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Evidence from the Disrupting the Routes between Care and Custody Study

Outline

This on-going research project is funded by the Nuffield Foundation and led by Dr Claire Fitzpatrick (Lancaster University) with Dr Katie Hunter (Lancaster University), Dr Jo Staines (University of Bristol) and Dr Julie Shaw (Liverpool John Moores University). It examines the over-representation of care-experienced girls and women in the criminal justice system.

The research prioritises the voices of those with lived experience and includes interviews with 37 women in prison who spent time in the care system as a child and 17 girls and young women who have experienced both care and involvement in the youth justice system. In addition, interviews have been completed with 40 professionals (including from prisons, children's services, youth justice, the police, probation, and the judiciary). The research also draws on analyses of 37 local protocols which aim to reduce criminalisation of looked after children and care leavers and/or to support them as they move through the youth/adult criminal justice systems. A review of international literature, [Exploring the Pathways between Care and Custody for Girls and Women](#), has also been completed.

Does the female prison estate take a Whole System Approach (that considers all of the offenders needs) to those in their care?

- a. What does this look like in practice?**
- b. Are there any barriers in achieving a Whole System Approach to female offending?**

The Ministry of Justice (2012) found that 24 percent of males and 31 percent of females in adult prison had been in the care system as a child. Whilst these figures are likely to be underestimates for the reasons discussed below, they nevertheless highlight the over-representation of care-experienced women in prison. Therefore, it is vital that a focus on care-experience is included in a Whole System Approach.

From the perspective of supporting care-experienced women, the female prison estate cannot be said to take a Whole System Approach. Traditionally, care-experience has not been an issue of concern for the prison service and looked after children and care leavers in custody have frequently been abandoned by their local authorities (HMIP, 2011; Hunter, 2019). This situation has started to change in recent years, with the publication of the first HMPPS Strategy (2019) for care-experienced people, and the appointment of care leaver leads in every prison. However, barriers remain to achieving a Whole System Approach.

Identification is a key issue, and women may choose not to disclose a prior care status on entry to prison for reasons including the stigma attached to being in care, and a mistrust of

professionals that can stem from their past care experience. This means those entitled to support under the Children (Leaving Care) Act 2000 may not receive it. It has been argued (see Fitzpatrick, 2020) that an 'opt out' question might well be a better way forward; rather than enquiring 'who has spent time in the care system as a child?', the question would be re-framed as 'who has not?'. Taking this alternative approach starts from the (defensible) assumption that care experience is likely to be found amongst prison populations and could help to break down some of the stigma associated with declaring care experience.

Not only could the above approach help to embed 'care' issues more clearly into prison service practice, it could also help to ensure that care-leavers actually receive dedicated workload space and resources to carry out these important roles in supporting care-experienced women. Some of the care-experienced women we interviewed had been actively involved in organising and coordinating support groups in prison alongside care leaver leads. These groups were viewed as vital spaces for women to share experiences without judgement and to be signposted to services. Therefore, it is essential that such groups receive sufficient funding and support.

Additional barriers to achieving a Whole System approach include the lack of knowledge about 'care' issues amongst some prison staff and indeed other criminal justice professionals. Investing in ongoing training and education to address this knowledge gap, including on self-harm and mental health issues, is of crucial importance. There is also a serious need for further investment in mental health support and assistance for imprisoned women who need it. Amongst those interviewed in this project, the waiting time to access mental health appointments and medication were deeply problematic for imprisoned women already in distress.

The lack of specialised resettlement provision for care-experienced women exiting custody is an additional barrier to developing a Whole System Approach. Evidence suggests that care-experienced women are more likely to be reincarcerated because they lack support from family and social networks and may require greater resettlement support to help them transition into the community (Jung and LaLonde, 2016). Furthermore, women are likely to be imprisoned further from home than men making visits a particular challenge (Corston, 2007). Our research found that some women struggled to access support from leaving care services, including visits from Personal Advisors, when in custody. Paradoxically, whilst research indicates that "multiple layers of services are likely critical for incarcerated women with foster care records" (Jung and LaLonde, 2016, p.47), a recent report revealed inadequate resources to meet the needs of care-leavers exiting prison, and the fragmentation of uncoordinated social care and rehabilitation support services (Innovation Unit, 2019).

