with domestic abuse which affects 1 in 12 women in the UK. The link between domestic abuse and suicide is emphasised, more people died by suicide following domestic abuse than were killed by a partner.
- 3.12. The NPCC national statement references the Independent Domestic Violence Advisor Services SafeLives Insights Dataset 2022-23 that indicates the scale of the problem, across a three-year dataset between 2020 and 2023 the numbers of suspected victim suicides following domestic abuse had increased from 51 out of 222 in 2020/21 to 72 out of 259 in 2021/22 and to 93 out of 723 in 2022/23.
- 3.13. Of 262 deaths recorded between 1 April 2023 and 31 March 2024 it was found that 8 were suspected suicide following domestic abuse (SVSDA). From 2020 to 2024 there were 1012 domestic abuse related deaths of which 354 deaths were SVSDA. In 2023-2024, 37% of deaths were SVSDA that is 80 deaths out of 262. 73% of victims were female between 25 and 54 years.
- 3.14. As police forces work to follow guidance and improve case identification and submission these reports provide an insight of how the growing awareness suggests that a substantial proportion of suicides may be linked to domestic abuse.
- 3.15. In section 8 of the NPCC December 2024 report about Domestic Abuse, it was observed that there has been a gradual decrease in domestic abuse over the past decade, but an increase in sexual assault. 2.2% of people aged 16 years and over, around 2 million victims, the majority of whom are women, had experienced domestic abuse in the past year; 3.1% around 1.5 million people had experienced stalking and 2.1% around 1 million people had experienced sexual assault.
- 3.16. With the limitations outlined above, data provided by the Thames Valley Police Service Improvement Unit was presented at a meeting of the Domestic Abuse Board for the Reading Community Partnership in May 2025. It helps to build a local picture of need and risk driven by interpersonal violence in Reading and the extent to which domestic abuse may be a factor in suicides that have happened in the borough.
- 3.17. In Reading there were 457 domestic occurrences involving children in 2024-25, a fall from the peak of 625 in 2020-21. In 2024-25 there were 1139 domestic abuse crimes and non-crimes in Reading, again a fall from the high of 1327 in 2021-22. There was also a fall in all domestic abuse crimes and incidents from a peak of 1085 in Q3 of 2022-23 to 966 in Q4 of 2024-25 and fall in the records of all coercive crimes with adult

victims from a peak of 52 in Q1 2021-22 to 22 in Q4 of 2024-25. It is unclear why there appears to be a downward trend given a heightened awareness.

- 3.18. It should be noted that when compared with other local authorities across Berkshire the available numbers of domestic abuse crimes and non-crimes for the period of 2019 to 2025 are significantly higher in both Reading and Slough. The number of Domestic Abuse repeat victims in Reading rose to 243 in Q4 2024-25 from 211 in Q3. The number of repeat victims heard at Multi Agency Risk Assessment Conferences in Reading had risen to 63 in the period April 2024 to March 2025 from 59 in January 2024 to December 2024. It is unknown how many cases involved children in the household.
- 3.19. An informal sample of incident reporting data from the Thames Valley Real Time Surveillance System provides further detail at a local level based on what is known about suspected suicides and the circumstances at the time of death. Domestic abuse is not yet a discrete recording category, but a summary of records covering 2022 to 2024 recently shared by the Thames Valley Police Suicide Bereavement Support Liaison Coordinator have shown that domestic abuse appeared to be implicated in 2 cases from 2022, 5 cases from 2023 and 2 cases from 2024.

