



# What are the needs of people entering prison custody from court?

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# Outline

- Introduction
- Methodology
- Results
- Conclusions
- Questions
- References



# Introduction

- The Bradley Report (2009) recommendations:
  - an analysis of the needs of people in custody suites
  - better support to people with mental health issues and learning disabilities in custody suites



# Introduction



- Transition into prison is turbulent:
  - Early days in custody, mental health issues and substance misuse = risk factors for suicide (Prisons and Probation Ombudsman, PPO, 2014)
  - 1/6 of self inflicted deaths in custody within the first week and 1/3 in first 30 days (PPO, 2016)
  - Inadequate consideration given to mental health concerns; referrals and continuation of medication during early days was a common failing amongst PPO investigations into self-inflicted deaths (PPO, 2016)
  - Prisoners often arrive with immediate welfare needs including securing accommodation, addressing health related issues, issues relating to safety and wellbeing of immediate family members; and other issues relating to the prevention of harm to others (Early days in custody PSI 74/2011)

# Introduction



- Supporting People After Remand or Conviction (SPARC)
  - Based in Court custody suites
  - Innovation by Governing Governor Peter Wright (HMP Lincoln) and Christina Hall (Director of Operations, Lincolnshire Action Trust)
  - Support to newly sentenced or remanded prisoners while in the court cells —> keep safe interview
  - Address immediate welfare needs: referrals to prison healthcare, mental health and substance misuse teams; contact families; securing pets and properties; information sharing with the prison in relation to risk and security; provide information to prisoners and their families about regime, rules and ways to keep in touch
  - Ongoing follow up support in the prison the day after arrival
  - Resettlement support (Sentenced <6 months)

# SPARC Progress (to week end 04.06.2016)

- 700 referrals made to substance misuse support
- 634 referrals made to mental health support
- 465 referrals made to pharmacy/physical healthcare
- 407 security information incidents
- 246 suicide and self harm alerts raised
- 44 pets secured
- 241 families contacted from court
- 14 adult safeguarding interventions
- 14 child safeguarding interventions

# Introduction

- Maslow Hierarchy of Need (1943)



- Immediate needs are at the bottom of the hierarchy  
- Engagement in sentence plans and Offending Behaviour Programmes ask prisoners to operate higher up the hierarchy  
- Addressing immediate needs facilitates this

# Introduction

- Case Study example: Dave
  - Remanded and needs identified during keep safe interview: statements of intent to commit suicide, depression, alcohol dependent, pet dog, tenancy
  - Suicide and self harm alert completed in court and handed over to reception staff, urgent mental health and substance referral – mental health substance misuse nurses met him in reception; dog located and safe – arrangements made for ongoing care; liaison with Auntie to secure tenancy, continued work in the prison, attendance at ACCT reviews
  - Engagement in sentence, completion of courses and has not returned to custody





# Research

- Extensive evaluation of SPARC including the needs of court users and the effectiveness of SPARC in reducing harm and improving wellbeing
- Focus today = the data collected from SPARC about the needs of court users. (BUT will briefly mention the other aspects of the research)



# Methodology

- Keep safe interviews completed in Magistrates and Crown courts to identify need and offer support
- Data from those interviews collated
- Data transformed and analysed using SPSS



# Methodology

## Sample:

- 1,302 interviews between December 2013 and December 2015
- 1035 interviews at Magistrates Court, 267 Crown
- 1093 different people (209 people were seen more than once)
- The data from the first appearances were used for those people seen more than once
- Age: Range = 18-82 years; mean 32 years 7 months
- Gender: 1018 males, 75 females

# Results: Descriptives

- **Gender:** 93.1% were male versus 6.9% female
- **Age:** Mean age was 32 years, 7 months; range 18-82
- **Index offence:** Acquisitive 30.2% and Violent 34.1%. Child sexual offences and adult sexual offences 4.3% and 3.6% respectively
- **Status:** 45.0% sentenced, 51.7% remanded and 3.3% were both. 35.1% never been in prison before
- **Immediate concerns:** 54.4% had an immediate concern (security, opiate or alcohol withdrawal, urgent health needs, vulnerable). 27% of people raised a security related issue
- **Expectation:** 19.8% did not expect to be going to prison
- **Substance misuse:** 49.2% disclosed a substance misuse issue. Of these, 37.4% disclosed issues with alcohol; 46.5% disclosed issues with opiates; 14.1% disclosed issues with new psychoactive substances (NPS); 58.9% said their substance misuse was related to their offending
- **Health:** 15.6% had a suicide/self harm (SASH) alert form; 42.5% disclosed mental health issues. Of these, 66.7% disclosed mood disorder, 26.2% anxiety disorder, 14.8% psychotic disorder, 8.4% personality disorder, 4.9% PTSD. 46.6% disclosed a physical health issue. 17.6% were not registered with a GP

