

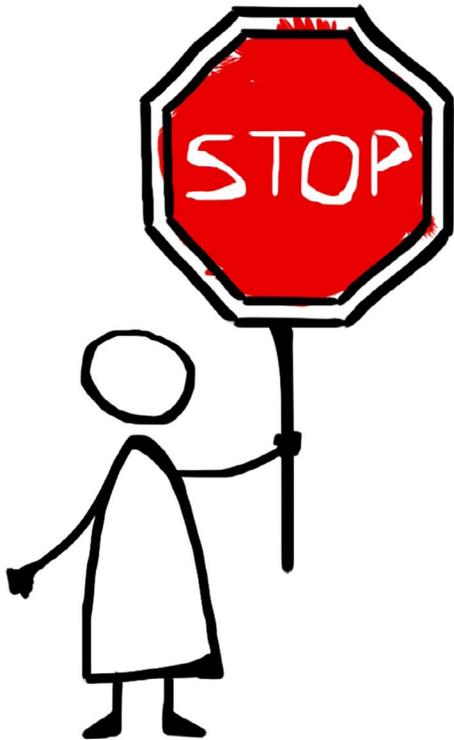
# scottish justice matters

Volume 5 | Number 2 | November 2017

ISSN 2052-7950



## **WOMEN AND JUSTICE ARE WE MAKING PROGRESS?**



# BARRIERS TO DESISTANCE

**Yvonne Robson** on how our criminal justice system can impede women's progress out of criminal justice

**ENTRY** into the criminal justice system (CJS) is often painful and affects many beyond the person appearing before the court. Leaving the system, despite a commitment to live a better life, is fraught with barriers that frustrate and all too often impedes potential progress.

Shine is a national Women's Mentoring Service for women in the CJS. It was designed as a direct response to recommendations made by the Commission on Women Offenders in its Final Report (Scottish Government, 2012). Shine was initially funded by the Scottish Government's Reducing Reoffending Change Fund and since 2013 has received 2,998 referrals. We offer a service to women remanded in custody, serving short prison sentences and those on a Community Payback Order considered to be at risk of breaching the Order. The period of engagement is 6 months and will include contact with a woman whilst in custody.

Contact with Shine is voluntary, which is considered by the women who engage, to be one of its strengths.

Many women who engage with Shine have demonstrated significant personal achievements and progress. For example, Jenny, a 33-year-old woman with considerable experience of the CJS, including periods in custody, was referred to Shine shortly before receiving a term of imprisonment and readily engaged with her mentor. She was pregnant and wanted to keep her baby. Whilst in prison she and her mentor agreed the areas that would require support when released. Given her pregnancy, accommodation and benefits were critical as was her engagement with health, addictions and social work services. The mentor contacted services, arranged appointments and accompanied Jenny to them. Jenny was initially placed in a homeless unit. However, her mentor successfully advocated for more appropriate accommodation given her pregnancy. With her mentor's support, she engaged with ante natal and addiction services attending all appointments. Her mentor also encouraged and supported Jenny to engage with the social work department. The mentor helped her successfully apply for a maternity grant and was able to obtain essential baby equipment for her. When Jenny went into labour her mentor took her to hospital and remained with her during the delivery. Jenny and her baby are together and continue to thrive. Shine's involvement has now ended however the mentor ensured that Jenny was supported by relevant housing and family support services.

However, using the experiences of women engaging with Shine, we can highlight barriers that impede an individual's progress to desist from

offending. The issues are addressed alphabetically and are intrinsically linked: a breakdown in one area will have an impact elsewhere.

It should be acknowledged that practices within services often vary across local authorities with some adopting a more flexible approach to women in the CJS than others. Inflexibility is often a consequence of reduced resources.

## **Accommodation**

Access to safe and secure accommodation is essential to support change. The availability of such accommodation is woefully inadequate and the uncertainty associated with this causes high levels of stress. Many women who are homeless are reluctant to accept hostel or temporary accommodation which may be some distance from their home area and with little support. Most claim hostels are not conducive to remaining substance free.

Women tell us that they are frequently overwhelmed and just leave their accommodation without thinking of the consequences, including accruing arrears and being considered "intentionally homeless". Eviction is more than the loss of accommodation, it is the loss of possessions and documentation.

The quality of accommodation varies, one mentor spoke of her mentee being allocated a property on a Friday afternoon that was insecure with a hole in one wall and splattered with what looked like blood on the walls and ceilings. It is therefore not surprising that women too often return to abusive and unsafe relationships to acquire an address just for somewhere to stay.

## Addictions

About 90% of women engaging with Shine are dependent on drugs and or alcohol. Current substitute prescriptions and certain medication may not be continued once admitted to prison: this has treatment implications following release. Should a woman be detoxed in prison she will require a new community assessment which delays access to treatment and heightening the risk of illicit use with lower tolerance. The lack of alcohol services in prison and the community is frequently highlighted by women.