How are women supported to maintain family ties in prison?

In understanding women's family ties, it is essential that we take account of the impact of past care-experience and ensure that the definition of 'family' is wider than just birth-family and can encompass, for example, current or former foster carers and other care staff. Where women are not in contact with carers, there may be other key professionals in their lives such as YOT workers or leaving care workers who are considered like family, and it is vital that women receive support to maintain links with such individuals or others who may be important to them.

Where women are imprisoned at a considerable distance from their home area, this can directly affect the support received from personal advisors and social workers. It can also reduce the number of family visits women receive, including from their own children, thereby exacerbating the pains of imprisonment.

What factors contribute to the high levels of self-harm in the female estate?

- a. What is being done to address the high levels of self-harm in the female estate?**
- b. What more could be done?**

Our project suggests that care experience, and the trauma associated with such experience, can be a factor which contributes to high levels of self-harm in the female estate. Preliminary analysis from interviews with women highlights that an overwhelming majority had experienced significant trauma including domestic violence and sexual abuse. A number of participants had been exposed to violence within their birth family, with some continuing to experience violence in their relationships as adults. Over half of the women in prison we spoke to disclosed sexual abuse in childhood, with stories often involving repeat victimisation, and some being sexually abused in care placements by those who were supposed to protect them. For too many, the care system was not experienced as a place of safety or stability.

There is growing recognition of the link between childhood adversity and self-harming and suicidal behaviour by individuals in prison (see, for example, Angelakis et al.'s 2020 international review). A case study of 50 prolific self-harmers for the Corston Review (2007:20) revealed that a third of imprisoned women had been in care as children. Research suggests that looked after children are more likely to self-harm than other children (Wadman et al. 2018) and that previous self-harming behaviour is one of the strongest predictors of future self-harm (Favril et al., 2020). Therefore, care-experienced prisoners, and care-experienced women in particular, may be at an even greater risk.

We were struck by the numbers of imprisoned women we interviewed who chose to share their experience of self-harm, despite us not asking a direct question about this. Some women described how their self-harm in prison was a continuation of behaviours that started in care and sometimes it was a novel response that began during imprisonment. Imprisonment can have a re-traumatising impact on women (Corston, 2007) which may reinforce feelings of loss and isolation experienced while in care, which could result in self-harm. Furthermore, women in prison may experience multiple moves within the prison system, resulting in changes in environment and regime, which have been associated with increased risk of self-harm (Kenning et al., 2010). Furthermore, a difficult relationship with family members, and the associated lower levels of visits, letters and phone calls while in prison, can increase the risk of self-harm (Marzano et al., 2011).

Currently, the prison system uses the Assessment, Care in Custody and Teamwork (ACCT) process to address issues of self-harm across the prison estate. One woman we interviewed felt that ACCT was not always appropriate, that it was too focused on recording self-harm, rather than tackling it. Others mentioned that some officers did not care if a woman had self-harmed or was suicidal. However, some women described extremely supportive prison officers who had

held their hand through difficult moments. Such variation in responses to crises raises serious questions about consistency in the female estate.

Addressing women's self-harm requires moving beyond a 'one-size-fits-all' approach and talking to women about their thoughts, feelings and experiences without judgement. Understanding the different functions that self-harm may have for women can enable professionals to meet their needs more appropriately. For example, it may be a method of communicating emotional distress. However, it is dangerous to assume this is always the main purpose, as for some women self-harm can have fatal consequences.

Furthermore, the lack of mental health provision within the female estate is likely to exacerbate difficulties for care-experienced women who have mental health issues. The women we interviewed told us about challenges in accessing medication and long wait times for appointments with mental health professionals, which for some resulted in self-harm. Informal communication with prison officers also revealed an absence of proper mental health training among officers caring for some of the most vulnerable women. Such issues are likely to be carried over from the community where care-leavers often fall through the gaps of fragmented and underfunded systems (Innovation Unit, 2019) and a woeful lack of mental health support severely limits the care system's ability to respond appropriately to past trauma.

