

WOMEN IN PRISON: A THEMATIC REVIEW
BY
HM CHIEF INSPECTOR OF PRISONS

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Printed in England

by the Home Office, London

ISBN 1858939011

Published by Home Office.

50 Queen Anne's Gate

London SW1H 9AT

PREFACE

The aim of all inspections carried out by Her Majesty's Inspectorate of Prisons is to raise the operational standards of establishments being inspected. This is done by a mixture of planned, announced inspections, each lasting a week, to try to satisfy the long-standing requirement to inspect every prison every five years, and short, unannounced inspections, designed to examine a particular aspect or problem, to follow up a previous inspection, or to ensure that no prison goes for too long without some form of inspection. Each inspection is followed by a report, that is published, which contains a number of recommendations aimed at raising standards.

However, during the course of its work, the Inspectorate gains a unique insight into the workings of the Prison Service, and is able to compare establishments, with similar roles, in different parts of England and Wales, in a way that is denied to any other organisation. We can examine regimes, identify best practice that might be followed by others with advantage, as well as common failings, and so single out issues that are of wider significance than merely to the prison being inspected. But, until recently, the Inspectorate has tended to keep quiet about wider issues, and to make only occasionally what Professor Rod Morgan has described as 'lateral forays into policy', the most recent example of such work, before our 1996 discussion document 'Patient or Prisoner' being the 1990 Review of Suicide and Self-Harm in Prison Service Establishments'.

But if we are to be true to our aim, it seems to me that this is a pity, because we are not exploiting the collective wisdom, and experience, of the Inspectorate to the best advantage of the Prison Service as a whole. During my first year in office, a number of subjects have suggested themselves as being worthy of separate study, which I have discussed with the Home Secretary and the Director General of the Prison Service. For a variety of reasons, not wholly unconnected with the situation we uncovered in our inspections of HMP Holloway, I have selected the treatment of and conditions for Women in Prison as the first subject for such a study, and our report is attached, which is written, deliberately, with the needs of women in mind. If parts of it appear incongruous to the predominantly male eye of the Prison Service I make no apologies. It will, I hope, serve as a guide to the Service as to how the needs of women in prison differ in many respects from those of male prisoners. I intend this to be the first of a regular series of thematic studies by Her Majesty's Inspectorate of Prisons, of issues affecting the Prison Service, the next being a study of Young Offenders on which we are currently embarked.

Central to this report is our strongly held view that the women's prison system ought to be managed, as an entity, by one Director, with responsibility and accountability for all that happens within the women's estate. As is pointed out over and over again, there is an urgent need for a thorough analysis of the needs of women prisoners, and a national strategy for implementing and managing policies appropriate to satisfying them. The present system of geographical management works positively against the all-important consistency that the treatment of such a separate group of prisoners requires. Our recommendations are, I hope, clear and unambiguous, and are put forward for examination by the Prison Service in the context of their own strategic review of the estate. But they also have an underlying purpose, which is to encourage the Prison Service to make better arrangements for the separate management of the fast-rising numbers of women in prison, and to provide regimes appropriate to their needs, not merely to adapt those designed for men. This does not require another policy desk, it requires someone charged with implementing policy, as well as assessing, obtaining and allocating the necessary resources of staff, money and facilities.

Many people have contributed to this study, including the Governors, staff and prisoners from every establishment in which women are held, either on remand or in custody; we are most grateful for their willing response to requests and for facilities. But I must mention nine individuals in particular. Firstly Silvia Casale, who has acted as consultant and adviser, and whose encyclopaedic knowledge of the subject, as well as her ready advice, has been as invaluable as her company has been Welcome. Secondly, within the Inspectorate, I must single out my Deputy, Mr Colin Allen, himself a former Governor of Holloway, who led the project, and is primarily responsible for its production. He has been assisted by Mr Tony Wood, Leader of Inspection team Omega, who conducted much of the field work with Miss Mairi McCracken and Mr Ted Hornblow from his team, Mr Simon Boddis, my Principal Psychologist, who organised much of the research, Dr John Reed and Mrs Maggi Lyne, my medical and nursing inspectors, who contributed to the health care parts of the review, and Miss Susan Davies, our specially employed research assistant, without whose tireless work of interviewing women prisoners in particular, this report could not have been completed.

In line with our current practice in Inspection reports, our recommendations and significant observations are highlighted in bold, and our observations of good practice are highlighted in italicised bold.

Sir David Ramsbotham
HM Chief Inspector of Prisons in England and Wales

May 1997

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CHAPTER ONE

INTRODUCTION

Background

1.01 In December 1995 we commenced an unannounced inspection of Holloway prison which was finally completed when we returned in June 1996. Many of the failings we observed appeared to be the result of serious inadequacies in the overall organisation and management of prisons for women in this country, and were thus outside the control, or indeed influence, of the Governor and staff. How else to explain the pitiful standards which, for many months, had been drawn to the attention of Prison Service Headquarters not only by the Governor but, consistently and accurately, by the independent Board of Visitors whose major task is to monitor conditions and, where necessary, draw the attention of the Secretary of State to matters of serious concern?

1.02 The team of inspectors recognised during the Holloway inspection, as they have done during recent inspections of other prisons for women, that many aspects of the regimes they found had been constructed as if male rather than female prisoners were being held in these establishments. Therefore, with the agreement of the Secretary of State and with the full co-operation of the Director General of the Prison Service, the Chief Inspector decided to conduct a thematic review of conditions for and treatment of women in all those prisons in England and Wales in which they were held.

The aim of the review

1.03 This thematic review, as all the Inspectorate's work, is intended to help the Prison Service improve its operating standards so that it fulfills its Statement of Purpose. The aims are:

- to discover how effectively the security, throughcare, training and resettlement needs of women prisoners are being addressed
- to assess the effectiveness of the organisation and management of "the female estate"
- to make recommendations for improvement.

Methodology

1.04 During the course of the review members of the team:

- visited every establishment holding women prisoners
- organised a research project which involved interviewing 10% of women prisoners in each of the establishments (see Chapter Two)
- listened to the views of staff from all grades and disciplines working in these establishments
- took written contributions from a number of groups and individuals both from within and outside the Service.

Good practice

1.05 Although women prisoners generally do not present the kind of "headline grabbing" news which has been a feature of prisons for men in this country for several decades, they do nonetheless make great demands on staff and it is important to recognise the commitment and efforts of so many who work in female prisons. The team have seen many examples of very good practice, some of which are referred to in this review and highlighted in italics. There are other areas of the treatment of women where improvements have been made but where more progress is necessary, and others in which different policies and directions are required.

"Business as usual"

1.06 To give some idea of the kind of problems which women prisoners can present, we record below

a short description of a number of incidents which took place in just one establishment during a 24 hour period, as related to a member of the review team. Each incident would be traumatic for managers and staff dealing with the risks and distress of the prisoners involved.

Business as Usual at a Women's Prison

- one woman prisoner, assessed as a special security risk, was transferred to Belmarsh, a Category A men's prison, with no other women prisoners
- one woman set fire to her T-shirt
- there was a fight on one wing
- a prisoner was violent on another wing
- women prisoners arrived from a prison 100 miles away; they had set out thinking they were going to a different women's prison in another part of the country
- one woman prisoner was going each day to hospital to breast feed her premature baby who was dying; during her hours in the prison she was expressing milk for the baby
- two women prisoners who had recently given birth were in the process of being separated from their babies; one woman was remanded in custody on a murder charge and the other was suspected of taking drugs whilst pregnant and her baby had not been well since birth
- one woman prisoner had swallowed a needle and was refusing treatment
- one woman prisoner had arrived from court with her baby; the court had ordered that the baby should come into prison with her, but the prison could not accept legal charge of the baby because there had been no case conference. The mother was expressing milk in prison for her baby who had been taken into temporary care, but was anxious that the baby might not be feeding
- one woman remanded in custody on assault charges was terminally ill with a malignant cancer of a vital organ; she was refusing to keep a long-standing hospital appointment because she did not want to be hand cuffed.

CHAPTER TWO

THE WOMEN'S POPULATION

"Snapshot" data

2.01 To begin this review we set out to gain as full an understanding as possible of the women held in prison. The Prison Service provided us with two snapshots of the population by age, status, sentence length, ethnic origin, and main offence on two days in 1996. This data, with information about the prisoners' home area, is in Appendix 1.

Prisoner survey

2.02 To augment this we conducted detailed interviews, lasting up to an hour, with 234 women prisoners who were selected at random. The interview schedule is at Appendix 2.

2.03 The main findings of the survey are set out below. Additional and more detailed information is in Appendix S.

Mothers

2.04 Nearly two-thirds of women interviewed were mothers with the majority having at least one child aged under 16. The average number of children which each of these women had was just under three. Approximately 4% had their child with them in prison, all these children were under 18 months old.

2.05 Only a quarter of the children were being cared for by either their biological father or their mother's current partner. In contrast, a survey of male prisoners (Dodd and Hunter 1992) found that over 90% of their children were being looked after by the mother or current partner. The main carers were the women's own mothers (27%) and / or family and friends (29%). More than one in ten of the women had children either in Local Authority care, fostered or adopted. Only a third claimed that the present caring arrangements for these children were permanent or likely to become so.

Accommodation

2.06 Over 70% of the women were living or had been living in rented premises of which half was either council owned or housing association accommodation. Nearly one in ten of the women claimed to have been homeless before coming to prison.

Employment

2.07 As many as 70% of the women said they had had no previous employment before coming to prison. Over a third of the women said they were in debt. The majority survived on state benefits augmented, in many cases, by criminal activity or casual work. Over 10% of the women said they survived by crime alone. Only 3% reported having turned to prostitution in order to make ends meet.

Previous custodial experience

2.08 The majority (71%) said they had not received a prison sentence before: nearly half reported having no previous convictions.

Education

2.09 36% of the women reported having had serious problems at school.

Local Authority care

2.10 20% of the women said they had experienced time in care: in comparison the figure in the general population is 2%. (Given the high number of foreign national prisoners, for whom care was not an option, the proportion of UK national prisoners experiencing care is significantly higher).

Abuse

2.11 Nearly half the women said they had been abused. A third of these reported both physical and sexual abuse, a third said they had been sexually abused and the remainder reported physical abuse. Of those who had been abused, 40% had been under 18 at the time with a further 22% having been abused both as a child and as an adult. In the majority of cases the abuser was male and well known to the woman (for example, father or partner).

Substance abuse

2.12 Two thirds of the women reported having used illegal drugs at some point in their lives. A third asserted that this usage was limited to experimental, recreational or occasional use. However, over a quarter reported poly-drug misuse and 40% reported heavy use or addiction. Of this group, over half used heroin with one in five admitting to intravenous drug use. More than a quarter had used cocaine and / or crack. Nearly 20% used amphetamines with one in ten of these women reporting she had injected. One in ten said they had been dependent on tranquillisers. One in four of the women with drug dependency admitted that they were still taking drugs in prison and would continue to do so when released.

Self harm

2.13 Over 40% of the women interviewed reported that they had harmed themselves intentionally and / or attempted suicide. Their reasons ranged from histories of physical and / or sexual abuse, family and relationship problems, depression and stress.

2.14 Some issues arose from the women's imprisonment and these are set out below.

Family

2.15 For over 25% of the women, lack of contact with their children and other family members was their greatest concern. Other related issues of importance were a desire to be in a prison nearer to home, worries about the health of relatives, worries about the possibility of their children being taken into permanent care and financial issues.

Bullying

2.16 Over 70% of the women reported having come into contact with bullying in prison; a third of these said that they had been bullied. However, 87% of the women reported feeling safe from bullying.

Personal Officers and sentence / custody planning

2.17 Over half the women reported that they did not know the name of their Personal Officer. Of those who said they had a Personal Officer the vast majority (90%) described their relationship with him or her as "all right". The majority of sentenced women reported that they had not experienced sentence planning at all.

Effects of imprisonment

2.18 Over half the women interviewed (55%) reported receiving no help in prison. Three quarters of self confessed drug misusers reported that they had received no help (other than, in some cases, light medication) to assist with drug problems. Only one in ten of these said they had received some drugs counselling. Over 70% felt that prison had had a negative effect on them; reasons included becoming more criminally sophisticated as well as more angry and depressed.

What would prevent future re-offending

2.19 All interviewees were asked what they thought would help them not to re-offend. The majority felt that they were unlikely to re-offend anyway. (This is not an uncommon comment among prisoners generally and should be seen in that context). Of the many who felt themselves to be at risk, their needs following release were likely to be: employment, stable relationships, accommodation, and proper help and support.

Summary

2.20 **The results of our survey broadly confirm past research.** The majority of women in prison:

- have never been in prison before
- are mothers of children aged under 16, the care of whom, in a large number of cases, is unsettled
- have accommodation problems
- have poor employment and education histories.

2.21 Many report that they:

- have suffered physical and sexual abuse, frequently at the hands of men close to them
- are serious drug misusers with long histories of poly-substance abuse.
- have self harmed or attempted suicide.

2.22 These are striking findings about the nature of the women's prison population. They have evident policy and practice implications for the Prison Service. **Information about women prisoners should be the starting point for policy and planned use of resources. There should be an on-going assessment of the needs of women prisoners which can be identified from their characteristics.**

CHAPTER THREE

THE FEMALE ESTATE AND ITS MANAGEMENT

The estate

3.01 On the last day of 1996, women prisoners were held in 15 prisons in England but at no prisons in Wales. (One unconvicted prisoner was lodged for a week at the end of 1996 in Belmarsh high security prison in South London). Ten prisons, Askham Grange, Brockhill, Bullwood Hall, Cookham Wood, Drake Hall, East Sutton Park, Eastwood Park, Holloway, New Hall and Styal, were entirely dedicated to the custody of women prisoners. At Durham, Risle, Winchester and Highpoint prisons women were located in wings which were physically separated from adult male prisoners and had their own dedicated staff. At Low Newton prison, women were held in accommodation which was physically separated from the majority population of young male prisoners on remand. All shared establishments had separate sleeping and living areas, employment workshops, visiting rooms, education classrooms and chapels: a minority had shared facilities for physical recreation.

3.02 A map showing the location of the 15 prisons and a brief description of each is in Appendix 4.

Conditions for women in shared prisons

3.03 At Winchester, where a unit for women has been running for approximately 18 months, conditions are very satisfactory.

3.04 Physical conditions in H wing of Durham prison have improved markedly in recent years. Efforts are being made to meet the needs of long term women prisoners held in high security but the design of H wing, on a comparatively small site, makes it claustrophobic, especially as women are not allowed in any other parts of the prison except the Health Care Centre.

3.05 Although many of the staff are skillful and well motivated, the facilities at Low Newton are not sufficient to meet the needs of unsentenced women prisoners in the North East of England. **If it is to be the major local prison for women in the North East, it needs more accommodation and resources and to establish its own identity.**

3.06 There are hopeful signs that Highpoint prison in Suffolk, which received its first women prisoners in November 1996, will be developed to meet the needs of women undistracted by the majority population of male prisoners, who are separated from them by a main road.

3.07 We do not think that Risle prison as constituted has the necessary physical resources to be the main local prison for women in the North West of England. There are ongoing problems, particularly with the consistent provision of an appropriate regime for unconvicted prisoners, which lead us to recommend that **there should be an alternative local prison for women in the North West of England.**

Management of the shared estate

3.08 In the past four years the Prison Service has been faced with an unprecedented rise in the female prisoner population of more than 50%. At the time of this review the Prison Service had embarked upon a strategic estate review taking account of guidance provided by Woolf and Learmont that women prisoners should be located as near as possible to their homes. **We commend this attention to a key factor: the importance of links to their home areas for women prisoners.**

3.09 This is very difficult to achieve given the small proportion of the total prison population represented by women and, therefore, the very small number of establishments which need to be dedicated to the female estate. The Prison Service appears to have reached the sensible conclusion

that discrete prisons for women are preferable to prisons shared with men but, to have as reasonably wide a geographical provision of accommodation as possible, parts of a few suitable male prisons should also be used.

3.10 There is an inevitable tension between the two options: on the one hand attempting to locate women as close to home as possible but thereby marginalising them because they represent tiny groups in male prisons; on the other hand concentrating them in a few prisons dedicated to women only, thereby placing them far from home.

3.11 At present, the sharing of sites does not work to the benefit of the female prisoner population. The identity of the units for women prisoners is confused with the larger prison on site, the cost of keeping women in custody and of the services specifically for their use are not broken down and the Governor does not report to a functional manager with responsibility for women prisoners.

3.12 Prisons dedicated to women only best meet their overall needs and **any sharing compromise must include safeguards against the obvious disadvantages of holding men and women prisoners together. These safeguards should include:**

- total physical separation
- a separate identity reinforced by distinct management and staffing teams
- separate costing arrangements and management accounting systems to attribute costs of shared services
- discrete objectives
- separate visiting facilities
- separate catering facilities
- separate health care

separate education, employment and physical education (PE) facilities.

Strategic planning of the female estate

3.13 It is not our purpose to discuss the detail of the strategic planning of the female estate which is a major piece of work for management. But there are a number of elements which should inform future action.

3.14 First of all, planning decisions on local and closed training prisons should be driven by the known characteristics and needs of the populations which are discussed in this report.

3.15 Secondly, there is a need for open prison accommodation although we do not think that the location of any of the current open prisons, Drake Hall, Askham Grange and East Sutton Park, is optimal if they are to meet the other criteria - closeness to home area, ease of access by public transport and closeness to towns where there are opportunities for employment as part of resettlement training. **A greater proportion of women could be held without physical security restrictions as they do not represent a danger to the public; nor is there a high probability of their absconding.**

3.16 Thirdly, we consider that sufficient information about the geographical origins of prisoners is available to make informed decisions about the development of one or more transitional prisons in centres where they would best serve the resettlement needs of female prisoners.

Prisons designed with women in mind

3.17 With the questionable exception of Holloway, where a great deal of thought and planning went into the new prison in the seventies, there has never been accommodation expressly designed for the needs of female prisoners in England and Wales. The design of modern prisons for male prisoners (for example, Channings Wood and Doncaster) and for male young offenders (for example Lancaster

Farms) demonstrates that considered planning of environments, facilities, systems and regimes can positively influence prisoners' behaviour. That this can be as true for female prison environments is demonstrated by the prison at Shakopee, Minnesota, United States of America.

