PRISON REFORM TRUST

Prison Reform Trust response to the joint Department of Health and NOMS offender personality disorder strategy for women

Prison Reform Trust
The Prison Reform Trust, established in 1981, is a registered charity that works to create a just, humane and effective penal system. The Prison Reform Trust aims to improve prison regimes and conditions, defend and promote prisoners' human rights, address the needs of prisoners' families, and promote alternatives to custody. Its activities include applied research, advice and information, education, parliamentary lobbying and the provision of the secretariat to the All Party Parliamentary Penal Affairs Group.

Introduction
The Prison Reform Trust is pleased to have the opportunity to respond to the joint Department of Health and NOMS offender personality disorder strategy for women. The development of a distinct strategy designed to meet the complex and multiple needs of women offenders is to be commended. Whilst we understand the complexities of developing this strategy into effective mainstream policy and practice we hope that this will be conducted in a timely manner. This should bring about much needed improvements in supporting women with personality disorder(s), addressing some of the underlying causes of their offending, and lead to eventual desistence from crime.

Target population

We recognise that this strategy has included a broadening of the entry criteria currently used for men in order to provide support to a greater number of women, however, we do have concerns that net widening could possibly have an adverse effect - locking women into the criminal justice system for longer than perhaps necessary - when what they really need is healthcare treatment in a non-secure setting and practical support for their reintegration back into society upon release. This is of particular concern as one of the key principles of the strategy is that services should be located mainly in the criminal justice system, rather than a clinical setting in the community.

Around 60% of women within the strategy's female cohort identified with personality disorder and a risk of harm were currently in the community, rather than in a custodial setting. It is therefore important that there are continued checks on whether the security level is appropriate for the individual, and that community services have the capacity to identify these women and address their needs, without the need for secure accommodation.

Whilst we note that the strategy is aimed at a specific section of female offenders, particularly those exhibiting high risk of serious harm to others, it is important not to lose sight of the large numbers of women with existing and often undiagnosed mental health conditions, and long trauma histories who are in need of treatment and support. They are often not engaged with mental health and other mainstream support services. Whilst workforce development will be an important step forward in helping to identify these women, we must ensure that they do not slip through the net. It would be helpful to have greater clarity on how the department of health and national offender management service plan to support this group of women in the community.

As Jeffote and Watson[1] note:

"It is their behaviour that determines women's entry into secure services, which respond with regulation, security and medication. This behaviour can also be read as evidence that these women have not had their mental health needs met by mainstream mental health services. They have not been provided with the safe therapeutic relationships – the relational security – that would enable them to begin talking about their unspeakable experiences, experiences, which have usually included further traumatisation in an array of 'care' services."

Resettlement and transition to services

We are pleased that the strategy recognises the need for interventions to 'contribute towards progressive transition' and that women will be detained 'at the lowest level of security commensurate with the risk they present'. Continuity of care will be crucial to the success of transition when transferring within or out of the secure estate to the community and vice versa.

More emphasis could usefully be placed in the strategy on the 'ordinary' elements of good resettlement practice such as family contact, housing, employment and financial inclusion. As it stands the strategy does not currently acknowledge the importance of providing women with a supportive release plan to enable them to successfully resettle into the community.

Resettlement should be embedded in the new therapeutic model for women with personality disorder; ensuring that women are linked in to community mental health services and other required support in preparation for release. Experience has shown from Grendon that offenders learn to be emotionally open, vulnerable and positively orientated to desistence, but then quickly come unstuck if they don't have the prior support they need before release. One solution could be to use resettlement staff within mainstream prison, however experience has shown that this approach does not work successfully as a route towards release, or help the person maintain the lessons picked up whilst in Grendon.

Community provision

The strategy highlights that community based provision for men and women is largely the same, but that gender specific training and interventions will be required. We are concerned that this does not go far enough. A primary concern is the co-location of male and female offenders receiving treatment within the same building or in very close proximity. Given the high rates of women in the justice system with a history of trauma, as a result of sexual, physical and mental abuse, often perpetrated by men, co-location can often be a barrier for women feeling safe in engaging with services designed to help them. The design of the interventions and staff training could be extremely gender responsive, but if women do not feel safe due to the area or co-location then success will be limited. We would recommend learning from the extensive experience of community based women's centres who have a long history of working with women with trauma history and providing a safe environment to deliver the support they need to stop reoffending.

Secure provision - isolated community or integration?