Data about domestic abuse and suicide

- 3.20. The availability of data remains a challenge and the extent to which domestic abuse is a factor in suicide is still being uncovered as national and local stakeholders continue to raise awareness and lobby for more resources to be committed to answering fundamental questions. There are gaps both at a national level and at a local level in Reading about what is known about how many victims of domestic abuse die by suicide. The picture becomes clearer as police reporting systems and multi-agency collaboration improves. There are gaps in what is known at a local level across all communities, about:
- who the high-risk groups are
 - where the high-risk points in the abuse cycle might be
 - how many perpetrators die by suicide
 - how many children living in affected households
 - what interventions might reduce the risk of deaths by suicide.
- 3.21. The emerging picture along with research and evidence gaps is reflected in a 2021 NCISH report into suicides by middle aged men which found that 7% of middle-aged men who died by suicide had been victims of domestic abuse and 10% had been perpetrators. Data from Australia showed that 25% of suicides between 2009 and 2016 had been impacted by domestic abuse. The NPCC report cited above observed that in 2023 nationally there were more suspected victim suicides following domestic abuse (93) than there were intimate partner homicides (80).
- 3.22. The fourth annual report of the national Domestic Homicide Project published in March 2025 examines all deaths identified by the police as domestic abuse related with findings about 262 deaths recorded between April 2023 to March 2024. Of these 98 (36%) were suspected suicides following domestic abuse. This was the second year in a row when the proportion of suspected suicides following domestic abuse was more than unexpected deaths, intimate partner homicides, and adult family homicides.
- 3.23. Since 2011 Community Safety Partnerships have had a responsibility to establish Domestic Homicide Reviews and a multi-agency panel to learn from a death, to highlight ways of improving responses to domestic abuse and to identify how local professionals and organisations work individually and together to safeguard victims. The reviews take place even if a suspect is not charged with an offence or they are tried and acquitted. A Home Office quantitative analysis of 153 domestic homicide

reviews from October 2022 to September 2023 highlighted the significant link between domestic abuse and suicide and underscored the impact of domestic abuse as a contributing factor to suicide. 80 of the 158 victims (51%) had been in an intimate partner relationship with the suspect. In 60% of cases the victims were females and in 88% of cases suspects were men. It was also found that children aged under 18 stayed in 41% of households where the victim died by suicide.

Effective Prevention

- 3.24. Preventing suicide and domestic abuse is complex. It requires a multi-faceted approach that recognises that one size does not fit all and that the structural drivers of poverty and discrimination contribute to the social gradient that appears amongst cases and the greater risk amongst those experiencing socio economic deprivation. It is the case that the highest rate of suicide is consistently amongst men, particularly middle-aged men. The reasons for this are complex but it is clear that any effective suicide prevention strategy and action plan will need to address those who are in crisis as a result of debt, housing difficulties, bereavement, loss of income, divorce and separation and may also have problems with drugs and alcohol.
- 3.25. An important study from 2021 by the National Confidential Inquiry into Suicide and Homicide (NCISH) at the University of Manchester listed prevention measures that are effective against cumulative risk including family and parenting support, economic protection with access to services including voluntary and community, crisis support and collaboration across services. The opportunities for prevention amongst men include
- the adaptation of interventions to suit men's needs
 - safer prescribing in accordance with national guidelines
 - recognition of risks after self-harm
 - bereavement support that is tailored for men
 - improved online safety
- 3.26. When considering what effective preventative actions can be taken at a local level, the World Health Organisation violence prevention approach provides a helpful model, see Appendix 1. In its typology of violence, suicide is included as self-directed violence and domestic abuse is included as interpersonal violence. The model proposes four steps that seek to improve the health and safety of everyone by addressing the underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence.
- 3.27. The WHO Ecological Framework included in Appendix 2 addresses the complexity of how different factors combine to explain why some population groups are at a higher risk. It views the outcome as the interaction of individual history and biology, personal relationships, the community context and societal factors and cultural norms that are all treated with equal importance.
- 3.28. The iceberg model of self-harm and suicide below positions suicide at the end of a continuum of self-harm where much occurs beyond service provision and in the community. It helps to make the case for why suicide prevention should be integrated into other local strategies and programmes across the life course and for prevention to include opportunities at a community level.

