

Agenda evidence to the Independent Advisory Panel on Deaths in Custody information collation on the recent rise in the deaths of women in prison *January 2017* 

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

Agenda welcomes this enquiry into the tragic rise in the number of deaths of women in custody. There are very high levels of vulnerability amongst the female prison population. Women account for 28% of self-harm incidents in prison despite making up only 5% of the prison population<sup>1</sup>. Women in prison have often experienced extensive abuse and are likely to have complex mental health, addiction and other needs. 46% of women in prison report having suffered domestic violence and 53% report having experienced emotional, physical or sexual abuse during childhood.<sup>2</sup> This is likely to be a significant underestimate.

About half of the deaths in custody are self-inflicted. There has also been a rise in female suicides outside the prison gate, with a 14% increase between 2013 and 2014. Women's experiences of self-harm, suicidal thoughts and mental ill-health are intimately tied up with their experiences of being female. Agenda's research report, *'Hidden Hurt: Violence, abuse and wider disadvantage in the lives of women*' shows that around 1.2 million women in England have been physically and sexually abused as both a child and as an adult. Over half (54%) of these women have a common mental disorder. This is compared to 11% of women with little or no experience of violence and abuse. A third of women who have faced the most extensive abuse and violence have attempted suicide, compared with 2% of women who have had no or little experience of abuse.

The factors behind suicide are always complex and it is hard to know exactly what is behind the rise but it is important to recognise the current context. In the community this includes:

- Cuts to support services for women, including those who face violence and abuse.<sup>3</sup>
- Pressure on health, social care and mental health services.
- Care proceedings at record levels (including a particular rise in new born babies being subject to care proceedings)<sup>4</sup>. Having a child removed is deeply traumatic and many women do not receive any support or therapy to help them deal with their loss.
- Many women enter custody homeless or lose their homes while in custody and 60% of women prisoners may not have homes to go to on release<sup>5</sup>. Homelessness has risen significantly in recent years, alongside rising housing costs and significant reductions in welfare entitlements, meaning more women entering custody are likely to be at risk of homelessness.

It is well documented that the prison system is currently under significant strain with serious overcrowding and understaffing. The result is that women in prison are locked in their cells for prolonged periods of time. Prolonged periods of containment and isolation are detrimental to women's well-being in themselves. A lack of staff also makes it harder for women to maintain contact with families and to attend appointments and receive medical and other support.

 $<sup>^{1}\</sup> https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2015$ 

<sup>&</sup>lt;sup>2</sup> Women In Prison <u>http://www.womeninprison.org.uk/research/key-facts.php</u>

<sup>&</sup>lt;sup>3</sup> 17% of specialist refuges have closed since 2010 and many refuges face an uncertain future due to local authority funding cuts: <u>https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/campaign-with-us/sos/</u>

<sup>&</sup>lt;sup>4</sup> <u>http://www.lancaster.ac.uk/news/articles/2015/research-reveals-family-court-recycles-one-in-three-young-mums/</u>

<sup>&</sup>lt;sup>5</sup> <u>http://www.prisonreformtrust.org.uk/Portals/0/Documents/Home%20Truths.pdf</u>

#### What specific changes – in the community – could help prevent or reduce such deaths? It is important to recognise that, even in less strained times, prison is detrimental to women's wellbeing. Separation from family and children can be traumatic and has a particularly adverse effect on women.

Most women have committed non-violent crimes and most do not need to be in prison. Keeping women out of prison will undoubtedly help reduce the number of deaths in custody. Sentencing good practice states that offenders should only be incarcerated if a crime is "so serious that neither a fine alone nor a community sentence can be justified for the offence" or if the offender poses a risk to the public. Yet the statistics for female offenders suggest that this practice is not always adhered to:

- 81% of women in prison are there for non-violent offences<sup>6</sup>.
- 60% of female prisoners are imprisoned for 6 months or less<sup>7</sup>.
- 16% of women in prison are on remand. Less than half of women on remand who are found guilty are given a custodial sentence<sup>8</sup>.

There must be a greater focus on prevention and diversion. This has to include the right specialist support in the community. Specialist women's services have been shown to be highly effective in both preventing women entering prison and in rehabilitating those who do. Women receiving community orders have much lower reoffending rates than those sent to prison and Ministry of Justice's own analysis shows a statistically significant reduction in re-offending rates for those that receive support from Women's Centres. However, provision of these services was already patchy and early signs are that the Transforming Rehabilitation reforms are putting many under great strain. Some specialist services are not being contracted at all and others are being offered a reduced payment for their services. At the same time other funding streams such as from health and local authority budgets are also being reduced or cut putting many services at risk.

Other community based services such as mental health, substance misuse and domestic abuse are also under pressure and specialist services for women are few and far between. Forthcoming research, Mapping the Maze, from Agenda and AVA (due to report in Spring 2017) will map the availability of specialist services for women across the mental health; substance misuse, homelessness and criminal justice sectors.

We believe that prevention is key and that a cross government approach is needed to support and divert women involved in the criminal justice system and those facing multiple disadvantage and at risk of entering it. This must include properly funded and commissioned services for women with multiple needs. Central Government must take a lead and provide funding to services supporting women to tackle the causes and drivers of their offending, including violent and coercive relationships, mental health problems, drug and alcohol addictions, homelessness, unemployment and debt.

### What specific changes - during custody - could help reduce deaths and keep women safe?

Women in prison have often experienced high levels of trauma across their lives. Prisons need to be gender and trauma informed. Staff across the criminal justice system should receive training about the realities of women's lives and particularly the likelihood of histories of abuse and violence and there should be an emphasis on reflective practice. Greater efforts should be made to recruit staff in prisons and probation who reflect the gender and ethnicity of those with whom they work and who have an understanding of and empathy with women's experiences.