3.18 Shakopee is a community based prison where prisoners serving very long sentences for very serious offences are held alongside prisoners serving short sentences for less serious offences in a prison without a perimeter fence. Prisoners nearing the end of their sentences, subject to security risk, progress to a half-way house in preparation for release. We describe the dynamic security under which this prison operates in Chapter Five.

3.19 At Shakopee, prisoners nearing the end of their sentences, subject to security risk, progress to a transitional, urban establishment in Minneapolis / St Paul managed by a private, non-profit-making organisation, Community Alternatives for Mothers in Prison. From there prisoners can attend community facilities (mandatory for those whose offending is linked to substance misuse) and prepare for release by seeking employment, attending health care clinics, arranging accommodation, etc., in liaison with the appropriate after-care agency.

3.20 The half-way house can accommodate up to 26 women, half of whom are from the prison and half who have a residence requirement as part of a probation order imposed by a court. Prisoners remain in technical legal custody and can be returned to the secure prison at any time if necessary. Their behaviour is subject to the same rules as in the prison. The system is successful in providing a transitional reintegration into the community from which few prisoners abscond. We describe it in more detail in Chapter Eleven.

3.21 From information about prisoners' home area (see Appendix 1) we identify Essex, London, Manchester, Birmingham, Lancashire, Liverpool, Bristol/South Wales and Leeds as the main potential areas where such an innovative solution as community based, transitional units might be appropriate.

3.22 The size and use of these units could be flexible: although we have carried out no research into the issue, we consider that the accommodation problems faced by some women who are subject to probation supervision might mean that accommodation could properly be shared. We know from our survey that offenders have identified needs related to employment and training, housing, personal security and stability (that is, coping skills), counselling and financial management. We would also like to see a rapid integration of service by various, at present separate, providers: the National Health Service, the Probation Service, Social Services and voluntary agencies. We see significant potential for their involvement.

3.23 The marketing of the concept of transitional prisons is likely to be difficult, and will involve generating a sense of responsibility in communities for women from the community who are disadvantaged by their criminality and who need community help and support to minimise the risk of reoffending. We do not believe that all prisoners will be suitable for participation in such a scheme, though an examination of the behaviour and offence characteristics of females, and discussions with Prison Service staff who care for and manage women prisoners, indicate that many would be; development work will need to be undertaken on risk assessment, and selection and placement criteria.

3.24 We recommend that the Prison Service examines the feasibility of establishing urban prisons on the lines of the unit at Minneapolis / St Paul.

3.25 Elsewhere in the United States, effectively sound-proofed and secured high- rise accommodation is used to house prisoners close to urban centres. The segregation of convicted and unconvicted prisoners has proved feasible and careful timetabling allows the shared use of facilities such as exercise yards and gymnasias, and access to activities. **The feasibility of building or adapting existing buildings to hold prisoners should be examined.**

Operational management of the estate

3.26 The levels of co-operation between most prisons in the female estate were reported to be at least satisfactory, but most arrangements for transfer and allocation were organised not centrally, by population management as one might expect, but between individual managers who had formed positive working relationships. Every Governor to whom we spoke told us that there was no central co-ordination of allocation of accommodation nor of resources, and that the collection and use of information was not focused specifically upon the needs of women prisoners. This was perceived to result in less than optimal use of the facilities in different prisons, particularly when the demand for accommodation was not matched by the supply. All Governors recognised the need for mutual support in such circumstances and we observed some rapid decision making concerning the logistics of prisoner allocation during this study, but it was being done by the wrong people, and at the wrong level, to guarantee needs-based decisions being taken.

Differences in regimes and privileges

3.27 There are often greater restrictions on prisoners in open prisons than in closed prisons and a different range of opportunities. But we found major differences between regimes and privileges in closed prisons. For example, we noted that every prison receiving women prisoners had local rules about the property prisoners were allowed to retain in their possession. As a consequence women prisoners who had been allowed to have, say, duvets at their previous prison felt aggrieved to have them taken away on transfer to a different establishment, particularly when they had not transgressed any rules but, on the contrary, had been moved because they were "model prisoners".

3.28 With so small a number of prisons for women and frequent movement of women prisoners around them, comparisons inevitably are made. The evident lack of logic about local differences is a cause of grievance. We talked with staff who acknowledged that they saw no reason for many of the differences but were often held responsible for them by prisoners.

3.29 Property retained in a prisoner's possession is one matter which appears to need co-ordination across the female estate. **We applaud the efforts and co-operation shown by Cookham Wood and East Sutton Park, where staff on reception have compared lists because women prisoners frequently move on from Cookham Wood to open conditions at nearby East Sutton Park.**

3.30 We are not recommending complete uniformity; some degree of local variation is inevitable and sometimes healthy, particularly where activities are involved. Gross differences are, however, counterproductive, giving rise to a sense of inequality and arbitrariness. A degree of continuity of activities while trying to sustain courses and programmes is important for women who are transferring. **Similarly some coherent structure of incentive systems is necessary if women prisoners are not to feel unfairly penalised by a move when it entails a significant loss of privileges.**

3.31 **We recommend greater co-ordination across all women's prisons to minimise local variation. In particular, the development of standard lists of the property women prisoners are permitted to retain, based on existing examples of good practice.**

Age mixing

3.32 Unlike their counterparts in male prisons women prisoners are held together regardless of age. The rationale for this lack of distinction is the comparatively small number of women prisoners, and is a response to what otherwise would be an unacceptable inflexibility in the management of the female estate. The total population of women in custody under the age of 21 would fill one or two very small prisons, inevitably requiring most of the prisoners to be even further from home than they are in shared locations. Dedicated and separate young offender units within women's prisons are similarly regarded as impractical; the shortage of regime facilities in prisons necessitates all age groups sharing what exists. However, it is normal for young offenders to be housed in separate units, although we have come across cases of mothers and daughters sharing a cell.

3.33 There are other reasons why age mixing occurs in women's prisons. We have observed that, on the whole, women prisoners manage to live together despite the considerable age range with commendable tolerance. Younger women prisoners, like younger men, are, in general, the more volatile group and present greater control problems; older women prisoners have become part of the strategy to manage them. Some older women prisoners show a willingness to parent and generally support younger women prisoners and have been observed to do this with care and sensitivity; in some cases this compensates women for being cut off from their own families. We heard from others that they resented the enforced parenting role. Living at close quarters with boisterous youngsters appeared to be particularly difficult for some long-term and lifer prisoners, who are keen to serve their time quietly.

3.34 There are strong arguments both for and against this policy. Certainly there are few Prison Service staff with past experience of working in establishments dedicated solely to young offenders' who have told us that they favour a return to those arrangements. We concur with age mixing but **greater care should be exercised over which individuals are accommodated together**. For example, we found an eighteen year old inappropriately located at Durham and juveniles mixed in with older prisoners indiscriminately at New Hall and Bullwood Hall.

Juveniles

3.35 We are particularly concerned about juveniles in prison. Governors of prisons are charged with legal responsibility for female prisoners over sixteen years of age. However, we observed that sentenced 15 and 16 year olds find their way into women's prisons. Under present law 15 and 16 year old girls cannot be remanded in custody.

3.36 Fifteen and 16 year old girls can be given a sentence of Youth Custody or receive a sentence under Section 53 of the Children and Young Persons Act, 1933. Their placement is decided on the recommendation of the Social Services Inspector seconded to the Prison Service. We are firmly of the opinion that **prison establishments should not be used to hold juveniles**.

3.37 Occasionally a woman will arrive at a prison with a baby, although the appropriate process for deciding what is in the best interest of the child has not taken place (see example in Business as Usual", Chapter One). Courts do not have authority to order a baby to be taken into custody with its mother in these circumstances.

3.38 We encountered several examples indicating a lack of co-ordination between the different agencies associated with the criminal justice process. They demonstrate how prisons are saddled with problems which other agencies fail to resolve. **The Criminal Justice Consultative Committee should be asked to take note of the issues of juveniles and babies in prison and, with the appropriate agencies, work towards agreed standards of practice to eliminate them and the unwarranted burden they produce for the Prison Service.**

Child protection

3.39 There are serious child protection issues in mixing young prisoners with others who may include Schedule 1 offenders (women convicted of offences of violence against children under the 1933 Children and Young Persons' Act) which covers a multitude of behaviours. In some cases the offence may involve a victim who is only a little younger but in others, the offence is of violence by a mature woman against girls. The number of individuals posing this potential problem is small and the issue appears to be overlooked or inadequately addressed in some settings. We noted, for example, women convicted of procuring being held alongside 15 and 16 year olds. Durham H wing is totally unsuitable for young offenders because of the claustrophobic nature of the wing and the number of Schedule 1 offenders. **Young offenders should not be held there.**

3.40 There are a few Schedule 1 women offenders in prison for violent offences against babies and young children, which raises issues of protection for younger prisoners and for their handling during

visits, in particular, extended visits programmes involving informal groups of mothers and children over the course of a day.

3.41 We saw two Schedule 1 offenders and their babies in one Mother and Baby Unit which had required much planning and preparation. A case conference was held on each case with the Local Child Protection Panel and a Child Care Plan developed. This is an example of good practice.

3.42 Life in Mother and Baby Units presents particular problems; mother and baby spend long periods together from evening until the next morning. If a woman is motivated to harm her baby, this situation makes it possible. There is also the question of risk to other babies. The context of a Mother and Baby Unit is abnormal; overall risk assessment is impossible, but assessment of the relationship between mother and child can be carried out. In the community a family would be informed that the mother is a Schedule 1 offender, but in prison the rules of confidentiality necessitate alternative strategies to manage potential risks. We have heard of women asking each other to watch their babies while they had a bath. If a woman is a Schedule 1 offender, she cannot be left alone with the babies.

3.43 Staffing and staff training for Mother and Baby Units must recognise and provide for these situations and issues. The Prison Service as a whole has not addressed these questions systematically. **The Prison Service, in consultation with relevant agencies in the community, should adopt standard child protection policies and procedures, not only for Mother and Baby Units, but for the prisoner population generally.**

Towards a needs-based management structure

3.44 At present there is no-one in a senior line management position, below the Director General himself, with operational responsibility for the whole female estate. Governors of women's prisons are managed on a geographical basis by Area Managers who report to one of two Operational Directors. Area Managers and Operational Directors have responsibility for all types of prison within the geographical areas except dispersal prisons which are now managed functionally by the Director of Dispersals.

3.45 While the procedures for planning the future estate for women prisoners are commendable there is an almost total absence of co-ordinated operational planning and day to day management. A simple example is that the recent conversions of Brockhill and Highpoint prisons to the custody of women prisoners have been carried out without clear objectives or structured guidance from Prison Service Headquarters. It has been left to the managers and staff in these establishments, the vast majority of whom have little or no experience or training in working with women prisoners. They have certainly done their best but there is a clear implication that the Prison Service sees no substantial difference between running prison regimes for men and women.

3.46 This review does not seek favoured treatment for women prisoners. All prisoners male or female should be held in safe custody, treated with respect, with no greater restrictions on them than their real security risks demand. They should be given the opportunity to tackle their offending behaviour and to prepare for resettlement in the community. However, women have different physical, psychological, dietary, social, vocational and health needs and they should be managed accordingly. As one correspondent put it to us, "It is not merely a question of women receiving equal treatment to men; in the prison system equality is everywhere conflated with uniformity; women are treated as if they are men". We heard the description "Cons in skirts" at one establishment.

3.47 Many staff with experience of working with male prisoners have commented on the differences they have found in working in prisons with women offenders. They have learned that many women prisoners, being vulnerable and dependent, need more individual attention than most adult male prisoners do; they frequently worry about matters outside their control, invariably concerning members of their family. These are obviously generalisations but they indicate that regimes and programmes for women need different emphases from those for male prisoners.

3.48 At present, certain key elements of management are lacking in the organisational structure for women's prisons:

- analysis of the needs of women prisoners
- policy and operational planning across the whole estate taking the above analysis as the starting point
- central co-ordination to ensure that individual establishments work as co- operative parts of a system of prisons for women

3.49 One or two of the training prisons for women have started to produce their own needs analyses with the intention of using them to influence policy making about local programmes and regimes. This is commendable and a credit to those involved but **a thorough needs analysis across the whole of the female prisoner population is necessary so that relevant strategic policies can be formulated for health care, education, employment, physical education, food, contacts with families, security, tackling offending behaviour, tackling drug and alcohol misuse, childcare, counselling and resettlement.** It would be useful if such an analysis included a review of what the staff who work with the women and the prisoners themselves think is needed.

3.50 **In our judgement properly co-ordinated management of the women's estate, including the shared establishments, will only be achieved by the appointment of a Director for women's prisons who can be seen as accountable and responsible for the overall management of the system, and with whom Governors of female establishments can identify.**

3.51 The development of the model in relation to the dispersal prisons has indicated that it is viable when applied to a readily identified discrete group of establishments. In our judgement the women's estate is precisely that. This model would also facilitate the more effective management of the small number of prisoners whose behaviour poses significant control problems, or who present particular risks.

3.52 **In our visits to women's prisons we have seen some excellent work undertaken by knowledgeable and committed staff in tackling offending behaviour and other work.** Unfortunately, it occurred mainly in isolation. There appeared to be no mechanism for good practice in one establishment, for example, at Holloway and Drake Hall, to be introduced in others. Indeed, staff were entirely unaware of developments in other establishments. A separate Directorate for women's prisons would enable not only good practice to be shared but also the development of common policies, integrated regimes, proper staff training and the development of programmes designed for women.

3.53 In formulating and managing national policy objectives the Prison Service will need to take account of the characteristics of the female prisoner population. They are that:

- approximately 40% are first offenders
- there is a wide age range from 15 - 70 plus
- there is a significant number of highly recidivist women, whose chaotic lifestyles invariably revolve around substance abuse
- a relatively small but growing number serving long sentences in prison for violent offences, including murder
- the majority have severe emotional or mental problems
- between 30% and 70% have suffered sexual abuse
- a significant number are foreign nationals serving comparatively long sentences for drug trafficking
- it includes pregnant women and mothers with babies
- many have accommodation problems and no experience of employment.

3.54 Using information about the female prisoner population as the basis for planning and providing effective regimes in women's prisons is a complex process. It should involve strategic regime planning across the women's prisons, reflecting the characteristics and needs of female prisoners generally, and local regime development and delivery, reflecting and responding to the needs of individual prisoners.

3.55 From our analysis we suggest that the following are essential elements of regimes for women prisoners:

- suitably selected, trained and supported staff
- security which is appropriate to the risks posed
- needs based reception and induction processes
- a structure for safety and survival
- opportunities for frequent contact with families
- appropriate health care, food and exercise
- a busy routine which includes a full working day, opportunities for education and free time
- custody / sentence planning, offending behaviour programmes and preparation for release programmes that are designed around and related to the needs of women.

3.56 These are no different from the essential elements for adult males and young offenders. But the approach towards providing them for female prisoners should be significantly different, acknowledging that their needs are different. Each one is examined separately in the following chapters.

CHAPTER FOUR

THE NEED FOR SUITABLE SELECTION, TRAINING AND SUPPORT OF STAFF

Staff numbers

4.01 The key to any successful regime in a prison is its Governor and staff. At the time of our review there were 1,918 staff working exclusively in women's prisons, and many others working on shared sites. A total of 1,751 staff were working in direct contact with women prisoners, of whom 1,056 were female and 695 male. The number working in each establishment holding women is in Appendix 4.

4.02 These figures were compiled from answers to direct questions to individual establishments because Prison Service Headquarters were unable to provide us with such a breakdown. This is yet another pointer towards the need for a central Directorate responsible for providing and evaluating statistics concerning women in prison.

Staff: prisoner ratios

4.03 We calculated the ratio of staff to prisoners for each of the establishments holding women. For this purpose we defined "staff" as Officers and Senior Officers, most of whom would be in frequent daily contact with prisoners. We recognise that this is a crude measure: there are significant numbers of other staff - for example, teachers, instructors, PEIs - who are also similarly in frequent contact: but the collection of data for all establishments for all groups was incomplete, and it was therefore decided that the baseline would be those staff whose principal role was the exercise of control over prisoners' activities and behaviour.

4.04 Graph 1 below demonstrates that the open prisons have the greatest number of prisoners per Officer: One would expect this to be so, as the prisoners selected for allocation to these prisons are usually those who are more self-sufficient, presenting less behavioural and control problems, than those in the closed prisons.

