

Independent Advisory Panel on Deaths in Custody (IAP)

Preventing the Deaths of Women in Prison – initial results of a rapid information gathering exercise by the Independent Advisory Panel on Deaths in Custody

Working paper – version 0.1

March 2017

Foreword

In 2016 there were 12 self-inflicted deaths in women's prisons in England - the highest number recorded since 2004. In response to these tragic deaths, and in order to prevent further deaths, at the end of December 2016 the Independent Advisory Panel on Deaths in Custody (IAP) began a rapid information gathering exercise calling on members of the Ministerial Council on Deaths in Custody, the Advisory Board on Female Offenders and IAP stakeholders for their views on how best to prevent suicide and self-harm and keep women safe. Although the commitment of professionals in this field to protect vulnerable women did not surprise us, we are enormously grateful to people in demanding roles taking the time to submit 45 detailed, well-evidenced responses to our questions. In particular we appreciate the analysis conducted for this exercise by HM Chief Inspector of Prisons which evidences the increased vulnerability of women received into custody.

At the same time we sought the views of women in prison - in particular those acting as Samaritan Listeners, insiders and responsible peer mentors. Again, whilst not surprised by the quality and depth of responses, the IAP is very grateful to the women who contributed to the consultation groups in HMPs Bronzefield, Drake Hall, Foston Hall and Low Newton. We also appreciate the over 20 written submissions from women prisoners. In total, the IAP heard from over 60 women in custody.

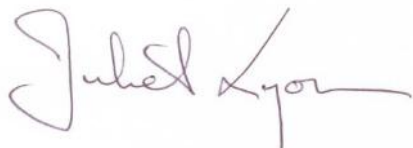
There was a high degree of congruence across the information received by the IAP. Considering why there has been a sharp and sudden rise in women's deaths in custody, respondents gave five main reasons:

-) A reduction in staffing levels combined with the loss of experienced, trusted staff, plus vacancies in mental health teams, and the accompanying reduction inactivity, time out of cell and time to listen and talk;
-) Unmet mental health, drug and alcohol treatment needs and the discernible increase in the vulnerability and complex needs of women received into prison;
-) An increase in illicit drug use, intimidation, bullying and debt in custody;
-) A marked decrease in use of release on temporary licence (ROTL), an increased likelihood of homelessness on release and high numbers of recalls;
-) The knock on effect of the hasty closure of Holloway prison including increased distance from home and pressure on other establishments combined with the widespread closure of women-only support services in the community.

The focus of this exercise is to draw together a coherent set of facts and recommendations to enable Ministers, policy makers and operational leads across departments to act on what works to keep women safe before, during and after custody. We are publishing this paper on the same day as the Prisons and Probation Ombudsman releases his latest Learning Lessons Bulletin looking at the themes emerging from investigation reports into the deaths of 19 women. There are clear areas of synchronicity between this and the PPO's report in areas such as mental health support and the better use of suicide prevention measures. Given the cross-departmental remit of the IAP, this report also considers matters beyond prison custody and we encourage readers to look at the findings of both reports.

We are grateful to respondents for providing inspiring examples of good practice and citing relevant reports and publications. There was a clear consensus that a sustained effort must be made to imprison fewer women by investing in preventative work, mental health treatment, social care, treatment for addictions, and developing a range of community sentences in which courts could remain confident. In custody itself, a number of safer custody measures and regime improvements are suggested. Of particular importance respondents informed the IAP on how best to strengthen invaluable family contact and how to improve the transfer of vital information between agencies – both of which are commonly cited in reports by coroners and the Prison and Probation Ombudsman. Recommendations were also made as to how to reduce recall to custody and improve support on release, essential given the deaths of vulnerable women post custody.

This is a working paper produced largely in note form following a swift collection of expert evidence from just over 100 respondents. We recognise that we have not been able to include all of the information provided at this stage. However, in an iterative process over the next 3 months, the IAP will revise the paper to reflect consultation with the Ministerial Council on Deaths in Custody, the Advisory Board on Female Offenders and our stakeholders. The IAP will document responses by national and local government. Findings and recommendations are expected to inform the forthcoming strategy on female offenders and are of immediate relevance to the commissioning and delivery of health services (in the community as well as custody), policing, support for vulnerable families, housing, prison and probation services as well as sentencing policy and practice. It is clear from the information we have received that action can, and must, be taken to ensure that such a toll of avoidable deaths is never seen again.

A handwritten signature in purple ink, reading 'Juliet Lyon'.

Juliet Lyon CBE
Chair, Independent Advisory Panel

Contents

Executive summary	5
Introduction	9
Findings	13
What factors have contributed to the rise in deaths of women in prison?	13
What specific changes – during custody – could help reduce deaths and keep women safe?	15
What specific changes – during custody – could help reduce deaths and keep women safe?	19
What improvements, if any, in mental health provision, treatment for addictions and social care need to be made?	23
Is the transfer of information an issue in ensuring the safety of women in prison, and if so, how can this be improved?	27
Is family contact an important consideration and, if so, how can this be improved?	30
Could preparation for release be improved specifically to safeguard vulnerable women?	33
Appendix A – Case studies	37
Appendix B – Suggested reports and recommendations	39
Appendix C – Examples of good practice	42
Appendix D – Details of respondents and contributors	44

Executive summary

Points to note on the report:

-) This report is a working paper that will be updated and refined as the findings are discussed with Ministers, operational leads and experts and action taken.
-) Many of the findings and solutions offered by over 100 experts cross disciplines and departmental boundaries and require clear leadership and support from national and local government.
-) The State is required not only to comply with Article 2 of the Human Rights Act but also to take positive steps to protect life.

Main points

-) Insufficient attention is paid to preventative work and effective community sentences which would avoid separation from family, the losses sustained by imprisonment and the uphill battle on release to find somewhere safe to live and a means of earning a living – all of which increase the risk of suicide and self-harm.
-) There are examples of good practice before, during and after custody – however, these providers are struggling with resource pressures and the lack of a gender-specific approach to safeguarding women.
-) Women prisoners are different to men– in terms of vulnerability, offences, personal histories and caring responsibilities – and should be treated as such.
-) The reduction in staff numbers and loss of experienced staff has had a negative impact on the ability of prison governors and staff to build and maintain consistent, trusting relationships with the women in their custody.
-) Mental healthcare and treatment for addictions are overly variable and require greater consistency in design and application to meet acceptable standards
-) The work of Samaritan Listeners and Insiders is inspiring and indicates the potential for self-help and peer support.
-) Transfer of information between agencies and between prisons can and must be improved in order to keep women safe and those who work with them fully informed.
-) Family contact is hugely significant factor in keeping women safe in custody and on release – yet prison location, technology and visiting arrangements make this harder for women than men.
-) Too many women are released with insufficient support – particularly in fundamental areas such as safe housing – leading to a quick return to addiction, crime and custody: the revolving door.

Recommendations

In the community

-) Encourage greater use of community sentences by the courts to include treatment orders.

-) Coordinate national and local government leadership focus on prevention and the strategic reduction of women's prison numbers.
-) Roll-out liaison and diversion services across police stations and courts
-) Increase investment in women's services in the community.
-) Develop a sustained network of women's centres.
-) Co-ordinate a multi-disciplinary response to vulnerable women involving family support and domestic violence services as well as health and justice provision.

In prison

-) End delays in receiving prescribed medication on arrival and improve contact between GPs and prison healthcare.
-) Improve arrangements for first night in custody.
-) Conduct transfers in a longer-term planned manner, with more information provided to the women being moved.
-) Improve drug and alcohol treatment in custody linked to treatment in the community.
-) Encourage and support self-help groups and peer support, in particular sustaining a team of Samaritan Listeners and Insiders.
-) Improve physical environment and remove ligature points from women's cells/rooms.
-) Ensure multi-disciplinary ACCT reviews, specifically including mental health staff.
-) Provide mandatory mental health awareness training for staff and establish a system of staff support and supervision.
-) Enable and support women to maintain family contact (see section on family contact).
-) Focus the whole prison environment on promoting the mental and physical health and wellbeing of all prisoners in a trauma-informed way (see section on mental health).

Mental health

-) Develop a gender-aware and trauma-informed environment in all women's prisons including staff training on the impact of separation and loss, and awareness of perinatal mental health and support for women at risk.
-) Roll out higher level of emergency response training for all staff.
-) Ensure every Mental Health Trust has a clinical lead for women's mental health.
-) Provide a greater range of mental health and substance misuse treatments, including the provision of counselling services and talking therapies, in the community.
-) Provide counselling services to all women prisoners. Each women's prison should employ a counsellor with placements for trainees routinely, and a national lead for counselling services should be instituted.
-) Establish thorough-going mental health assessments for all within first 24 hours of arrival in custody.
-) Review implementation of the Care Act 2014 which placed preventative duties on local authorities and required them to meet social care needs
-) Ensure access to secure mental health accommodation is available in a timely manner to those who need it, prisons should not be used as places of safety.

