

Contribution to The Harris Review (2014-2015)

Introduction

Unfortunately, the closing date of the call for submissions to the Review has already passed but it would be appreciated if this contribution could be brought to the attention of panel members for their consideration. An application was submitted in July 2014 in response to the Ministry of Justice's (MoJ) open invitation for completion of a research project into staff experiences and views: as part of The Harris Review of self-inflicted deaths in custody of 18-24 year olds. That application was not successful and the work was awarded to RAND Europe. There are no grounds being raised here to challenge that decision in any way. However, the context of that research call and process of consideration are pertinent to this contribution to the Review and will be referred to in that respect.

Feedback from the MoJ regarding the application refers to a "worrying statement of wish to use the project as continuation of earlier research undertaken by the research team". Not only is it not possible to locate any such statement within the submission, to the contrary, the application emphasises that the proposal is not regarded as a continuation of earlier research. Namely, "we are aware that this constitutes a fresh research proposal and will be designed in collaboration with the MoJ analytical service and in line with the current and specific needs of the Harris review panel".

More worryingly, the feedback states that the reviewers are "also unsure about what 'establishing' their 'particular/unique understanding of the research context' means in practice - and whether this would necessarily be of benefit to the research being commissioned here". As already emphasised, this contribution in no way whatsoever constitutes an appeal against the decision to award the contract to RAND Europe. It is, however, intended to ensure that The Harris Review receives as much relevant and accurate material as may aid its deliberations on the long-standing, complex and deep-seated challenge of self-inflicted deaths in custody. To this end, the contribution necessarily identifies the longitudinal perspective and quality to the policy and research context to this topic. The merit of this approach is demonstrated by reference to both another prisons research activity and a wider policy research context that has cross-cutting relevance for this topic. This contribution is intended to form a constructive and well-informed commentary on a policy, practice and research context in which the writer has gained significant experience and it is anticipated that it will be considered as such by members of the Review panel.

Policy and Research Background and Context

The following information was included in response to the MoJ call: "Dr Marija Krlic has a background as a Prison Governor grade with previous responsibility for self-harm and suicide policy and practice with different prisoner populations and in prison reform work for the Council of Europe. She discharged the full range of duties of Governor-in-charge and Duty Governor, including incident command in suicide, hostage and assault cases. She has reported formally following suicides, notified families of deaths, prepared staff for and also attended coroner and jury inquests. She has also acted as an Appropriate Adult for juveniles held in police custody, taking the role of *in loco parentis* for juveniles being held in custody following arrest. She was awarded her PhD in 2007, based upon research which focused upon the experiences of prison officers in female and male local prisons / YOI's and which specifically addressed the topic of dealing with self-harm and suicides. As part of this research work, Dr Krlic had contact with the NHS's national work of deaths in custody headed by Professor Appleby.

Although Dr Krlic's PhD thesis is unpublished, a report of emerging findings and the final conclusions were provided, at the time, to the then Director General of the Prison Service. Although we are aware that this constitutes a fresh research proposal and will be designed in collaboration with the MoJ analytical service, in line with the current and specific needs of the Harris review panel, we are

keen to establish our particular- even unique - understanding of the research context and our longitudinal experience of the topics involved, both academically and operationally.....The following information, from the thesis narrative, illustrates the research context of Dr Krlic's earlier study (2006):

"The prison population in England and Wales has continued to rise steadily by around 90% over the past 12 years - now approaching 80,000 - and with this persistent growth showing no signs of abating. The female prisoner population has risen by unprecedented proportions from just over 1,500 ten years ago to levels which have exceeded 4,400. Prison Service leaders in 2001 were able to express just a degree of relief as the total number of self-inflicted deaths dropped - from that in 2000 - despite the escalating prison population. Sadly, even this degree of relief was short-lived. The following year saw a rise of 21 more men and women taking their own lives whilst inside prison. Of those 94 self-inflicted deaths taking place during 2002, 69 occurred within local and female prisons, 46 during the first three weeks of custody and 9 were women. In 2003 there were a further 94 deaths of which 14 were women, constituting a dramatic rise even upon the higher figure of the preceding year. Another degree of relief was experienced with a reduction in deaths during 2005 but sustaining this direction will remain a priority for the Prison Service".

"More recent developments to the Prison Service strategy emphasised prevention over awareness and focused significant investment in physical accommodation in order to achieve a reduction in suicides through enhanced physical safety. A sustained reduction, however, was not secured. A new training course for all staff in contact with prisoners - introducing the Assessment, Care in Custody and Teamwork (ACCT) approach to self-harm in prison - was delivered in 47 prisons by January 2006: with a target of Spring 2007 for all remaining establishments. This perspective marks a shift in the approach of previous years".