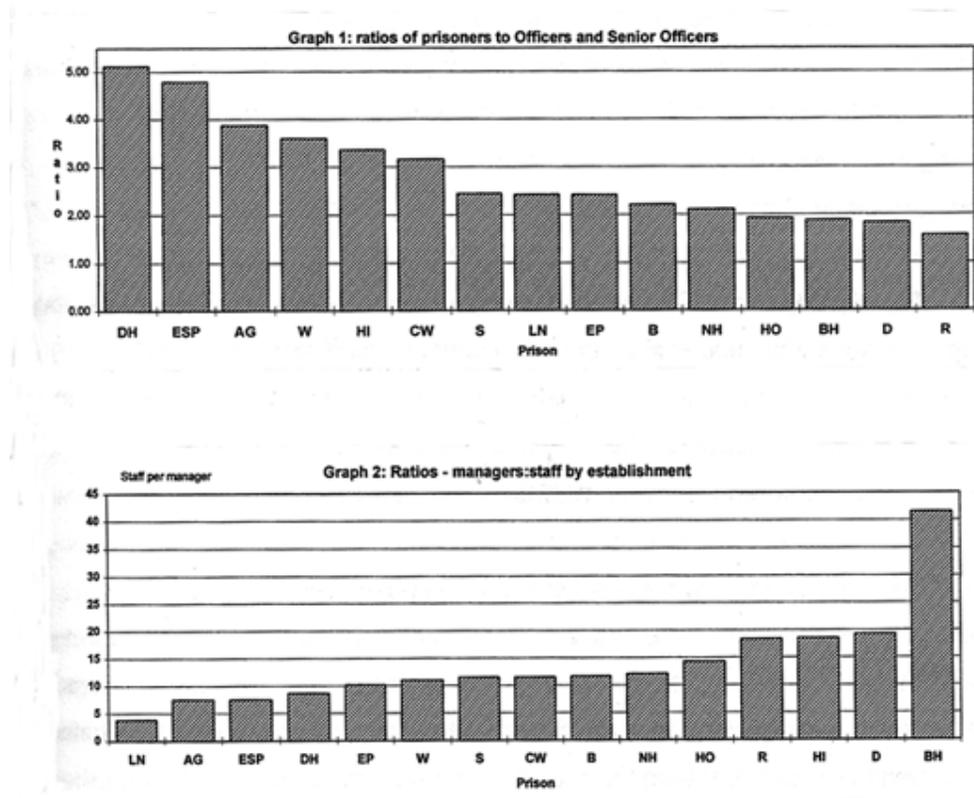
4.05 We would have liked to have carried out an analysis of establishments based upon their unit costs, but this information for all the prisons holding female prisoners was simply not available. In Chapter Three we recommend that the costs related to female wings in male prisons should be calculated separately. Thus some prisons might appear to be more effective, relative to the others, than is actually the case: Risley, Low Newton and Winchester, for example, would have slightly lower ratios than those shown, because they should share additional costs relating to security, the Gate, management services and administration, health care, chaplaincy, catering, and other functions.

4.06 We question why the differences exist. Why, for example, are there approximately 50% more Officers per prisoner at Risley, and 40% more at Brockhill, than at Low Newton? What leads to the differences in ratios between Winchester, Highpoint and Cookham Wood as a group, and Styal and Bullwood Hall? Why can Drake Hall, with its dispersed units, apparently manage with approximately 75% of the staff: prisoner ratio that exists at Askham Grange? **There is a need to identify the factors which lead to differences in staffing provision in prisons of apparently similar types, for the purpose of attributing costs and providing resources to allow the prisons to carry out their agreed roles effectively, efficiently and economically.**

Managers: staff ratios

4.07 Graph 2 below shows the ratio of managers, Governors and Principal Officers (Discipline) to staff, Senior Officers and Officers, in the prisons. These ratios are based upon figures provided to the Inspectorate by each prison in the last quarter of 1996. In the prisons where there is a female wing among male wings, the proportion of managers' time spent managing the female prison has been gauged on information provided by the Governor and staff; the size of establishment is also likely to disproportionately affect the calculations of the smaller institutions. Again, as one might expect, the open prisons have the most efficient ratios. The figure for Durham is calculated by attributing senior

managers' and the wing manager's time. Again, the purpose of this information is to ask why the differences exist; there are a number of possible reasons - special units, proportion of long sentence prisoners, number of offending behaviour programmes offered, amount of regime activities.



Selection and training

4.08 Almost every member of staff in every grade who had experience of working with male as well as female prisoners told us that the knowledge, skills and emotional demands required of them were very different in the female estate. Many staff told us that they found the work challenging and stimulating, but there was universal agreement that the drain on emotional resilience was exceptional. Staff managing women prisoners need and deserve consistent line management support, training and supervision in delivering policies appropriate to the needs of this population. From our observations of staff managing some difficult situations in a number of prisons, there is sufficient evidence to justify a recommendation **that the Prison Service should analyse the differences in demands on all staff managing female prisoners and specify the knowledge, skills, mix of experience and attitudes required.**

4.09 Traditionally Prison Officers have always been selected for generic custodial skills. The advent of local recruitment has meant that staff applying to work in female establishments could now be selected for the qualities needed to work with women. **We recommend that the Prison Service devises, based on the analysis, a selection method for staff for work with women.**

4.10 The importance of appropriate staff attitudes has been raised with us repeatedly. Prisoners and many staff told us that it is not only how staff carry out their work but also the way they communicate with prisoners that matters. There are core competencies in which all staff working with female prisoners should be trained (for example, the awareness of the role of women as primary carers and of the effects of past physical, sexual and psychological abuse) as well as situation competencies such as working with mothers and babies. Trainers will need to be aware of the possible trauma for staff in discussing some issues, and the need for appropriate and adequate support mechanisms. (The

experience of staff working with male sex offenders was that, initially, not enough support was provided). **The Prison Service should undertake a training needs analysis to ascertain when staff should receive specific training in working with women, what training would be appropriate and at what grades.**

Gender balance

4.11 Most staff in direct contact with prisoners in most prisons for women are female, as is proper: male staff cannot search female prisoners, observe them in all circumstances, or manage them in some reception and residential situations. The vast majority of staff, managers and women prisoners agree that a proportion of staff should be male. But male staff are open to allegations of impropriety and there have, indeed, been such allegations which points to the need for careful selection of male staff, as well as better management and careful preparation and training.

4.12 In those prisons which formerly held male prisoners but have recently converted to holding women, male staff continue to be the majority, which is inevitable in response to what amounts to an emergency situation, but an imbalance the Prison Service must be seen to be rectifying as soon as possible.

4.13 The ratio of female staff to male at Officer and Senior Officer levels varied between 82.7% and 69.1% with a mean female: male ratio of 73.7%: 26.3%. In our judgement, a ratio of approximately 4:1 is about right. A mixed gender staff ensures that prisoners experience relationships with men and women. However, in almost every women's prison, the governing Governor is a man and the majority of senior managers are also men. This needs to change and **many more female managers should be selected, trained and appointed. More managers should be trained to understand the particular needs of women prisoners and to lead staff in implementing appropriate policies.**

4.14 We have been horrified by the lack of preparation which male staff receive for working in female establishments; this applies as much to Governor grades as Officers. **All staff need far more training and support in working with women offenders; male staff need additional preparation.**

Contingency staffing

4.15 We have found the incidence of sickness among staff in prisons for women to be higher than in male training or local prisons. This was particularly marked at Risley where in the summer of 1996 approximately 50% of the female staff were either off duty or restricted in the duties they were able to perform. In the autumn of 1996 Holloway staff sickness was at crisis levels.

4.16 There is no recognition by the Prison Service of the need to make special staff cover arrangements to allow for female staff who are either absent or restricted to light duties due to maternity leave or pregnancy. This ignores reality and does not apply only to female staff in women's prisons. Temporary cover should be provided to ensure that the work of the prison is not affected by temporary absences. **One of the most effective systems of risk assessments for the employment of pregnant staff we have seen was at the male training prison, Lancaster Castle.**

4.17 Women's prisons have a greater demand for hospital escorts and bedwatches which puts an additional strain on staffing levels. This causes stress for individual staff which can lead to absences.

4.18 **More realistic systems should be developed for managing short term staff coverage, which take account of likely absences and limited duties during pregnancy and in the post natal period.**

Transferring staff to work with women

4.19 It cannot be assumed that staff can transfer to women's prisons from working with male prisoners without careful selection, preparation and training. At present this does not happen. Staff have told us that moving into the women's estate is not seen as a positive career move. Working predominantly in

women's prisons should be regarded as a legitimate and valuable career path and selection for promotion should reflect this. But such a process requires someone to oversee it, which, yet again, points to the need for a Director responsible to the Prisons Board.

CHAPTER FIVE

THE NEED FOR APPROPRIATE SECURITY

Closed prisons

5.01 The security characteristics of the secure establishments for female prisoners vary considerably. Durham, where nearly all sentenced female prisoners regarded as dangerous or likely to attempt escape are held, is a secure wing within a very secure local prison for male prisoners. Bullwood Hall in Essex is considered to be the equivalent of a male Category B prison. Cookham Wood, Eastwood Park, Styal, Highpoint and New Hall are all secure prisons, though their physical characteristics vary considerably. Winchester female unit, a training prison for women, was formerly a remand centre for young male prisoners and a Category C annexe at a local prison. Work to provide a small secure prison, initially for 80 prisoners, at Foston Hall in Derbyshire started in late 1996. It is planned to increase the number of places to 150 by the building of two new house blocks. Risleigh female prison is part of a large Category C prison for male prisoners. Low Newton female wing is part of a remand centre for young male offenders. Holloway was designed more as a hospital than a prison but has a good record of preventing escapes. Brockhill used to be a remand centre for young males.

Open prisons

5.02 There are three open prisons for women: Drake Hall, Askham Grange and East Sutton Park. Most absconds from these prisons take place within a few days of the prisoners' arrival. As allocation is based on available vacancies rather than any criteria relating to access to the prison for family members, including children, many women who are judged suitable for open conditions are allocated to prisons far from their home areas. The most common reason for absconding, we were told, is because women feel that they need to be involved in the resolution of some domestic situation - often involving their children. Being ineligible for release on temporary licence because of the technicalities of systems which are designed with the control of male prisoners in mind, and unable to cope with the stress of not being present to help at home, some simply leave. Their destination is not usually in doubt.

Security categorisation

5.03 We considered whether the management of the female prisoner population would be more consistent and coherent if the same criteria were used to make judgements about dangerousness as apply to male prisoners. We consulted Governors and staff in prisons and Headquarters. A few women pose a danger to the public and a very few pose a serious danger. Obviously they should be located in secure conditions. We have concluded that there is a need for two units providing secure accommodation for women who would present a significant threat if they escaped. We recognise that Durham is likely to provide such accommodation in the North of England, though we do not consider that the female wing is optimally located there. **The other secure unit should be located in the London/Essex area.**

5.04 There have been a small number of well publicised examples of women who have committed offences of serious violence, or who have presented a serious threat to the general public either because they are unable to properly control their own behaviour, or because they make conscious decisions to carry out certain acts. Yet it is interesting to note that, even within the secure prisons for females, the gravity of violence is less than in secure prisons for males. Most staff told us that women act as individuals rather than in groups with a common purpose.

5.05 A number of managers argued that the differentiation between levels of risk needed to be rather more sophisticated than that which currently exists simply between open and closed prisons. However, to give a more refined security categorisation to women's establishments risks sacrificing the flexibility which presently exists in the allocation of prisoners. Once any establishment is classified as accepting a particular category of woman prisoner, the bureaucratic management processes which still characterise many systems could lead to less efficient use of the available accommodation.

5.06 If the security category is to be principally determined by the danger which an individual would present to others if she escaped, a crude analysis of the previous convictions and current offences of the female population indicates that 30% might present such a risk. Most offences (approximately 35%) committed by women are acquisitive: burglary, theft and fraud. A significant number involve drugs (24% of convictions, a figure that includes attempts to smuggle drugs by foreign nationals as well as drug misuse offences). But to exercise effective control of individual prisoners who, though they may have neither the will nor the resources to escape, present behavioural problems, means that such prisoners may need to have some form of physical security to prevent them from escaping. **We conclude, however, that effective procedural measures can meet the needs of security and control in most cases.**

5.07 Secure prisons for women should be fenced and have a perimeter surveillance and detection system around that part of the accommodation which population projections suggest should be secure. Such sites could also include fenced accommodation for those prisoners not requiring such precautions, yet who are unsuitable for open conditions. Prisoners should be located in cells built to current Category C houseblock security standards. For the less secure but fenced accommodation, the type of accommodation found at Drake Hall prison would be appropriate.

5.08 We consider that a number of prisons could simultaneously hold, in appropriate conditions, prisoners needing different degrees of security. During an inspection of Drake Hall in December 1996 we were told of a plan to erect a secure fence around part of the prison and to house within the secure area women thought likely to abscond from the non secure parts of the prison. If implemented, this proposal would increase the flexibility of the establishment. We understand that analogous developments at New Hall and Styal prisons are being considered; **we believe that this presents an excellent opportunity to develop multi purpose variable security sites.**

Using dynamic security

5.09 In Chapter Three we outlined a different sort of prison for women where security is based on the different level of risk women present - the prison at Shakopee, Minnesota, USA.

5.10 At Shakopee different classes of prisoners are located in different accommodation units with similar physical security but significant differences in procedural security. There is no perimeter fence. Activity centres (employment, education, offending behaviour programmes) are shared by all prisoners. Most employees are trained as Officers and have responsibility for both security and control, as well as other roles in the prison. There is extensive use of closed circuit television (CCTV) to monitor prisoner movement and staff safety but most security is based upon clearly defined rules which govern prisoners' behaviour. The success of this model depends on what is known in this country as dynamic security, with emphasis on individualised programmes, structured activity and relationships (Dunbar, 1985).

Incentives and Earned Privileges Scheme

5.11 The development of multi purpose sites is consistent with a parallel development in the Incentives and Earned Privileges Scheme which could mean that only those prisoners who are judged to have benefited from participation in offending behaviour programmes, where appropriate, would progress to the most privileged level.

5.12 The use of the Incentives and Earned Privileges Scheme is a significant development in helping staff to shape prisoners' behaviour. Along with the sense of achievement which women can gain from achieving appropriate personal targets and by earning privileges (including town visits in some prisons), it is a valuable contribution to dynamic security.

Staff / prisoner relationships

5.13 Many staff, in all grades, stressed the importance of positive relationships with prisoners in maintaining security and control. We noted in almost every prison informality in relationships between staff and prisoners: that is not to imply that proper control was not being exercised, but the manner of its

application was not the same as in male prisons. There may be a number of reasons for this: the limited institutional experience of prisoners, for example. We observed several examples of staff patiently and professionally coping with violent and hysterical prisoners. Such behaviour is particularly common amongst unconvicted and unsentenced prisoners.

Key issues in allocation decisions

5.14 There were several, sometimes conflicting, views on categorisation and allocation. Almost every manager agreed that the introduction of a security algorithm would limit the flexibility of use of the available accommodation nationally, which would be undesirable, particularly when the number of female prisoners is increasing.

5.15 In our survey 71% of the prisoners questioned claimed that they had never been in prison before and 46% claimed that they had no previous convictions. In view of the relatively criminally unsophisticated nature of the population, **further research is justified to establish criteria to inform allocation decisions when women are being transferred from local prisons and remand centres to training prisons.**

5.16 **The principal determinants of allocation should include:**

- **health care needs including drug abuse treatment**
- **distance from home**
- **facilities for children for women with children**
- **work and education**
- **access to counselling.**

5.17 In most cases, no clear criteria were used in decisions about allocation. Most prisons had only limited information about the allocation criteria of other establishments in the female estate and there was no reference work available to inform decisions. Certainly a number of distorted perceptions were expressed to inspectors. **A reference document setting out the allocation criteria for female establishments should be produced by means of co-ordinated discussions involving all prisons holding female prisoners. Again, this points to the need for clear direction from a single Director.**

5.18 **In order to alleviate the effects of dislocation, the feasibility of establishing accommodation for very short sentenced prisoners in urban centres should be explored.** This group should include women sentenced to less than three months imprisonment for non violent or minor drug related offences, fine defaulters and civil prisoners. Such centres should carry out a needs analysis of individuals and focus upon throughcare needs and establishing links with all the relevant local agencies who can assist women to survive without committing further offences after leaving custody. A partnership approach should facilitate continuity of care.

Escorts

5.19 It is strongly argued by some informed sources that male and female prisoners should not be located in the same prison because, among other things, women may have to endure verbal abuse and there is a potential physical risk to them from male prisoners if control in the prison breaks down. The same argument applies to the use of the same vehicle for male and female prisoners during escorts.

5.20 Many women are committed into custody by courts because they demonstrate unusual behaviour or have a history which suggests to social workers, psychiatrists, Probation Officers and the police that they are a risk to themselves or others if they remain at liberty. Such people require careful supervision and care during the escorts. We do not consider that cellular vehicles are appropriate in such cases. We have been told by staff and prisoners of numerous examples that indicate that the experience of imprisonment is exceptionally stressful for many women. We consider that cellular vehicles, which might also contain male prisoners, are unsuitable for the transport of many female

prisoners. Individual women prisoners should be escorted in discrete vehicles if there is reasonable doubt about their capacity to cope.

Handcuffing

5.21 Prior to the Woodcock inquiry women prisoners were handcuffed only in exceptional cases, when there was an unusual risk of escape or violent behaviour during escort. Since then the increased focus on security and the application of policies arising from incidents at high security prisons for men to all prisoners, including women, has placed unwarranted restrictions on women under escort. The vast majority of women are not an escape risk, nor do they pose serious danger to the public.

5.22 We have heard of women refusing hospital treatment or serious conditions because they did not want to be cuffed in public. For similar reasons women have not attended family funerals and child custody hearings. In the latter circumstances, they felt, not unreasonably, that appearing in handcuffs might influence the decisions about custody of their children. Regrettably, there is still no clear statement from the Prison Service about the policy of handcuffing women

5.23 **We welcome Prison Service Instruction 5/97 which instructs that women admitted to NHS hospitals to give birth should not be handcuffed from the time of their arrival in hospital until they leave.**

5.24 **We recommend that cuffing is not used regularly for women prisoners and that the decision to use it in exceptional cases is well supported by documentary evidence. The physical restraints used on female prisoners while under escort outside establishments should be restricted.**

Searching prisoners

5.25 Many managers and staff felt that personal searching was one of the most difficult areas to manage. One specific difficulty was the concealment, particularly of drugs but also other illicit articles, in prisoners' vaginas. Internal searching by prison staff is not permitted even when there is a very strong suspicion that prisoners have concealed contraband internally. Prison staff can require prisoners to bend or squat, presumably in the belief that such a posture might dislodge concealed items from bodily orifices, but none of the staff to whom we spoke considered that this was at all effective with women prisoners. Our medical advice is that it is unlikely to be an effective method of searching. Furthermore, given the high proportion of women who have suffered sexual abuse, such procedures might have damaging effects on prisoners. It can also affect in a damaging way relationships between staff and prisoners.

5.26 That is not to say that staff should just abandon hope of finding illicit items, or that searching - including strip searching - should not take place. Just because it is possible to conceal items internally, staff should not assume that illicit items will be so concealed. **The Prison Service should investigate what reliable electro- mechanical detection devices (particularly for drugs detection) are available to assist with searching.** Officers of HM Customs and Excise, who do detect drugs carried by travellers through ports and airports, might be able to provide information on successful systems of searching.