Transfer of information

-) Ensure healthcare staff routinely share matters of risk of suicide with prison staff, in accordance with the IAP's Information Sharing Statement.
-) Develop a shared care plan for each woman to which she can contribute.
-) Plan the transfers of women between prisons carefully with a standard form/template developed for handover and information regarding risk of suicide and self-harm.
-) Learn and embed lessons set out by coroners, the Prison and Probation Ombudsman and the IPCC in improved transfer of information between agencies and establishments to keep women safe.
-) Achieve compatibility must be achieved between health information systems in England and Wales
-) Put in place local information sharing protocols between all relevant health and justice, including liaison and diversion, services.
-) Adopt nationally the updated Person Escort Record (PER) form with space to add information about risk as endorsed by the National Police Chief's Council.
-) Improve communication and information transfer between GP's, midwives and prison healthcare.
-) Improve communication between agencies during preparation for release.

Family contact

-) Impose community sentences, with family and domestic violence support where necessary, unless the offending is so serious or dangerous that only a custodial penalty will suffice.
-) Create a custodial system closer to homes in smaller more residential accommodation linked to health and other local agencies.
-) Implement in-cell telephones in all women's prisons, and women should be enabled to make free emergency telephone calls where necessary.
-) Maximise family contact through better technology, to include use of videoconferencing and visiting arrangements.
-) Consider and extend the use of release on temporary license (RoTL).
-) Train and support staff for work with families and family support/liaison officers should be appointed in all establishments.
-) Establish and maintain sustained partnerships with voluntary organisations offering family support.
-) Provide and make accessible to women in prison the 24 hour Freephone, National Domestic Violence Hotline, run in partnership between Woman's Aid and Refuge.
-) Encourage family engagement in ACCT reviews.

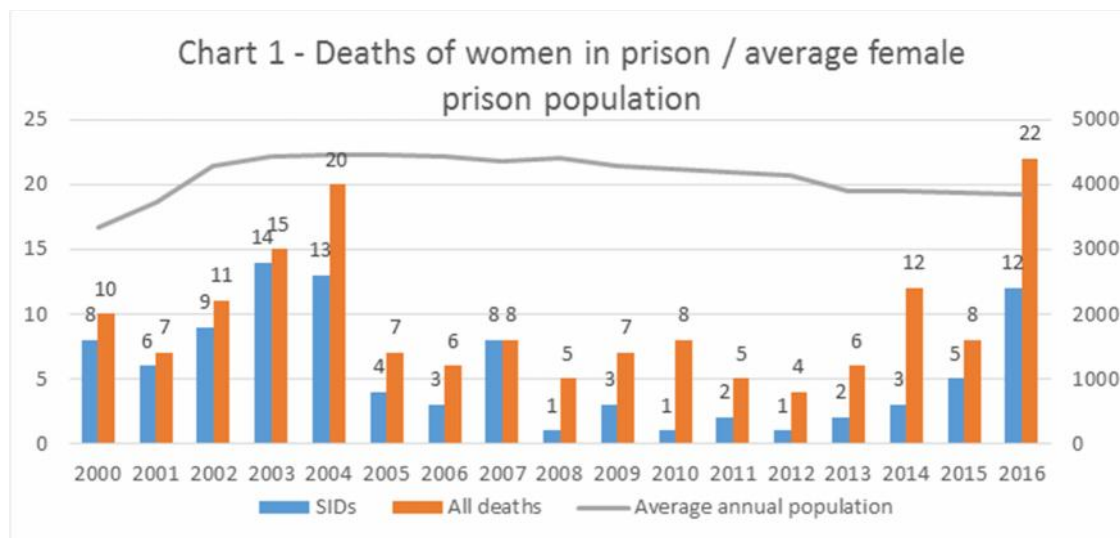
Preparation for release

-) Ensure preparation for release is ongoing, forming part of a regularly reviewed sentence plan and engendering hope and a sense of future important to suicide prevention.

-) Oblige local authorities to provide safe housing for women prisoners who would otherwise become homeless at the point of release.
-) Continue on release, if started in prison, mental healthcare and treatment for addictions.
-) Provide social care support and mentoring on release for women with learning disabilities or learning difficulties.
-) Review, and reinforce, compliance with Section 10 of the Offender Rehabilitation Act which requires commissioners and providers to take account of the particular needs of women in making supervision and rehabilitation arrangements.
-) End recall to custody for most forms of breach of license and strengthen supervision arrangements instead.

Introduction

1. In 2016 and 2017, 30 women died in prisons in England – of these, over half were self-inflicted deaths. The twelve self-inflicted deaths in 2016 were the highest in a year since 2004.
2. As shown in Chart 1¹ below, the upward direction since 2012 has been marked, with the rising trajectory occurring in both total deaths and self-inflicted deaths. The chart also reveals that the increase in the number of deaths is matched by a rise in the rate of deaths as – since 2007/8 – there has been a gradual fall and steadying of the number of women in custody.



3. There is a substantive body of research evidence on the vulnerability of women in the justice system. We know that in terms of risk of suicide, prison environments are proportionally more toxic for women than men. When compared with rates in the community, imprisonment appreciably increases the risk of suicide for women more than for men.
4. The deaths of women in the custody of the state are of especial concern given the particular vulnerability of women in the criminal justice system owing to a combination of personal, health, domestic and socio-economic factors. Information on family background published by the Ministry of Justice in 2012 shows that 53% of women in prison reported experiencing emotional, physical or sexual abuse as a child, compared to 27% of men. Figures published in 2013 by the Ministry of Justice showed that 46% of women prisoners report having attempted suicide at some point in their lives. This is more than twice the rate of male prisoners (21%) and far higher than in the general UK population (6%).
5. Stark differences in mental health need have been noted by the Department of Health, reporting that 10% of men and 30% of women have had a previous psychiatric admission prior to imprisonment. A Ministry of Justice study

¹ The data in this chart is taken from Ministry of Justice figures.

assessed that 49% of women and 23% of men in prison are suffering from anxiety and depression, compared with 19% of women and 12% of men in the general UK population. Furthermore, once in custody, the self-harm statistics show that women are more than twice as likely as men to harm themselves whilst in prison: despite comprising only 5% of the prison population, women account for over 20% of self-harm incidents.

6. The complexity of their needs therefore calls for a multi-disciplinary response. According to Ministry of Justice figures on gender difference published in 2013, 66% of women and 38% of men in prison report committing offences in order to get money to buy drugs, and 48% of women prisoners said they had committed their offence to support the drug use of someone else, compared to 22% of men. The Chief Inspector of Prisons reported in 2015 that considerably higher proportions of women than men said they had a problem with alcohol (30% against 19%) on arrival into custody.
7. These and other relevant statistics underpin the development of police triage schemes in some areas and inform the planned full rollout of liaison and diversion services in police stations and courts across England. This information also has implications for the commissioning and delivery of drug and alcohol programmes and improvement of mental health services in custody and in the community.
8. A number of respondents drew attention to government figures that while most women in prison are perpetrators of petty, persistent offending, at the same time the majority have been a victim of a serious crime, domestic violence and abuse. Most respondents referred to the impact of loss and separation from small children. Over 17,000 children are separated from their mothers by imprisonment each year. These were the most commonly cited factors leading to the high risk of suicide and self-harm within prisons.
9. HM Inspectorate of Prisons' response to the IAP's call for evidence discussed the changes in the population of woman coming into custody:

“Our survey data suggests that women arriving in custody are more vulnerable than previously. In our 2015–16 sample 80% of women arriving in the prisons we inspected reported having problems, significantly more than the 72% at previous inspections. This pattern was repeated in several questions that relate to vulnerability, mental health, safety and substance misuse.

Significantly more women in the recent inspections said they had arrived in prison feeling depressed or suicidal (39% compared with 34%), or with mental health problems (37% compared with 29%).

Our survey also asks women whether they have emotional well-being or mental health problems when they complete the survey. In the 2015–16 data, 61% of women reported these problems, compared with 52% previously.”