As well as the right specialist support to meet women's complex needs, there must be sufficient levels of staffing to enable women to spend time outside their cells and to attend activities, appointments and meetings.

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

Many women end up in custody because of a lack of support outside the prison gates. Improvements in mental health provision, treatment for addictions and social care in the community to help women address their needs earlier would reduce the number of women entering prison in the first place.

<sup>&</sup>lt;sup>6</sup> https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-june-2015

<sup>&</sup>lt;sup>7</sup> https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-june-2015

<sup>&</sup>lt;sup>8</sup> https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-june-2015

Mental health provision, addiction services and social care provision should be gender and trauma informed.

Women's needs should be explicitly considered in national mental health policy and strategy. Ten years ago there was a strong Government focus on the need for gender specific services but the impetus needs to be regained. We would like to see a Government focus on women's mental health and a strategy which champions a gender and trauma informed approach across the treatment spectrum. This should include the embedding of routine enquiry (asking all women about experiences of abuse) and increased availability of gender specific and gender sensitive mental health services to support women, especially those with histories of abuse and those with complex needs. Frontline NHS workers should receive training to understand that women's mental health, trauma and abuse are strongly linked, and services need to work in a trauma-informed way. Every mental health trust should have a clinical lead for women's mental health and a strategy to take into account women's needs including the availability of gender-specific services and female care coordinators.

Around 75% of those in drug treatment or homeless hostels are men which means they can be intimidating and sometimes unsafe place for women and women can be deterred from accessing them. Many services lack an understanding of the specific needs and experiences of women. Dedicated women-only services for women with complex needs should be available in every area to provide a safe, therapeutic space for women to address their needs, and to open up about their experiences. Commissioning frameworks should recognise the need for holistic services which can respond to all of women's needs and commissioners must work together to commission services at a local and regional level.

Central and local government must ensure specialist services for women and girls at risk are properly resourced and commissioned. This should include a central government funding pot drawn from different budgets. There should be a cross government approach and strategy that recognises the needs and experiences of women and girls at risk and sets out a clear joined up response. This must be wider than the justice system and have a clear focus on prevention.

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

Maintaining contact with children and families is hugely important for women in prison. Women are often the primary or sole carer for children<sup>9</sup>, and custodial sentences can have a very negative impact on those children<sup>10</sup> as well as women themselves. Overall, it is estimated that more than 17,000 children are separated from their mothers by imprisonment. Only 9% of children whose mothers are in prison are cared for by their fathers in their mothers' absence and only 5% stay in own home.<sup>11</sup> Worry about the well-being of their children and distress at being separated from them is a significant concern for mothers in custody.

A woman's caring responsibilities, particularly as a single mother in many cases, should be taken into account with sentencing decisions. Sentencing guidelines should promote gender-sensitive sentencing and be clear about the need to consider the impact on a woman's family and children and any caring responsibilities she may have.

More should be done to allow women to maintain relationships with their families in custody. Current barriers included restrictions on phone usage from lack of credit, access and also lack of privacy; limited visiting times and additional visiting difficulties created when women are placed in prisons far away from their children. Steps should be taken to enable family relationships to be maintained and for women to be able to see their children. This is important both for women and their children. Measures such as phones in cells, increased capacity for family visits, and trying to ensure women are held as close to their children as possible are important and must be rolled out.

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

<sup>&</sup>lt;sup>9</sup> Liebling, A. & Maruna, S., The effects of imprisonment Devon: Willan, 2005

<sup>&</sup>lt;sup>10</sup> Sheehan R and Flynn C, Women prisoners and their children, in What Works with Women Offenders, ed Sheehan R, Mcivor and Trotter C, Willan Publishing, UK, 2007

<sup>&</sup>lt;sup>11</sup> Prison Reform Trust, 2010

http://www.prisonreformtrust.org.uk/uploads/documents/Women%20in%20Prison%20August%202010.pdf

- <u>Hidden Hurt: Violence, abuse and wider disadvantage in the lives of women</u> This highlights the strong links between women's experience of extensive abuse and violence, and their mental health and wellbeing
- <u>Women's needs in mental health services</u> This is a briefing on the results of a Freedom of Information Request to all NHS Mental Health Trusts in England, asking how they consider women's needs in their service planning and delivery, and how they encourage and support disclosures of past or current abuse by inpatients.

## 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)

Drayton Park Women's Crisis Centre in North London provides women in mental health crisis a residential stay in a domestic setting, as an alternative to acute admission. They also offer non-residential services for women who have stayed previously, such as on-going support groups, peer support space and a range of workshops for women throughout the year. The team work closely with primary care and are all trained and supported to explore and validate disclosures of past or current trauma such as sexual, emotional or physical violence. The team also offer a range of coping techniques and self help tools so women learn to contain and manage any future crisis. http://www.candi.nhs.uk/services/drayton-park-womens-crisis-house-and-resource-centre

## About Agenda

Agenda is a growing alliance of over 70 voluntary organisations who have come together to campaign for change for women and girls at risk. We believe society is failing to adequately protect and support women and girls who face the most extensive violence, abuse, trauma and extreme inequality. We are calling for systems and services to be redesigned with women and girls at their heart so that they can access the support they need to rebuild their lives and reach their full potential.

## For further information, please contact:

Katharine Sacks-Jones, Director katharine@weareagenda.org 0208 7094 819

www.weareagenda.org