# Results: Interactions

The following significant interactions were found:

Gender\*Age<sup>1</sup> Males were more likely to be in the youngest 18-27 years age group (39.9% of men) while women were slightly older overall. The most popular age group for women was 28-37 years (41.9% of women)

Gender \*mental health<sup>2</sup> Females were more likely to disclose a mental health issue than males. 67.6% of females disclosed a mental health issue versus 41.5% of men.

Of those who disclosed mental health issues, females were more likely to disclose mood disorders<sup>3</sup>; and anxiety disorders than males<sup>4</sup>

Gender \* physical health<sup>5</sup> Females were more likely than males to disclose physical health issues – 61.3% versus 45.4% respectively

## Chi Squared Results

<sup>1</sup>X<sup>2</sup>(6)=23.314, p=0.001, N = 1082; <sup>2</sup>X<sup>2</sup>(1)=19.071, p=0.00, N = 1074; <sup>3</sup>X<sup>2</sup>(1)=7.243, p=0.007, N=; <sup>4</sup>X<sup>2</sup>(1)=5.301, p=0.021, N=416;  
<sup>5</sup>X<sup>2</sup>(1)=7.076, p=0.008, N = 1087

# Results: Interactions

- Age\*Offence Type<sup>1</sup> The youngest age group of people were most likely to have committed a violent offence than any other type of offence. The age groups 28-37 and 38-47 were more likely to have committed acquisitive offences than any other type of offence. The two oldest age groups were most likely to have committed child sexual offences
- Age \* substance misuse<sup>2</sup> The 28-37 age group was most likely to disclose a substance misuse issue than any other age group. This then gradually declined with age. However, within those who disclosed substance misuse issues, the age group most likely to disclose alcohol issues was the 48-57<sup>3</sup>, opiates was the 38-47 group<sup>4</sup>, and novel psychoactive substances was the 18-27 group<sup>5</sup>
- Age\*mental health<sup>6</sup> The age group most likely to disclose mental health issues was the 38-47 group
- Age \*physical health<sup>7</sup> The proportion of people disclosing physical health issues increased with each age group

## Chi Squared results

<sup>1</sup>X<sup>2</sup>(48) = 106.942, p < 0.001, N = 506; <sup>2</sup>X<sup>2</sup>(6) = 70.29, p < 0.001, N = 1064; <sup>3</sup>X<sup>2</sup>(4) = 21.359, p < 0.001, N = 520; <sup>4</sup>X<sup>2</sup>(4) = 43.059, p < 0.001, N = 520;  
<sup>5</sup>X<sup>2</sup>(4) = 10.303, p = 0.036, N = 520; <sup>6</sup>X<sup>2</sup>(6) = 15.226, p = 0.019, N = 1137; <sup>7</sup>X<sup>2</sup>(6) = 63.180, p < 0.001, N = 1148

# Results: Interactions

- Substance misuse \* offence type<sup>1</sup> Acquisitive offenders were more likely to disclose substance misuse issues generally than other offence types. However, those with offence against property were more likely to disclose alcohol issues than those with other offence types<sup>2</sup>. Opiate issues were more likely to be disclosed by acquisitive offenders than any other offence type<sup>3</sup>
- Substance misuse\*mental health<sup>4</sup> Of those people with mental health issues, those suffering psychosis were most likely to disclose new psychoactive substance misuse over opiates or alcohol
- Mental health \* physical health<sup>5</sup>. Those with mental health issues were more likely to disclose physical health issues than those who did not have mental health issues

## Chi squared results

<sup>1</sup>  $X^2(48)=106.942$ ,  $p<0.001$ ,  $N = 506$ ; <sup>2</sup> $X^2(8)=18.079$ ,  $p=0.021$ ,  $N=237$ ; <sup>3</sup> $X^2(8)=47.595$ ,  $p<0.001$ ,  $N=237$ ; <sup>4</sup> $X^2(1)=4.469$ ,  $p=0.035$ ,  $N=238$ . <sup>5</sup> $X^2(1)=31.786$ ,  $p<0.001$ ,  $N=1069$