Process of the rapid evidence collection

10. In late December 2016 and early January 2017, the IAP wrote to members of the Ministerial Board on Deaths in Custody, the Advisory Board on Female Offenders and the IAP's stakeholder list of approximately 200 people and organisations to ask for their views and evidence in response to ten questions, and, to date, has received over 45 detailed written submissions from professionals across health, justice and policing sectors (see Appendix C for respondents)..
11. The IAP convened groups of Samaritan Listeners and mentors in HMPs Foston Hall, Drake Hall and Bronzefield and asked them the same questions. On 9 March, Dr Phillip Lee MP, the Parliamentary Under-Secretary of State for Justice visited HMP Low Newton with Juliet Lyon, Chair of the IAP, where they asked staff and residents their views on the best means of safeguarding women in custody. These responses contribute significantly to this briefing to Ministers and operational leads on the most salient points that can help prevent or reduce the number of women dying in prison in England.
12. The visits to the prisons included the following discussions:
 -) A preliminary visit to HMP Eastwood Park to discuss how to reduce the risk of suicide and self-harm with the Governor, members of her safer custody and health team and prisoner insiders.
 -) Groups of Samaritan Listeners, insiders and peer supporters were convened in HMPs Drake Hall, Foston Hall, Bronzefield and Low Newton. The latter included meetings with the governor, her offender management unit and NEPACS, the family support charity in the North East.
 -) The IAP also received over 20 written submissions from individual women in custody and a report of a focus group of Samaritan Listeners convened by safer custody managers at HMP East Sutton Park.
13. The IAP is very grateful for the evidence, research and reports we have received from over 100 experts. This exercise has been a swift – and interim - collection of a considerable amount of information which the IAP is currently collating in order to advise Ministers and operational leads on how they can reduce suicide and self-harm in women's prisons. This summary of emerging themes and principal recommendations is therefore indicative and will be revised following discussions with Ministers, operational leads and wider stakeholders.
14. The range of concerns outlined in this paper requires a cross-departmental response, and the IAP looks forward to working with a number of different government departments and organisations to effect change.
15. In a parallel process, the PPO is publishing on the same day a detailed review² looking at the themes emerging from 19 investigations between 2013

² <http://www.ppo.gov.uk/document/learning-lessons-reports/>

and 2016 of instances where women took their own lives. We believe the detail offered in the PPO's learning lessons report combined with the broader perspective in this document together provide a compelling indication of the areas services must focus on to reduce the deaths of women in custody.

Initial findings

What factors have contributed to the rise in deaths of women in prison?

“Deaths among women in prison cannot be seen as simply due to a rise in the general population and must be seen as a function of multiple complex needs (including mental health needs); the impact of incarceration itself (including fracturing of social networks), the impact of the environment (including challenges about staffing levels leading to reduced supervision affecting time out of cell)” – Dr Eamon O’Moore – Public Health England

Main points

-) **By far the most frequent subject that respondents pointed to was the negative impact of staff shortages and loss of experienced staff.**
 -) **Two thirds of all respondents said that poor mental health and/or substance misuse was a major contributor. Respondents wrote of an increase in the number of mentally unwell women coming into custody due to the lack of services in the community.**
16. Respondents identified many factors in their answers to this question, but the most frequent comment pointed to the impact of staff shortages. Three quarters of those who responded to this question named lack of staff as one of the most important factors contributing to the deaths of women in prison. A number of respondents also pointed to the recent loss of experienced and trusted staff, as well as the actual numbers involved.
 17. The staff working in prisons who responded to the IAP’s questionnaire cited the impact of the reduction in staff numbers to providing support and ensuring the well-being of vulnerable women prisoners. Many respondents – including both staff and prisoners who the IAP heard from - agreed that the reduction of staff has impacted on many aspects of prison regime including time out of cell and purposeful activity but, most importantly, on staff-prisoner relationships which are built and strengthened by spending time with the women in custody.
 18. Two thirds of all respondents said that unmet mental health and substance misuse needs of many women is a major contributor to the deaths of women in custody. HM Inspectorate of Prisons stated that in 2015–16, 80% of women arriving in the prisons they inspected reported having problems relating to their vulnerability, mental health needs, safety and substance misuse. In their 2015–16 data, 61% of women reported having emotional well-being or mental health problems, compared with 52% previously. The response from a member of NOMS staff noted:

“Greater investment must be made in frontline services for women, including increased access to substance misuse treatment and mental healthcare.”

19. Other contributing factors were said to be an increase in the number of mentally unwell women coming into custody due to the lack of services in the community, the transient nature of the female population and the degree of churn leaving insufficient time to identify, assess and address long term concerns.
20. Amongst others, the British Association for Counselling and Psychotherapy stated that despite the fact that a high proportion of female prisoners present with a mental health issue, these conditions were not being detected and treated before women enter the criminal justice system, and effective intervention treatments to vulnerable groups, such as counselling or other types of talking therapies, are needed to enable women to get out of trouble. Furthermore, staff from some prisons reported that courts are sending women into custody who should be diverted to mental health services with some women being remanded to custody ‘for their own protection’. Clearly, with their responsibility for sentencing, the courts have a role to play in reducing the number of imprisoned women.
21. A number of respondents, including the Greater Manchester Women’s Support Alliance, pointed to the destabilising effect on the women’s estate of the hasty closure of HMP Holloway – and subsequent transfer of women around the estate – and the sharp increase in women being recalled to prison following the introduction of the Offender Rehabilitation Act 2015. The impact of the closure of HMP Holloway was noted by some NOMS staff as well, who pointed to the many women who were consequently separated from close and supportive friendships and held further from home.
22. Further factors contributing to the increase in self-inflicted deaths were cited by a number of women prisoners, and some staff and voluntary organisations. These were the marked reduction in the use of Release on Temporary Licence (RoTL), the increased likelihood of homelessness on release and the high number of recalls. This is in the context of an increasingly dangerous prison environment where use of illicit drugs, victimisation, bullying and debt are more common than previously.
23. It was pointed out that investment in safer custody measures as well as detoxification had led to a reduction in suicide in the recent past and that there was learning to be derived from that success.
24. While the self-inflicted deaths of women understandably prompt significant concern and call for concerted action, it is important to pay attention to the deaths of vulnerable women on release and the marked increase in deaths from natural causes in custody.

What specific changes – in the community – could help prevent or reduce such deaths?

“Judges use prison as the default option but prison officers are not mental health nurses. Judges need to understand that prison is not a place to keep women safe.” – Woman prisoner.

“The Government’s clear policy intention to reduce women’s imprisonment must be accompanied by a planned switch of resources from custody into community provision.” – Prison Reform Trust

Main points

-) The over-riding observation was that fewer women should be in prison.
-) Prevention is key: there needs to be much more focus on early intervention, diversion and support for women whose offending is largely driven by histories of abuse and trauma.
-) Access to mental health beds is a matter of ongoing national concern, affecting women in police custody and in prison, leading to extended duration in an inappropriate environment without access to treatment.
-) Respondents wrote of the scope to develop a sustained network of women’s centres, police triage, liaison and diversion services and increase availability of, and court confidence in, community sentences and treatment orders.

Reducing the number of women in custody

25. The central concern of the majority of respondents to this exercise was that fewer women should be in prison. In order to achieve this overall aim, many pointed to the need to reduce the number of women being given custodial sentences as well as the number now being recalled to custody under the provisions of the Offender Rehabilitation Act. This overarching point will be picked up more specifically in the section on community sentencing. A quote from one respondent summed up the responses of many others:

“Only confine women when absolutely necessary (that is, where no other options are able to address public protection)”.

Preventative measures before custody

26. Several respondents focussed on women’s entry into the criminal justice system and concluded that the broad concepts of offending prevention and health improvement are key to reducing prison numbers, and enhancing social outcomes. They wrote that there needs to be more focus on early intervention, diversion and support for women whose offending is driven by histories of abuse and trauma.

27. Agenda and others included statistics which showed some groups of women were more likely to be at risk of offending (victims of domestic violence and sexual abuse; women who spent time in local authority care as a child), and argued it is here where there needs to be effective intervention programmes and support to prevent these higher-risk individuals from getting involved in crime and entering the criminal justice system.
28. Similarly, the National Policing Lead for Custody, Chief Constable Nick Ephgrave, suggested that partner agencies should work together early on to share information about women who were at risk of offending and enhance the support available to them, and that police officers should be provided with positive alternatives to arrest, for example, through triaging with mental health services and referral to places of safety. Triage should also be systematic for all women eligible for an out-of-court disposal, with diversion options.
29. The response from Wellwoman stated that preventative early intervention work with women and children is necessary and others agreed that greater accessibility to support services for women should be available at an early stage, which must include effective drug and alcohol treatment, access to safe housing, mental health, family and financial support. Respondents recommended that specific wrap-around support services for women, with access to one-to-one support, self-help groups, activities, education, housing and health – should be offered within a woman-only safe space. Very many drew attention to the closure of women’s centres. It was noted that HM Inspectorate of Probation has recently called for more support for women’s centres and better funding so that they can continue to help these women and make communities safer.

Access to services

30. HM Inspectorate of Prisons (and others) noted that achieving adequate and timely access to secure mental health accommodation is a matter of ongoing national concern. The consequences of insufficient beds and delayed transfers affects women in both police and prison custody, and can lead to extended duration in an inappropriate environment without access to treatment.
31. Respondents noted that the lack of sufficient diversion to mental health facilities is causing some women to be sent to prison because the courts deemed this to be for their own safety. The response from a member of NOMS staff summarised this concern:

“Prison should not be seen as a place of safety for someone who should be in a more appropriate setting.”
32. Feedback from prison staff in the female estate agreed that their residents need to be more effectively and consistently diverted to secure mental health facilities before entering custody rather than waiting to be transferred. Colleagues working in the NHS argued that continuity of care was needed for women with serious mental health issues with seamless step-down into

specialist counselling to manage histories of sexual and psychological abuse and trauma.

