

of Wales Memorial Fund. However, when he turns his attention to the experience of prisoners' families in the community, his spirits begin to sink again. It is a story of stigma and labels. The system tends to label issues to do with prisoners' families as by definition the responsibility of the Home Office and the Prison Service because the word 'prisoners' appears in the label.

In fact the most important issues will often be, surprise, surprise, the main requirements of life in the community — income; education; housing; mental health and well-being; insurance ... yet, mainly because of stigma, the special challenges and needs of prisoners' families are often invisible and neglected. As the Social Exclusion Unit's report puts it: 'Training of staff in mainstream agencies is not tailored to cover issues facing ex-prisoners or their families'. I would go further and suggest that many mainstream services have not even registered that there are prisoners' families which have particular needs and difficulties which are highly relevant to the public services they need. For example, there are 125,000 children each year with a parent in prison, but most schools have no strategy for recognising and addressing their particular needs.

But — and this is the best bit of news the Martian has come across for some time — an

organisation with a name which he found difficult to understand or pronounce, has now changed its name to Action for Prisoners' Families and is on the case right across this large agenda. There are many inhumane, counterproductive and just plain barmy things about this country's treatment of prisoners and prisoners' families, but there has also been some progress. Bit by bit, the Federation's constructive engagement with the Prison Service is turning some problems around. Bit by bit, you are infiltrating the agendas of sundry mainstream agencies and the fact that prisoners' families do have problems is a good deal better researched and documented than it was even a few years' ago. Prisoners' families are getting a bit better organised and their voices are heard more often. It is quite something for an authoritative report published from within the Cabinet Office to set out an agenda which bears an uncanny resemblance to the policy statements of the then Federation of Prisoners' Families Support Groups. This might possibly have something to do with the fact that Lucy was an adviser to the Social Exclusion Unit team and exercised her very considerable persuasive powers. The Martian decides that all is not lost after all. Let us keep going. We share your commitment. We want to help see it through.

# Suicide and self-injury

## following release from prison

*Carole Shore, mother of Lester Shore, who killed himself on the day he left Pentonville made this contribution to a Howard League conference in November 2002.*

**Lester Christopher Shore**

**born 25 September 1966, died 14 July 1999**

**Lester Shore committed suicide within four hours of his release from Pentonville Prison on 14 July 1999. His condition on his release from prison was such that the prison booked a pre-paid taxi to take Lester from the prison to the Whittington Hospital. He did not get to the hospital. Indeed there was no reason to believe that he would because four days previously he had been taken to the same hospital suffering from malnutrition and dehydration. His 'frail' condition was giving cause for concern. He had refused treatment**

**on that occasion and been returned to the prison. On his final day he left the taxi provided within minutes of his release. He made his way back to Uxbridge where he had grown up. There he leapt to his death from the Cedars Car Park. His life ended at 6.21pm on that day. He was 32 years old.**

There is nothing that can be done to bring our son back, but there is much that can be learned from the circumstances of his treatment in prison and his subsequent death. As Lester was not in custody, his suicide triggered no automatic investigation. A Home Office spokesperson said when asked, 'The Home Office always looks into a death in custody but because Mr Shore died after he was

released from prison, an investigation is not required.' We feel that this sentence sums up precisely the attitude of the prison authorities and the Home Office to such a death as Lester's. He was not their responsibility, despite the fact that they had a duty of care for him up until midday on the day of his death.

Lester had been transferred to Pentonville prison from Wormwood Scrubs in February 1999. At that time Lester weighed just under 11 stone. His inquest report shows that, at death, Lester weighed less than six stone — which means he had lost almost half his body weight. This is a very definite physical manifestation of the fact that Lester was suffering from a serious mental health problem. Indeed from the evidence given at the inquest and from the Daily Medical Record it is clear that, despite all the evidence pointing to Lester's mental condition, the medical team at the prison considered it to be 'attention seeking'. This conclusion was arrived at despite all the evidence of previous suicide attempts and self-harm which were considered to be due to poly drug misuse and personality disorder.

Sadly, it was not until after his death that we truly understood the depths of his despair. The psychiatric reports and medical evidence made available to us after his death had been available to the prison doctors who were supposedly treating Lester. These reports show a continuing pattern of self-harm and a downward spiral of psychological problems. There are a number of incidents where he had previously tried to commit suicide but these factors were ignored and constant emphasis was placed on his drug addiction.

His physical appearance alone should have been clear evidence of his mental state. At the inquest members of the Uxbridge Police who had dealings with Lester over many years stated that they did not recognise him when they had been called to attend the Cedars Car Park on the day of his death. Even the Coroner whom we saw when we had the sad task of identifying our son commented that he 'could be lifted by one hand'. The shock to my husband and myself was enormous as we could not recognise our son.

As the Howard League reports a large prison such as HMP Pentonville releases between 2,500 and 3,000 men on to the streets each year. Pentonville reports that approximately eight per cent of these individuals have acute psychiatric needs. This means that each year there could be between 200 and 240 people in the same desperate mental state as our son. Facts and figures in the report give an overall picture of this terrible problem, but what it cannot do is to let you understand

that each one of those figures represent a real, living person.