"Officers in this study were asked whether they believed suicide and self-harm could be predicted and prevented. Staff drew a distinction between suicide and those acts of self-harm that were not life threatening. They believed that with the latter, if staff knew the prisoner personally, or they or other prisoners had detected signs of distress or anxiety, or the prisoner had previously self-harmed, then it was possible to provide appropriate support and support is given. However, their responses indicated a general consensus amongst officers that most prisoners who had killed themselves in prison had not been identified to staff as vulnerable and if someone was intent on killing him or herself and had made up his or her mind to do so they would not manifest signs of it and there was nothing that could be done to prevent it. The weight of this rationalist perspective upon suicide in prison prevailed with alarming consistency: in direct contrast to a perspective - supported by my own experience of working in prisons with these issues - in which self-harm belongs to the language of incommunicable pain. Indeed, the National Health Service (1994, p.10) policy on suicide prevention reminds us that "so-called 'rational' suicide, that is, suicide in the absence of manifest psychological distress appears to be rare in western countries".

"Although the officer sample for this study was chosen randomly, one quarter had direct experience of at least one death in custody and a further quarter had been involved directly in at least one near death. Of the remaining half, only one had not been involved in any self-harm incidents. Officers described vividly - even where years had elapsed - how they had felt about those incidents involving ligatures or serious blood loss. Although the trauma of cases involving serious injury was clear, officer accounts seemed to hold a tangible sense of shock and horror associated with human beings who had hanged themselves. This was so even where life had been saved".

"However deftly one might endeavour to negotiate the journey, it would not appear possible to debate the Prison Board's highest stated priority of a reduction in the numbers of suicides in custody without crossing over the thorny topic of a concept of care. A problematic and slippery concept in any arena, it is especially so within the prison setting where the interplay of elements of control and

coercion cannot be eradicated given the Prison Service's core duty of keeping in custody those committed by the courts. Perhaps unsurprisingly then, the term care has been less readily applied within discussions of self-harm strategies than awareness and prevention and - within the official discourse of imprisonment - the terms humanity and decency. Although - notably - this has shifted recently with the Prison Service's introduction of a term care in custody within its self-harm policy". (2006)

Prisons research

A leading contemporary prisons researcher, Liebling (2014) returned to HMP Whitemoor after a 15 year period and her written account highlights the merits of a longitudinal perspective to the research experience and the gains of a cumulative or incremental understanding of the issues involved:

"While prisons are generally 'low trust environments,' this shift from 'a little' to 'barely any' made the prison feel paralyzed and destructive. The environment was more than usually impenetrable. Much of what we found reflected a new context and its effects: a prison that was more 'new penological' in many respects and an era that is more punitive and risk-laden than the era we were in before, during the first study (1998-1999; see Liebling & Price, 1999). There were prisoners who did not (dare to) reveal critical information about themselves, which we sometimes learned from other sources. There were so many comings and goings at senior management level throughout the course of the project, that it was difficult to establish relationships. This had repercussions. Prisoners at Whitemoor the second time around described a crisis of identity and a crisis of recognition. We found long-term prisoners at early stages in their sentences struggling to survive psychologically, or to find meaning in their environments. Prisoners complained often that love, meaning, and identity were nowhere to be found, and yet constituted deep and pressing needs".

Officer Experience, Views and Understanding

The following quotes from officers (Krlc 2006) provide an insight into the data obtained from across 5 (female and male) local prisons from (female and male officers) working with prisoners in custody.

Deaths in custody

One of my colleagues when we had a death in custody and she had to go and give in her evidence as to what happened. They were trying to find somebody to get for this, why this woman took her own life and that must have been huge pressure for her. I don't honestly know how I would cope with something like that. Because at the end of the day you come to work and you do your best and you don't often get rewards or feel a sense of achievement at the job and then to have that on you when you've tried to save someone's life must be absolutely horrendous. I mean she'd come to work and you could tell she'd not been to sleep, you know, she was trying to carry on with her duties. She had to stand up and explain what had happened and constantly they were querying and questioning what she was doing and 'why did you do that' and she said it made her feel very like insecure and was she wrong to do it, why did she do that. She just felt like she was the criminal, that she was being tried for something, you know (Officer).