Community Sentencing

33. The response from the Howard League for Penal Reform noted that a quarter of the women who died by suicide in 2016 had been sentenced for theft, and that a number of these women were in custody for offences that could have been more appropriately and effectively punished in the community. Recent comments by the Lord Chief Justice support the need for increased focus on improving community sentence options, and the offending profile of women in custody make this a particular priority. The response from the Prisoners' Advice Service summarised the concerns of many:

“The sentencing guidelines for low level crimes need to be reviewed to allow the criminal courts the scope to properly consider alternative sentences to custody for women. Time and time again the prison setting has been found inadequate for women but little has been done to explore alternative options.”

34. Nicky Padfield, University of Cambridge, and the Youth Justice Board amongst others, were clear that courts need up to date information about options for community sentencing including treatment orders.
35. The rationale for community sentences goes beyond the risk of harm to the women sent to prison. Responses pointed to evidence that outcomes for women sent to prison are significantly worse than for those given community orders, with 55.8% of women released from prison reoffending within a year, compared to 26% of those commencing a community order. It is known that 30% of women lost their homes, and many their possessions, as a result of imprisonment.
36. A manager in NOMS stated that custody should not be seen in isolation from the community, but that the journey into custody and back out into the community needed to be recognised holistically as a whole process. Any of these transitional periods into or out of custody are high risk times and need to be managed much more effectively in partnership with other service providers to recognise and mitigate those risks.

Key recommendations

-) Encourage greater use of community sentences by the courts to include treatment orders.**
-) Coordinate national and local government leadership focus on prevention and the strategic reduction of women's prison numbers.**
-) Roll-out liaison and diversion services across police stations and courts**
-) Increase investment in women's services in the community.**
-) Develop a sustained network of women's centres.**

-) **Co-ordinate a multi-disciplinary response to vulnerable women involving family support and domestic violence services as well as health and justice provision.**

What specific changes – during custody – could help reduce deaths and keep women safe?

They [prisoners] must find a supportive environment on arrival – an allocated member of staff that they can speak to, access to a Listener etc. The time spent in prison must be productive. – Respondent

“If someone needs to talk not to be told ‘later, sorry no time, too busy’. This can make someone feeling low even worse.” – Woman prisoner

Main points

-) **Half of all respondents cited improvement in staffing levels as necessary for greater provision of services in custody, and argued that staff need to receive recognised mental health training.**
 -) **The higher occupancy rates, combined with reduced numbers of staff, recruitment difficulties and high levels of staff sickness at some prisons had had a negative impact on the ability of staff to provide adequate supervision on wings, respond to women’s needs and have regular meaningful conversations to identify needs and risk.**
37. HM Inspectorate of Prisons reported that, in general, they found better outcomes in women’s prisons than in the male estate. The focus on meeting needs, good staff-prisoner relationships and reasonable and consistent time out of cell were cited as protective factors, but the Inspectorate emphasised that there remain grave areas for improvement. In general, the areas identified were also those flagged by many of the respondents to this exercise, and are discussed further below.

Mental health training

38. Half of all respondents argued that better staffing levels are necessary for many of the same reasons discussed in the first question, but also stressed the need for staff to receive recognised mental health training. The Samaritan Listeners who the IAP met suggested that there should be more staff training on understanding risk, understanding the hopelessness of women serving indeterminate sentences and for all staff to be aware that it was helpful to talk about thoughts of suicide and self-harm.
39. However, despite the Government’s current aim of improving staffing levels, the Inspectorate advised that their recent experience, across all prisons, was of establishments struggling to recruit and retain health staff, and that even when staff are recruited, it takes time for them to achieve all the required competencies.

40. Some of the specific points regarding mental health provision – particularly regarding the use of trauma-informed environments – is explored in more depth in the responses to the next question.

Safe and supportive staff-prisoner relationships

41. According to the Inspectorate, the higher occupancy rates of prisons combined with reduced numbers of staff, recruitment difficulties and high levels of staff sickness at some prisons has had a widespread negative impact. They pointed to how these staffing problems have a detrimental impact on the ability of staff to provide adequate supervision and purposeful activity, respond to women's needs and have regular meaningful conversations to identify needs and risk. One prison manager wrote to the IAP: "The personal officer scheme no longer exists here."
42. One respondent pointed to the valuable work of Professor Alison Leibling's Safer Custody Project at Cambridge University which highlights how important sufficient and supportive staff are in helping women feel safe in prison. Research shows that – where women feel unsafe – incidents of self-harm and suicide increase. This is particularly relevant given HM Inspectorate of Prisons finding that in their 2015–16 sample 51% of women reported feeling unsafe at some time in the prison (compared with 40% previously), and 42% (compared with 36% previously) reported victimisation by other prisoners."
43. Staff working in prisons reported that women did not always want to speak to staff and were happier to talk about their concerns to a fellow prisoner. Increasing the number of, as well as support for, Samaritan Listeners in women's prisons was cited as a top priority by those Listeners who spoke to the IAP.
44. Some women prisoners commended staff for taking time to listen and respond to their concerns even when working under pressure but others spoke of "bullying officers who have forgotten their duty of care" and another wrote of the need for "respect from officers – less sarcasm and swearing".
45. A number of respondents drew attention to the need for staff training, reflective practice, and on-going supervision and support. One respondent asked: "When unusual behaviour becomes usual and the norm, is there an anaesthetising effect on staff?"

Self-harm and suicide prevention procedures

46. Assessment, Care-in-Custody and Teamwork (ACCT) procedures are how prison staff seek to support those deemed to be at risk of self-harm or suicide. One safer custody manager reported that they had, on average, 40-50 ACCT documents open at any one time and said "we are overwhelmed by the volume without the resource to fully manage it.". The responses from the women's prisons described a host of specific concerns with the completion of ACCT processes; all of which have been frequently commented on by the

Prison and Probation Ombudsman in his individual investigation reports and recent lessons learned bulletin³. The particular points raised included reporting better quality reviews; more systematic recording of information such as the identification of triggers and next of kin details, the following up of care map actions and consistent involvement of mental health teams in reviews.

47. The response from Women in Prison pointed to the evidenced links between self-harm and suicide, and argued that better support for the former can help prevent the latter. They stressed the need for supportive and caring initiatives beyond ACCT processes such as peer support, self-help, purposeful activity, art packs and some ownership of women's transition through custody.
48. Many respondents pointed to how the majority of self-inflicted deaths in women's prisons are caused by hanging. There was general agreement that greater effort needed to be made to remove ligature points from cells.
49. Professor Annie Bartlett recommended: "Monitoring use of safer cells, working with a meaningful definition of safer cells, integrating their use in ACTT processes and urging the Clinical Reference Group to work with NOMS on this area of prevention. Both hospitals and police cells have made environmental changes with a discernible impact. Why not prison?"

Limiting transfers

50. Staff from one of the prisons holding women prisoners made the specific point about limiting transfers early in women's sentences. This was also raised by the group of Samaritan Listeners the IAP met in one of the prisons. They were clear that transfers are one of the leading causes of stress in women's prisons as they are often done at short notice with limited information provided about the prison the affected women are sent to. Listeners suggested more information should be provided with time allowed for women to get used to the idea of moving as a relatively straight forward method of lowering stress in women's prisons.

Key recommendations

-) End delays in receiving prescribed medication on arrival and improve contact between GPs and prison healthcare.**
-) Improve arrangements for first night in custody.**
-) Conduct transfers in a longer-term planned manner, with more information provided to the women being moved.**
-) Improve drug and alcohol treatment in custody linked to treatment in the community.**
-) Encourage and support self-help groups and peer support, in particular sustaining a team of Samaritan Listeners and Insiders.**

³ <http://www.ppo.gov.uk/document/learning-lessons-reports/>

-) Improve physical environment and remove ligature points from women's cells/rooms.**
-) Ensure multi-disciplinary ACCT reviews, specifically including mental health staff.**
-) Provide mandatory mental health awareness training for staff and establish a system of staff support and supervision.**
-) Enable and support women to maintain family contact (see section on family contact).**
-) Focus the whole prison environment on promoting the mental and physical health and wellbeing of all prisoners in a trauma-informed way (see section on mental health).**

What improvements, if any, in mental health provision, treatment for addictions and social care need to be made?

“Some of us don’t need tablets etc. to get our heads ok – just talking can be the answer in some cases.” – Woman prisoner.

