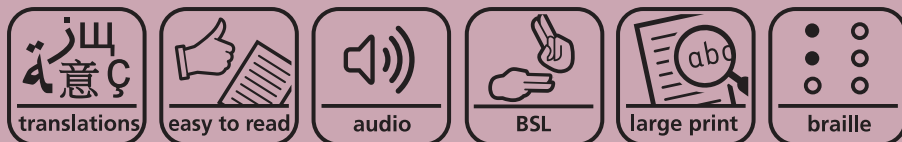




Community justice practice  
spotlight summary 4  
Tomorrow's Women Glasgow

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## Background

The Scottish Government set up the Commission for Women Offenders in 2011. It recognised that there was a crisis in relation to women in the criminal justice system, with the population of women prisoners doubling between 2002 and 2012.<sup>1</sup> It was understood that women in the criminal justice system have complex needs. Many women are frequent reoffenders of low-level crimes, which reflect their underlying issues.

There are a number of characteristics of women who offend. They tend to be of lower risk to public safety than the general prison population and are often charged with dishonesty offences. Women are also more likely than men to be remanded in custody.<sup>2</sup> Women in the criminal justice system tend to have higher rates of mental health issues, with an HMIP report in 2009 estimating that 80% of women in Cornton Vale prison had mental health problems.<sup>3</sup> In 2016, work by the Prison Reform Trust<sup>2</sup> estimated that up to 98% of women in prison have drug and alcohol problems. Many of the crimes of dishonesty are related to their own or a partner's addiction problem.<sup>2</sup>

The UK is signed up to the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules),<sup>4</sup> which outline the requirements needed to meet the distinctive needs of women in the criminal justice system. The rules emphasise the importance of providing physical and psychological safety for women, 'taking account of the history of victimisation of many women offenders and their caretaking responsibilities'. The Prison Reform Trust estimates that over half of women in prison have a history of sexual and/or physical abuse in childhood, with almost one-third having spent time in care.<sup>2</sup>

In recognising the needs of women in the criminal justice system, the Scottish Government<sup>1</sup> asked the commission:

'... to consider the evidence on how to improve outcomes for women in the criminal justice system; to make recommendations for practical measures in this Parliament to reduce their reoffending and reverse the recent increase in the female prisoner population'.

The commission made a number of recommendations to improve outcomes for women in the criminal justice system, and allocated £3 million over two years to fund the 16 local criminal justice authorities to 'develop, extend or restructure their support to women offenders'.

Tomorrow's Women Glasgow (TWG) was one of the projects set up as a result of this funding. It is a multiagency, multidisciplinary partnership that engages with and supports women with varied and complex needs who are at high risk of reoffending.

## **Leadership and good practice**

The service was established in December 2013, and although initial funding came from the Scottish Government, it is currently sustained by local public sector partners.

During the planning of the service there was a recognition that there is a high incidence of both past and current abuse that contributes to the 'difficulties' the women experience. This might take the form of 'historical sexual abuse, neglect, domestic abuse, addictions, and serious physical and mental health conditions; experiences very much interwoven with their crimes'.<sup>5</sup>

The model of delivery of TWG is 'trauma informed', which underpins the methods of delivery and also the value base that the project adheres to. Trauma-specific therapies are also offered. The approach treats everyone as if they have been exposed to, or are vulnerable to, trauma. This approach establishes practice that is non-judgemental, compassionate and accepting.

'Trauma' can be defined in a number of ways. Most often it is defined as the immediate outcome of a negative event; however, trauma can have long-lasting effects.

'Interpersonal traumas' (e.g. involving violence or abuse) have a greater correlation with longer-term impacts, the development of post-traumatic stress disorder (PTSD), and their experience increases the risk of further traumatic experiences and

re-victimisation than 'impersonal trauma' (e.g. road accidents and disasters). This occurs particularly when the symptoms persist (e.g. become PTSD) or are compounded by the experience of further traumatic events.

This experience of trauma can generate lasting damage to an individual's health and wellbeing when an accumulation of trauma is also accompanied by risks of victimisation, likelihood of offending and a lack of protective or resilience factors.

TWG describes their trauma-informed approach as:

- acknowledgement that trauma is pervasive
- creating a safe environment
- building trust
- collaboration
- a strengths-based approach
- offering choice
- being compassionate
- ongoing training for staff.

## **Learning opportunities and reflection**

In making contact with women, TWG provides very intense initial support. 'We work beyond our centre's walls reaching out to women across the city. We meet women in their communities, in prison, in their accommodation, as well as at the gate when they leave prison. By immersing ourselves in communities we are better able to engage women and to understand their needs and plan responses'.<sup>4</sup>

By providing a one-stop shop in a safe environment with access to staff from criminal justice social work, addiction and mental health services, housing and the Scottish Prison Service, the service can be 'person centred'. This is another key principle in 'trauma-informed' work. This model ensures that a tailored approach can be taken to individual women, but also allows co-ordination of interventions, information sharing, and reducing duplication and consequently resources. Police Scotland now provides a week-to-week report allowing a prompt, targeted response to women who are being supported and at risk of reoffending.

## Key benefits and success observed

The TWG project has now been operational for three years and can demonstrate a range of outcomes.

The following measures have been **reduced**:

- reoffending (48% reduction in a sample of 44 women over 6-month period)
- reoffending (an average of 85% no new offences week on week, based on weekly reports of 90+ women)
- court appearances
- A&E attendances
- drug and alcohol use.

The following measures have been **improved**:

- health and wellbeing
- access to employment and training opportunities
- re-engaging with families
- access to accommodation.

## Activities

At the heart of a trauma-informed approach is user involvement. Women are fully involved in the design and day-to-day running of the centre, including identifying activities.

Some of the health improvement activities that have been on offer are:

- walking and cycling groups
- tennis
- cooking
- Zumba and yoga
- creative arts activities, including design and writing
- song writing and drama.

There have also been relaxation and wellbeing activities, Reiki and Acudetox. As well as group work, a number of women have taken part in individual therapeutic and trauma work.

The women have also led and participated in campaigning work around International Women's Day, 16 Days of Action and breast cancer fundraising. They have delivered presentations to the Scottish Government, the Cabinet Secretary for Justice, at a social work conference and to numerous partnership agencies. TWG have identified that the positive effects are not only for individuals but families and communities.

## **Learning**

Some of the learning from the first three years of the project has further highlighted the need for a more 'gendered' approach to support. Initially the project was expected to support women with high/very high level of service/case management inventory (LSCMI) scores – a recognised tool that assesses need and is thought to be a predictor of vulnerability. However, the experience of the project is that often the score of women who are encountering the project does not reflect their level of vulnerability. The Institute for Research and Innovation in Social Services evaluation of the project in 2015 identified this. In addition women have stayed with the project longer than anticipated and over three years, more than 300 women have been involved, with a current number of 95.<sup>6</sup>

Another key element of the project is the way staff are supported. Working with a very vulnerable population can take its toll on the mental health and wellbeing of staff. In the course of three years there have been 10 deaths in the project, and this is acknowledged and acted on. Support and supervision are offered regularly. Reflective practice is key with regular debriefing and weekly complex case reviews and ongoing training.

This summary was produced by the Health Improvement & Justice Practice Collaboration Group. For more information, please contact Louise Gallagher (NHS Greater Glasgow & Clyde) at **[Louise.Gallagher@ggc.scot.nhs.uk](mailto:Louise.Gallagher@ggc.scot.nhs.uk)**

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