Iceberg model of self-harm and suicide



- 3.29. In current practice at a local level, the strongest available evidence for effective suicide prevention drives the restriction of access to the means and the provision of timely bereavement support within 72 hours for those connected to a suspected suicide. The NCISH 10 Ways to Improve Safety identified methods for mental health services that link strongly with wider system actions including early identification and intervention in cases of depression, effective management of self-harm and substance abuse; training about how to respond to suicidal ideation and referral to support services; 24/7 crisis services; follow up care post discharge from mental health services; therapeutic interventions and building coping skills; community and social support; public awareness and stigma reduction; data driven and targeted approaches; collaboration and policy integration
- 3.30. The successful prevention of domestic abuse and suicide in other countries that have achieved significant reductions in female suicides when compared with the UK with the current reliance on collaboration between the NHS and police. They may indicate priorities for prevention activity here in Reading.
- 3.31. Australia and Canada have proactive screening for interpersonal violence and domestic abuse by trained GPs with a national hotline and community-based programmes that are nuanced for racially minoritised groups and shelter counselling.
- 3.32. In Chile and India policy innovation has focussed on addressing the root causes rather than the immediate impact on individuals. For example, by limiting the availability of alcohol and empowering women to become economically independent. Community engagement in South Africa and India has leveraged their equivalent of the voluntary community social enterprise sector. This has bolstered support for marginalised groups that experience difficulty in gaining access to trauma informed counselling; addressed the cultural norms that exacerbate abuse and provided suicide prevention training for community health workers.
- 3.33. The Domestic Abuse Commissioner's policy paper from January 2025 entitled 'Shifting the Scales: Transforming the criminal justice response to domestic abuse' makes 11 recommendations that align with these recurrent evidence-based themes and places an emphasis on adequate resourcing for:
 - data and accountability
 - multi-agency working

- the prioritisation of domestic abuse
- regular training to improve police response
- establishing of a systemwide culture of professional curiosity that avoids missed opportunities for preventative action.

Progress against the Reading suicide prevention action plan

- 3.34. There are other suicide prevention forums in the local system, and their activity supports local action in Reading. These include the Pan-Berkshire suicide prevention group, the Thames Valley Suicide Prevention and Intervention Network (SPIN) with Oxford University, the Integrated Care Board and NHS trusts. The linkage with the Pan-Berkshire planning group is important. The Berkshire Directors of Public Health have agreed to continue funding for the important underlying functions that the Pan Berkshire group leads with an allocation from their public health grant. This funds the continuation of high-level Berkshire system priorities and actions such as data monitoring and analysis of first responder incident reporting; the bereavement support service through AMPARO; the development of a near real time surveillance system and a new suicide audit of coroner's records for Berkshire.
- 3.35. The Reading local suicide prevention action planning group was restarted in 2023 following the COVID 19 pandemic and staffing changes. The group was convened and chaired first by Brighter Futures for Children and then more recently by the Public Health team. The group has continued to meet on a quarterly basis with attendance from between 6 to 15 partner organisations representing stakeholders across the local system. The meetings have included briefings from the Public Health team about data, policy, and evidence. Visitors also provide updates about a range of national and regional strategic priority areas and partners update each other on their work that is linked to the priority areas included in the action plan. These have included the target hardening of potentially high frequency locations in Reading such as car parks and bridges, incidence of suicide on the local rail network and more recently presentations about domestic abuse and gambling harms.
- 3.36. Over this period the group has planned to collaborate on a review of the local action plan for Reading. It was reviewed in 2023 with Appendix 3 presenting the current plan on a page.
- 3.37. From 2026 onwards the Reading suicide prevention group and the local suicide prevention action plan will be resourced through the Health in All Policies approach for Reading Borough Council and the establishment of a new operating model for the Public Health team. This will include an Advanced Public Health Practitioner post that is dedicated to Public Mental Health and Suicide Prevention and will lead the action planning group to drive the review and implementation of the prevention action plan. The role will be supported by a proportionate investment from the public health grant through the Closing the Gap 2 contracts with the local voluntary, community and social enterprise sector, Reading Samaritans and the Compass Recovery College.