# Strengths and weaknesses

- **Strengths**

- Existing research investigates needs of overall prison populations. This data is unique = point of entry
- Data across 2 courts (Magistrates and Crown)
- Amount of data
- Data across several areas of need
- More analysis is required but there is data on 'revolving door' clients
- Analysis of need may allow development of new resources, particularly with specific groups such as acquisitive offenders and people using new psychoactive substances

- **Weaknesses**

- Self report
- Retrospective analysis - Data not originally set up for the purpose of this research
- Some data missing (e.g. Collation of offence data only part way through; suicide and self harm history collected but not collated)
- Data is descriptive so cause-effect?
- Courts in one area
- Does not specifically tell us if SPARC is helpful



# Impact

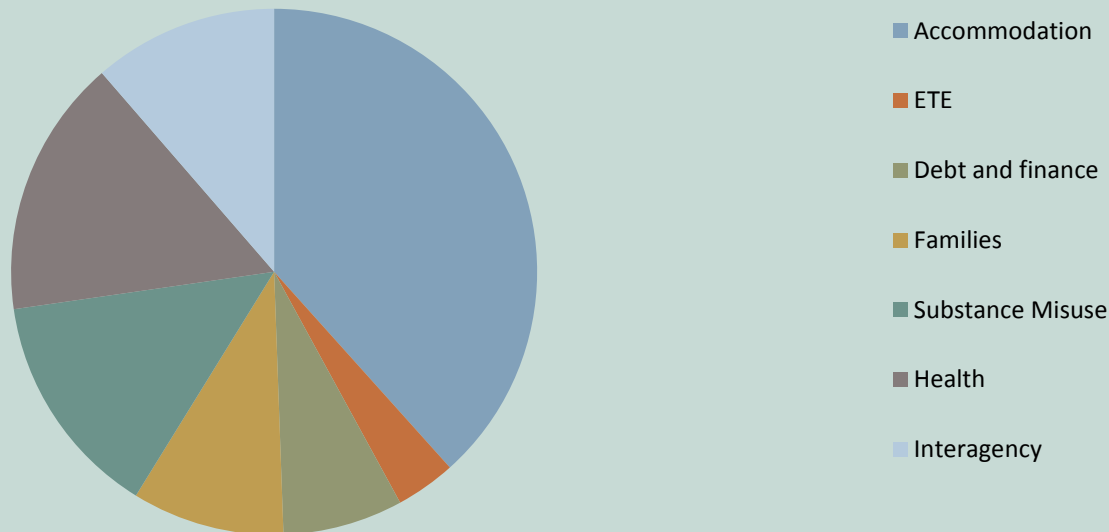
Related findings regarding the impact of SPARC interventions on prisoners:

- 90% of SPARC clients found the service useful
- SPARC clients were scored significantly higher with regard to wellbeing on the clinical outcomes routine evaluation (CORE) than those who had not been supported by SPARC (  $t(254) = -2.108, p = 0.036$  )
- Common themes with regard to why it helped (from focus groups):
  - Positive feelings associated with SPARC staff e.g. reassurance, calming
  - Explanations of prison and processes. Better prepared for prison
  - Support with practicalities
  - Helping families as well as the person in prison
  - Impact on release - not ending up leaving prison worse than when they came in
  - SPARC as a quality service (inc accountability and action planning)
  - Immediacy and continuity
  - Reducing fear and increasing wellbeing

# Related research results

## Diversionary data

- Interventions offered to those released on community orders/bail
- 352 interventions with 233 different people between June 2014 and Dec 2015:



# Conclusions



- Court users have diverse and complex needs
- Court users require support during the transition into custody
- Court users may also require support if they are not entering custody
- SPARC provides a way of establishing needs amongst court users and responding to need – extend to other geographical areas
- Mental health support alone is **not** sufficient
- Like SPARC, services need to fit the needs of the service user, not the other way round
- Addressing need helps prisoners to have their basic needs for safety and security met which arguably allows them to engage better in their sentences (including offending behaviour interventions) which is subsequently likely to reduce the likelihood of reoffending
- More focus is required on the rehabilitation and management of acquisitive offenders

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ANY  
QUESTIONS  
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