5.27 We have already said that searching is likely to prove traumatic for women who have little experience of imprisonment or who have suffered physical or sexual abuse. We have also been told that older women are embarrassed to be searched by young staff. The reasons justifying the use of dedicated search teams in male establishments apply equally to secure establishments for females. **However, Reception staff and those working in Segregation Units in women's prisons should receive special training so that they are aware of the sensitive issues involved, and so that the approach to and communication with individuals being searched is appropriate. Responsible line managers should also be so trained.**

5.28 We saw this done particularly well by staff strip searching selected prisoners following domestic visits at Styal, and by Reception Officers at New Hall. **Staff should approach strip searching on the assumption that any individual might have a history of being abused.**

5.29 Strip searching is obviously necessary where there is well founded suspicion that a woman may be carrying items which could be used to harm herself or others. We were given worrying examples by prisoners and ex-prisoners which alleged that women had been strip searched for no sound security reasons but as a way of demonstrating the control of staff over prisoners. Without being able to judge the accuracy of specific allegations we are convinced that such abuses are possible without proper safeguards. **Strip searches must never be used as an instrument of control or for the intimidation of prisoners.** Senior managers have a duty to ensure that strip searches are only authorised when there are genuine reasons to suspect that a woman prisoner is concealing an object which could be used as a weapon or large quantities of illicit drugs. **The decision to strip search a woman prisoner in closed conditions should be authorised before the event by an Officer not below the rank of a Governor 4 and the detailed reasons justifying the decision should in normal circumstances be recorded before the search takes place. The Governor should personally monitor the systems of strip searching carried out in his/her prison to ensure that these principles are followed in all cases.**

5.30 Strip searching is a necessary part of the reception of a prisoner. It is not a duty which Prison Officers relish while it is clearly detested by prisoners. Nonetheless it has to be done to preserve safety and security. From many conversations which members of the review team have had with prisoners and staff it is clear that the manner in which prisoners are approached to be strip searched in Reception determines to a great extent whether it is a traumatic or a relatively painless experience. There is no substitute for the skills of a good Prison Officer in this situation. **The ability to explain to prisoners what is to happen and the reasons for it, the adoption of a confident but sensitive approach to each woman as an individual and the capacity to give reassurance throughout the process are skills which are able to be identified and should be the subject of detailed staff training both nationally and at a local level.** The attitudes and approach of staff carrying out this difficult work are crucial if the experience is not to be damaging, particularly to a woman who has suffered previous abuse. Far too little attention up to the present has been paid by the Prison Service to the detailed training and monitoring of staff performance in this critical area of imprisonment for women. **Senior managers should monitor the performance of their staff closely and should be accountable for it**

Searching visitors

5.31 We have seen a variety of standards and procedures for searching visitors, from no search at all to a thorough search; staff believe that domestic visits remain a primary route for drugs entering prisons, but the physical and procedural security used to deter and detect trafficking varies between prisons. At some prisons visitors are rubbed down and a metal detector wand is passed over children who visit. Visitors suspected of bringing in drugs are strip searched.

5.32 Restrictions have been tightened on what can be brought into visits. Before March 1996, at Durham H Wing it was possible to take in things prepared for the children, such as juice. At Bullwood Hall visitors are only allowed to bring baby food and nappies into the visit. Visits staff said they suspected that drugs were smuggled into prison on visits in babies' nappies. We have not heard of actual finds of this kind. However, **we recommend that women's prisons provide a supply of disposable nappies in various sizes for use on visits to avoid this possibility and to avoid the need to search nappies. Nappies brought with visitors for use on the journey to and from prison should be securely stored outside the visits area as should other items such as baby buggies. Implicit in this recommendation is a need to provide suitable facilities for changing babies' nappies.**

5.33 Visits staff are expected to be vigilant about the possibility of drugs being brought into prison in circumstances where supervision is almost impossible. Since Woodcock and Learmont Reports, and

the introduction of mandatory drug testing, closed visits have been used with increasing frequency for women prisoners. Closed visits should be used when appropriate, although we question the tendency to make the restriction time-limited, as though it is part of an adjudication award. At one prison, visitors and prisoners are not allowed to hug and only male/female kissing is allowed on visits.

5.34 The lack of physical contact is often deeply distressing for women prisoners, particularly when their children are visiting, not least because it is hard for the children to understand and not to feel somehow to blame for not being able to cuddle their mothers. For this reason some women prisoners reported that they would not allow their families to bring their children on closed visits.

5.35 Prisoners should have non-contact visits if security intelligence indicates that there is a significant probability that they are involved in trafficking. Decisions about continued non-contact visits should be based upon periodic, formal, recorded reviews of security intelligence. Governors should provide close supervision of some contact visits where there is thought to be a risk and specify individual seating arrangements and the degree of contact allowed in such cases. **Women prisoners should be denied the opportunity to embrace their children and other visitors only for exceptional and well documented security reasons.**

Security intelligence

5.36 The collection and analysis of intelligence, using information technology, can provide a useful tool when trying to target trafficking. Not enough resources in female prisons are committed to collecting and analysing information and the Prison Service's Key Performance Indicator measures activity, not results.

5.37 Perimeter security at many prisons means that packages can be thrown over fences at pre-determined times and in particular places so that prisoners can collect them with little fear of detection. Prisoners temporarily released can bring drugs into the prison, simply by swallowing them or internally hiding them.

5.38 More resources should be devoted to mandatory drug testing, targeting those who are found to be consistently abusing drugs, and to analysing the networks in which prisoners are involved to try to identify those organising the supply of drugs. There should be more rigorous monitoring of the correspondence, telephone calls and visits, of selected prisoners. There are no quick solutions: long term analysis, including liaison with the police, should become the norm.

Security technology

5.39 We make no recommendations about the use of security technology to detect, or deter and control, escapes or violent behaviour. The criteria applying to the assessment of risk for female prisoners, once determined, will have consequences for the introduction of technology. The other key issues are to deter prisoners and visitors from trafficking in drugs and to manage effectively the consequences of individuals' violent behaviour, often (but not invariably) short-lived; and self-directed. This depends upon a number of factors, including the purpose and ethos of the establishment, the characteristics of the population, the number of staff engaging with prisoners and the offending behaviour programme and other activities.

Control and restraint techniques

5.40 The use of control and restraint techniques, when necessary as a last resort, is as appropriate for female prisoners as it is for males. We were concerned to see in one prison a Prison Auxiliary, who had not been trained, involved in restraining a prisoner who was so disturbed that she was banging her head on the cell wall. The Auxiliary's motive for involvement was unquestionably positive, but the risk to staff and prisoners was unacceptable. **Only those who have been properly trained should use control and restraint techniques.**

5.41 The documentation used by staff in female prisons or units to record the application of control and restraint techniques should be revised to show a "clothed" female figure.

Volumetric control of property

5.42 We observed that the amount of property a woman prisoner is allowed to retain is in the process of being changed in line with the recent introduction of a national policy on volumetric control. We have already drawn attention to the variation in the rules on property in prisons holding women. Local attempts to fit the policy to women prisoners raise issues of fairness and appropriateness. Some prisons have precise lists of types and amounts of items allowed, while others have no restrictions on quantities of personal clothing, as long as it fits into the two volumetric control boxes provided for each prisoner.

5.43 The volumetric control policy was written with the property needs of the majority of prisoners, who are men, in mind. The result reflects insufficient account being taken of women prisoners' needs; for example, we found that, at one prison which holds both men and women prisoners, the volumetric control list used for women is written with "he" and "his" throughout and is clearly exactly the same list used on the men's side.

5.44 The national policy on volumetric control (instruction to Governors 104/1995) exempts one set of clothing worn by the prisoner "whether or not the prisoner wears own clothes" (paragraph. 2.6(iii)) from the total quantity of property which must fit into two standard issue boxes. The policy is implemented to the disadvantage of women prisoners. All clothing in a woman's possession, apart from clothes actually being worn, must fit into the two boxes along with all other property in the woman's possession. Most men prisoners wear prison issue clothing and exchange dirty clothing for clean clothing from the prison's clothing supply and laundry. Therefore, there is more room in the two boxes for other possessions. We question whether it was the intention of the Prison Service that women should be allowed to wear their own clothing at the expense of keeping less property of other kinds in their possession.

5.45 There is a case to be made for women prisoners to have more rather than less property in their possession. Women need more access to activities, such as hobbies and distance learning. These activities require more items to be held in cell. They may need to have more items connected to their children with them (for example, school reports, items made by children). They may need to provide items for their children (for example, knitted items of clothing or toys). Women are encouraged to improve their cells, as a way of increasing self image and taking care of themselves. The items used to make a cell more attractive do not readily fit into the two boxes.

5.46 **A separate policy on property kept in a prisoner's possession is needed for women prisoners, focusing on their distinct needs.** This should take account of the differences between men and women with respect to hygiene, toiletry and clothing needs, the fact that women prisoners wear their own clothes, the implications of their different role as primary carers, the likelihood that they do not have a partner outside able to look after and supply or store clothing and other property for them and that they will behave well enough to qualify for enhanced privileges, including extra items of property.

5.47 The policy should also take into consideration the substantial proportion of prisoners from ethnic minorities and the significant number of foreign nationals who have distinct needs and problems with property. For example, foreign nationals may not have people outside to whom they can pass their property and some items of clothing may have cultural or religious importance. It should also distinguish between the needs of different types of prisoners; there is a case for allowing life sentence prisoners to retain more property in their possession. Some women's prisons have refined their policy (for example, to allow lifers to retain more property) to take account of differences of this kind.

CHAPTER SIX

NEEDS BASED RECEPTION AND INDUCTION REQUIREMENTS

Introduction

6.01 On 4 February 1997, the national prisoner population had 11,534 men remanded in custody compared with 620 women (or approximately 5% of the remand population) and 43,657 sentenced male prisoners compared with 1,864 sentenced women prisoners (or approximately 4% of the sentenced population).

6.02 The greatest pressure is felt in local prisons holding women prisoners but, as the number of women prisoners continues to rise, there is more frequent movement of women around all the prisons. Women enter and leave prisons for the following reasons:

- arriving in custody for the first time
- going to and from court on remand in custody
- arriving for the first time on sentence
- changing prisons after allocation on sentence
- changing prisons to move to less secure conditions on sentence
- changing from an open prison back to more closed conditions as a result of misbehaviour
- changing prisons for accumulated visits with family in another part of the country
- changing prisons for medical or other special needs
- going to and from hospital
- changing prisons because another prisoner needs the place at the first prison
- changing prisons every 28 days because of very difficult behaviour, to give staff a break.

6.03 Receiving women into prison is difficult work. The diversity of the women prisoner population and all its problems, is most apparent at the point of entry. The work involved in receiving women prisoners requires a combination of caring and efficiency. Staff need organisational ability to handle, rapidly and effectively, a variety of routine matters; good interpersonal skills to work as part of a team with a large number of unfamiliar prisoners with different needs; assessment skills to identify potential problems and risks at the outset; and emotional stability to deal with high levels of tension. **The organisation and support of this work requires strong, dedicated and consistent management.**

6.04 We visited the reception areas at fifteen prisons holding women prisoners. Receiving women prisoners directly from court presents different challenges from the process of receiving women prisoners from other prisons. We deal with the process of receiving women from the courts first, since this incorporates the greatest variety of tasks, and discuss the distinct features of the reception process for women prisoners transferring from other prisons later in this chapter.

Women prisoners arriving from court

6.05 There are five women's prisons which accept women prisoners directly from the courts - Eastwood Park, Holloway, Low Newton, New Hall and Risley. They are referred to as "local" prisons, the term used in the male prison system, but it is a misnomer, as they frequently not "local" for the women concerned. Therefore, the reception process at these prisons is more complicated, both for staff and for prisoners, than at local prisons for men.

Arrival

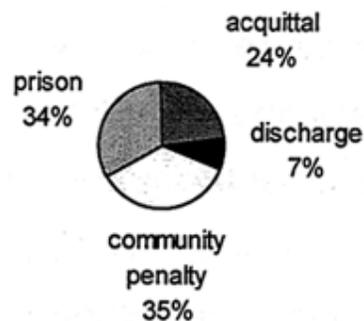
6.06 These five prisons deal with a huge number of arrivals or "receptions". Some women prisoners are returning from court appearances or after reoffending and some are first entrants. Arrival in custody is a critical point for prisoner and prison staff alike: the Governor takes over primary responsibility for the individual prisoner from the courts and deprivation of liberty begins. How well this process is handled has implications for the way prisoners will adjust to custody and for future relations between staff and prisoners.

6.07 We have been told that prisoners often arrive with inadequate documentation | (sometimes even contrary to legal requirements). The journey from court to prison may have been very long and not made easier by the poor toilet and washing facilities at some courts for women held in custody and the problems of access to facilities during a long journey. Women have hygiene needs, related to menstruation, which can make long journeys difficult and uncomfortable. Prisoners may be still in shock at being sent to prison and frantic about their homes and responsibilities as primary carers. Prison staff receiving women from the courts have the complex task of coping with all this, while also handling the business of transference of legal responsibility and introducing women prisoners to life in prison.

Unexpected custody

6.08 Prison may be an unexpected outcome of a court appearances if, for example, the accused had not expected a remand in custody. An expectation of bail is not unrealistic in many cases, as may be inferred from reference to subsequent court outcomes. For years official statistics have documented the fact that women remanded in custody are less likely than male remand prisoners to serve a prison sentence after custodial remand. For example, in 1993, 1994 and 1995 only 26%, 29% and 34%, respectively, of women remanded in custody went on to receive a prison sentence, compared with 42%, 44% and 47% of men (Home Office, Prison Statistics 1995). The following figure shows the outcomes at court for women remanded in custody in 1995.

Court Outcomes for Women Remanded in Custody



First time in prison

6.09 The shock of an unexpected remand is compounded in some cases by women's lack of experience of prison or the criminal justice process. It is clear from our survey that there are a substantial number of women arriving at prisons for the first time. From our observation of reception processes at all the women's prisons, there is clearly no systematic focus on this point; reception staff might be aware from comments made by an individual prisoner that this was her first time inside, but they do not routinely ask the question. Procedures appear to be the same for all arrivals. **We recommend a distinct reception process for women arriving in prison for the first time.**

The entry stage

6.10 Initial entry is likely to be a stressful experience for prisoners, and therefore also for staff. Both need to find out certain things quickly. It is a crucial time for the prison to assess urgent needs - health problems, including the effects of drug taking or withdrawal, emotional distress, including risk of self harm or suicide, and practical emergencies, particularly connected with the woman's role as primary carer, or other domestic responsibilities. Women prisoners arriving for the first time need to know where they are, what to expect and how their most immediate problems will be handled.

6.11 The entry stage is not conducive to careful giving and receiving of information. The majority of women prisoners in custody for the first time arrive at prison late in the date, at the end of long journeys after the courts have closed. The giving of information has to take place alongside the routine business of registering each woman, checking legal documentation, searching, checking property and money and providing food, drink and access to toilets and baths or showers. At the busiest times this process becomes an obstacle race through which staff and prisoners rush as best they can. When the system is working flat out women can be shunted through without careful examination or recognition of their individual needs: when more time is available, women may receive more individual care, but are also kept waiting for long periods while nothing happens.

6.12 At prisons taking prisoners directly from court the process needs to recognise the different status, rights, needs and situation of unconvicted and convicted women on remand and newly sentenced prisoners. The entry stage should be organised in a different way for women who are coming back to prison after previous experience of custody than for women arriving for the very first time. **The reception process needs to distinguish from the point of entry onwards between different categories of prisoners and provision geared to their different requirements.**

6.13 Research by the Psychology Department at Holloway (Mandeep Dhimi, 1993) into the first 24 hours of custody indicated that the main suggestions made by first time entrants were for "providing more and clearer information about reception, prison rules and the units ..." and for staff to "make inmates feel more welcome by spending more time talking to them".

Providing support and information in Reception

6.14 Staffing the reception process presents challenges. We observed that distinctions between prisoners get lost in the mechanical business of reception procedures, particularly when staff are hard pressed. This seems to be the result of a combination of concentration of workload at particular times of the day and levels of emotional stress which are a regular feature of women's arrival in custody.

6.15 Some prisons regularly use trusted women prisoners as reception orderlies. Officially their main duties are cleaning and providing hot drinks and food for prisoners and staff. In practice they provide prisoners with someone to talk to and emotional support. **We recommend greater involvement of selected prisoners in reception on entry.**

6.16 If women prisoners can be chosen and trained for the sensitive work of Listeners, there is scope for them to assist in the care of new arrivals. Rules of confidentiality should, obviously, be part of the role as it is in the Listener scheme. Information about the reception process, about the prison and about what happens on the first night could be provided through prisoner reception assistants during the first few hours while women are waiting in the reception area. Their role could be formally recognised as providing general emotional support and someone to talk to during periods of waiting or confusion. **The work of these prisoner assistants should be co-ordinated by a member of staff trained for the specific purpose of working with Reception Officers to enhance the care of new receptions.**

6.17 A reception assistant might be trained and required to seek out remand prisoners and give them initial information about the legal aid and bail services at the prison, so that they will know who to contact and how to handle problems. Others might have the task of explaining other aspects of the prison's regime, including access to telephones, visits and the provision of advice services such as Citizens Advice Bureau or health clinics.

6.18 Information should be available in various forms - visual, written, taped and oral and should take account of prisoners' language and literacy problems. It will need to be reinforced later because, as might be expected, only some information received at entry is understood and retained. We found several good examples of prison leaflets, including some written by prisoners. These should be monitored by managers to ensure that the information is up to date and accurate; prisoners and staff are not always clear about what is and is not available.

6.19 There is a strong case for the production of a detailed guidance manual for all staff on issues which are important to new receptions and about which any need information. This, again, would seem to be a natural task for a Director of the women's estate.