“Stop using prisons as a place of safety for patients with acute mental health problems. They are not therapeutic environments, we cannot enforce treatment. Sending acutely psychiatrically unwell patients to prison does not improve their health and it is extremely difficult to manage patients in this condition in prison. The wait for transfer to a secure psychiatric hospital can be long and patients often worsen while waiting.” - Clinical director

Main points

-)] **Mental health provision must be coordinated with a pathway of care from self-help through to specialist mental health interventions.**
 -)] **Health professionals recommend working in a trauma-informed way and helping staff to understand mental health concerns.**
 -)] **Prisons should not be used as places of safety.**
 -)] **The availability of psychological and counselling services in prisons as an alternative/supplementary treatment to medication is an important step to helping rehabilitate prisoners.**
51. Two-thirds of women in prison (65%) suffer from depression and almost a third (30%) had a psychiatric admission prior to entering prison. The self-harm statistics show that women are more than twice as likely as men to harm themselves whilst in prison: despite comprising only 5% of the prison population, women are responsible for over 20% of self-harm incidents. Yet, despite these figures, HM Inspectorate of Prisons reported that fundamental services to support mental health such as counselling are often lacking, and stressed that the provision of interventions offering practical support to vulnerable women needs to be developed further.
52. The PPO’s recent Lessons Learned Bulletin on themes emerging from the deaths of 19 women also considers the issue of mental health need, and we encourage their report to be read in conjunction with this section.

Mental health provision

53. Several respondents wrote of the need for mental health support to include a range of interventions. Mental health provision must be coordinated with a pathway of care from self-help through to specialist mental health interventions. Prisons and healthcare services staff recommended that prisons should have access to specialists such as community psychiatric nurses and psychiatrists.

54. Colleagues from NHS England stated that prison staff should prioritise the first night in custody and ensure access to timely assessment and intervention for women with mental health and substance misuse needs. Linda Harris wrote that women with learning disabilities and social care needs should be highlighted from the earliest stage to ensure that assessment and interventions (including adaptations) are introduced to ensure this vulnerable period of custody is not made worse by insufficient support. Subsequently for women with a learning disability or difficulty additional support on release and mentoring is recommended.
55. As noted above, HM Inspectorate of Prisons pointed to the inconsistent provision of some mental health interventions in prisons. The lack of availability of psychological and counselling services in prisons as an alternative treatment to medication threatens the ability of staff to help rehabilitate prisoners and work to minimise negative behaviours. The response from the British Association of Counselling and Psychotherapy stated that research highlights that psychological therapies often result in a significant improvement in symptomology and associated difficulties. Moreover, it showed that these therapies were found to be effective in managing substance misuse. They recommended that there should be increased focus on providing a choice of psychological treatments and counselling services to women in prison, and that these services should be available consistently across institutions.

For some women, prison is not an appropriate setting as they require secure mental health accommodation. However, as the PPO indicate in their Learning Lessons Bulletin, transfers to such establishments do not always happen in a sufficiently timely manner. Responses from staff working in prisons emphasised that the transfer process between prisons and secure mental health facilities takes too long and the institutions involved lack sufficient resources for the process to work efficiently and effectively.

56. While the point made in the preceding paragraph is about acutely unwell women, respondents and some of the women the IAP met in prisons also noted how access to services is often denied to vulnerable women as they are not deemed to be 'sufficiently vulnerable'. The response from Women in Prison outlined this further:

"Many women slip through the net as they are not deemed unwell enough to qualify for support but feel unable to manage by themselves."

Treatment for addictions

57. Respondents expressed concern about a reduction in availability of drug treatment in the community and in custody given the level of need and known link with suicide risk. A number referred to the need for residential drug treatment. It was noted that alcohol services and responses to hazardous drinking was patchy and inadequate.

58. The response from Women in Prison reported that studies on addiction show that repeated interventions are often needed and that gender specific provision is important, particularly with the links between substance misuse and trauma such as abuse and domestic violence.

Trauma-informed care

59. The point about gender-specific service provision noted in the previous paragraph was made by several respondents in the context of trauma-informed care. This is an organisational structure and treatment framework that involves understanding, recognising, and responding to the effects of all types of trauma.
60. Dr O'Moore of Public Health England pointed to some of the evidence explaining why women require a differently focussed environment to male prisoners:

“A large number of female offenders are themselves victims of crime and have undergone significant abuse and trauma before entering prison. Research from the US outlines that treatment for women’s addictions is unlikely to be effective unless it acknowledges the realities of women’s lives, which include the high prevalence of violence and other types of abuse. In the UK studies have found that more than half (53%) of prisoners report having experienced emotional, physical or sexual abuse as a child. A similar proportion report having been victims of domestic violence.”

61. Developing a trauma-informed environment can include how prisons deal with disciplinary incidents, the amount of noise and the specific type of conversations staff have with prisoners. Such an approach is particularly helpful in women’s prisons where so many women are victims or witnesses of trauma. Some of the responses from health professionals stressed the need for staff to work in a trauma-informed way as this fundamental approach underpins all other types and avenues of support, and affects the likelihood of women taking up offers of support.
62. One group of Samaritan Listeners drew attention to the fact that there was no woman doctor available in their establishment and how important this was.

Key recommendations

-) Develop a gender-aware and trauma-informed environment in all women’s prisons including staff training on the impact of separation and loss, and awareness of perinatal mental health and support for women at risk.**
-) Roll out higher level of emergency response training for all staff.**
-) Ensure every Mental Health Trust has a clinical lead for women’s mental health.**

-) Provide a greater range of mental health and substance misuse treatments, including the provision of counselling services and talking therapies, in the community.**
-) Provide counselling services to all women prisoners. Each women's prison should employ a counsellor with placements for trainees routinely, and a national lead for counselling services should be instituted.**
-) Establish thorough-going mental health assessments for all within first 24 hours of arrival in custody.**
-) Review implementation of the Care Act 2014 which placed preventative duties on local authorities and required them to meet social care needs**
-) Ensure access to secure mental health accommodation is available in a timely manner to those who need it, prisons should not be used as places of safety.**

Is the transfer of information an issue in ensuring the safety of women in prison, and if so, how can this be improved?

“Of most importance, is that the woman is listened to on entry to the receiving prison as she will be able to provide immediate information as a starting point (i.e. current medications, last drug use, contacts) – a Family Liaison Officer (or similar) could be used to gather information locally through some soft investigation at local level.” - Respondent

“IT systems are still not sufficiently robust to ensure safe transfer of critical information to keep people safe from harm”. - Ann Norman, Royal College of Nursing

Main points

- J **Information sharing needs improvement particularly between healthcare and prison staff.**
- J **Information sharing between prisons when a woman is transferred is often poor and should be improved**

Transfer of information upon reception

63. It is well documented that the first few days and weeks in a prison for determinate sentenced and remand prisoners are the times of highest risk - particularly for the most vulnerable. However, although there is a need for accurate and timely information at this point, many women often do not feel able to share information about self-harm or suicidal ideation, or – as some of the Samaritan Listeners told the IAP - provide inaccurate information about their medication on entry to prison. This dichotomy between what is needed and what is often provided by the women themselves means that it becomes vitally important that accurate information on the risks and vulnerabilities of those entering custody is effectively transferred from the court, probation and police services.
64. A respondent working for a healthcare provider stated that the lack of accurate and timely information about prisoners was an issue and “... has been involved in almost all our recent deaths.” They suggested that patients should not be received from hospital or another prison without a completed medical transfer/discharge summary and care plan.
65. During the IAP’s visits to women’s prisons, the Samaritan Listeners and peer mentors pointed out a specific – but important – area where practice differs between establishments. The women explained that when women transfer to some prisons the vetted telephone numbers on their PIN phones are voided until the receiving prison has undertaken their own checks. Given these numbers have been approved at the sending prison, it seems an

unnecessary layer of bureaucracy to delay contact with families in this manner. As noted in the section on safeguarding women in custody (and widely reported by experts and academics) the period of transfer is a time of high risk, and impeding contact with loved ones risks exacerbating this when the focus should be on providing supportive mechanisms such as telephone calls. A similar point concerned the difference in practice in establishments regarding the sending of stamps and sae's to prisoners: while some prisons allowed it, others did not.

Person Escort Record (PER)

66. The police stated that the PER forms which accompany prisoners between police custody to courts and prisons have limited space for risk-based content. The form was designed for the recording and transfer of risk between police and prison and has been the subject of many reviews since its inception (including in conjunction with the IAP). Both the police and the IPCC continue to have concerns regarding the accurate completion of PERs. The IPCC have included case studies in several of their Learning Lessons bulletins as a way of disseminating learning about how to complete and use PER forms. This learning has included information on what steps should be taken to ensure PER forms were completed correctly and how officers should record additional information about the vulnerabilities of a detainee if more space was required.
67. Dr Tammi Walker at Manchester University noted that the majority of women in prison have been seen or are being seen by mental health services in the community prior to imprisonment. However, when they enter custody, this information is not often passed on to healthcare staff. PSI 64/2011 states:
- “All healthcare staff have a duty to pass on information that issues of patient safety, vulnerability or immediate risk to self or others to relevant staff. In situations where the prisoner’s safety is compromised but they are unable or unwilling to give consent then health professionals have a duty of care and the relevant information may be disclosed to others.”*
68. The Prison Reform Trust’s Advice and Information Service argued that this prioritisation of staff’s duty of care does not always happen. Healthcare staff were sometimes reluctant to share information with prison staff due to confidentiality concerns, and prison staff did not always share concerns with healthcare. There was an obvious need for wing staff to have the training, and be given the time, to identify risk factors, and communicate them to other prison staff as well as healthcare services.
69. Respondents pointed to the work the IAP has previously done to develop an Information Sharing Statement⁴, and advised that this needs to be recomunicated to those working in relevant environments.