4. Contribution to Strategic Aims

- 4.1. The prevention of suicide and domestic abuse contributes to the Council Plan 2025-28 through the priority of Thriving Communities and the safeguarding and support of the health and wellbeing of Reading's adults and children. Raising awareness of effective prevention and securing resources to facilitate interagency collaboration are encompassed by the plan's objectives to reduce inequalities in health and life expectancy: tackle social and economic inequalities in partnership with the voluntary and community sector and reduce crime and antisocial behaviour, working with Thames Valley Police and other partners.
- 4.2. Suicide Prevention and the Promotion of adult and children's mental health and wellbeing fall within the implementation plans of Priority 4 and 5 of the Joint Health and Wellbeing Strategy 2021-2030.

4.3. The Berkshire Suicide Prevention Strategy has a vision to reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm' it has a focus on tailoring approaches to improve mental health in specific groups with 5 core priority areas agreed across the six authorities in Berkshire:

- Children and Young People, including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQ+, and transitions
- Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admissions, mental health, young people, and self-harm
- Female suicide deaths; including perinatal mental health, domestic abuse, parental, or carer stress
- Economic factors; including the impact of COVID-19, debt and poor mental health, benefits, socio-economic disadvantage, and gambling
- Supporting those who are bereaved or affected by suicide, including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace

5. Environmental and Climate Implications

5.1. There are no environmental and climate implications arising from this report which is for information only.

6. Community Engagement

6.1. At this stage of development, no consultation, community engagement, or information is required.

7. Equality Implications

7.1. This paper is for information only and there is no relevant decision that requires an Equality Impact Assessment.

8. Other Relevant Considerations

8.1. There are a number of other issues that are relevant for this report:

- Violence prevention is a Public Health priority, the scale of violence against women and girls and levels of interpersonal violence are a cause for concern as is the gendered nature of domestic abuse the burden of which falls disproportionately on females.
- The impact on the Human Rights of victims is considerable, for women and girls particularly those from marginalised groups, who have the right to life; right to be free from inhuman or degrading treatment and the right to justice and an effective remedy.
- Although relatively small in number the prevention of suicides amongst children and young people in care is a safeguarding priority and a duty of the council as a corporate parent to strengthen the opportunities for partners in the local system to learn together and inform professional practice and cultures based on the findings from safeguarding reviews inquests and coroner's regulation 28 notices.
- Domestic abuse and linked suicides together and separately present risks to Community Safety, particularly for women and girls and will be a priority for Community Safety Partnerships. At a local level, the recommendation from the Domestic Abuse Commissioner will depend on advocacy through multi agency collaborations for trauma informed training and specialist skills for first responders

and the criminal justice system along with primary prevention that intervenes at community level and acts on awareness and the determinants of health.