The strategy highlights the existing work in the Primrose Unit at HMP Low Newton. Primrose participants whilst receiving treatment are also well integrated into the main prison regime

[1] Jeffcote, N. and Watson, T., (2004) 'Dangerous journeys: Women's pathways into and through secure mental health services'. In Jeffcote and Watson (eds) (2004) *Working Therapeutically with Women in Secure Mental Health Settings*, London: Jessica Kingsley Publishers

via its other services and accommodation. There is, however, conflicting evidence for the effectiveness of treating women in an isolated therapeutic community, or whether they should be integrated with as much of the wider prison as possible.

Genders and Player's research in HMP Grendon clearly described contrasts between the culture of the therapeutic communities in Grendon and conventional prisons.[2] They argued that all residents had experienced the ethos of conventional prisons and had made a commitment to put that behind them. The threat of being sent back – if they endangered others, or were not motivated to engage fully in therapy hung over their experience of the community. They found that what residents valued most about their time at Grendon was not the expertise provided by the therapists, but the input of their peers, both in their group and the wider therapeutic community.

There is a positive community self-image in Grendon, in the sense of a strong feeling of confidence among many residents that Grendon works. This optimism may relate to the values of communalism and mutual support. In conventional prisons there are pressures that drive each against all others, and mutual suspicion undermines a therapeutic environment. Communalism relies on a widely shared commitment to the life and cohesiveness of the community.

A report on HMP Send's Therapeutic Community by the Prison Reform Trust found that "[therapeutic] community members are daily confronted with the prison mentality, and this can take the form of challenging them with betrayal of values, for choosing to turn away from future criminal behaviour; or, labelling as 'mental' for voluntarily undergoing therapeutic treatment." There is a difficult balancing act as community members mix with non-therapeutic community prisoners.

However, other reports have found women prefer mixing with the conventional prison to the thought of being isolated as a community. A 2006 Prisons Inspectorate report found that some women found it "a useful break from the pressures of therapy, and was more of a real life experience."[3]

It does need to be stressed however that the 'real life' of prison is a long way from coping in the community. The strategy should include the scope for women to develop personal responsibility and look after herself and others. A therapeutic environment should include ordinary domestic activities such as cooking, cleaning and managing practical tasks.

Workforce development

The inclusion of additional workforce development throughout each level of the service delivery model is a helpful step forward in ensuring that staff are sufficiently confident and able to meet the needs of women they suspect may have a personality disorder. That the development plans aim to train a wide range of staff, rather than only focusing on frontline prison and mental health staff, is to be commended, as is the recognition that voluntary sector organisations would also benefit from specific training. This broad base of trained practitioners should hopefully enable earlier identification of women with possible personality disorders. The inclusion of a target for each region to have at least 10 ex-service user trainers is encouraging, and we are hopeful that they will form an integral part of training the workforce.

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[2] Genders, E. and Player, E., (1995) *Grendon:A Study of a Therapeutic Prison*, Oxford: Clarendon Press

[3] HM Chief Inspector or Prisons (2006) Report on an announced inspection of HMP Send, London: HMIP

However, the strategy should acknowledge that many women offenders and women at risk of offending are not currently accessing mainstream support services and are often extremely difficult to reach. We recommend that staff working in voluntary sector organisations to assist women offenders and women at risk of offending, such as women's centres, should be included as part of this workforce development scheme. Such centres work with women who are frequently disengaged with mainstream services and provide access to a particularly hard to reach group.

Disclosure of previous trauma

The strategy rightly highlights that women may have experienced abuse, or domestic violence, have a history of substance misuse, or mental health difficulties. The need to provide services which are trauma informed, and responsive to the needs of those with histories of trauma. However, Jeffcote and Watson have argued that staff in secure services are reluctant "to provide women with safe opportunities to talk about their histories of trauma and deprivation", pointing to two factors which support this reluctance.[4] First, most are not trained in the skills they need to respond to childhood traumas; and second, staff believe that this expertise is available elsewhere in the system.

Workforce development, which acknowledges this gap, will therefore be critical in overcoming this first issue. Ensuring that women feel safe and comfortable in disclosing any previous trauma, and that staff have the required skills and support to be able to help them overcome it. Again, the disconnect of many women offender and women at risk of offending from mainstream support services means that even if expertise is available elsewhere in the system, they still may not have access to it. Even with a well-trained workforce, the limits of imprisonment need to be recognised and every effort made to work with small multi-disciplinary teams in the community.

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[4] Jeffcote, N. and Watson, T., (2004) 'Dangerous journeys', London: Jessica Kingsley Publishers