

# Independent Advisory Panel on Deaths in Custody

## Information gathering template – ensuring the safer care and custody of women

### Respondent details

Name: Jackie Russell

Job Title: Director

Organisation: Women's Breakout

### Anonymity

Anonymity is optional for this exercise. Please select from the following 3 options how your responses will be referred to in any forthcoming briefing or report:

a. I agree to be fully identified (e.g. name, job title and organisation)

b. I agree to be partially identified (e.g. 'a prison Governor')

c. I wish to remain anonymous (e.g. 'one respondent')

### Questions

We are keen to understand your views on the following questions:

1. What factors have contributed to the rise in deaths of women in prison?

The increase in the number of deaths of women in prison custody is both surprising and worrying. It is surprising because of efforts to ensure trauma informed training throughout the prison service, and worrying because in 2016 there were more self-inflicted deaths in custody (22) than in previous years; this is the highest number since 2004 when there were 20 such self-inflicted deaths.

Reported incidents of self-harm in prison have also seemingly increased by 27 per cent over the 12 month period leading up to March 2016 – a rate of one incident every 15 minutes (Ministry of Justice, xxxx).

Deaths in prison have been under scrutiny by government, charities and academic researchers for many years. The psychological pains of imprisonment have long been considered in prison research (Sykes) and the 1980s saw researchers conduct several important studies into deaths in prison, with a particular focus on suicide (e.g. Liebling 1995; Backett, 1987; Biles, 1991; Dooley, 1990; Towl, 1990). Since the early studies in the 1980s, deaths in prison have been examined through a great deal of academic research. Moreover, they have been the subject of several official reviews and inquiries such as the EHRC's (2015) inquiry into preventing the deaths of people with mental health illness and the Harris Review (Harris, 2016).

In sum, the evidence that suggests that self-inflicted deaths in prison are the product of prisons exposing

already vulnerable populations to a stressful environment which exacerbates any risk of suicide that the person might already face (Liebling, A. and Ludlow, A. 2016: 'Suicide, distress and the quality of prison life' in *Handbook on Prisons* edited by Y. Jewkes, B. Crewe and J. Bennett; Routledge, 2016). For a detailed discussion of the causes of suicide in prison see Liebling and Ludlow (2016).

The evidence from the Samaritans is also persuasive: Suicide in Prisons and the Listener Scheme: [http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20prison%20Listener%20scheme\\_finalSeptember%202016.pdf](http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20prison%20Listener%20scheme_finalSeptember%202016.pdf)

Whilst it is difficult to attribute the causes of the increase to any one factor, The House of Commons Justice Committee considering prison safety (2016) has argued that: ***"a significant number of prisons [have] been operating at staffing levels below what [is] necessary to maintain reasonable, safe and rehabilitative regimes"***. Information from women drawn from Community Services for Women who have been in touch with women after prison tell us the following are significant concerns:

- (1) Overcrowding - reduced regime and contact with staff, more time by self and less time talking with others who may help or being involved in purposeful activity
- (2) Trans women placed in male jails
- (3) Lack of affording women dignity in confinement, reinforcing experiences of abuse and belief of no self worth.
- (4) Rising popularity/availability of "legal highs"/"unknown" drugs.
- (5) Being confined many miles from home area, family, friends and support
- (6) Not being able to engage in person with a home Probation Officer
- (7) Not having the opportunity to engage with professionals regarding her experience as a mother/grandmother in terms of a programme of activity
- (8) Not having mental health risk assessment, support and transition planning directly with her outside area CPN and mental health team due to being confined out of area
- (9) The numbers of women being sent to Prison and being held on remand
- (10) ORA, the now painful revolving door of breach and return to custody for 2 weeks

One cannot rule out the possibility of there being a particularly high number of women who have experienced mental health problems being imprisoned, and in a sense, an exclusive focus on women in prison is too narrow. What is needed is a comprehensive review of mental health service and social services provision for women in the community as well.

If mental health and indeed social services in the community have decreased then we might expect an increase in the number of women in prison. It will be important to determine what the relationship between these things is.

#### **Research questions:**

- In which prisons have the self-inflicted deaths and incidents of self-harm increased?
- What are the levels of overcrowding in those prisons?
- Have any of the prisons where there have been relatively high rates of self-harm and self-inflicted deaths received women from the former HMP Holloway (suggesting an unsettled existence and possible overcrowding)
- What levels of trauma-informed training have occurred in those prisons? What is the commitment to introducing a trauma informed approach in those prisons?
- What is the level of training nursing/health care staff?
- What has the impact of financial cuts been on resources available to women in terms of training, employment opportunities, educational opportunities, recreational and creative opportunities in

prisons?

## 2. What specific changes – in the community – could help prevent or reduce such deaths?

Better resourced community services for women through the women's centres, ensuring appropriate and consistent provision across the country. Funding of women's centres should return to levels where holistic, women only, wrap around services form the basis of the offer; and where a focus on early intervention and prevention means that the engagement with the women starts much earlier in their journey.