There is overwhelming evidence to support the need to divert women from custody wherever possible, particularly avoiding the use of short sentences (Masson, 2019) which may separate women from their children and cause more long-lasting trauma. We therefore endorse the view that far more investment should be made in community-based alternatives to punishment for women who would not otherwise present a danger to others (INQUEST, 2018).

Does the custodial estate offer a trauma-informed environment for females? (a trauma informed environment, being that which is about putting experience, behaviours and needs first, and creating a safer, healing environment that aims to reduce and prevent trauma and retraumatising an individual)

a. Could more be done? If so, what?

Amongst prison service staff in our research, some were able to describe both trauma-informed and trauma-responsive work, but others were less positive. However, from the perspective of imprisoned women, the custodial estate too often perpetuates further trauma. Despite the best efforts of some individual prison staff to support and care for women, prison is often a completely inappropriate place for women with legacies of trauma that may have begun many years ago. This is particularly true for care-experienced women who may have been failed by an inadequate care system and an inadequate mental health system in the community. Moreover, the prevalence of self-harm in the women's estate can be traumatising in itself regardless of whether individuals practice self-harm. This is because it is often a sensory experience which can haunt other residents who hear the screams and smell the blood.

In terms of what more can be done, preventing unnecessary criminalisation of girls in care in the first place, and a commitment to diversion and decarceration so that women are kept out of

prison wherever possible is absolutely crucial. Far more investment is required in robust alternatives to punishment in the community. However, for those already in the custodial estate, the development of the HMPPS Strategy for Care-Experienced people offers a real opportunity to embed 'care' issues far more clearly into prison practice. To further progress this strategy, one key recommendation is to ensure prison-based care-leaver leads have dedicated time and workload space for their important roles in supporting care-experienced women. At present, these roles are expected to be done in addition to existing work, which some professionals described as "overwhelming".

The care-leaver lead roles can also serve to facilitate the development of peer mentoring groups for imprisoned women who have been in care, that give women the option to join a supportive space that focuses on sharing lived experience and empowering each other. Where these groups existed, they could be highly valued, but this good practice is variable and not consistently evident across the country.

Our research has also highlighted that prison can re-traumatise care-experienced women. Some interviewees described bullying in women's prisons, including racism and discrimination, from both other residents and staff. Moreover, two women reported that they had miscarried pregnancies as a direct result of their custody experience. In addition, over half of the imprisoned women we interviewed had had their own children taken into care and/or adopted, some as a result of their incarceration. Exploring the experiences of imprisoned mothers who have themselves been in care illuminates how their own prior care experience and social services involvement may intensify fears for the well-being of their own children (and grandchildren), thereby exacerbating the pain of being locked up.

Despite the comments above, this research has also highlighted that for some care-experienced women, prison may be viewed as a familiar environment that provides them with structure, food and a roof over their head when life outside is so chaotic. This is a damning indictment of the support that has been available to them on leaving care and in the community. Indeed, a lack of preparation for leaving care may have left some women feeling institutionalised and fearful about returning to life outside of prison, which has serious implications for their successful resettlement.

Improving communication between key workers in prisons and leaving care workers or personal advisors in the community would be one important step forward in improving support for younger women. Similarly, joining up prison resettlement plans with local authority leaving care plans is crucial, and must involve a key focus on ensuring women have somewhere appropriate to live on release from prison and are informed of this with as much advance notice as possible. The uncertainty of not knowing where you will be living after leaving prison, or if you will even have a roof over your head, can itself be traumatising for care-experienced women and may echo previous experiences of instability and movement in the care system – as well as the lack of agency and control that accompanies being posted around the system (Children's Commissioner, 2019).

Project Website: <https://wp.lancs.ac.uk/care-custody/>

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