

Written evidence submitted by Professor Karen Slade (RAR0071)

Executive Summary

This submission focuses specifically on sections 2 and 3 of the inquiry terms of reference and is based on research and practice expertise from the author. Karen Slade is a Professor of applied forensic psychology and a Forensic Psychologist at Nottingham Trent University (NTU). She is currently on secondment with HMPPS, and this submission is written in a personal capacity based on her academic research. This submission makes four recommendations to questions related to section two and five related to section three. This submission focuses on the concept of dual harm and mortality recording, prevention and support within the custodial estate and beyond.

Section 2: Rehabilitation in prisons

5. To what extent are prisoners given enough time out of cell to engage in purposeful activity?

My research focuses on prisoners who are identified as exhibiting Dual Harm and often face restricted time out of cells. My response below outlines the evidence and a series of recommendations related to this.

Dual Harm = Reduced access to purposeful and rehabilitative services

There is a growing awareness of the relevance and importance of recognising those who engage in both self-harm and violence in prison, known as *Dual Harm*.

My research indicates that 11-16% of adult and young adult (aged 18-21) prison populations engage in Dual Harm behaviour in England and Wales. These individuals, on average, experience far longer prison sentences and face increased restrictions, including extended placement in segregation or on the Basic level of the Incentives and Earned Privileges (IEP) scheme^{2,3,5}.

My research in US prisons⁴ revealed that prisoners exhibiting Dual Harm behaviour enter prison with lower educational attainment levels and show minimal educational progression during their imprisonment, leading to a widening achievement gap compared to their peers. NTU research, focusing on young adults aged 18-21 in prison in England and Wales who engage in Dual Harm behaviours demonstrated that these individuals have earlier contact with the criminal justice system, enter the prison system at a younger age, experience longer periods of custody, and possess fewer qualifications compared to other prison population groups.

My qualitative research⁶ interviewing men who dual harm in prison further highlighted the interlinking effects of extreme psychological distress, early trauma and unmet mental health needs on dual harm behaviours in this group.

The evidence suggests that this population experiences disproportionately restricted access before and during imprisonment to educational and rehabilitative activities. This limitation and their pre-existing vulnerabilities likely contribute to poorer rehabilitative outcomes.

Recommendations

This submission sets out four recommendations for Section 2 based on the evidence and professional expertise of the author, which are listed below.

1. Integrated case management across services for individuals with multiple needs, specifically coordinating Assessment, Care in Custody, and Teamwork (ACCT) and Challenge, Support, and Intervention Plan (CSIP) processes, needs to be implemented.
2. The sector to establish systematic monitoring frameworks to track access to purposeful and rehabilitative activities, including education, employment, and psychological interventions.
3. Targeted approaches to minimising negative impacts and enhancing rehabilitative outcomes for this complex, high-risk population are needed because of the increased experience of imprisonment and restrictive regimes.
4. Ensuring people exhibiting Dual Harm behaviours retain access to trauma-informed intervention and treatment pathways.

Section 3 – resettlement services and alternatives to custody

9. To what extent does the Probation Service have the capacity to support effective resettlement pre and post release?

12. What impact do licence recall conditions have on promoting resettlement?

13. What role should non-custodial sentences have in promoting rehabilitation?

b) What, if any, changes to community sentencing should be introduced if the Sentencing Review recommends a move away from short custodial sentences?

High risk of mortality post-release and in community sentence populations.

The effectiveness of resettlement services should be measured not only by reoffending rates but also by their capacity to prevent premature death, especially where such risks are known and linked to offending behaviour. Recent research from both international sources and England and Wales has revealed exceptionally high mortality rates across the Probation population, indicating a need for greater focus.

My research⁷ confirmed that all-cause and specific mortality types (drug-related deaths, suicide and homicides) of someone on probation supervision (post-release and community sentences) occur at rates between 5 and 15 times higher than in the general population.

My research identified a temporal pattern of mortality risk, which presents challenges for resettlement services. While there is a well-documented spike, confirmed by my recent research, in drug-related deaths shortly after release from prison, my research⁷ also revealed that suicide and homicide rates may be higher among those serving community sentences. This suggests that individuals serving community sentences are not receiving sufficient support and intervention, despite facing comparable or even greater risks as those transitioning from prison.

The relationship between mortality risk and recall or enforcement actions is particularly concerning. My research identified an increased rate of death, particularly from substance-related causes and suicide, within 28 days of recall or enforcement action being initiated. This correlation may indicate either that recall/enforcement actions are undertaken in response to deteriorating personal circumstances or that the enforcement process itself may trigger behavioural changes that increase mortality risk. Either interpretation highlights the need for enhanced support during these critical periods.

These findings have significant implications for resettlement services and community sentencing, particularly in the context of potential reforms moving away from short custodial sentences. Any such reforms must be accompanied by robust support systems that recognise and address these elevated mortality risks.

This submission, based on the author's evidence and professional expertise, makes five recommendations for Section 3.

Recommendations

These recommendations emphasise the critical need for a coordinated, multi-agency approach to supporting all individuals under Probation supervision, with particular attention to periods of heightened risk.

1. Include metrics on Probation population mortality within effectiveness monitoring for services.
2. Greater focus on cross-service mortality prevention for this high-risk population, including improved linkage for Probation with health, substance use, and local authority data, activities, monitoring and learning processes.
3. Develop shared data systems to enable early identification of risk escalation
4. Probation's partnership services' prioritisation algorithms reflect the increasing risk of mortality when enforcement action is initiated.

5. Prioritise enhanced support during periods of recall/enforcement action.

Professor Karen Slade is available to discuss these recommendations or answer any questions related to her research and practice expertise by the committee.

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References

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