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Re-imagining Justice for Women

Overview

The 2012 Commission on Women Offenders reported a number of findings and recommendations for improving the outcomes for women in the criminal justice system and for reducing reoffending among this group. In this seminar, Linda de Caestecker, a commission member, outlines the background to the commission's establishment, and summarises the main findings and recommendations. Following this overview, staff and a service user from Tomorrow's Women Glasgow, one of 16 community justice centres set up following the commission's report, describe their work to reduce reoffending among women, and reverse the recent increase in female prisoner numbers.

Summary

In her opening remarks Linda de Caestecker told us that during her work with the commission she came to realise that working with women in inclusive ways which drew upon, developed and supported their strengths was really the only way to approach this work.

The independent Commission on Women Offenders had been established by the Justice Secretary and was asked to consider the evidence on how to improve criminal justice for women and make practical recommendations in this Parliament to reduce reoffending and reverse the recent increase in female prisoner numbers. She pointed out that prevention, while an important issue, was not part of the remit. A PDF of the Commission's report can be found on the [Scottish Government website](#). She highlighted the fact that the work which the Lord Advocate, The Right Hon Dame Elish Angiolini DBE QC, had put in, and her open, friendly and warm manner were key elements in the success of the work which was completed in eight months, a very short time-scale. Press coverage was also helpful, partly as a result of Dame Elish's manner, with the press reporting on the issues in a constructive way.

Dr de Caestecker went on to outline the key characteristics of women's offences in Scotland. In 2010/11, 19,500 women were convicted of a criminal offence in Scotland. This represented a doubling over the previous decade and sharper growth for women than for men (women now make up 5% of the prison population compared with 3.5% 10 years ago). There has been a decrease in custodial sentences for women under 21 but an increase for those over 30. Twenty-five per cent of women prisoners are on remand and of these, only 30% go on to have a custodial sentence. Three-quarters of custodial sentences are six months or less. Violent offences account for 31% and drug-related offences and crimes against public justice (e.g. not appearing for court hearings) account for 30%.

In describing the characteristics of women committing offences she noted that there are high levels of trauma and abuse in the group. Eighty per cent of women in HMP Cornton Vale (Scotland's only all female prison where the majority of female offenders are held) have mental health problems. Sixty per cent were under the influence of drugs at the time of the offence, 42% were drunk and 35% committed the offence to pay for drugs. Seventy-one per cent of prisoners in HMP Cornton Vale had used drugs in the six months before their incarceration.

Crucially, women often lose tenancy as a result of their custodial sentence and become homeless on release from prison. Many women also lose contact with their children and their community as a result of their prison sentence. This combination of homelessness and alienation means that women often reoffend as a way of returning to prison. Not enough is done currently to support women back into the community at the end of their sentences. Women are seldom met at the prison gate and some said they would rather sleep rough than in a hostel where there tends to be more violence and drugs and so on. There are also shortcomings in prisons. HMP Cornton Vale for example was built for 100 and now has capacity for 307 and is overcrowded. There were additional wings at that time in prisons in Greenock, Edinburgh and Aberdeen. Despite their shortcomings, women said they appreciated the role of the staff in those prisons.

In describing mental health issues among women offenders, Dr de Caestecker told us that enduring and serious mental disorders were, on the whole, well managed. At the same time there is a high prevalence of depression and anxiety in the group. There is significant experience of post-trauma disorders associated with violence, and borderline personality disorders. There is low self-confidence and high levels of mistrust. Women offenders who experience these difficulties are in the main poorly cared for. This is significant.

For example, the National Institute for Health and Care Excellence (NICE) guidelines for borderline personality disorder (BPD) suggest that women should be involved in decisions about their treatment for these issues, and that effort should be made to build trusting relationships. It is these human dimensions of care which are missing from systems currently. The difficult behaviours associated with BPD should not be used as an excuse to exclude women from services. Services should use what is known about BPD to predict the behaviours which will arise in transition out of BPD, and also structure and phase treatment to ensure that the service does not trigger the original trauma response again.

In collating the evidence on what helps to prevent women reoffending, the Commission suggested that prison and vocational training do not really work. More successful approaches maintain family and other relationships, remove practical barriers to everyday living, and motivate and support offenders to change their belief about themselves and focus on the intention to change.

The commission made recommendations in seven key areas: service redesign; alternatives to prosecution; alternatives to remand; sentencing; prisons; community reintegration; and how to make this work. A key outcome was the establishment of a

new national Community Justice Service. As part of this, 16 community justice centres were established in Scotland. There is one in Glasgow called Tomorrow's Women.

Mirroring the Commission's findings, the community justice centres are designed to deliver intensive interventions with women to supervise, manage and challenge offending behaviours and attitudes. They also seek to address the root cause of reoffending and provide practical advice and support on housing, income, childcare, benefits and employment. The centres operate at every stage of the criminal justice system. They also have access to other services, provide mentoring and alternatives to custody all through multi-disciplinary teams.