The sharing of health information between community health services and Scottish Prison Service (SPS) is poor (Royal College of Nursing, 2017) and can impact on treatment in both settings.

## Finances

Most women in the CJS are entirely dependent upon state benefits, primarily Employment Support Allowance (ESA). Issues relating to benefit payments are the most frequently reported by women. Receipt of benefits are often delayed or reduced prior to re-assessments. For those previously in receipt of ESA this will be £60 per fortnight causing real hardship. Benefits that are stopped or sanctioned, place already vulnerable women in extremely high risk situations. Engagement with Department of Work and Pensions (DWP) is now almost exclusively by telephone or on-line. Many women, especially when released from custody, have little or no mobile credit. Contact is stressful and questions frequently wrongly answered requiring information to be resubmitted and delaying payments. This causes frustration especially when communication, literacy and digital skills are poor. A bank account is essential to collect benefit payments and the opening of one can be hampered by the lack of an address and appropriate identification which many women do not have. Women who have been remanded are not entitled to any financial assistance from SPS and maybe particularly vulnerable if released direct from Court. Although an application may be made to the Scottish Crisis Fund restrictions apply. Mentors have also reported that discharge grants have been used to pay outstanding fines to avoid a gate arrest.

## Physical Health

Many women pay little attention to their physical health needs, prioritising their addictions. The impact of long term poverty, smoking, poor diet and accommodation contributes to complex conditions, frequently ignored until causing severe distress and requiring acute treatment and hospitalisation. Too many women continue to be unregistered with GPs nor have the necessary documents to do so. Many women think GPs lack sufficient time or understand the complexity of their health needs underpinned by earlier trauma experiences. In one local authority, the Homeless Unit's medical practice successfully engages with many women because of their understanding and responsive practices

## Mental Health

The prevalence of mental health conditions is significantly higher amongst women in the CJS and presents a major challenge for individuals and community services. Most women also have addiction problems which is often the

focus of treatment rather than the integrated psychiatric and addiction treatment required for women with a dual diagnosis. Access to Community Psychiatric Teams is variable, with the prescribing role taking precedent over other interventions. For many women, only medication is offered following a diagnosis of Post-Traumatic Stress Disorder and other disorders, with access to other treatment options unavailable or with lengthy waiting lists. Many women are reluctant to accept counselling when available, as they are fearful to address or relive the psychological trauma that caused their pain. Women lacking in confidence, with poor verbal skills, often consider contact with health services as a negative experience and this can influence their co-operation with future appointments and treatment.

The issues identified highlight the challenges faced by women in the CJS.

## Conclusion

Mentoring as an approach can and does support and enable women to improve their lives and make positive changes. The final evaluation of the Reducing Reoffending Change Fund found that "...mentoring is an effective approach, that helps individuals learn and implement constructive, non-criminal ways of addressing problems...and reduce risk factors associated with offending behaviour. There is a strong case for continuation and expansion of mentoring services" (Scottish Government, 2016). An independent evaluation of Shine, case histories and personal accounts from women and mentors also confirms this view (Ipsos MORI, 2015).

However, the barriers described here, present significant challenges that too often overwhelm women thereby reducing their belief in and ability to make changes required to leave the system.

The issues highlighted, accommodation, health, addiction and finance, have been known to governments, policy makers, criminal justice, health and other community agencies, through a myriad of academic research over decades. It is now five years since the Commission on Women Offenders made 37 recommendations. Positive changes have resulted albeit perhaps not as quickly or as consistently as was envisaged. Nevertheless, timely access to safe accommodation, responsive health services and financial benefits, factors essential to support change, continue to have barriers that overwhelm women and reinforce their belief that they are powerless to change themselves or influence an increasingly bureaucratic and inflexible system.

## **Yvonne Robson is one of the Shine Women's Mentoring Service's Partnership Managers.**

*Commission on Women Offenders (2012) Final Report of the Commission on Women Offenders.*

*Ipsos MORI (2015) Evaluation of Shine Women's Mentoring Service [ow.ly/W6W130eAnXa](http://ow.ly/W6W130eAnXa)*

*Royal College of Nursing (2016) Five Years On - Royal College of Nursing Scotland review of the transfer of prison health care from the Scottish Prison Service to NHS Scotland. [scadmin.rcn.org.uk/about-us/policy-briefings/sco-pol-five-years-on](http://scadmin.rcn.org.uk/about-us/policy-briefings/sco-pol-five-years-on)*

*Scottish Government (2016) Evaluation of the Reducing Reoffending Change Fund [www.gov.scot/Publications/2016/02/9184/0](http://www.gov.scot/Publications/2016/02/9184/0)*