Individual centre reports indicate that where relationships are formed and where women come to see the centres as places to which they can return for support, then there are lifestyle changes (references for reports can be provided) .

There need to be some specific policy/practice changes:

- (1) Only confine women when absolutely necessary (that is, where no other options are able to address public protection)
- (2) Women Supporting Women is an amazing concept for safety and for survival, prior to, and post release from custody.
- (3) Develop a network of alternative imprisonment /confinement units in local areas to the woman's community, based on (and extending) the existing network of women's centres and services.
- (4) Funding for Women's centres in most main towns enabling women with multiple and complex needs to access assistance, support and a positive social structure.
- (5) Support and fund a network of mentoring organisations specifically to meet the needs of women. Where women are imprisoned, these mentors would develop a meaningful engagement prior to release, enhancing safe confinement, reintegration, self efficacy and successful rehabilitation.
- (6) Ensure equality legislation is enacted in the criminal justice system ie ensure that sentencing is fair and sentencers are accountable for the sentence they deliver; ensure women are not being punished for being a woman, rather than for the offence.
- (7) Peer mentoring or community resource for most women in most areas must be funded properly and taken seriously as an essential support. Women's Centres should be in all areas so women can access them away from the criminal justice system preferably
- (8) A comprehensive review of mental health service and social services provision for women in prisons and in the community.
- (9) **Mentoring** – particularly supported peer mentoring is a powerful tool to supporting women with multiple and complex disadvantage.

## 3. What specific changes – during custody – could help reduce deaths and keep women safe?

- (1) Increased staffing levels. Staffing levels have reduced enormously in recent years – a 6,000 reduction in staff from 5-6 years ago; a promised extra two thousand prison staff will not make up the shortfall. Increase in regime hours out of cell and involved in purposeful activity
- (2) Appropriately trained staff – trauma informed.
- (3) Throughout confinement a continual assessment of risk of harm, contact with community mental health teams and therapeutic prison communities for women used as a model.
- (4) Programmes of support to assist women leaving their children and carer responsibilities
- (5) Programmes to enable women to sustain healthy and respectful relationships with partners, children

- and extended social networks e.g. Mothering Justice programme
- (6) Enable home mentors to access women regularly prior to release to develop a pro social link to their community, prior to release.
  - (7) Allow women dignity, enhance confidence and self esteem that is likely to have been very low prior to offending.
  - (8) More awareness about “new” drugs – info about the impact and harm reduction to all women not just those engaged with drug services.
  - (9) The use of outside organisations not connected with the Prison Service that can offer advice, support and information on a range of issues. Especially support for Domestic Violence Rape and sexual assault
  - (10) Additional counselling and listening services
  - (11) Links to family and friends

‘One of our women have told us of having no sanitary items and being presented in court with blood stained clothes – unacceptable, undignified, belittling’

‘One of our women advised us of lewd, disrespectful comments by male prison officers that scare them or make them feel that they might be assaulted or raped’

#### 4. What improvements, if any, in mental health provision, treatment for addictions and social care need to be made?

- (1) Less silo thinking and operational practice
- (2) Less competition to provide services so that there can be more co-operation and more effective interagency work. Where there is dual diagnosis of problems for example (e.g. drug related problems and mental health problems) the agencies end up competing for resources, or can only work on one problem at a time (see the work of Geoff Page)
- (3) See also: Meeting the needs of prisoners with a drug or alcohol problem: No mean feat by McKeganey, N., Russell, C., Hamilton-Barclay, T., Barnard, M., Page, G. W., Lloyd, C., Grace, S. E., Templeton, L. & Bain, C. 25 Apr 2016
- (4) Imprisonment close to home would allow that woman’s community CPN or support professional to continue care, or to develop care prior to release into the community. Small custodial units would support this.
- (5) Ensure women are released with sufficient medication to enable them to be released safely
- (6) Ensure an appointment with the appropriate support services are in place prior to release and engage with community professionals throughout imprisonment (where relevant)
- (7) Some improvements need to be made for those women who do not engage with mental health or other services. While we cannot force people to engage with services there needs to be something in place for those with no support due to their engagement levels eg monitoring of changes in behaviour/attitude in women identified as at risk but not engaging by communication with staff and other services involved and continuing to promote re-engagement or awareness of service availability. This could help with reducing the number of women who are “under the radar” because they are not involved with suitable support services but who still maybe at risk of self-harm and suicide
- (8) A clear pathway for women to access appropriate and accessible mental health services on release from custody
- (9) A priority for statutory organisation to work co-operatively alongside voluntary organisations to

provide the right support and the right time

5. Is the transfer of information an issue in ensuring the safety of women in prison, and if so, how can this be improved?

With the right processes, systems and trust in place confidential information can be passed effectively between probation, prison and voluntary organisations. However, this does not always happen.

Reconfiguring the women's estate on a more local basis in the woman's home area where support, effective rehabilitation and resettlement are wrapped around her would support information sharing.