In conclusion she suggested that it was now better understood that women offenders have profound and complex needs better met through community-based intervention specifically designed to match these. A crucial question remains about the extent to which resources can be shifted towards community-based action. The model's success so far seems to lie in effective partnerships which include women in a multi-disciplinary environment. The model understands trauma and worked with a trauma-informed model to good effect. The model is one of perseverance and outreach which adapts services to meet women's needs, not the other way round. The experience from this work and other aspects of redefining criminal justice for women were beginning to indicate what a more preventative response might look like.

Linda then handed over to Anne Gallacher, the team leader at the Glasgow community justice centre, Tomorrow's Women.

Anne began with some quotes (shown right) from women using the centre which highlighted how women were approaching this new way of addressing their needs.

She listed 21 issues which they were dealing with from the 190 women referred to the centre so far. These women represent the most difficult to reach, most vulnerable women in the city. The statistics mirrored those mentioned by Linda previously. One surprise was the high number women who had been convicted for crimes of violence. Of 155 women only 18 have their own household tenancy. Of 80 women with children, only 13 have any contact.

What women said...

"It's been a different experience here, really positive and helpful. I'm making some real changes in my life for the first time."

"This centre is a good chance for me. From the beginning I could feel the warmth and welcome. It makes me want to keep coming back."

"I've found structure here. My confidence is better and now I can talk to people which I couldn't before. I've come on a lot."

"As soon as I came through everybody came up and introduced themselves, staff and service users... I liked it that much that I came back down that afternoon about an hour later for the group, the confidence building... it's dead welcoming... I felt a bit uplifted to be honest when I left."

She suggested that the ingredients which made the centre work included the safety of the environment, trauma-informed practice, multi-agency working, practical and emotional support, empowerment, pro-social modelling, proactive outreach, service user involvement activities and skill development activities, person-centred approaches and staff commitment.

Of all of these ingredients Anne concentrated on, three were addressed more closely: the trauma model; the multi-agency team; and service user involvement.

The trauma model has three main stages. The first is to establish and maintain the safety of women and to ensure symptom stabilisation. The second, principally guided by the psychologist is to assist with remembering and mourning loss, and the third, which involves the whole team, is to reconnect with family, with the self, with communities. The principles underlying the model include acknowledgement of the problem, safety, trust, choice, control, compassion, collaboration and building on the strengths of the women. This is work for the long term and works from the multiple challenges which the women face. Most of the initial work is undertaken outside the centre. It is a significant step for a woman to finally come to the centre and find that it is an informal, friendly, welcoming and homely place in which they can have a say. This way of working is challenging, and the centre probably underestimated the extent of the difficulties they would need to engage with, to help women rather than simply contain them.

The multi-agency team at the centre consists of mental health nurses, social workers, social care workers, clinical psychologists, a seconded prison officer and a housing officer. These mirror the basic needs of the women well. This approach is also extended out to where a woman lives, with the agencies and the community there. The principles of the trauma approach mentioned above also apply there. There are a great many services, and the key is that the woman, and what she needs, is central to all interdisciplinary conversations.

Multi-agency working is crucial to the work. The sharing of knowledge and dismantling of silos is very important to the focus on women. Anne handed over to Andrea, the housing officer on secondment to the centre from Glasgow Housing Association. She began by telling us that her 20 years of experience in housing, working with some of the city's most vulnerable people had not prepared her for the complex, multiple, and deep nature of the challenges facing women offenders and the level and degree of support that they need. Additional training on trauma models and associated issues has helped deepen her understanding of how to help.

Andrea works principally as an advocate for the women on housing and homelessness matters. She said that being part of a multidisciplinary team made it possible to understand more fully the extent and urgency of a woman's need. Her focus on women offenders and their housing needs is testing her extensive networks to their full extent! The work of the centre and its staff are now widely known throughout the city's housing and homelessness agencies and this has helped good working relationships, focused on the needs of women to develop. This in turn has helped with the development of protocols to help with providing what women need.

Andrea illustrated her work with a case study of a young woman whom she was called to help. The woman had suffered a mental breakdown and on discharge from Parkhead hospital could not return to her old house in Shettleston as she might come under the influence of a violent male engaged in illegal activity around drugs and prostitution. It emerged that the woman had good family support networks in Maryhill

and so a transfer to a house there was settled with the help of Shettleston and Queen's Cross Housing Associations. The woman has held her tenancy with no issue for a year and tomorrow is going for a job interview. She is learning so much about herself from women who have overcome such difficulty.

Andrea then handed over to Mark Sprott, a prison officer seconded to the centre. Like Andrea, Mark told us that his 20-plus years of service did not prepare him for the difference between the order inside prison and the seeming chaos outside for women offenders. As a prison officer he has seen women come and go over the years and sometimes seen prisoners who reappear for their next custodial sentence a few days after their discharge. Mark stated that working with the women outside of prison is a completely different experience; the journey isn't the same while looking after them in prison. Mark said that he became frustrated by the inadequacy of services for the women after release from prison and so wondered what it must be like for the women themselves. The experience of inadequate support can cause women to very quickly develop a sense of hopelessness from which prison can seem like the better option. When he began to see this experience, the penny dropped for him about why so many women wound up back in prison.