Everyone's just so busy getting on with what they're doing and so short of staff that sometimes your own emotions get left really or you don't, at the time, you just think 'oh I've got to get dinner served' and you put it to the back of your mind and it's only when we had a particularly bad spell on the wing you go home and you think 'I've cut ten people down this week' and that's not normal and yet I'm dealing with it as if it's just, oh, you know, ten people have ligatured and so what, get on with it. You end up just telling yourself to get on with it (Officer).

Risk

There was one instance when I was working on X wing and I had to go and speak to an individual that was right at the end of the wing with others. I got right to the bottom and there was like a gang of them. I can't remember what it was I had to do. I had to tell him to go somewhere or something and one of these was a little bit cheeky. Fortunately, I laughed it off but as I turned round I thought 'bloody hell, it's a long way back to the office'. It just felt so long away and I couldn't see any staff. There wasn't a white shirt anywhere and for a split second, I really felt lonely. That was the best way of describing it. I really felt lonely. I stood there and thought if anything happened here I can't see an alarm bell, I haven't got a radio and I'm out on a limb on my own. I turned round and thought it's a long way back that. It's a long walk, you know, going back (Officer).

She was absolutely petrified of the rattle ... You could see the fear in her eyes. Do you know what I mean? You'd sit and talk to her and talk to her and talk to her. But every time you shut the door she would, she was convinced she was going to die. So after you'd shut the door, you'd have to stand there for another ten, fifteen minutes reassuring her, leaving her flap open, talking to her through the door, getting the girls either side to talk to her through the window, just to keep that continual, almost hand feeding her, almost hand feeding her through that time (Officer).

I suppose it makes you think twice before you do anything. Now, that can be a good thing or it can be a bad thing. It's certainly not unknown for inmates to make allegations against staff when a member of staff has been carrying out his normal, lawful duties (Officer).

So all the time you're watching what you're saying, watching what you're doing...Still trying to work your style, still trying to get the tasks of the day done but being aware of at any time there could be somebody turn round and investigate you. So you feel it's like you're not trusted. You're not trusted to do your job and basically I suppose you can understand it with some of the prison officers that come through that annoy prisoners then that's to be understood as well but you're not ...you're not really backed up. You know, the prisoner makes an allegation and all of a sudden you're hung drawn and quartered, do you know what I mean, before anything is listened to (Officer).

The risk of allegations these days whether you've done something or you haven't. If ... all it takes is for one of those women to decide I don't like you so I'm going to say you've hit me. You haven't and the whole system believes the inmate. You're guilty until proved innocent (Officer).

Staff training and stress

You can get people trained in things that they haven't been trained for years like suicide awareness. I can't remember the last time I was trained in that yet I know my job because I listened well the first time round and I'm dealing with that kind of work on a daily basis anyway, you know, and I've dealt with death and that from suicide (Officer).

Then there's the training aspects, if you want your staff to be counsellors well train them to be counsellors. I think, even if they got most staff just to do a basic course in that, it would provide them a massive boost to the job they do. But a lot of staff are doing that work basically on their own back. It's not directed by the Prison Service. They might wish you did it but not proactively go on about training the people to do the job they wish you to do (Officer).

It's the stress and not knowing how you should be feeling about these things because in one way you've got a culture and a training that almost treats people like animals. It's a tin of baked beans you're putting behind the door. The other way, we've got, actually, it is a human being. It is somebody you've spoken to. It is someone you might have had a laugh and a joke with. Someone you might have shared a cup of tea with while watching a football match. People are not prepared for them kind of shocks. Some people are quite badly affected (Officer).

She knew that I'd checked her and that I had my coat on and that I'd be going to take my coat off and when I went to let her friend in she'd actually tied a ligature round her neck and her head was just probably twice or three times as big as what it usually was, she was purple, she'd lost all her bodily functions and it was just, absolute chaos and shock and I was trying to get this ligature from around her neck and it was just knotted and then knotted and then knotted and knotted and so there was no way of getting this off her other than to cut it and that for me was the worst time ever. She actually had to go out to hospital and she was quite bad and afterwards I just come out and I was just absolutely shaking because I'd never seen anybody die (Officer).

So I went in and I cut the ligature off and she was breathing alright. But it puts you into that situation where you think 'Oh, you know, I should have done my job properly. I should have been there, you know, checked when I was supposed to have checked' if I hadn't been busy doing this and busy doing that and your heart goes pounding, you think you're put in that situation, what's going to happen at the coroner's court? How are you going to explain yourself? And anyway I called the nurse over and everything was fine and then I was doing my other bits of jobs around the wing and the cleaner shouted 'she's doing it again! She's trying to hang herself from the window' and, and it makes you feel, you know, anxious and everything. It puts you on edge all the time. You think, 'Why am I here? What is it worth, you know, doing this job sometimes?' (Officer)".