It is symptomatic of the systems currently in place in the prison service that the only contact that was made to us, Lester's family, was on the 13 July when we were informed that Lester would be returned to our home, by taxi, due to the fact that he was suffering from malnutrition. After a long discussion with the Senior Medical Officer at the prison, it was agreed that Lester needed hospitalisation and to my lasting sorrow, when the Doctor said 'Do not worry Mrs Shore, I will make sure he goes to a place of safety', I accepted his assurances. The next day our son was dead and we were left with the pain of knowing that one wrong reaction to one message did not give us the chance to save him.

Balance that against the fact that in May I had been in touch with the prison on seven different occasions. It had always been our practice, over more than 16 years, to write to Lester and send him a postal order to whichever prison he happened to be. This was done without fail and Lester would either phone or write once a week. Because all contact with Lester stopped in May I was very concerned, hence the calls to the prison and also to the Uxbridge Probation Service. I had thought Lester was due for release in June but was told that if he did not want contact with us there was nothing the prison could do. It clearly shows the anxiety of the prison to 'get rid of Lester' once his date of release became due, because in May I was not allowed to know anything, but in July Lester was being sent home to us!

I do not stand here to eulogise Lester nor make light of the crimes he committed. It is right that society should be protected from criminals but it is also right that you should understand how desperate many addicts are. Lester had not used heroin for almost three years prior to his death. Instead, he had been using various medically supplied prescription drugs in ever increasing amounts and his increasing psychological problems were, I believe, directly related to the use of those psychotic drugs. It was very illuminating to see in the autopsy report there were only 'traces of a cocaine like substance in a syringe found': bearing in mind that Lester had money, opportunity and was in a place where he knew how to get drugs immediately prior to his death — yet there was no trace of heroin — his drug of choice.

Lester was our son and we loved him very much. There is not one day that passes that we do not think of him and miss him. He had a severe drug problem and along history of offending and prison and because of that there was much pain



for us as his parents, but he was also a really caring, loving and gentle person. He never stole from us nor did he ever abuse our love. He cared for those less fortunate than him and despite him having such terrible problems himself, he would give his last penny to someone who said they needed help. He spent many months caring for a friend as he died of AIDS. When his grandfather had a stroke, he went and slept on the floor at his feet.

So many wonderful and genuine stories were told to us by some of the 100 or so people who attended his funeral, and it seemed impossible to link the person that so many loved with the sad and lonely boy who took his own life. And that is why I stand here today telling you about my son. What happened to Lester will continue to happen unless we, as a society, start to understand and take responsibility for the treatment of vulnerable prisoners. Society does need to be protected from criminals but, equally, a humane society needs to treat the less able with compassion and care as well as punishment.

And what can be learned from Lester's treatment? Obviously, as the Howard League report says, if a system of throughcare had been in operation, then Lester would not have been 'dumped' into a taxi and expected to make the rational decision of going to seek help on his own. At the very least, when I made calls in May and June to the prison, I should have been told of his condition.

With some warning we could have made ourselves ready for Lester's release and had the option to deal with it. The prison doctor who spoke to me on 13 July ordered a psychiatric report but he knew this had no possibility of being carried out. Indeed, to my profound sorrow, I now believe the prison just 'hung-on' until Lester's automatic release when their responsibility ended.

Surely it is not beyond the realms of imagination to see that in this day and age the prison population has changed. Addicts — and addiction carries with it many mental health problems — require different treatment to hardened criminals. Whilst the report calls for a system of through-care that might help newly released prisoners avoid the desperate despair felt by Lester and others like him, it might also be an opportune time to look at instigating separate punishment regimes for addicts. A recovering addict can become a worthwhile member of society. Invariably addicts suffer from a total lack of self-worth and it is incumbent on us, as a caring society, to find ways to stop this terrible waste of life that exists at present. Locking up an addict with hardened offenders to keep them away from society is a practice that should be consigned to the dark ages. Ignoring mental health problems, as in Lester's case, is nothing short of criminal. Only by accepting the mistakes made and learning from them will Lester's life give to society the same meaning his life gave to us, his family.

---

A Life in the Day of a

# Restorative Justice Facilitator

*Simon Saxton, Prison Officer and Restorative Justice facilitator, Bullingdon Prison.*

**It was ten in the morning as I left Northampton. I had just been to see Mr Patel. He owns a small taxi firm. He was affected by a crime in August last year. He was on duty in his small taxi office about five on a Saturday morning. He normally covers the radio during the night shift. Three young men were loitering outside his office. They were discussing something. He did not take too much notice. Two of them came into the public area of the office and spoke to Mr Patel, asking something**

**about how much would it cost to such and such an estate. Then one of the young men burst into the radio office and grabbed a bag behind Mr Patel, who turned and grabbed the bag and tried to take it back off him. There was a struggle. The man punched and kicked Mr Patel, injuring his shoulder. He grabbed the bag again and ran off into the night.**

At this point Mr Patel's nephew, who is one of his drivers, arrived outside the office and saw one of them running away. The police were called.