

ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Holly Walton

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/14/2021

Your Name: Efthalia Massou

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/5/2023

Your Name: Chris Sherlaw-Johnson

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/1/2024

Your Name: Donna Gipson

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 6/1/2024

Your Name: Lucy Wainwright

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): NIHR135689

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/1/2024

Your Name: Paula Harriott

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/11/2023

Your Name: Pei Li Ng

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/1/2024

Your Name: Stephen Riley

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): NIHR135689

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 258 1516 491"> <tr> <td>EPIC consultancy</td> <td>I have done this work after being invited to take part by EPIC, and will receive payment as part of this project from them, as a partner organization in delivering this project.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		EPIC consultancy	I have done this work after being invited to take part by EPIC, and will receive payment as part of this project from them, as a partner organization in delivering this project.						
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ICMJE DISCLOSURE FORM

Date: 6/1/2024

Your Name: Prof. Stephen Morris

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Time frame: past 36 months								
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		NIHR HS&DR Sub-Committee Unmet Need – Board Member - Nov 19	Unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Professor Stephen Morris is currently (2022-) a member of the SBRI Healthcare panel and the NIHR PHR Programme Advisory Board 2022-2026. Previously a member of the NIHR HTA Clinical Evaluation and Trials Board (2007-2009), the NIHR HTA Commissioning Board (2009-2013), the NIHR HTA Commissioning Committee 2009-2013 and the NIHR PGfAR expert sub-panel (2015-2019). His post is funded in part by RAND Europe, a non-profit research organisation.	
<p>Please place an “X” next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 6/1/2024

Your Name: Naomi Fulop

Manuscript Title: Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

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