6. Is family contact an important consideration and, if so, how can this be improved?

Research evidence from PACT suggests that families can and do contribute to the support of family members in prison – and that this is important. See: <https://www.prisonadvice.org.uk/info-advice/links/support-prisoners-families>

For women, this aspect of confinement, resettlement and reintegration is vital, yet we punish women by removing them from their home areas. This is likely to cause lasting damage to relationships and to exacerbate any mental health conditions. A woman's experience of mothering is also highly relevant. The emotional cost of punishment is rarely acknowledged by the system.

One of the most fundamental factors hindering this important issue is the location of the women's estate. Women are frequently moved many miles from their home area, from their family, friends and support networks. This is a factor that impacts women prisoners over and above male prisoners due to the lack of resources used in the woman's home area.

Given the mainly non violent nature of women's offending behaviour, given their specific needs and given their lived histories of abuse and disadvantage (Corston) community based alternatives to custody should be available. Most women can be punished (if necessary) or supported into non offending lives in settings that are designed for women (as opposed to designed for men).

It is vital that family connections are not only kept in place but strengthened when a woman is in custody. Increased contact with family during times of distress to be facilitated by staff where appropriate (unless family are a trigger) eg if on ACCT then allow an extra visit or phone call with family. If close to release then maybe family could be involved in care plan for ACCTs to ensure followed through in community? Obviously this could be open to abuse so may depend on length of time ACCT open and seriousness of self-harming/suicidal attempts rather than staff discretion or an "incentive" to ACCTs?

The use of voluntary organisation that can help facilitate this process. However, this must be done with appropriate funding and not on good will

7. Could preparation for release be improved specifically to safeguard vulnerable women?

Better engagement with community based services (but only if those services are supported/resourced) prior

to release to promote engagement on release, including

- regular contact from agencies that will be able to support a woman on release back into the community. This can be face to face contact in Prison by an agency worker or by letter and updates by other prison staff.
- actively engaged in their safeguarding plans.
- Reinstate gate pick-ups by women centres/organisations (reduced due to funding) which can be key to ensure the best start for a woman on release (can help to reduce anxieties about going to new places or help plan and achieve goals/things that need to be done that can be overwhelming on release).

If women were confined in a different form of imprisonment, within, or close to their own home area this would make a massive difference to safeguarding vulnerable women. For example, if a woman was confined to a semi secure environment within her home area, she could develop appropriate CPN, mental health, community assistance and integration whilst remaining in her area. This would enable her to develop positive links whilst detained in her own area and this would enhance the likelihood of safety, of a link to the community and to access to continuous, consistent care.

Peer mentoring with an organisation in her home area would also enable her to develop pro social links and support whilst detained in preparation for release. It would offer that flying start for reintegration.

We should not hear stories of women being given tents and sleeping bags when leaving any prison.

8. What key findings or recommendations from existing reports or research would you point us towards?

We have included references in other questions, but also:

- Of course the Corston Report
- Baldwin, L. (eds) (2015) *Mothering Justice: Working with Mothers in Criminal and Social Justice Settings*. Hook: Waterside Press.
- British Journal of Community Justice (forthcoming Spring 2017) Special Edition of 10 years post Corston.
- WORSHIP study – Women Offenders Repeated Self harm Intervention Pilot
- <http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/MaSH/projects/?ID=1665&Control=TagList4>. Indicated the importance of intervention and purposeful activity for the reduction of serious self-harming

9. Do you know of examples of good practice in custody and or in the community where women at risk of suicide and self-harm are cared for safely, and enabled to improve their wellbeing? If so, please outline (preferably with contact details of service providers):

Mentoring and peer mentoring processes do work.

Women's centres offer women safe spaces in communities to meet the very specific needs of women with such complex lived histories and experiences.

10. Is there anything which you wish to add (a) that you believe is vital in preventing or reducing the deaths of women in custody or (b) that you or your organisation plan to do in this regard?

As well as looking at deaths in custody, there needs to be a focus on deaths under supervision in the community. The Chief Inspector of Probation's recent reviews of Probation Services suggest that service provision is poor. At the same time, the Equality and Human Rights Commission has reported that there is a worrying number of self-inflicted deaths following either prison custody or police detention (EHRC, Research Report 106: <https://www.equalityhumanrights.com/en/publication-download/research-report-106-non-natural-deaths-following-prison-and-police-custody>, by Phillips, Gelsthorpe and Padfield).

Service provision for women following detention/custody needs to be improved – and potentially could be by utilising the services provided by a network of services for women: see Women's Breakout : <http://www.womensbreakout.org.uk>

Thank you for your help with this important matter – we really appreciate your contribution.

### **Independent Advisory Panel on Deaths in Custody**

#### **Stakeholders**

Please indicate if you would like to continue to receive information from the IAP on deaths in custody:

Yes

No

If so, please confirm your email address: [Jackie.russell@womensbreakout.org.uk](mailto:Jackie.russell@womensbreakout.org.uk)

Please return completed questionnaires to:

[IAPdeathsincustody@noms.gsi.gov.uk](mailto:IAPdeathsincustody@noms.gsi.gov.uk)