⁴ <http://iapdeathsincustody.independent.gov.uk/work-of-the-iap/working-groups/information-flow-through-the-criminal-justice-system/>

ACCT and inter-prison transfers

70. The transfer of information within prisons in the ACCT books was not consistent nor always complete. The Prisoners' Advice service instanced a woman who was transferred from one prison to another because of her suicide risk and need for 24hour healthcare. Instead, due to lack of information, she was placed on an ordinary wing and harmed herself again. Prison staff also reported prisoners being transferred on an open ACCT or in post-closure without prior consultation with the receiving prison. The PPO Lesson Learned Bulletin contains a number of key points on the appropriate implementation of ACCT procedures, and we encourage readers to consider their conclusions as well.
71. It was clear from responses from prison staff and prisoners that transfer of information between prisons was a weak point. And chilling to read from one prison manager: "We no longer have the facility due to staffing reductions to forward information to receiving establishments upon prison transfers".

Key recommendations

-) Ensure healthcare staff routinely share matters of risk of suicide with prison staff, in accordance with the IAP's Information Sharing Statement.**
-) Develop a shared care plan for each woman to which she can contribute.**
-) Plan the transfers of women between prisons carefully with a standard form/template developed for handover and information regarding risk of suicide and self-harm.**
-) Learn and embed lessons set out by coroners, the Prison and Probation Ombudsman and the IPCC in improved transfer of information between agencies and establishments to keep women safe.**
-) Achieve compatibility must be achieved between health information systems in England and Wales**
-) Put in place local information sharing protocols between all relevant health and justice, including liaison and diversion, services.**
-) Adopt nationally the updated Person Escort Record (PER) form with space to add information about risk as endorsed by the National Police Chief's Council.**
-) Improve communication and information transfer between GP's, midwives and prison healthcare.**
-) Improve communication between agencies during preparation for release.**

Is family contact an important consideration and, if so, how can this be improved?

“Families are your people – people you can be yourself with. Family is your link to the outside world” – Woman prisoner in conversation with the IAP.

“Contact with family is extremely important. I am hundreds of miles from mine. My mum is my rock and I used to see her or speak to her every day outside. Now I only get to speak to her once/twice a week using a phone that crackles. I won’t see my mum again until October next year as she is too ill to travel. My mum can get to my solicitors where I could have a videolink visit with her. Stamps/sae’s should be allowed to be sent in.” – Woman prisoner.

Main points

-)] **Approximately two-thirds of women in prison have dependent children under the age of 18, and will therefore be separated from them during their time in custody.**
 -)] **There was unanimous agreement among those who responded that the importance of family contact cannot be overstated in terms of improving the safety of women in custody.**
 -)] **There was comment from several respondents that the traditional means of contact – i.e. prison telephones on the wing landings – are too expensive, public and inconvenient for meaningful family contact. The most recent HMIP inspection report on Eastwood Park showed that over a quarter of the women held there had not received a visit from anyone.**
 -)] **Better technology was called for, including in-cell telephones, which were pointed to as reducing tension on the landings as well as providing a vital connection to families – particularly for foreign national prisoners who can use them regardless of the time differences.**
 -)] **A number of respondents recommended improved use of Release On Temporary Licence (ROTL) to sustain and strengthen family contact.**
72. This question prompted some of the most consistent responses featuring very similar arguments and recommendations. There was unanimous agreement among those who responded that the importance of family contact cannot be overstated in terms of improving the safety of women in custody.
73. The specific vulnerabilities of women in custody mean that, while the deprivation of family contact can have significantly negative outcomes, adjustments to enhance family contact can be hugely positive. A key factor that differentiates women prisoners from the adult male estate is the primary care responsibility that many more women prisoners have – proportionally – and markedly more so than men.

74. Approximately two-thirds of women in prison have dependent children under the age of 18, and will therefore be separated from them during their time in custody. As we have explored earlier in this report, the women who enter the criminal justice system have significantly more mental health, 'self-harm' and suicide and abuse histories than men in prison. Mothers, are likely to suffer severe distress from the separation from their children which may often exacerbate these pre-existing mental health conditions.
75. For 85% of mothers in custody, their imprisonment was the first time they had been separated from their child for an appreciable period. The response from HM Inspectorate of Prisons recommended that all women with dependents should be referred to a family support worker and offered services to reduce the trauma of separation. Ensuring women were able to contact their families in the first few days in prison would help to give them support.
76. There is also a wider public health angle to the issue of female imprisonment, relating to the children left without their primary carer when their mother is imprisoned. The British Association for Counselling and Psychotherapy stated that this separation has a negative impact on the children, who have at least double the risk of mental health problems and three times the risk of anti-social or delinquent behaviour compared to their peers. Around 80% of children separated from their mothers whilst they're incarcerated show what the BACP refer to as a 'disorganised attachment pattern'. The Prison Reform Trust recommended that:
- “Access to childcare ROTL and support for maintaining contact with children and for dealing with the grief, guilt and loss that mothers experience on imprisonment are all important in ensuring women do not succumb to despair”.*
77. Further compounding the initial problem of separating women from their children, is the greater difficulty women have in maintaining such relationships while they are incarcerated. Women are imprisoned further from their homes and receive fewer visits than men – despite the centrality family contact plays in their wellbeing. In England, women are imprisoned an average of 55 miles away from their homes, while women in Wales face a distance of over 100 miles. At HMP Eastwood Park, 20% of women are over 150 miles from home.
78. The greater distance from home that women are kept from home is not always adequately compensated for in terms of other means of family contact. Women at HMP Low Newton received just £1 phone credit in exchange for four unused visiting orders. The women that the IAP met at HMP Bronzefield described family contact as “It’s everything” while those at HMP Foston Hall said “Family is your link to the outside world.” There was a noticeable difference in the responses from these two prisons with regard to the facilities available. While the women at HMP Foston Hall said that the visits centre is small and the children’s visits could be improved, those at HMP Bronzefield praised the visiting arrangements including children’s visits.

79. There were comments from several respondents that the traditional means of contact – i.e. prison telephones on the wing landings – are too expensive, public and inconvenient for meaningful family contact. These issues help explain Women’s Breakouts finding that, although women (51%) were more likely than men (39%) to say that getting support from their family would help them in prison, they were less likely to receive it. The women at HMP Bronzefield were keen to highlight the positive effect of their in-cell telephones which they pointed to as reducing tension on the landings as well as providing a vital connection to families – particularly for foreign national prisoners who can use them in coordination with the time differences of their families. Despite the success of this technology, these women wished to see it go further with prison embracing the possibilities offered by video calls to families.

Key recommendations

-) Impose community sentences, with family and domestic violence support where necessary, unless the offending is so serious or dangerous that only a custodial penalty will suffice.**
-) Create a custodial system closer to homes in smaller more residential accommodation linked to health and other local agencies.**
-) Implement in-cell telephones in all women’s prisons, and women should be enabled to make free emergency telephone calls where necessary.**
-) Maximise family contact through better technology, to include use of videoconferencing and visiting arrangements.**
-) Consider and extend the use of release on temporary license (RoTL).**
-) Train and support staff for work with families and family support/liaison officers should be appointed in all establishments.**
-) Establish and maintain sustained partnerships with voluntary organisations offering family support.**
-) Provide and make accessible to women in prison the 24 hour Freephone, National Domestic Violence Hotline, run in partnership between Woman’s Aid and Refuge.**
-) Encourage family engagement in ACCT reviews.**

Could preparation for release be improved specifically to safeguard vulnerable women?

“How can you prioritise your physical or mental health when you have nowhere to sleep, no job, no support network and £46 in your pocket?” – Respondent

“Preparation could be improved as women find they have nowhere to live, no-one to support them. This can make women feel very vulnerable.” – Woman prisoner.