Reception staff

6.20 At some prisons, where only two staff are on duty at any one time in reception, we found that only women staff are assigned to these duties. This is sensible in view of the multiple tasks performed at reception, including searching and organising bathing, talking with women prisoners and supporting them in crisis, and the prevalence of abuse in the histories of many women prisoners. **Reception staff, in particular, should be trained to be aware of and sensitive to abuse issues.**

Risk of self-harm or suicide

6.21 The risk of a prisoner committing self-harm or suicide is of particular concern in the reception process. Remand prisoners show a higher incidence of suicide than the prisoner population as a whole (Grindrod and Black, 1989) and the great majority of suicides happen in the first four weeks of custody (HMCIP, 1990). Our survey reveals that one in three women had reportedly attempted suicide and 11% had harmed themselves, which may precede a suicide attempt. We discuss self-harm and suicide in more detail in Chapter Seven.

6.22 The Prison Service has developed an admirable systematic approach to the identification, care and monitoring of those considered to be at risk of suicide. Listener Schemes exist at many of the women's prisons and we commend this valuable work. **We recommend linking the Listener Scheme to the reception process, so that women prisoners identified on entry as being at risk of suicide can be offered someone to talk to who is trained to cope with this problem.**

Health screening

6.23 Medical screening is also an important part of the reception process. As many women prisoners arrive at prison late in the day, this either takes place on the day of entry or on the following day. It is undertaken by nursing staff, always female, and doctors, who are almost always male. Medical screening at reception does not normally involve intimate examination, or indeed, much physical examination at all. However, reception is a stressful situation, when women prisoners' past experiences of abuse, usually by men, may affect the ability of the medical staff to find out important health information and make an adequate assessment. **We recommend that prisons engage the services of doctors for reception screening who are specifically trained to deal with abused women: whenever possible, they should be female.** We discuss health screening on reception further in Chapter Nine.

First night

6.24 We found that women often did not get a chance to make a telephone call on first entry into prison. Research (Dhami, 1993) has also found that two thirds of first time entrants reported not being given the opportunity to use the telephone in Reception. Some prisons provide phone cards at reception, others allow prisoners to buy phone cards if they have money or allow use of a phone in Reception. **We recommend the provision of a free phone card to each woman prisoner on first entry and access to a cardphone in Reception. This will enable women prisoners on first entry to make urgent calls, especially to children or the adult looking after them.**

6.25 Support is crucial for women when they leave reception and go on their wings, especially for those women and young offenders new to prison or who are vulnerable. They should be identified during reception and they should have, irrespective of the time of day they are received, a member of residential staff to help them settle into their accommodation. As in reception, we see no reason why trusted women prisoners should not formally help with this process. We have seen it working well informally in a number of establishments.

6.26 Reading material and radios should be available to use in cell. All women should receive a basic hygiene pack including sanitary products. Wing staff should ensure that there are adequate anti suicide measures and that women prisoners trained as Listeners are available.

Ethnic minorities

6.27 The cultural background of women prisoners received into custody has implications for the reception process. The "snapshot" of the population provided by the Prison Service indicates a significant proportion of women from ethnic minority groups in prison, as well as a substantial percentage of foreign nationals. These two categories sometimes overlap. They present a host of different characteristics, and needs. Many have families far away for whom they are normally the major provider as well as carer. They may not understand English easily or at all, and their need for information, guidance and support may be compounded by their unfamiliarity with English customs. It is easy for these women to slip through the gaps in provision, because they are often unable to pursue their rights and needs actively. Assessment and screening on reception must take account of their special needs.

6.28 An important first step is to identify language problems. Each prison holding women should draw up a list of staff from all departments who can speak languages other than English and outside translators, so that arrangements can be made at the earliest possible stage for someone to speak to a new arrival in her own language and to offer a point of contact during custody. This already happens informally at some prisons, **but more systematic provision is needed. Translators should receive training in explaining reception information and identifying urgent needs. They should be co-ordinated by the person in charge of foreign nationals issues at the prison, so that their contribution can be linked to relevant community groups and agencies.**

Women arriving from other prisons

6.29 Prisons which only hold sentenced women do not normally receive prisoners directly from court. In these prisons the reception task is more specialised and appears to be conducted under less pressure than in prisons receiving remanded and newly sentenced women directly from the courts. There is, however, overlap between the needs of sentenced women arriving on allocation or transfer from other prisons and sentenced women arriving from court.

6.30 Because of the sparse distribution of women's prisons changes in location often have major implications for contact with family and home. Women can be moved to prisons several hundred miles from their homes. The reception process needs to include informing family or friends, especially if the transfer has occurred suddenly, as is tending to happen more frequently with current population pressures. In particular, attention needs to be paid to emotional problems arising from transfer. Women prisoners described their fear of transfer far from home and we were told of women who had deliberately injured themselves in order to avoid transfer. The reason for transfer and information about the destination prison, including its regime and the privileges allowed, should always be given. **As well as registering the arrival of the individual and her property and introducing her to the new environment, the reception process must focus on identification of her immediate needs as a result of the transfer.**

6.31 A move to open conditions needs to be introduced and supported with recognition of the emotional development and stresses entailed. For example, Askham Grange staff were working with women prisoners to lessen their institutional dependence and prepare them to reassume their role with the family. Women coming towards the end of their sentence, and being transferred to their last prison, need work on the practical and emotional aspects of a return to the community to be organised as part of the reception / induction process.

Admission / Reception Boards

6.32 At all the prisons holding women, an admission or reception board is held after the entry stage,

generally on the morning after an evening entry, or later on the day of entry if arrival occurs in the morning. Information is exchanged again, confirming what has been learned at first reception and going over additional details. This is the opportunity to tackle more issues, or to deal in greater depth with issues already raised, and to assess need after the first shock of entry and without the bustle of the reception office.

6.33 Research (Dhami, 1993) indicates that while first entrants generally found the atmosphere at the admission / reception board organised, formal, quiet and calm, and staff speed and efficiency, excellent or satisfactory, three quarters of them said at they were not given enough or any information about the boarding procedure. They suggested providing more and clearer information and making the process longer and clearer.

6.34 Our observations confirm that at prisons taking remand and sentenced prisoners there is often little time for the questions and procedures of the admission / reception board to be considered carefully. The shock of custody may still make it difficult for a new prisoner to understand all that is going on and all that is being asked. It is, therefore, important that information given and received at this point is not taken as final. Good practice includes repeating key questions and information through the reception process, at induction and later, and in line with this **we recommend that key information is repeated throughout the reception process in all prisons holding women.**

6.35 Ideally, the reception process should flow naturally into the all important Induction process during which issues are followed up, less urgent matters are addressed and information relevant to medium and longer term needs is exchanged. Viewing reception as a process of integration into custody continuing through incremental stages helps to keep issues alive which may need to be addressed repeatedly and allows time for women prisoners to adjust and register their needs. Traditionally, the reception process is seen as formal procedure concerning matters which are necessary to the establishment - checking warrants, searching, sorting out property, verifying the next court appearance or length of sentence, locating on a wing and setting the stage for risk assessment or allocation procedures to move women prisoners on to other prisons. **Attention to women prisoners' outside needs and to the care and support function throughout reception is equally necessary to the establishment and its population. This should be incorporated as a formally recognised element of the reception process. It is part of every prison's duty of care.** The examples of good practice we have seen in some women's prisons indicate that this approach can head off or minimise subsequent potentially serious problems for prisoners and for the prison.

Induction

6.36 "A good induction programme will aim to win trust; it will identify and try to resolve the practical difficulties that prisoners may experience in becoming integrated in prison life and above all it will seek to give meaning to me sentence and help unsentenced women to cope with their time in custody" (Regimes for Women - Prison Service 1991).

6.37 The majority of women in prison feel the consequences of imprisonment disproportionately more than men (Casale 1989, Carlen 1985);

6.38 A comprehensive induction programme is essential. **It should have three main aims: information giving, assessment and providing appropriate assistance.** The length and depth of induction will vary according to sentence length and the amount of time a woman is expected to stay in an establishment. The tone, pace and what actually happens in the first few days of entering a prison are crucial to influencing how the individual will react to imprisonment and relate to staff. A positive start is very important. **The induction programme should flow from the reception process.**

6.39 **Written information describing the regime and particularly visiting times is crucial and should be provided. But it is equally important that there should be opportunities to talk and ask**

questions about what actually happens in the establishment, for example, when and where food is served.

6.40 For all women the induction period should be a time for assessment to begin the process of resettlement. But few establishments have a formal assessment process linked to induction and sentence planning. There are notable exceptions, such as Drake Hall where women's needs are assessed as part of the induction process and steps taken to help resolve outstanding issues. The assessments help to target the work of staff; for example, the seconded Probation Officers are largely involved with issues such as accommodation childcare problems and liaison with Social Services as these are the main problem areas identified. Assessments of numeracy and literacy, health and issues associated with offending behaviour such as substance abuse should also be undertaken. For women serving short sentences or on remand this assessment should seek not merely to identify problems but to help women contact appropriate outside agencies which can provide support after release. We discuss the importance of sentence and custody planning in Chapter Eleven but the process toward resettlement should start at the induction

6.41 The quality of induction varies widely among prisons. Several establishments have induction programmes and some have separate induction accommodation areas, but the overall quality of information given is inadequate. None of the induction programmes we examined provided the women with an overall view of the women's estate and the opportunities available in other establishments. Indeed, some did not tell women what was available in their own establishment. Neither did we find a standard approach to induction in form or content. **The Prison Service should establish a core induction programme for all women developed through consultation with all female establishments. It should include as a minimum: a tour of the establishment with an introduction to work and other activity areas; full information on the regime with opportunities to talk to staff and other women; prisoners' education sessions on topics such as substance abuse and health issues such as HIV/AIDS hepatitis, depression and the suicide prevention policy; fire awareness; and contributions from key members of staff such as Race Relations Liaison Officers.**

6.42 Staff running induction programmes need a thorough knowledge of the establishment, awareness of the issues likely to be presented by their population of prisoners, training in interviewing and assessment skills, and awareness of referral options inside and outside the prison. Induction programmes at local prisons (where many of the women are unknown to staff should be especially flexible and responsive to the wide range of needs. **The use of suitable women prisoners to help with induction and information giving should be the norm, not least because many studies of imprisonment show that women gain self esteem and support from each other.**

Legal aid

6.43 Women prisoners arriving from the courts on remand have a statutory right to assistance with obtaining legal aid. Those who are sentenced also have a right to apply for leave to appeal. Prisons have an obligation to ensure that being in custody does not adversely affect the exercise of these rights. Although there may be some demand for legal aid assistance at prisons receiving women from other prisons, the bulk of the work falls on the prisons receiving from the courts.

6.44 The extent of the service provided varied considerably between prisons. The current trend towards the rapid transfer of newly sentenced prisoners from allocating prisons means that legal issues, including applications relating to appeal, may not be handled at the first prison taking women prisoners after sentence. **Prisons receiving women subsequently should ensure there is provision for assistance with unresolved legal aid matters.**

6.45 The natural overlap between legal aid and bail work means that at the establishments taking remand and sentenced prisoners the two functions are often handled together. All the prisons receiving women directly from the courts have staff trained in legal aid work, although we have heard that training cannot keep pace with demand.

6.46 The availability of legal aid advice and assistance depends on the organisational structure in place. At one end of the spectrum we found that women prisoners needing help with legal aid issues are expected to seek out an Officer trained in legal aid when one is on duty, although there is no set timetable for the service and apparently no cover for sickness or annual leave. At the other extreme all new prisoners are interviewed and offered information or assistance within 48 hours of arrival by a Legal Aid Officer working as part of a team of Prison and Probation Officers who have either received the national training in legal aid or bail information work or who have been trained on the job by colleagues and are awaiting places on the national courses. Assistance is given on legal aid applications, changing solicitors and questions relating to legal aid and legal representation, including the appeal process and communicating with legal representatives.

6.47 The approach varies from reactive assistance given in answer to applications by prisoners and proactive work which does not assume that information and advice can be handled on a one-off basis. Availability and access to written information on legal issues varies considerably. Some legal aid offices and prison libraries are well stocked with up to date and easily understood materials, including publications in several languages. Information on legal aid, bail and some legal matters including appeals is included in the Prisoner Information Pack produced by the Prison Reform Trust with the Prison Service; this is also produced in languages other than English. The Lord Chancellor's Department produces leaflets on these subjects, admittedly in less accessible, official wording, but translated into several languages. We found that women prisoners at some of the prisons did not have access to this material. **All prisons receiving women from court should keep an up to date supply of materials on legal aid and bail issues, translated into the languages needed by their prisoner population, and every woman should have ready access to it on the wing as well as in the prison library.**

6.48 Theoretically, women prisoners can contact their solicitors by telephone or letter but, as many women are far from their court area, the calls, which must usually be made during office hours, are expensive. At most of the prisons taking women dressing themselves in writing and who do not have urgent problems.

Bail services

6.50 Bail services are of particular importance for women on remand, because, as we have indicated earlier, two thirds of women in custodial remand do not go on to serve a prison sentence. Bail services based in prisons receiving women on remand have developed significantly over the past five years. All prisoners remanded in custody have a right to apply for bail; courts have an obligation to consider two bail applications, as well as subsequent bail applications demonstrating a change of circumstances. The national bail information schemes do not provide verified information relevant to the bail decision for bail applications beyond the second court appearance. There is, therefore, a short period for applying for bail in most cases. Bail services for women prisoners, in particular, establishing contact for verification, are made more difficult because of the distance of women's prisons from the women's home, court areas and solicitors.

6.51 **As time is short, work on bail issues needs to start as soon as possible.** The best practice we have seen ensures that every woman newly arrived in prison on remand is seen early on the morning following arrival and interviewed by a member of staff trained in bail information work. **The practice at Holloway is a good example, where before 8.30 am a Prison Officer working with the Bail Unit checks the list of receptions from the day/ night before to determine their remand or sentence status, and sees everyone eligible for bail and legal aid services.**

6.52 Arrangements for bail services vary considerably across the five prisons receiving women prisoners on remand. While legal aid work is a statutory obligation, the provision of bail services is seen as desirable, but not obligatory. We found:

- a new and well appointed bail office suite at Eastwood Park waiting to be opened while, in the meantime, committed staff carry out peripatetic legal aid and bail work
- a former seconded Probation Officer now working as Bail Information Officer at New Hall, apparently with no back-up cover, in conjunction with four Prison Officers trained in legal aid
- a member of staff without legal aid or bail training trying to cover legal aid and bail needs during a couple of hours in the mornings and afternoons at Risley, with no cover for absences
- an experienced Bail Information Officer at Low Newton, who was a Probation Officer at a court-based bail information scheme in the area, who covers all bail work for the male young offenders and the women.
- a trained team of Probation and Prison Officers working together at the Holloway Bail Unit.

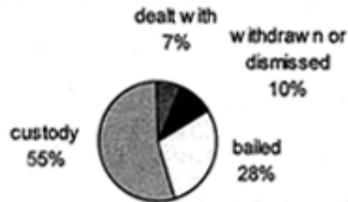
6.53 The staff resources committed to bail work vary between prisons and we heard that problems of cross deployment have increased with population pressures and cost cutting exercises. The high levels of staff sickness at prisons taking remand and sentenced women directly from the courts have also affected the staffing of bail services. **The 1994 study of prison-based bail services (Mitchell, Nottingham & Pinfold, 1994) recommended permanent or regular assignment of staff for bail work without diversion to other duties. We concur with this recommendation.** Providing suitable training has been given, people from a variety of occupational backgrounds can do this work.

6.54 Another factor is the huge catchment areas involved. Because there are so few prisons taking women on remand, those which do are faced with the task of providing services linked to a large number of courts at considerable distances; this is in contrast to the regular links between most male local prisons and courts in the surrounding areas. The Bail Information Officer at Low Newton handles the bail needs of the young male offenders at the prison, verifying information and passing it to the Crown Prosecution in the courts of the area. He also provides a bail service for women from the whole of the North of England. The Bail Unit at Holloway carries out bail work for women from some 240 courts. Eastwood Park handles bail service for women from courts in Cornwall, Wales, the West of England and as far as north Warwickshire.

6.55 Very short periods of remand in custody also cause problems. We heard from all five prisons taking women on remand about women remanded in custody after the first court appearance for a few days (often over the weekend from a court appearance on a Friday) or overnight until a second court appearance within a very short space of time. This makes bail work virtually impossible before the second court appearance and thus excludes the women from bail information schemes operating up to the second court appearance.

6.56 Prisons appear to be alone in monitoring this. **We were impressed by an Officer doing bail work at Eastwood Park who was able to produce up to date statistics on short remands for us during the course of one morning from information on LIDS.** Her data confirm research carried out by Holloway Bail Unit concerning women remanded in custody for very short periods after first court appearance (Morgan, 1996). This shows that short remands account for more than quarter of the new admissions falling within the bail information scheme criteria (women remanded from the Greater London courts before second court appearance). After the second court appearance almost half of these women do not return to custody; their cases are either withdrawn or dismissed or they are bailed, but without any more relevant information being available to the court than at the first appearance. The figure below demonstrates these outcomes in the study:

**Outcomes of Second Court Appearance
for Women on Short Remands falling
within Bail Information Scheme**



6.57 This use of custodial remand is costly, both to the Prison Service and in terms of the lives of the women and their families. **We recommend that the Criminal Justice Consultative Council be asked to place the issue of short remands in custody on its agenda as a matter of urgency.**

6.58 The women who remain in custody after a short remand will have had no opportunity to use the bail service, given the time constraints. It is important that bail services operating in prisons recognise this and work to provide a service beyond the second court appearance. They are not necessarily limited by the national restrictions of the bail information schemes and we found that some prisons are providing bail services beyond the second court appearance to good effect. Assistance with Judge in Chambers applications is part of the range of services provided by the more proactive prison schemes.