9. Legal Implications

9.1. Not applicable.

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

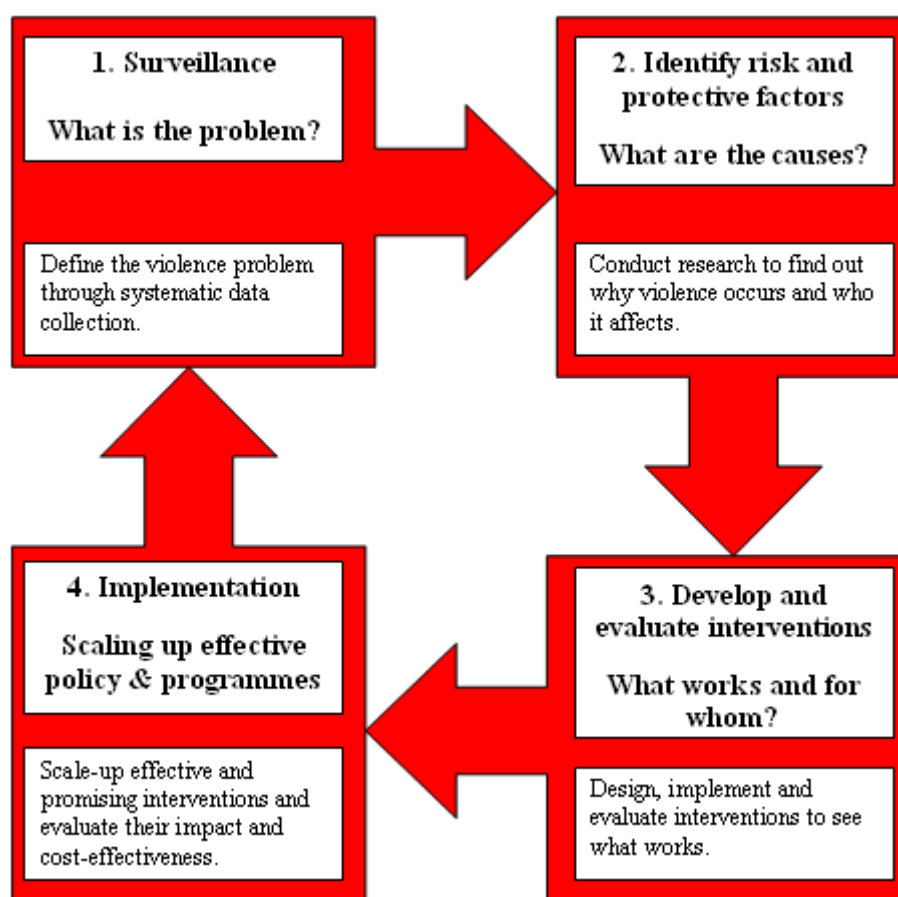
12. Background Papers

12.1. There are none.

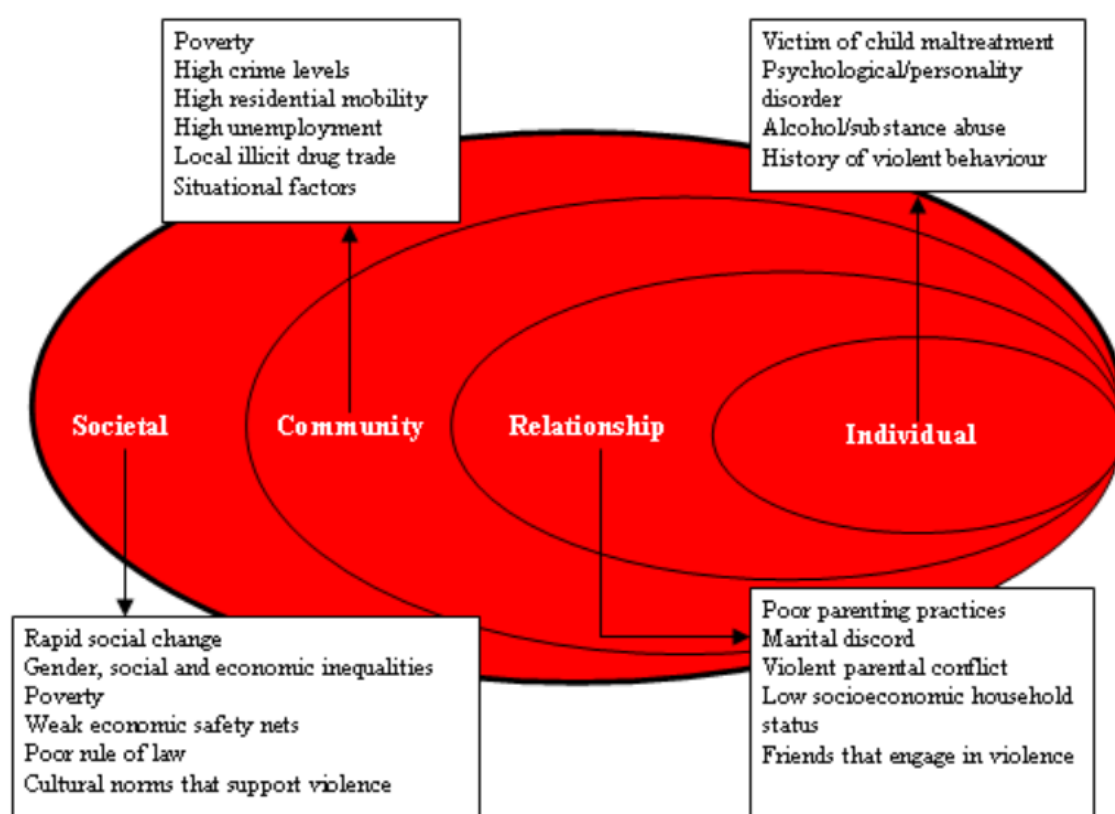
Appendices

- 1. The WHO Violence Prevention Alliance Public Health Approach**
- 2. The WHO Violence Prevention Alliance Ecological Framework**
- 3. Reading Suicide Prevention Action Plan on a Page 2023 to 2024**

APPENDIX 1 The WHO Violence Prevention Alliance Public Health Approach



APPENDIX 2 The WHO Violence Prevention Alliance Ecological Framework



Reading Suicide Prevention Action Plan 2023 to 2025 activity highlights on a page

Training	Domestic Abuse and Suicide	Children and Young people	Gambling Harms
<p>1. Suicide Prevention First Aid Kit for building confidence amongst frontline staff to respond positively to suicidal ideation amongst service users coproduced with Reading Borough Council staff and shared widely with partner organisations.</p> <p>2. Piloted Suicide First Aid Lite courses to support frontline staff self care and effectively signpost for suicidal ideation.</p> <p>3. Development of Suicide First Aid Lite training programme in response to requests from partner organisations across the local system including ACRE</p> <p>4. Training of two more accredited SFA trainers in the Compass Recovery College to maintain local provision of SFA and MHFA training for local partners.</p>	<p>5. Presentation to Reading Domestic Abuse Board, Suicide Prevention Action Planning group about data, evidence and a public health approach to violence prevention. July and August 2024</p> <p>6. Presentations to Lead Councillor Briefings.