“Women who are recalled to prison – this may cause them to feel that suicide is the only option as they cannot face living/existing in this environment again.” - Woman prisoner

Main points

-)] Respondents consistently noted the need for greater preparation for release, including support following release (particularly in housing) and concerns around the increased number of women recalled into custody following their initial release.
 -)] Almost all respondents stated that priority must be “somewhere safe to live” and a number cited evidence on the heightened risk of self-inflicted deaths in the first four weeks after release.
 -)] Several responses pointed to how a more gradual transition from custody to the community – whether through RoTL or some form of semi-supervised care or halfway housing could help women establish the necessary links with benefits, substance misuse services and housing that are all vital.
80. This question prompted a series of responses based on the same consistent themes from the vast majority of those who wrote to the IAP. These themes included the need for greater preparation for release, more support following release (particularly in housing) and concerns about the increased number of women recalled into custody following their initial release.
81. The IPCC referred to the correlation between deaths in and immediately after police custody and mental illness and addiction issues. They called for improved assessment of risk and strengthened support services to include outside normal working hours.

Preparation for release

82. Several responses noted how the run-up to release is a particularly stressful time for women in custody, as they consider all of the aspects of their life that have been put on hold to varying extents while they are in prisons. Concerns

regarding money, housing, substance misuse and relationships all become more prominent – and consequently require addressing and support. Laura Graham wrote

“Preparation for release should begin as early as possible ... no vulnerable woman should ever have to walk out of prison to nobody.”

83. The response from Working Chance declared the arrangements for women leaving custody to be “fairly lamentable” and argued that better provision for people’s basic needs (food, shelter and - shortly after - being able to work) was important for people’s level of hope and therefore of survival. They noted many of these aspects, such as planning, onward referral and benefit claims, need to start well prior to release.

84. A woman prisoner recommended:

“Setting up apprenticeships for released prisoners so they have something active and purposeful to do through the gate, learn a trade and earn a wage, instead of going out to the same thing – unemployment, benefits, boredom, abuse, sense of worthlessness, addiction – crime to pay for addiction”.

85. Women’s Aid wrote in their response that support and attention needs to be particularly targeted to ensure that those women who have previously experienced domestic abuse (a significant number of those in custody) are kept safe following release. ‘Through the gate’ services must be available up to – and at the point of – release. Women’s Breakout said that this form of pick-up at the gate is not as common as it was, but offers the best chance for women to make a successful transition to life outside of prison. This targeted support was noted by several respondents to not be working as well as it should as the CRCs continued to adapt to their roles and responsibilities. Most women need support not just signposting to services. The responses from the prisons also reported on post-release problems, providing accounts of women who are supported within custody but then find a lack of support on release.

Housing

86. The most fundamental concern raised in this section was with regard to difficulties women leaving custody have accessing safe housing in the community. Respondents consistently emphasised that housing is the most fundamental need and – if this is not met – it is almost impossible for women to start to address other matters such as addiction treatments, rebuilding familial ties and looking for work. Some of the women the IAP spoke to in prisons stressed that housing could not be applied for while they are still in prison which complicates the issue and means it has to be resolved at short-notice on release. Where housing is not resolved successfully – and we heard of many women being released with nowhere to go – some of the

Samaritan Listeners made the point that these women will often immediately resort to the type of choices that contributed to their imprisonment:

“The crack house is the warmest house.”

87. The Prison Reform Trust maintained that local authorities should give housing priority to women with multiple needs that may put them at risk of offending. The need for targeted support was made by Birth Companions and other respondents with regard to pregnant women and those who were at risk of domestic abuse or prostitution. The majority of respondents were clear that homelessness presented the greatest cause of women despairing in the community.
88. Women with complex needs fared worst. Prison safer custody managers spoke of the reluctance of hostels to accept vulnerable women, particularly those imprisoned for arson, although most often the offence had involved a woman setting fire to herself or her possessions as a form of self-harm or suicide attempt. One manager wrote:

“In some areas, all homeless women have to report to a rough sleeper project which assesses their needs and matches with available beds in the area. If no beds are available the women are routinely accommodated on a fold-up bed in a room shared with a number of other people, largely males. Many women returning to such an area have considerable anxieties and experience real fears.”

A more gradual release process

89. Several responses pointed to how a more gradual transition from custody to freedom – whether through Release on Temporary Licence (RoTL) or some form of semi-supervised care or halfway housing could help women establish the necessary links with benefits, substance misuse and housing services that are all vital. Of the women the IAP spoke to in women’s prisons, there was a wide-spread view that the use of RoTL was rare and underused as a means of helping women successfully adapt to a life outside of custody.

Risk of suicide after release

90. Public Health England noted the need to provide better preparation for release in order to minimise the risk of vulnerable women killing themselves shortly after release:

“... we know from published evidence that the first two weeks post release is a particularly vulnerable time for female prisoners and this is a time when they are at high risk of suicide. It is therefore essential that there is a focus on preparing female offenders to be released before they leave prison and ensuring that services are available to support them in the community on release.”

91. Nicky Padfield, who, with colleagues from Cambridge and Sheffield Universities has recently completed research for the Equality and Human Rights Commission on deaths post-custody wrote to the IAP:

“We are keen to encourage you to include in your information gathering information on those who die post-custody or on supervision: the numbers are significantly higher than those who die in custody, and yet these women will have similar profiles and face similar challenges in life. They should not be ignored.”

Key recommendations

-) Ensure preparation for release is ongoing, forming part of a regularly reviewed sentence plan and engendering hope and a sense of future important to suicide prevention.**
-) Oblige local authorities to provide safe housing for women prisoners who would otherwise become homeless at the point of release.**
-) Continue on release, if started in prison, mental healthcare and treatment for addictions.**
-) Provide social care support and mentoring on release for women with learning disabilities or learning difficulties.**
-) Review, and reinforce, compliance with Section 10 of the Offender Rehabilitation Act which requires commissioners and providers to take account of the particular needs of women in making supervision and rehabilitation arrangements.**
-) End recall to custody for most forms of breach of license and strengthen supervision arrangements instead.**

Appendix A – Case study extracts from 2015/16 Prisons and Probation Ombudsman’s Annual Report⁵

The case studies below, extracted from the PPO’s most recent Annual Report, demonstrate some of the specific vulnerabilities exhibited by women in the criminal justice system.

Case study 1

Ms J had a history of self-harm and suicide attempts, mental ill-health and substance misuse. She had never been to prison before when she was sentenced to two years for drug offences. When she arrived in prison, she discovered she was pregnant. Staff began ACCT procedures the day after Ms J arrived at the prison and continued ACCT monitoring for most of the next few months. Ms J was told that her baby would be taken into local authority care immediately after it was born, which she was very upset about. Staff noted that a trigger for Ms J’s suicidal thoughts was the likely removal of her baby. However, a month before the baby was due, staff ended ACCT monitoring. Ms J was discharged from hospital back to the prison two days after her baby was born. For another two days, staff took her to hospital so that she could feed her baby. Two days later, a prison manager decided to stop Ms J’s hospital visits without any advance warning. This was not discussed with Ms J, social services or the hospital. Ms J was very upset, but no one considered beginning ACCT procedures again. Five days after giving birth to her baby, Ms J was found hanged in her cell.

Separation at birth from a child who is taken into care is traumatic for any mother, and particularly for a woman in prison. Despite good support before the birth, we found little evidence of multidisciplinary planning to support Ms J during the postnatal period, with ad hoc, uncoordinated care. To compound matters, Ms J’s risk of suicide was not managed well. She was monitored throughout the latter stages of her pregnancy but staff unaccountably decided to end suicide and self-harm monitoring before the birth, even though Ms J’s distress about the imminent removal of her baby had been identified as a trigger for potential suicide. No one identified the postnatal risk.

Case study 2

Ms K had borderline personality disorder, substance misuse problems and depression. She had served a number of short prison sentences before she was sentenced to 18 months.

Ms K was a prolific self-harmer in prison. In the 185 days she was in prison she harmed herself on 235 occasions. On 215 of these occasions, Ms K tied strips of material tightly enough around her neck to stop her breathing. Staff often found her almost unconscious or convulsing. Six months after Ms K arrived at the prison, she

⁵ http://www.ppo.gov.uk/wp-content/uploads/2016/09/PPO_Annual-Report-201516_WEB_Final.pdf#view=FitH

was found unconscious in her cell with a strip of sheet tied tightly around her neck. She did not recover and died in hospital two days later.

In both of these cases, we identified individual examples of good support but found failings in their overall management. In Ms J's case, we were concerned that there was poor communication and no coordinated care. In that respect, Ms J's actions could have been anticipated and possibly prevented. Ms K's case was more representative of how difficult it is to manage cases of women who repeatedly self-harm.

Appendix B - Key reports and research recommended by respondents

The IAP received a large number of reports and research regarding the safeguarding of women. Below is a non-exhaustive list of some of these reports and research. The IAP will review and learn from the evidence sent in over the forthcoming months as it refines this working paper.