As I say the, the willingness to work together and get the job done. Support each other ... I might be doing a job, I might not be able to do it, might be pushed for time. Say, showering for argument's sake, cos showering is, somebody'll come up and say, "Are you okay? Do you need a hand"? I'll say, "Well, you can do that for me if you like, do such and such a thing". "Okay, I'll do that for you". That then, I think, to myself 'Alright, he's done that for me, I'll look after him'. And it just goes. It's an ongoing process. I don't know, you might, one day you might not be feeling up to the job, oh, you know, "Are you okay"? A little bit of emotional support. Somebody might have been involved in an incident. Not necessarily a C and R incident, just might have had an altercation with an inmate. You take him to one side and say, "You okay? You feeling okay"? Just a whole host of things. It's generally just looking after each other (Officer).

Care

Stealing five minutes here and there to talk to people. I know while I'm sitting here there was 15 girls I unlocked this morning said they wanted to talk. (Pause) to spend time with somebody. Somebody else has to do without because they've all ... got problems. Every one of them has got problems. I try to steal off Peter so I can pay Paul a bit back and then you've got to keep an eye out for the girl that doesn't seem to have any trouble because you've constantly stolen off her time to pay everybody else and I think with prisoners you've got to invest time. Not necessarily, not money (Officer).

Sometimes it can be quite hard because if you can't do anything like on a night time when they first come in because of the time and the time that you've got which isn't very much because you're going off duty and it's late at night and you don't get much chance to do much for them (Officer).

The time constraints because they come in, I mean, like Fridays, generally Fridays we don't actually interview them because they'll come in any time after 7 o'clock, we just haven't got time to interview them. The hospital interview them and they've got to be interviewed by the reception so we can do the risk assessment so we can double them up. But we tend to have to leave them to the next day to interview them. The problem with that is you're leaving them overnight. You haven't addressed their problems. You haven't addressed their problems of a phone call, the regime of the prison, anything like that. But there's very little we can do. There's time constraints and that's what we're stuck with (Officer).

So through the day, how do I try and care through the day? Try to give them that little bit of individual attention. Try to remember if they've been in before try and remember something of the past like 'how's your daughter?' yeah? Just try to treat them as individuals by remembering individual things about them and that's hard. That's hard when you get so many through your door at speed (Officer).

Recent lessons concerning research: from the Independent Enquiry into CSE over a 16 year period in Rotherham (Jay Report) 2014

The Home Office researcher's report in 2002, "presented a clear picture of a 'high prevalence of young women being coerced and abused through prostitution.' Senior officers in the Police and the Council were deeply unhappy about the data and evidence that underpinned the report. There was a suggestion that facts had been fabricated or exaggerated. Several sources reported that the researcher was subjected to personalised hostility at the hands of officials. She was unable to complete the last part of the research. The content which senior officers objected to has been shown with hindsight to be largely accurate. Had this report been treated with the seriousness it merited at the time by both the Police and the Council, the children involved then and later would have been better protected Much of what was contained in this report, and in particular the criticisms and concerns of the research officer, has been confirmed by the Inquiry from other sources. The Inquiry case-file reading exercise covered six out of those ten cases that formed her case studies. Apart from a very small number of minor details (e.g. a slight variation in the date of an event), we found the cases studies to be entirely consistent with our own reading of the files, and we considered them to evidence a high standard of professional judgement and accuracy. The secrecy around this report, the discrepancies in the accounts we received from senior people and the treatment of the researcher were all deeply troubling to the Inquiry team. They have inevitably led to suspicion of collusion and intended cover-up. If the senior people concerned had paid more attention to the content of the report, more might have been done to help children who were being violently exploited and abused". (p.87)

"Anger, depression and acts of self-harm by the girls involved were evident in many from a very early stage." (p. 88)

"In Rotherham, 55% of such children had used heroin at least once per week; 40% had been raped; 73% had sexual health problems; 33% had attempted suicide". (p. 109)

Conclusion

This contribution provides a relatively brief overview and commentary based upon some of the data collated by the writer on issues of relevance to the Review, which may supplement that from other sources. It is hoped that Review panel is enabled to take an appropriately comprehensive and in-depth view of the topic and that the longitudinal and qualitative dimensions to this long-standing, complex and deep-seated challenge are neither diminished nor over-ridden by other recognised policy imperatives: such as NOMS business cases or short-term measures to produce visible outputs.

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