</p> <p>7. Draft papers for Adult Social Care and Education Board January 2026</p>	<p>10. Increase adoption of Mental Health Support Teams in Reading Schools</p> <p>11. Offer of training for Senior Mental Health Lead for Reading Schools.</p> <p>12. Promoting the well being of looked after children.</p> <p>13. Share learning with system partners based on data and evidence from child death overview panels and the National Child Mortality Database.</p> <p>14. Share learning from LEDER programme to identify areas for improvement to prevent suicides</p> <p>15. Consider findings from NIHR funded study to adapt suicide safety plans to reduce self harm, suicidal thoughts and behaviours amongst autistic people.</p> <p>16. Work with DFE and UUK to support universities to embed suicide safer guidance and PAPYRUS guidance</p>	<p>17. Presentations of data and evidence about local costs and risks.</p> <p>18. Presentations to Reading Mental Health and Wellbeing Network Group about Gambling Harms and Asian men</p> <p>19. Preparation for the Gambling levy and a Health in All Policies approach to gambling harms in Reading.</p>
Media, Communications and Awareness	Media, Communications and Awareness	Prevention High Risk Groups and high-risk locations	Prevention High Risk Groups and high-risk locations
	<p>8. Local uplift of World Suicide Prevention Day in October.</p> <p>9. Local uplift of Mental Health Awareness month in May.</p>		<p>19. Public Health Grant support for Together UK hubs at Reading railways stations.</p> <p>20. Closing the Gap 2 commissioning of men's mental health</p>