-) **Agenda report, ‘Hidden Hurt: Violence, abuse and wider disadvantage in the lives of women’** <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>
-) **All-Parliamentary Party Group on Women in the Penal System’s** report on the inquiry into preventing the unnecessary criminalisation of women. http://howardleague.org/wp-content/uploads/2016/02/APPG_final.pdf
-) **Barnardo’s and NSPCC – An Unfair Sentence (Nov 2014)** <http://www.barnardos.org.uk/an-unfair-sentence.pdf>
-) **Corston Review**
A review of women with Particular Vulnerabilities in the Criminal Justice system. <https://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>
-) **Deaths on Probation: an analysis of data regarding people dying under probation supervisions** <http://howardleague.org/publications/deaths-on-probation/>
-) **The Equality and Human Rights Commission report “Non-natural deaths following prison and police custody” (December 2016)** The report makes recommendations about custody health care staff having prompt access to NHS records, and that data collection and analysis should include reference to protected characteristics such as gender, in order to monitor progress and identify any problems. <https://www.equalityhumanrights.com/sites/default/files/research-report-106-non-natural-deaths-following-prison-and-police-custody.pdf>
-) **An Evaluation of the Safer Locals Programme, Alison Liebling**
Building on previous research evidence that suicides in prison are caused by a combination of individual and institutional factors, this study aimed to determine whether relevant changes to the prison environment, including improved suicide prevention practices, could be brought about via determined policy. http://www.crim.cam.ac.uk/people/academic_research/alison_liebling/SaferCustodyReport.pdf
-) **HM Inspectorate of Prisons, 2014 Expectations; Criteria for assessing the treatment of and conditions for women in prison.** https://www.justiceinspectores.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

) **INQUEST**

The charity's research shows that the following issues are raised time and time again: histories of significant disadvantage and complex needs, inappropriate use of imprisonment given the offence, isolation from families, prisons unable to meet women's complex needs, poor medical care and limited access to therapeutic services in prison, and unsafe prison environments and cells.

<http://www.inquest.org.uk/>

) **INQUEST - 'Dying On The Inside' Examining Women's Deaths In Prison.**

http://inquest.org.uk/pdf/INQUEST_Dying_on_the_Inside_executive_summary.pdf

) **Prisons and Health: Partnership for Health in the Criminal Justice System.**

A whole prison approach as outlined by WHO to health and well-being.

Enjoyment of the highest attainable standard of physical and mental health is a fundamental human right. Prisoners should therefore have the same standard of medical care as people living in the community. These principles form the basis for WHO/Europe and its partners' commitment to improve health in prisons. The healthy prison concept reinforces the idea that the health and well-being of prisoners is not the sole responsibility of those providing health care in a prison, but is also dependent upon the regime and ethos of each establishment.

<http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health>

) **Prison Reform Trust - Troubled Inside (2003)**

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/TROUBLED%20INSI%20-%20WOMEN%20.pdf>

) **Relative Justice**

The experiences and views of family members of people with particular needs in contact with criminal justice and liaison and diversion services (September 2015)

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/relative%20justice.pdf>

) **Self-harm in prisons in England and Wales, The Lancet (2014)**

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)62118-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62118-2.pdf)

) **"Suicide, distress and the quality of prison life" in Handbook on Prisons, Liebling, A. and Ludlow, A. 2016.**

) **Suicide in Prisons and the Listener Scheme: Samaritans**

http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20prison%20Listener%20scheme_finalSeptember%202016.pdf

) **Suicide risk and self-harm frequency: Hawton et al 2014.**

<http://www.journalclub.co.uk/resources/Hawton%20K%20et%20al%20%282014%29%20%20Self-harm%20in%20prisons%20in%20England%20and%20Wales%20an%20epidemiological%20study%20of%20prevalence%2C%20risk%20factors%2C%20clustering%2C%20and%20subsequent%20suicide.pdf>

) **'Preventing Self-injury and Suicide in Women's Prisons' (Waterside Press)**
Prof. Graham Towl and Dr Tammi Walker

Appendix C – Examples of good practice recommended by respondents

The IAP received a large number of examples of good practice currently taking place before, during and after custody. Below is a non-exhaustive list of some of these examples. The IAP will review and learn from the examples sent in over the forthcoming months as it refines this working paper.

-) A number of examples of **good practice in prisons** were cited by respondents. The IAP will seek further information and disseminate. In the interim reference was made to, amongst others:
 - o At Drake Hall women who are particularly at risk will be discussed at a weekly MASH (Multi Agency Safer Health) meeting and at SIM in New Hall pregnant and post-natal women are discussed weekly by a multi-disciplinary team.
 - o Peterborough enabled direct phone contact in cells with midwives on labour wards.
 - o The Options programme at Downview had reduced incidence of self-harm. Personality disorder units were commended in a number of prisons.
 - o Reference was made to the chaplaincy at Send and the adult social care worker at Foston Hall.
 - o Styal was mentioned for its work opportunities and horticulture and Low Newton for culture change in progress.

-) **Cafés from Crisis** are social enterprises serving homemade food and coffees at good value for money. The cafés provide a route into work for homeless people and ex-offenders by offering practical training programmes for anyone who wants to work within the hospitality and catering industry.

-) **Drayton Park Women’s Crisis Centre in North London** provides women in mental health crisis a residential stay in a domestic setting, as an alternative to acute admission.

-) **GM Women’s Support Alliance**, who ensure that women in all Boroughs in Greater Manchester have access to a women’s centre or project.

-) At Drake Hall women who are particularly at risk will be discussed at a weekly **MASH (Multi Agency Safer Health)** meeting.

-) **The Maytree Centre in London provides suicide prevention support:** Maytree is a registered charity supporting people in suicidal crisis in a non-medical setting. They provide people in the midst of a suicidal crisis with the opportunity for rest and reflection, and give them the opportunity to stay in a calm, safe and relaxed environment.

-) **The Minerva project**, provided by ADVANCE. ADVANCE focus on preventing domestic violence against women and children and supporting women to reduce their offending, whilst challenging and changing how women are treated in the

justice system, whether as victims or offenders. The Minerva Project specifically delivers advocacy and support to women who have or are at risk of breaking the law; for women through the justice system and the court process and support services and activities to women and girls both during and after statutory supervision by the Probation Service or Youth Offending Service.

-) **The Wakefield WyFi project:** WY-FI supports people who are not engaging effectively with services and are experiencing homelessness, addiction to drugs and/or alcohol, reoffending and mental ill-health.
-) **Women's centres** offer women safe spaces in communities to meet the very specific needs of women with such complex lived histories and experiences.
-) A post-arrest project in Surrey offers a **Women's Justice Intervention** for low level offending. This is an out of court disposal in the form of an agreed contract, with a support package tailored to the 'needs of the women and led by the women to tackle behaviours that led them to offend. It includes areas such as anger management, mental health and wellbeing, substance misuse, domestic abuse, housing needs, etc.

Appendix D – Respondents to the IAP’s rapid evidence collation

The respondents and contributors to this report include:

-) Responses and contributions from staff and prisoners at:
 - o HMP/YOI Bronzefield
 - o HMP/YOI Drake Hall
 - o HMP Eastwood Park
 - o HMP/YOI East Sutton Park
 - o HMP/YOI Foston Hall
 - o HMP Frankland
 - o HMP/YOI Low Newton
 - o HMP/YOI New Hall
 - o HMP/YOI Peterborough
 - o HMP/YOI Send
 - o HMP/YOI Styal.

-) Katherine Sachs-Jones, Director, Agenda
-) Naomi Delap, Director, Birth Companions
-) A solicitor
-) John Brimley, Greater Manchester Women’s Support Alliance
-) Dr Elenor Carslake, Hanham Health and Inspire Better Health
-) Peter Clarke, HM Inspectorate of Prisons
-) Frances Crook, Howard League for Penal Reform
-) Dame Anne Owers, Independent Police Complaints Commission
-) Deborah Coles, Inquest
-) Luke Serjeant, Deputy Director, National Offender Management Service
-) Chief Constable Nick Ephgrave, National Police Chiefs Council
-) NHS England
-) Dr Linda Harris FRCGP, NHS England, Spectrum
-) Nottingham Trent University
-) Peter Dawson, Prison Reform Trust
-) Kate Lill, Prisoners’ Advice Service
-) Dr Eamonn O’Moore, Public Health England
-) Ann Norman, Royal College of Nursing lead for Justice & Forensic Healthcare
-) Dr Alison Frater, Southampton University
-) Annie Bartlett, Prof of Offender Health, St George’s University
-) Francesca Kirtley-Paine, Public Affairs Officer, The British Association for Counselling and Psychotherapy
-) Nicola Padfield, University of Cambridge
-) Dr Tammi Walker, University of Manchester
-) Helen Hird, Head of Dedicated Services, Well Women Wakefield
-) Sofia Gullberg, Women in Prison
-) Jackie Russell, Director, Women’s Breakout

-) Women's Aid
-) Jocelyn Hillman, Working Chance
-) Lord McNally, Youth Justice Board

To note:

-) In some cases there were multiple submissions from the same organisation. There were also some respondents who wished to remain anonymous.
-) The IAP is grateful to the Prisons and Probation Ombudsman and the Chief Coroner for the material they provided in support of this exercise.