Funding of bail services

6.59 Bail services at prisons for women have been funded from a variety of sources. Where work involved probation staff working as Bail Information Officers the work was originally funded under the Home Office hypothecated funding for bail information services. Bail work carried out by Prison Officers has been funded by the prisons themselves and this arrangement continues, although there are concerns about budget cuts in line with overall targets for cost reduction. With the demise of the hypothecated funding in 1995 problems have arisen. Some probation services have been willing to fund continuing bail information schemes. Inner London Probation Service has funded the probation staff working as designated Bail Information Officers at Holloway. At Low Newton, plans for Northumbria and Durham probation services to fund continuation of the work for remand prisoners (male and female) from these two areas fell through when funding was only provided by Northumbria probation; the prison Governor guaranteed the shortfall of 50% on the understanding that the service would be extended to cover all women on remand. We have heard that, since the hypothecated funding ended, liaison between court-based and prison-based bail information schemes has dwindled or ceased altogether in some areas. **The Criminal Justice Consultative Council should be asked to look at the question of where the responsibility for funding bail information services lies.**

Bail hostels

6.60 A recurring problem in bail work for women prisoners is the lack of suitable hostel places. We heard that for Humberside the nearest bail hostels for women are in Sheffield or Leeds, except for a male hostel with a few beds for women at Gateshead. Staff working on bail information in prisons raised the issue of appropriate places for women with drug dependence problems. Staff at Eastwood Park mentioned referring women with children to the Elisabeth Fry Hostel in Reading, as one of the few places ready to accept women with dependants.

Evaluation of bail services

6.61 The decision to grant bail rests with the courts; it is not possible, therefore, to definitively the effect of providing information relevant to bail. Figures provided by Low Newton's Bail Information

Officers show that 41% of women provided with bail information services from December 1995 to May 1996 were bailed, as were 70% of women making applications to Judge in Chambers. At Holloway, monitoring statistics for late 1995 show a 33% bail rate for women provided with bail information services and a 92% bail rate for women admitted on remand to Holloway with bail conditions. We note that research at Holloway in 1993 and 1994 indicates that only 3% of remanded women fell into the category of offending while on bail.

6.62 We found much good work on bail information services occurring in prisons receiving women remand prisoners. With the pressure on the female estate every place saved through assistance with bail issues is important. This is difficult and complex work; **people working on bail matters should have regular contact with each other across establishments.**

Diversion from custody

6.63 For women remanded in custody at Holloway, work on diversion from custody is not limited to bail information work. The Holloway Remand Scheme is a pilot project run by the organisation "Women in Prison" and funded by the City Parochial Foundation; a small team of trained case workers develop a community based support programme for individual women. This is presented to the courts as an alternative disposal to imprisonment. Even when a prison sentence is imposed, the project's contribution may help to reduce the length of the sentence. Initial monitoring of the project indicates an acceptance rate by the courts in two thirds cases. **This innovative work demonstrates what can be achieved in terms of diverting women from prison and re-integrating them into the community.**

Advice on accommodation

6.64 The reception / induction process is a time for identifying and initiating work on a number of other issues related to women's lives outside prison. Women on remand and for those beginning a prison sentence may have a range of outside problems, beside legal aid and bail, which require relatively rapid attention. One very important item is housing. Our survey indicates that women prisoners have varied types of accommodation. Security of tenancy is a major issue during custody.

6.65 We found that there is often inadequate information available to women coming into prison about housing benefit. Changes to the housing benefit rules in 1995 mean that sentenced women coming into prison can have their housing costs paid for up to 13 weeks only. Women who come into prison on a sentence which means a stay in prison for longer than 13 weeks, therefore, have to give up their accommodation (unless they have sufficient money to continue paying for it which is extremely rare). Even if they notify their local authority at once, the four week notice move period means that they will owe four weeks' rent. We have heard that some local authorities misinterpret the rules by counting the 13 weeks from the start of the remand period, instead of from the start of the sentence.

6.66 An example of the complexity of work with women prisoners was given to us during our review. A woman prisoner was sentenced to less than 26 weeks: she would expect to serve less than 13 weeks with automatic remission. She assumed, therefore, that her rent would be paid while she was in custody under the 13 week rule. During her sentence she tested positive during a mandatory drug test and was awarded five additional days. This took her past the 13 week period and she lost her housing. However, she had not given notice because she had not anticipated being in prison longer than 13 weeks and she therefore owed 5 weeks' rent and was in dispute with the housing department about rent paid for her during part of the 13 week period.

6.67 Women prisoners need accurate information and assistance in dealing with local authorities. Because every day that passes may add to their rent arrears, time is of the essence. **These issues need to be raised with women prisoners in the stage of reception after the trauma of first entry is passed, but as soon as possible thereafter and certainly within the first three days of custody.**

6.68 On release women prisoners encounter problems because they are seen as the responsibility of the local authority in whose area they lived prior to custody. They may need to change their housing area, especially if they are trying to avoid an abusive partner or if they are seeking to break away from friends who are part of a drug dependent culture. There is a case for housing departments to start assessments of women prisoners' needs much earlier, so that appropriate changes area can be handled in time for release. **Since some women prisoners spend only short periods of time in custody, this means speedy liaison between prisons and local housing departments and identification of the need for a move soon after reception.**

6.69 NACRO has produced information on dealing with local authorities and other issues (NACRO, 1996). Ideally, provision should include referral to people with expertise in such matters. The CAB can provide advice and assistance but clinics need to be available early enough during custody to avoid delays. Outside organisations, such as Women in Prison and the Women Prisoners' Resource Centre, have expertise on these and a range of other issues, including drug services, community health organisations, child custody, debt repayment, benefits and immigration.

6.70 We found that involvement of voluntary sector organisations varies considerably across the prisons holding women prisoners and that within each prison there is a lack of co-ordination of such work. At individual prisons, staff working in the reception and induction processes are not necessarily aware of the services available at their prisons. Involvement of the voluntary sector should be encouraged and carefully co-ordinated. These services are, for the most part, no longer available free of charge, but the costs may be low in comparison to the service provided. Prison staff and voluntary organisations deal with large numbers of different departments in all the local authorities in England and Wales from which the women come and to which they will return. **The Prison Service should ask local authorities to designate liaison personnel to assist prison staff and voluntary agencies working with women prisoners on these matters. Each prison should identify a member of staff to manage the provision of up to date information and advice, using internal and external resources.**

Help with emotional problems

6.71 The reception / induction process at Holloway includes a remand counselling programme operated by the Bourne Trust. Referrals come to the professional counsellor from a number of sources including: women remand prisoners themselves, Prison Officers working in the reception and induction processes, psychology staff and members of the Health Care Team. Counselling is usually offered on a weekly basis to help women on remand with the stress they experience and to enable them to cope with imprisonment and come to terms with the behaviour and events which have brought them into custody. A parallel scheme also runs in a number of other London prisons for men.

6.72 The counsellor at Holloway often encounters issues relating to the past abuse suffered by women prisoners as do staff at all the prisons we visited. Staff at Holloway value the work of the counsellor. **If, after a full evaluation, the Holloway programme is as successful as it seems, it should be adopted in other prisons holding remand prisoners.**

CHAPTER SEVEN

A STRUCTURE FOR SAFETY AND SURVIVAL

Suitable living and ancillary accommodation

7.01 The living areas which best meet the needs of sentenced women are in the units at Drake Hall and Winchester, where prisoners are housed mainly in single cells on small landings. Security gates at the end of the landings at Winchester can be locked and, as women have keys to the courtesy locks on their cell doors, they are able to maintain their privacy while having access to the landing, showers and a washing machine. The landings are used for informal activities such as chatting while ironing clothes. We were pleased to see similar sign principles being applied in the conversion of Highpoint. In order to reduce opportunities for bullying future designs should avoid dormitories for three or more women prisoners.

7.02 Careful thought should be given to the provision of appropriate space and facilities for women prisoners to use in their free time out of cell. The large association areas, so much a feature of male prisons, are not as suitable as smaller rooms in which some choice of activity is available including books, magazines, small games and hobbies. We understand that life in some women's prisons in the past featured self help groups, no doubt supported by prison staff from various disciplines, in which women were encouraged to talk through problems. The need still exists today.

Cleanliness

7.03 Washing machines have been installed in recesses made redundant by greater access to sanitation. This encourages women to take responsibility for their appearance. The well established rule permitting women to wear their own clothing is beneficial in helping to avoid institutionalisation and to promote self image.

7.04 The maintenance of high standards of personal cleanliness is very important in prisons for women as are general cleaning standards, not only for the obvious reasons of hygiene but also because it helps to sustain personal morale. **We expect women, on entering prison, to be required to observe high standards and it is an important part of the work of Prison Officers to create the climate in which pride is taken in appearance and in living conditions.** This is not an easy task and, as with many other matters, is more of a problem for staff working in local prisons where there is a high throughput of women, many of whom are in a chaotic and depressed state of mind.

Helping women to survive imprisonment

7.05 Many women, when they first come into prison from the courts, are in a confused and highly anxious state; many are in poor health due to substance abuse. Unlike most male prisoners who appear to adjust to the practical realities of incarceration by, as far as possible, shutting their mind off from the world outside, most women do not leave their outside concerns behind them. Many continue to worry about dependent children or other relatives or homes and property.

7.06 It is noticeable that the most difficult behaviour problems are generally to be found in the two largest prisons holding unconvicted women, Holloway and Risley. It is extremely wearing for staff working with unsentenced women prisoners to act as processors, counsellors and advisers, particularly when so many are in an emotionally disturbed state. We found at Risley and Holloway that the onus tends to fall on a relatively small number of staff who have learned from their own experience about the outside issues that are worrying the women and the inside rules which need explaining. **Staff not only need sufficient time to spend with new prisoners but they need to know how to use that time to best effect.**

7.07 Unless ignorance about rules and prisoners' anxieties about their outside situation are managed properly, staff are likely to feel under a great deal of pressure from the women. This, in turn, can lead to stress, sickness and added pressure on those who remain on duty. **The Prison Service should**

analyse carefully the needs of unconvicted women and provide sufficient, suitable, well trained staff to deal with these issues proactively. Staffing in local prisons should reflect the extra work and pressure.

7.08 Experience shows that, notwithstanding the comparatively high level of Governors' adjudications, women prisoners are generally more amenable to following the rules of prisons than their male counterparts. (This may reflect reporting differences and different levels of tolerance applied to male or female prisoners). If rules are clearly explained and administered fairly, the expectations behaviour of women prisoners can be structured to everyone's advantage. Pettiness is often reported to be a feature of women's prisons. It is the responsibility managers to ensure that staff are trained in what is required and that they apply rules sensibly and fairly.

7.09 Compacts for women prisoners are an effective way of improving behaviour providing that the compact contains commitments from the prison to provide tangible rewards in exchange for positive behaviour. Too many compacts we have seen are bland and do not act as reinforcement for good behaviour. Most women are accustomed to taking responsibility and they thrive on it: it is a mistake to remove responsibility from them unnecessarily. **We observed at one or two establishments the good practice of making women responsible for reporting themselves to staff at roll checks rather than staff checking on them.**

7.10 Giving women the attention they need, providing them with essential information and structuring their expectations about rules, are all part of the way in which staff should carry out their duties. There is no more powerful influence than the consistent personal example set by individual members of staff, and it is essential that Governors preserve continuity of staffing to ensure this consistency, especially during the current drive to rationalise staff numbers in the interest of achieving cost reductions. We did not carry out a detailed staff analysis, but our observations indicate that, whilst parts of the female system, particularly local prisons, require additional staff resources, there are also examples of apparently too many staff for the work being done. This is another example of an issue that should be examined and resolved by a Director of the women's estate, rather than left to geographical line management.

Women prisoners from ethnic minority backgrounds

7.11 Women from ethnic minority backgrounds are a larger group proportionately in the women's prisons than in men's prisons. They make up 24% of the women prisoner population; 14% are not UK nationals. By contrast, only 16% of the total male prisoner population is of ethnic minority background and only 5% are not UK nationals (Stephen Jones, 1996).

7.12 Population monitoring in Holloway in June 1996 showed that 55% of sentenced women of black ethnic origin and 42% of South Asian origin were in prison as a result of drug offences. Many of these women are involved in importation, often as carriers, and are not themselves drug users and in prison they rarely present control problems. Many of them are recommended for deportation upon completion of sentence but, under the current national policies for the prison system, are ineligible for open conditions. Given the fact that they have surrendered their passports and may not have the means of surviving in this country outside prison, nor of returning to their own, these women do not appear to present a serious risk of escape from custody. They have no history of violence and often have nowhere to go. **Their exclusion from open prisons for the whole of their sentence is not a sensible use of the prison estate, and compounds the harshness of their imprisonment far from home and family, in a foreign culture for long periods of time.**

7.13 A large subgroup within this population comes from Nigeria. Nigerian nationals convicted of drug offences are subject to Decree 33 which can mean a further five year sentence when they return to Nigeria. Their other concerns are their children, from whom they may be totally cut off because their homes have no telephone or they do not know where their families are.

7.14 We found that many white British women prisoners expressed culture shock at the prison diet, traditionally geared to a young male population: some joked that equal opportunities means chips with everything". The dietary differences for women from ethnic minority backgrounds are even greater. In general, women prisoners from ethnic minority groups find it difficult to adjust to the food in prison. At one prison a group of women from South America told us that rice (a staple of their diet) always came covered in a curry sauce which was entirely foreign to their eating habits. There was no option of rice without curry sauce, although the rice arrived at the servery in a separate container from the curry, because the list of meal choices (an excellent initiative in itself) only included rice with curry. This is the sort of petty problem that common-sense, let alone an understanding of cultural need, should be able to resolve.

7.15 Health promotion information and advice should be given in culturally sensitive ways; for example, it is pointless to discuss safer sex with all new prisoners as though this has the same meaning in all cultures. Prisoners from ethnic minority background may need health education, but may find the language and the way in which it is conveyed, alien. There is a serious problem of HIV infection in many African countries and information about this sensitive matter is crucial, both from an individual and a public health viewpoint.

7.16 Ethnic minority women in prison often have different religious needs, which may include dietary restrictions. Prison staff need to be aware of these cultural differences and regimes should be geared to encompass these needs. Women's prisons should engage more help from community groups and organisations with specific knowledge of the cultural needs of their women prisoners. This may be difficult for prisoners located in rural England where the local population does not mirror the ethnic diversity of the women prisoners.

Good order

7.17 A key to good order in establishments for women is a consistent, active regime. Judging from recent examples of erratic regime provision at Holloway, Risley and Eastwood Park in particular, this is not yet understood by the Prison Service. In many male prisons, particularly local prisons, it is not unusual for men to be "banged up" in their cells when activities are cancelled. On the whole this does not normally lead to disorder. However, many women prisoners deal with their imprisonment in a more intense way than most male prisoners. If activities are cancelled and women, some of whom have emotional disorders, are left locked in their cells, matters can quickly deteriorate.

7.18 A consistent, active regime is an essential ingredient of a well ordered prison and this applies as much, if not more, to prisons holding unconvicted women as training prisons. To achieve well ordered prisons holding unconvicted women **the Prison Service should set them clear objectives, ensure resources are appropriate, provide leadership and training for staff at all levels, foster team work and ensure that staff are properly supported.**

Bullying

7.19 Effective tackling of bullying behaviour is a very important aspect of the treatment of women in prison. Unless this is done by all staff and prisoners in a concerted and constructive way, many of the benefits that women might gain from their time in custody will be negated.

7.20 The Prison Service has acknowledged the evil of bullying behaviour in all establishments by setting out a central policy and encouraging Governors to set up their own anti-bullying programme. Although at least one national conference on bullying has been held, to which Governors of female establishments were invited, no central policy exists to highlight the different aspects of bullying among women prisoners.

7.21 Bullying behaviour takes many forms: aggressive, direct bullying involving the threat or actual use of force to intimidate another woman; the use of verbal insults and catcalling directly to influence the

victim; and a range of indirect bullying, including gossiping and ganging up to exclude victims from social activities which are very important to them.

7.22 Incidents of very serious assault, all connected to the trade in illicit drugs which forms such a significant part of the subculture of women's prisons, have been uncovered by managers and staff at Risley and Holloway. The exposure by Governors and staff of these very serious assaults and the involvement of the police in enquiries into them, is the first and most important stage in prevention and deterrence.

7.23 The best Officers in women's prisons are very adept at knowing what is going on in relationships between women prisoners, but all staff should be trained to understand the significance of bullying behaviour and concerted policies to deal with it are required. Governors must insist that staff pay constant attention to bullying and expose every example that comes to their attention. Many women prisoners are drawn into indirect bullying, often without fully understanding the implications for the victim. Educating women in the significance of their own bullying behaviour can be a very influential part of tackling their offending behaviour. But staff must recognise the importance of the example that they give. Bullying behaviour by staff against other members of staff creates an atmosphere in which abuse of power is seen to be acceptable.

7.24 In none of the prisons for women did we find an anti-bullying policy which was effectively involving all staff but at Styal research into bullying by an independent researcher was making encouraging progress. We were also impressed with the direction in which the anti-bullying policy was being developed at Drake Hall including the active involvement of a group of women prisoners in helping to reduce the harmful effects of bullying behaviour on victims. We particularly admired the training that was being given to them.

7.25 **Overall there is much to be done in tackling direct and indirect bullying across the female estate, work which would be greatly assisted by central policy initiatives, the sharing of good practice and the establishment of training courses for staff.**

Self-harm

7.26 Self-harm is a phenomenon more prevalent among women in and outside prison. The incidence of self-harm in women's prisons is difficult to gauge accurately since not all self-harm is noticed or reported. Research in 1992 (Morris and Rushton 1993) found one in five reported attempts to self-harm in prison and one in three reported having self-harmed outside prison, with 44% reporting thoughts of suicide while in prison. The study indicated factors within the prison environment which were associated with increased feelings of hopelessness: being on remand; being on medical location; lack of clear plans for release; lack of activity during lock-up and outside cell; and perceived lack of support. A study in 1993-1994 (King 1994) found 24% of women prisoners surveyed reported a history of self-harm or suicide attempts. In our survey, 11 % of women reported self-harming.