His role is to start early interventions while women are still in prison. He works with women to see what practical steps might be taken to help them on their release. As he is a prison officer his role is seen as legitimate by both prison staff and women alike. When women do reoffend he also ensures that the work can continue without delay during their new sentence.

One woman had been the victim of abuse. When she had gone to prison a man who had been looking after her cat decided he would move into her house. She did not want to move in with him on release and was readmitted to prison within 24 hours, having been beaten. The work continued while she was in prison, the man was evicted from her house and this time the centre has been able to keep her safe and out of prison. The multi-disciplinary approach has been central to this, giving seamless access to the services and knowledge needed to help her.

Anne then moved onto the third dimension – **service user involvement**. There have been a number of different activities, and over the past year women have slowly become more involved in participating and organising. There is a management group for the centre on which women sit, and there too they are beginning to become involved in discussion about next directions for its work. Much of this work is about identifying strengths and working to build them. Anne illustrated this with images of white ribbon day (a campaign to end violence against women) and the marking of important holidays by sharing celebrations. She then introduced Tracey, a service user.

Tracey said that she had been referred to the community justice centre following a drug treatment order. At that time it did not work for her, she struggled and could not open up and ask for help or trust services. She ended up back in prison. Mark connected with her in prison and Tracey began to realise that this was an opportunity to do something different. She felt there was genuine concern for her. This made her

realise she could rely upon help to make the changes which she had wanted so many times but did not know how.

On release from prison, Andrea contacted her and made her feel that someone believed in her and that change is possible. She is now part of Tomorrow's Women, she is engaged and feels safe when she is there. She is heard and her opinions matter. This makes her feel relaxed and good about herself. She is going on a week-long adventure course and is looking forward to learning new skills. She expects there to be difficulties and a struggle ahead and is looking forward to stretching herself and dealing with these. She is now thinking about doing some volunteering work. She ended by thanking the team at Tomorrow's Women for getting her this far and handed back to Anne.

Anne said that at the centre they were now thinking about how they could show what they were achieving and what they need to do to ensure that there is learning from what they do. She handed over to Jim McBride, Criminal Justice Service Manager with Glasgow City Council to talk about this in more detail.

Jim said he was one of four criminal justice service managers in the city. He has been working in the field for about 30 years. He started by saying that one dimension is about the changes for women themselves. He suggested that testimony such as Tracey's was a powerful insight into how this works and what it does. A second dimension is that of criminal justice strategy as a whole for the city. Partnership working is not new as an idea but the ingredients seem to be combined in unique ways and it was recognised early that this needed to be a central aspect of any strategy.

He also pointed out that this is the first time that the trauma model has been used in criminal justice work in the city. The third crucial element is the proactive outreach work which overcomes the uselessness of appointment systems in reaching vulnerable women, instead focusing on what women find most convenient and helpful. Recovery work for example teaches us that it can take 20 years of chaotic life before a person decides to make a change. There are perhaps strategic lessons to be learned about other strategic challenges that the city faces.

He said that to pilot an approach to demonstrating the impact of this work, the journeys of 15 women are being tracked. They are looking at the 12 months before engagement with Tomorrow's Women and 12 months after. They are six months into this pilot and so results are tentative and in no way final or conclusive. Elements of the investigation include short, medium and longer-term results and outcomes for agencies as well as women and how resources are being shared more generically. Information being tracked for each woman includes the number of times a woman has been charged, the number of times she goes to prison and why, presentations at hospital accident and emergency, and mental health.

Two of the 15 women have care of their children now; one has been nominated for a Business Glasgow award. Accident and emergency presentations have reduced from 112 to 24 (mostly mental health and substance abuse), with attendant reductions in costs. A similar interest exists for demonstrating reduced cost to other service areas –

criminal justice and social work for example. Offences in the group for seven of the women have reduced from 58 to 11. Of these only one was a violent offence, the others all of lesser seriousness than before. Overall, the number of offences in the group has reduced from 64 to 14 with 80% fewer cases being handled through the courts. The tracking study reports finally in April 2015.

Jim praised all of those involved in the development of the centre. He especially thanked the Scottish Prison Service whose support for the initiative has been unstinting. He echoed the observation of all previous speakers that they had underestimated the sheer complexity of the challenges facing this group of women and the extent to which the approach would need to change to be helpful to them in changing direction.

Jim concluded by saying that it was uplifting and hopeful to be involved in such promising and dedicated work.

The views expressed in this paper are those of the speakers and do not necessarily reflect the views of the Glasgow Centre for Population Health.
Summary prepared by the Glasgow Centre for Population Health.