7.27 Self-harm is a response to pain. Women prisoners who self-harm may have many causes of pain, including the pain of imprisonment. Those who self-harm tend to have low self-esteem (Cullen 1981) and multiple problems, including drug dependence, poverty, past abuse, bereavement and being abandoned with small children by a partner. Research points to the fact that staff in prisons are dealing with some women in previous decades, would have been dealt with by the health services (Coid, Wilkins et al 1992). A study at Holloway indicates a high level of personality disorders among women prisoners (Bolger, 1994). The behaviours contributing to a diagnosis of personality disorder include self-harm. Traditionally, many of these women prisoners have been viewed as medically untreatable (Kelland, 1995), but this does not mean that nothing can be done to help them. **Staff from all disciplines may become the managers of emotional stress and aberrant behaviours. Many of them manage this difficult role well, although they have little or no training in this work and inadequate support.**

7.29 The strain of working with problems such as self-harm is one feature which distinguishes working in prisons for women from working in prisons for adult men. Staff in women's prisons are more likely to see disturbing behaviour. Defining self-harm as manipulation is a coping mechanism for staff who may feel in danger of being overwhelmed. When a woman harms herself staff may need to give first aid and comfort at scenes of despair and bloodshed. Then they have to go on with their other duties - taking applications, counting the number of prisoners present on the wings at roll check, supervising meal service - as though these disparate tasks were all in a day's work. At women's prisons they may well be.

7.30 There is a tendency to respond to self-harm by incapacitation and the simplistic response of putting a woman in isolation. If that is the extent of the response, it is counter-productive: it might postpone the harm, but it does not deal with the cause. Women who self-harm are driven to do so; nobody engages in serious self-harm capriciously, and the response needs to support the individual through that pain as well as dealing with the injury.

7.31 Helping women prisoners who self-harm must involve listening to them, facilitating their understanding of why they self-harm and helping them to find alternative ways of coping (Kelland, 1995). Staff may find themselves doing this work and becoming the holders of confidences about horrendous past experiences; and some of these experiences will have personal resonance for staff themselves. **Handling their own and prisoners' emotional responses to these situations requires special training and specialised (clinical) support. This dimension of working with women prisoners has training implications for everyone involved, from staff seeing women on the wings to senior managers.**

7.32 At times it is possible and appropriate to refer a woman who has expressed a wish for help to a specialist member of staff or to an outside agency (such as Rape Crisis). These options are often limited by scarce resources. We learned that Pucklechurch prison had used the services of a sexual abuse counsellor but, because of funding and management difficulties, the service is no longer available since the move to Eastwood Park prison. A professional counselling service, such as operates at Holloway through the Boume Trust, (see 6.71) can provide vital help and support which is independent of the prison but involves working closely with prison staff from all disciplines according to agreed guidelines. **This kind of professional support should be provided for staff whenever they are dealing with self-harm behaviour.**

Suicide prevention

7.33 If we correct for interpretation of self-inflicted deaths in prison, we find that the rate of suicide in custody is as high for women prisoners as for men (Liebling, 1994). We would expect a lower rate of suicide in custody for women than for men, since fewer women commit suicide in the population outside prison. In our survey one in three women reported attempting suicide. Present systems for identifying and monitoring those considered to be at risk are only as good as the way they are used and **managers in women's prisons need to give far more emphasis to ensuring all staff use the suicide prevention system properly.**

7.34 We recommend that every prison holding women prisoners has a Listener Scheme with women prisoners trained for this task. In Chapter Six we recommend linking the Listener Scheme to the reception process for early identification of those at risk.

Bereavement counselling

7.35 One of the painful tasks for prison staff is breaking bad news to women prisoners. **We have seen examples of this being handled with extraordinary sensitivity and skill.** Women prisoners are often deeply rooted in their outside lives and a bereavement whilst in custody is profoundly shocking. **It is essential that every establishment has some provision for bereavement counselling.**

CHAPTER EIGHT

OPPORTUNITIES FOR CONTACT WITH FAMILY

Introduction

8.01 Prisoners of all types rate contact with their family high on their list of priorities; successive reports by HM Chief Inspector of Prisons have drawn attention to the importance of maintaining contact with life outside prison. The Prison Service's evidence to the Woolf Inquiry (paragraph. 14.223) stated "The disruption of the inmate's position within the family unit represents one of the most distressing aspects of imprisonment...the nature of a prisoner's relationships with his or her family will be an important factor in determining whether he or she will succeed in leading a useful and law-abiding life on return to the community."

8.02 We have heard repeatedly from women prisoners and staff working with them that continued contact with the outside and particularly with family is central to their lives. This is a logical outcome of most women's role as primary carers or mainstays of the home and of their sense of identity based in relation to others. As one member of staff put it: "When you lock up a woman, it seems to collapse the life of that particular family. A lot of the men have the John Wayne approach to life."

8.03 Despite the significant efforts by the Prison Service's Family Ties Section to improve provision, opportunities for contact with family vary greatly across the prisons holding women. To visit a women prisoner is often a kind of unintended punishment for the visitor, in addition to the penalty of losing a mother, spouse, partner relative or friend through imprisonment. The "forgotten victims" (Matthews, 1983) are often the children of women in prison. **Provision for women prisoners' contact with family should start with consideration of the interest of the child.**

Telephones

8.04 Although it is no substitute for meeting face to face, the telephone is an effective form of contact, particularly for making arrangements and resolving crises. It can be a lifeline for women prisoners in their continuing role of carer. Cardphones are now provided in every prison holding women. **In some prisons the telephones are located sensibly to ensure some measure of privacy and are turned on virtually all the time.** But we found some prisons where the telephones for prisoners are often switched off; in others they are switched on for limited periods only, when there is consequently a high demand for use. We observed women prisoners queuing to telephone and using the telephone in noisy corridors at times when there were many people about and a lot going on. This is not suitable for sensitive talks with children or other family. **There should be sufficient cardphones to meet the demand; they should be located in areas with privacy and they should be switched on throughout the daytime and evening. There should be no limit on the number of phonecards which may be bought and phonecards should be identified as the property Of the prisoner purchasing them.**

8.05 Women prisoners should be provided with a free phonecard at reception and thereafter be able to purchase additional phonecards from wages and private cash. When the prisoner has dependent children, she should be provided with phonecards even she lacks wages or private funds. This may be for a variety of reasons: many women prisoners are on remand with little prospect of higher paid activities, prison wages are low, the highest paid jobs are scarce; families are often, on income support and struggling to make ends meet and some women prisoners actually try to save to send money out to their families; and some foreign nationals have no access to private money at all.

8.06 Foreign national prisoners have particular problems in maintaining contact with home. Many of them receive no visits at all during very long sentences. **At New Hall, where all women prisoners are offered a free telephone call on reception and given a free phonecard, foreign nationals are given a letter with the postage paid by the prison; they are entitled to one airmail letter per**

month instead of a visiting order on the basic level of the regime, two on the standard level and three on the enhanced level.

8.07 We found one imaginative attempt to compensate for this isolation at the women's unit at Winchester, where foreign nationals are allowed a five minute call at public expense once a month in lieu of visits at a quarterly cost of around £310. We commend this as an example of good practice. There is a case for providing some telephone calls at public expense instead of visits for women prisoners who do not receive visits, not only foreign nationals, but all women prisoners in view of their primary carer role. Arrangements need to be managed and fine-tuned according to local population needs.

8.08 We heard that at Styal and Durham H Wing incoming calls had been allowed a week for women who received no visits or whose families were far away. The women prisoners had organised the schedule and arrangements for themselves, so that the system did not create significant extra work for staff. Incoming calls were transferred to a small office room on the wing. However, this system had been discontinued during 1996, in line with new policy instructions following the Woodcock enquiry into the breakout of prisoners from Whitemoor. Given the inevitable isolation associated with being imprisoned in H wing at Durham, it is regrettable that this mechanism for maintaining outside contact, which was reported on favourably by prisoners and staff, has been discontinued. Similarly, the line for incoming calls at East Sutton Park, which children had used to say goodnight to their mothers in prison, and similar arrangements at Styal and Askham Grange have been discontinued. We question the relevance of the recommendation for high security prisons in the context of women's prisons and the needs of women.

Visits

Who visits

8.09 Many of the visitors to women in prison are women or children. At Holloway the Psychology Department and the Save the Children Fund have surveyed visitors to learn more about who visits and what visitors need. The findings indicate that over half of all visitors had come by public transport; half had travelled between one and two hours; 15% of those bringing children with them had to travel over three hours to reach the prison; and that some of the children were visiting because of difficulty in making alternative childcare arrangements (Wilkinson and Lloyd, 1990). In 1996, when plans for a Visitors' Centre at Holloway were revived, the prison's planning department conducted a further survey, that confirmed there was a need for shelter, refreshments, toilets and nappy changing facilities as well as information and advice.

Arranging Visits

8.10 Most prisons holding women operate a booking system for visitors. The ease of booking depends on demand, the periods of time allowed for visits and the maximum number of visitors allowed in a session. Telephone access can be a major obstacle to a smoothly running booked visits system and it is a problem at several prisons holding women. Visitors may have to wait a long time for the telephone to be answered and then to be connected to the booking staff. The booking process is often laborious, so that a call may last a long time before the caller even starts to book a visit. On average women prisoners are held at much greater distances from home than men prisoners and consequently the cost of booking visits can mount up, particularly as calls must be made during the hours when peak rates apply. **Prisons holding women need to make special arrangements to cater for the demand for booking visits, including a dedicated telephone line with separate number. Since the process tends to be difficult, it is good practice to allow visitors to book consecutive visits at one go, as happens at some of the prisons.**

8.11 Recently, women prisoners have been moved more frequently around the estate in response to population pressures. This can mean that for some prisoners a booked visit must be cancelled at very short notice. We heard of visitors arriving at a prison to find that the woman has been moved suddenly to another prison. This is distressing for everyone, especially children looking forward to seeing their

mother. Transfers need to be managed so that visitors who have booked can be told in time. The prison should, in such cases, bear the cost of notification.

Getting to the prison

8.12 Not only are women prisoners often held at considerable distances from home, most women's prisons are not readily accessible by public transport. (See Appendix 4). **We commend the efforts of many of the women's prisons to provide clear information about their location and the means of transport to the nearest town or station.** Where public transport stops short some distance from the prison, consideration should be given to arranging transport, such as the minibus service laid on at one prison for the extended visits programme, at least at popular visiting hours.

8.13 Dislocation from home can mean that for some women visits from their children are impossible. For example, one woman prisoner at an open prison told us that she had had no visits for the past four months. Social Services had brought her son to see her once, but said that they could not fund any more visits, unless she placed the child in foster care through the Social Services. Her friend who was caring for the child received no financial assistance to bring him the long distance to the prison. **The Criminal Justice Consultative Council should be asked to resolve how financial provision should be made to ensure that children can visit their mothers in prison.**

Facilities for visitors

8.14 Arguably, visitors to women in prison have the greatest need of facilities, because they are travelling, on average, further and they often bring children who are not their own. Yet, at present, the only prisons holding women which have Visitors' Centres are those attached to men's prisons. We welcome the planned Visitors' Centre at Holloway which is being built with funding and support from the Tudor Trust. **We recommend that every prison holding women should have a Visitors' Centre.** The Prison Service, Save the Children Fund and the Federation of Prisoners' Families Support Groups have jointly produced excellent guidelines on setting up a Visitors Centre.

8.15 When visitors arrive after a long and difficult journey, sometimes in bad weather, they need food and drink and shelter, but they also need to understand the procedures for visiting. If this is their first visit they will not know what to expect and even if they have been before, procedures may have changed. Visitors need to be told about changes. **Prisons which do not yet have a proper Visitors' Centre should make provision for visitors, including a welcome from staff, a warm and comfortable setting, refreshments, toilets, telephones. They should provide information about travel to the prison, items that may be brought in for prisoners, the assisted visits scheme, visiting times and booking arrangements, welfare rights and advice and support services. The information provided to visitors should be in language they can understand.**

8.16 In the absence of a Visitors' Centre, women prisoners' visitors often arrive at the Gate tired and beset by fractious children who need rest after a long journey. These are not the best circumstances under which to start a visit. Stress for them may be increased by first impressions. The attitude of staff at the Gate and later in the Visits area is a major factor in the experience of visiting at a prison. Some staff are very good indeed but at times there is an absence of a professional approach. **Prisoners' visitors are members of the public and deserve to be treated as such. Protocols for dealing with visitors at prisons holding women should be developed with particular reference to behaviour as seen through the eyes of small children.**

8.17 We are very impressed with the appointment of Family Contact Development Officers in Scottish prisons and particularly by the arrangements at HM Prison Shotts. The policy sets out to look after the needs of families in a proactive way. This has particular application to visitors to female prisoners: **we recommend Family Contact Development Officers be appointed in female prisons as a pilot for the whole Prison Service.**

Visits rooms

8.18 Visits rooms at prisons holding women range from light and colourful to dim and depressing. Some visits rooms have no windows or access to daylight. Visits staff at some prisons have tried hard to make the best of poor facilities; **the visits room at Holloway is testimony to the efforts of the Save the Children Visits Co-ordinator, the art department, the prisoners and the staff, in making an unsuitable room into a place where prisoners and their adult and child visitors can meet with some degree of comfort and enjoyment.** Here and elsewhere there is a decent, if limited, play space for children, with staffing consistent with the Children Act. At some prisons for women there is merely some floor space kept free of visits tables and a small pile of toys. Facilities for buying food or drink in visits areas range from counters staffed by prisoners to vending machines which are reportedly often out of order.

Accumulated visits

8.19 Dislocation from home means that some women prisoners can only see their families by accumulating visits and transferring for a period to another prison nearer home. This can be an unsettling experience and is no substitute for regular visiting.

Other ways of maintaining contact

8.20 Experience has shown that most women prisoners respond positively to opportunities for maintaining contact with family and friends by going out on visits. As the majority do not represent a serious danger to the public, the emphasis should be on visits taking place in the community, whenever possible, so that family contact can be as normal as the circumstance of custody allows.

8.21 Before changes in policy on temporary release following the Woodcock report, a number of arrangements for family visiting, including town visits and home visits, had been working successfully for many women prisoners without serious mishaps or danger to the public. As one manager said "We have lost something that worked really well with women prisoners and had really no or very little down side, because of something that happened on the male side."

8.22 For individual women prisoners serving long sentences the changes in policy have had dramatic effects. One lifer related how she had been going home on temporary release to see her children; when the policy restrictions were introduced her children interpreted her inability to come home any more as a sign that she had misbehaved.

8.23 Town visits are a good example of a successful method of keeping up family ties without jeopardising the public. Most women prisoners trusted to take part in a town visit and to return to prison at the end of the day, do so. Staff at those prisons using this approach spoke of its high success rate and said that the few women who did not adhere strictly to the terms of the town visit almost invariably returned later, usually having been at home sorting out a domestic crisis. A manager commented: "What is failure for women? Men fail big style - they do more robberies. Women just come back late. We surrendered a good method of dealing with women prisoners and staff took a lot of flak." Similarly, the positive record of women prisoners' response to opportunities for home leave as reported by staff at all levels leads us to recommend that **there should be a special review of the criteria for eligibility for temporary release as applied to women prisoners.**

8.24 The arrangements for town visits require that the prisoner is fetched from the prison. If the prison is far from the woman's home and family, this is very costly and time-consuming. It would be more logical to trust the woman prisoner to go out to meet her visitors in town, since she is deemed trustworthy for a town visit. It is less costly for one prisoner to travel to town than for the whole family to travel to the prison to fetch her.

8.25 We are persuaded that, for many women prisoners, visiting in the community is a viable option. In those cases where it is not possible, the use of extended visits schemes should be expanded. **We saw a number of good examples: the bungalows at New Hall, offering comfortable**

accommodation with a place to prepare food and room for play both inside and out of doors; the children's visits organised at Holloway by staff working with the Save The Children Fund, giving mothers and children the chance to do ordinary activities together, such as having a meal or doing their hair; the day visits at Askham Grange, where face painting, board games and other activities are provided in the hall. We recommend that day visits be introduced at all prisons holding women and consideration should be given to allowing overnight visits by children.

8.26 Many of our recommendations about family ties centre on women with children, but women prisoners' role as carer extends to other family members, too. There are also women prisoners whose experience of family has been brutal and who are in need of starting a different life away from harmful influences. For them the task may be to establish new ties. Going out into the community can be necessary and as valuable for them. **We advocate this approach for any woman assessed as posing an acceptable level of risk; town visits with clear objectives which can be evaluated when the prisoner returns should be part of the structured resettlement process.**

CHAPTER NINE

HEALTH CARE, FOOD AND EXERCISE

Introduction

9.01 Appropriate health care, food and exercise are essential elements in helping women to sustain themselves during their time in prison and gain some control of their lives to aid their resettlement.

Health care

9.02 The multiple and severe health problems experienced by many women who become prisoners are made more profound by personal and family history, sexual and physical abuse, their role as primary carers, the stress of imprisonment, isolation and drug dependence (see literature review at Appendix 5).

9.03 The use of the phrase "women who become prisoners" is deliberate to emphasise that many women who enter prison, whether on remand or after sentence, come from a socially disadvantaged background and that part of this social disadvantage comprises poorer health and greater exposure to risk behaviour than other women. In the absence of effective interventions, the vast majority of women prisoners will return to the high risk behaviour and health-adverse situations from which they came. The evidence exists in research, in the Prison Service Directorate of Health Care's Draft Strategy for Health, in the Social Service Inspectorate's reports, through our inspections and from this review.

9.04 Imprisonment, involving as it does compulsory health assessment and a population readily available for treatment and advice, should offer an opportunity to break into this adverse cycle, deal with current health problems and encourage a healthier lifestyle on release from prison.

The Draft Strategy for Health

9.05 Prisons were identified as one of the target areas in the Government report "The Health of the Nation". The first Draft Strategy for Health is an important milestone in the development and provision of health care services for all prisoners in England and Wales. Following consultation, it should be the cornerstone on which to build a health care service for all prisoners (women, adult men, young offenders and juveniles) which is equivalent to that provided for the rest of the community. The Prison Service has a commitment to deliver health care equivalence in quality to that provided by the NHS. Achievement of equivalence in health care for women will require that:

- staff hold equivalent qualifications. Primary medical care should be delivered by doctors who are either currently qualified to act as principals in general practice or who are working under the guidance of one so qualified. Specialist care, for example, gynaecological or mental health care, should be provided either by those fully trained and accredited on the relevant specialists' register or by doctors working under an accredited doctor's supervision
- nursing care is delivered by nurses qualified in the relevant speciality
- a full range of supporting services is available, for example, as a full primary care team
- the physical surroundings in which health care is delivered are equivalent to those found acceptable by the NHS
- health care in prison meets the relevant standards set by the Patients' Charter.

9.06 Unless the organisational arrangements are in place at national level to implement a strategy for women's health nation-wide, progress will be patchy. **The Prisons Board should review its organisational arrangements for the development of health services for women. We recommend that a professional Head of women's health should be appointed with responsibility for all prisons where women are held.**

A national Health Care Standard for women's health

9.07 Prison Service Health Care Standards aim to ensure that the provision of health care in prison is commensurate with that provided by the NHS for the general community. Currently, there are nine national Health Care Standards. All the Health Care Standards apply to women as well as to men, but there are few specific references to women's health in the Standards.

9.08 The health needs of women are significantly different from those of men. The Draft Strategy for Health has given the lead with a chapter on women's health and a natural outcome of that should be a Health Care Standard for the health of women in prison, including female young offenders and juveniles. Consequently, we recommend that a Health Care standard for women's health should be produced and incorporated in the Health Care Standards document.

Getting the ethos right

9.09 The Draft Strategy for Health Care points out that the achievement of the health outcomes for women set out in the Strategy depends upon the performance of individual establishments with support from Headquarters. We found little evidence in the prisons visited of a systematic approach to the development of health care for women. We believe a systematic approach to the development of health care services for women is essential. It should include:

- an agreed ethos or set of values for women's health
- an assessment of the health care needs of women, with the help of the local authority
- identification of the type of health care provision required
- agreed means of providing health care
- a local health care charter for women's health
- involvement of the NHS as a health care partner and other agencies in developing plans for women's health care
- appropriate training in the skills relevant to the needs of women for all staff providing health care for women in prison
- explicit provision for the health care needs of women from ethnic minority groups.

9.10 To convert theory into practice, the multi-disciplinary Health Care Management Team in each women's prison should agree the values or ethos which guide the way they conduct themselves in providing health care for women in all its aspects, acknowledging the wider environment which influences the health status of women in prison. A useful starting point for managers of women's health care in prison is the set of underpinning values contained in the Health Care Standards portfolio (page 3) as follows:

- an ethos of care
- respect for the patient
- time for care in all its aspects
- confidentiality
- communication to the patient (of diagnosis, of proposed treatment, of the care plan)
- involvement of the patient in decisions
- informed consent
- strict adherence to professional standards and ethical codes

Identification of health care and health promotion needs

9.11 Women prisoners need a range of health interventions from health promotion and risk reduction, through primary medicine to specialist health care. Needs assessment is the first step. The Directorate of Health Care recognises the importance of this and has established Health Care Standards for first reception into prison custody which cover initial screening by a health care worker, examination by a doctor and the accommodation and equipment necessary. These Standards are admirably comprehensive. Other Standards are set for health screening during the reception process after first

entry, transfer and discharge, all of which offer opportunities for identifying health care and health promotion needs and for ensuring they continue to be met, whether the woman is in prison or being released to the wider community.

9.12 All women's prisons undertake initial screening at reception followed by medical examination but most health care staff in local prisons for women reported that the pressure of numbers at reception and the limited time available means that the process is often rushed. Women often arrive in prison with multiple health problems: this makes diagnosis difficult. Even women who have been in the system for some time may not be accompanied by their medical records and some women prisoners may never have been registered with a GP or had any regular contact with outside health services. Some may also be ignorant of or reluctant to disclose health problems. There may be a tendency for hard pressed health care staff at reception to focus on single issues such as gynaecological problems. As one prison manager put it to us "Some people here think the only difference is that women have different plumbing from men". The single most important factor for health services in meeting the identified needs of women in prison is having staff who are trained specifically to care for women's health.

9.13 Reception health screening is, in theory, an admirable way to ensure that the health care and promotion needs of women entering prison are properly assessed and addressed. Although first entry into prison is probably too hectic a time for much health education information to be digested, an approach incorporating the best of the medical and health promotion models can open the lines of communication. This is important for a population, some of whom live on the margins of the health care system, with higher than average health problems associated with poor housing and malnutrition, and at risk of infection with sexually transmissible and other diseases. **Reception screening should combine medical, and health promotion approaches to provide links to therapeutic options for women prisoners during their time in custody and on release. It should be subject to regular audit and its results assessed by the Directorate so that there can be greater certainty that the process is identifying the needs of women entering prison. It is a complex procedure which by its nature will need continuing assessment and refinement.**

Health promotion

9.14 Women prisoners are a group for whom health promotion, including harm reduction, is particularly important. This may be the one opportunity to reach this population and, through them, their families. Health promotion in prison, therefore, has a major public health dimension. It should proceed, as in the community, on a multi disciplinary basis. The Directorate of Health Care has taken this on board, for example, in its strategy towards HIV and AIDS management (see AIDS Advisory Committee Report- 1995).

9.15 **Well women clinics** are an established part of health promotion in the community. Some but by no means all prisons are developing them. **They ought to be part of every prison's health promotion programme. The equivalence of care principle should apply to health promotion as well as to primary care.**

Primary care and Health Care Centres

9.16 The degree to which equivalence is actually achieved varies greatly from prison to prison. In one women's open prison there are, in many ways, close equivalence to the NHS, at least as far as the quality of primary health care is concerned. Care is provided by the doctors from a local practice, which gives prisoners access to other members of the primary health care team, such as the practice community psychiatric nurse and the practice midwife. This is not always the case. In another prison, although the Senior Medical Officer had been a Principal in NHS practice, when he joined the Prison Service he was effectively in single handed practice with no arrangements for cover. In such circumstances even most resolute of doctors is likely to become demoralised.

9.17 Not all staff working in prison are qualified to the levels required in the NHS for the work they do. Staff who find themselves having to do work for which they know they are not properly qualified are at risk themselves, as well as potentially placing their patients at risk.

9.18 Even when the quality of care is high, the physical circumstances can be very unsatisfactory. Several prisons holding women have Health Care Centres that are seriously inadequate for the provision of high quality health care. In one prison, patients have to queue for medication in an open sided, unheated annexe.

9.19 The Directorate should examine the implications of and monitor carefully implementation of the commitment to providing equivalent care to the NHS both in terms of ensuring that care is provided by staff who are recognised by the NHS as properly qualified for the work that they do, and ensuring the provision of adequate facilities matching NHS standards.

9.20 The Draft Strategy for Health recognises women's role in society as significant carers of children and dependent relatives and states that prison can provide an opportunity to improve the health of women and educate women about healthy living for themselves and their families with possible benefits beyond prise into the community and the family.

9.21 This awareness is not evident in the regimes in some of the Health Care a Centres of women's prisons. The danger is that staff can discuss issues around women's health but, in practice, women are still too often isolated with a minimum of constructive activity which leads to boredom and loneliness, thereby acerbating their problems. We recommend that **a constructive regime for women patients in prison should be established in every Health Care Centre in order to meet women's identified needs.**

The use of prescribed medication

9.22 Previous studies of health care in women's prisons have reported a high level of prescribed medication compared with male prisoners and with women in the community. Women prisoners report that they have used prescribed medication before entering prison at higher levels than is true of the population generally. It is clear that many women prisoners have an expectation that primary health care as well as specialist care will focus on prescribed drugs. It is beyond our remit to discuss the degree to which their health care outside prison has focused on medication instead of on proper health care management. However, the high level of prescribing in some establishments for women is a cause for concern and requires careful monitoring and appropriate action.

9.23 There is particular concern about the practice at some women's prisons of combining anti-depressants, major tranquillisers and night sedation. **Clinicians should agree a sensible protocol in conjunction with an independent specialist for prescribing drugs. This should be co-ordinated centrally through the professional Head of women's health who should regularly audit the results.**

The gender of health care staff

9.24 Because of their past experiences or because of their cultural background, some women may prefer to be seen by a female doctor or nurse. In theory, women prisoners can ask to see a female doctor but in practice this involves delay at most establishments and women reportedly do not wait to get their choice. The ideal is for all staff to be skilled and sensitive to gender issues and for female health care staff at all levels to be available to those who find this essential. **Protocols specifying maximum delay times for prisoners to consult female doctors and nurses should be developed as soon as possible.**

Mental health care

9.25 There is a high level of mental disorder among women prisoners, even greater than among

males. **A better service for both men and women prisoners could be achieved by implementation forthwith of the Health Care Standards set by the Directorate.**

9.26 Health Care Standard 2.3 sets standards for the management of those at risk of self-harm and instructs that nursing in ward or other shared accommodation should be the norm. However, nursing those at risk of self-harm in isolation, often in "special rooms" continues as common practice. **Health Care Standard 2.3 should be implemented.**

9.27 The difficult social circumstances of many women prisoners and their concern for their children undoubtedly contribute to the high levels of depression among women prisoners. **Prisons should, in the interests of women's health, ensure that there are no unnecessary barriers to visiting by children.**

9.28 The very high incidence of personality disorder among female prisoners has been known for many years (see the literature review at Appendix 5). The best hope of success in helping those with personality disorder lies in a therapeutic approach. Maden et al (1994) suggests that some 8% of sentenced women require therapeutic treatment. The Prison Service has no equivalent to the therapeutic community prison for men at Grendon Underwood for women and it is arguable that their therapeutic needs require a different approach. Many prisons visited during the review are struggling to help women prisoners with serious personality disorders but none has the necessary resources. **This requires a strategic solution.**

9.29 **The Prison Service should urgently evaluate the need for therapeutic programmes for women and make appropriate provision.**

Genito urinary health

9.30 Genito urinary health care in prisons should be provided in accordance with current NHS standards and the principle of equivalence of care should apply. There is an important association between genito urinary medicine and health promotion. This work needs to be co-ordinated across disciplines through AIDS management teams and other health advisory posts.

Other specialist care

9.31 Not all prisons conduct cervical cytology screening despite the fact that women prisoners come from a group with many of the risk factors for cervical cancer. The prisons that do tend to be those where primary care is provided by a local practice rather than by directly employed medical and nursing staff. There is no good reason why a group of women at high risk should be excluded from the national screening programme for cancer. The Draft Strategy for Health states the need to offer screening for breast and cervical cancer to women in prison and to maintain continuity with programmes in the community as a priority. As screening is a declared priority, why is the year 2000/2001 the target date to achieve full access to cervical and breast screening for women in prison? **The early detection of breast and cervical cancers should be a top priority with an implementation date of a maximum of 18 months, that is by July 1998.**

9.32 The clinical management of patients with breast or other cancers should be the responsibility of the local NHS specialist team. **The patient's long term care plan should be prepared by the NHS team in consultation with the clinical team in the prison.** The patient's named nurse and named doctor in the prison should be involved. We recommend that **the national Standard on women's health should include guidance on the broad principles covering treatment, support care and counselling for patients with cancers.** The need for staff to be trained in appropriate skills should be emphasised.

9.33 **The patient's broad care plan should be integrated with her sentence plan to make sure her Personal Officer and other prison staff, as well as clinical staff, have a clear unified plan with the patient's clinical needs uppermost.**

Maternity care

9.34 During the five years April 1 990-March 1995, 269 babies were born to women in prison. During the same period there were an estimated 2,205 pregnant women in prison. About 10-12% of pregnancies proceed to full term whilst the mother is in custody. This presents a major challenge to the Prison Service to provide a service which ensures a healthy mother, a healthy pregnancy and a healthy baby as far as it is within its power to do so. Taking account of the general health of women in prison and the increasing numbers of women entering prison who are dependent on drugs, the urgent need for a comprehensive NHS maternity service in line with the principles of "Changing Childbirth" is self evident.

9.35 Poor maternity care for women in prison has been highlighted by inspection reports in recent years. **We are pleased to find contracts for maternity care now being agreed between local NHS Trusts and the prisons concerned.**

9.36 **At Styal, we saw the results of the efforts that have been made to clarify and harmonise the duty of the Prison Service to ensure the safe custody of women prisoners within and beyond the prison environment, and the responsibility of midwives to ensure that the dignity of every pregnant woman is preserved regardless of her situation or the way in which her maternity care is delivered. During our visit to Styal, the community midwife was visiting a mother and baby after their discharge from the local hospital where the young mother had a caesarean section. We were also pleased to see the progress being made at Holloway in agreeing a maternity care contract.**

9.37 The Styal maternity care contract contained the following:

- guidelines for contacting midwives in an emergency/non emergency situation
- protocol for ante natal care
- protocol for intra partum care
- protocol for post natal care.

9.38 We found maternity care contracts at various levels of development in prisons for women. **Contracts for a full maternity care service between the NHS provider and the prison should be comprehensive and should include monitoring of quality of care and services for women having abortions or after abortions and for women who miscarry their babies. The maternity service contract should include guidelines and protocols for the performance of the contract to make sure that no step in the maternity care service for the mother and her baby is omitted.**

9.39 The Draft Strategy for Health states in its health outcomes for maternity care that "the Changing Childbirth recommendations will be achieved in an female establishments by the year 2001." This is far too late. **In view of the vulnerability of this group of women the Prison Service should advance the date for achieving the "Changing Childbirth" recommendations to December 1997.**

Funding of maternity care

9.40 **The maternity care contract for pregnant women in prison should form part of the local maternity contract agreed between the local district Health Authority and the NHS Trust responsible for providing maternity care in the locality.**

9.41 Two methods of funding suggest themselves. The Health Authority could fund the relevant NHS Trust for that part of the local maternity care contract which covers women in prison. The Health Authority concerned could act as host purchaser and claim the cost of the service from each woman's own Health Authority, that is, where the woman lived, as an extra contractual referral. This would be bureaucratic and costly.

9.42 A simpler method of funding would be for the host Health Authority as purchaser to fund directly from the centre for the provision of a comprehensive maternity care service which includes women in prison as well as the rest of the community in the locality.

9.43 The method of funding must be resolved, if necessary through a national decision by the NHS Executive working together with the Prisons Board. The number of women in prison having babies is small in relation to the community as a whole and therefore this aspect of health care can be easily overlooked in funding guidelines.

9.44 The duty of care to a woman and her unborn child remains, in our view, the responsibility of the National Health Service irrespective of where the woman is and the NHS must take the lead locally and nationally to honour its duty of care. This is all the more necessary because, in some cases, the woman has no fixed abode and therefore does not officially "belong" to any Health Authority.

Mothers and babies

9.45 The needs and rights of children in prison are of paramount importance. Women are sent to prison as punishment but "My child is not a prisoner" has been said to us frequently. This is an obvious truth. Social Services and the Health Service have a statutory duty of care towards these small children.

9.46 In 1989 the Home Secretary invited the Secretary of State for Health to undertake a programme of multi-disciplinary inspections at each of the Mother and Baby Units. The Department of Health inspection team was led by the Social Services Inspectorate. The report of the Third Inspection by the Social Services Inspectorate was completed in the summer of 1996. **We commend the work of the Social Services Inspectorate and the progress prison staff are making to implement the recommendations from these inspections. We also commend the continued involvement of the Social Services Inspectorate and look forward to collaboration with them in future inspections.**

9.47 In the light of the inspection reports from the Social Services Inspectorate on Mother and Baby Units, we are very surprised that planning for Mother and Baby Units and services for mothers and children does not feature in the Draft Strategy for Health. **We recommend that a strategic direction for mothers and babies in prison should be prepared, incorporating plans to implement the outstanding recommendations from the Social Services Inspectorate inspections of Mother and Baby Units.**

9.48 Any decision about future Mother and Baby Units should be based upon a consideration of the principles and philosophy guiding the way mothers with babies should be cared for within the prison system.

9.49 The following key issues have emerged from our visits to Mother and Baby Units and related discussions:

- the importance of the local authority developing good working relationships with the prison; only four out of 140 local authorities have in depth knowledge
- whether or not the Area Child Protection Team put child protection issues in the prison on its agenda
- the working together of the multi-professionals, nursery nurses, health professionals, Probation, Social Services and Education is crucial. "Collaboration has to be worked at constantly; it does not happen by itself" as one Social Services inspector put it
- working with Social Services on long term child care plans
- policy and practice on admitting Schedule One offenders to Mother and Baby Units must be watertight and consistent (see 3.43)
- bringing the staff of the four Mother and Baby Units together to hear about aspects of the service that work well and to share experiences

- national co-ordination of the policy and work of Mother and Baby Units, recognising their inter-dependence
- the problems of mothers located a long way from home
- cultural issues (clothes and diet for mothers and their children from ethnic minorities)
- the pain of separation of a mother from her child and vice versa - support and guidance for mothers and staff
- nursery nurses are skilled child development workers - their role is sometimes under valued
- mothers under 18 - children looking after children - special guidance and support for these young girls
- integrated sentence planning is essential, including the child care plan and development
- having regimes for mothers which enhance the development and welfare of each child
- giving mothers a break from their babies and providing constructive activity for mothers
- having a GP and paediatric service contract dedicated to the care of babies and young children - a wholly NHS service
- having a woman doctor available
- children's visits by other children in the family should be arranged to take account of distance and to develop the family bond.

Food

9.50 Women prefer, and need, a lower carbohydrate diet than men and in most of the training prisons caterers try hard to produce appropriate menus within the Prison Service daily allowance of £1.36 per prisoner. **We have seen some examples of very good catering practice, notably at Cookham Wood, Brockhill and New Hall .**

9.51 It is noticeable that the most successful arrangements are those where caterers and kitchen staff serve the food directly to the women. Some of the worst quality food was at Holloway, where meals are cooked in a central kitchen, transported considerable distances and served in units by wing staff rather than caterers.

9.52 At Risley and Winchester, where the majority of the prisoners are male, the dietary needs of the women are not being met appropriately. It was disappointing to find at Winchester that the opportunity to convert a servery in the women's wing to a kitchen, for a comparatively small capital investment, had not been taken up by the Prison Service. At Low Newton, another establishment where women prisoners are in the minority and where the food served caters for the male young offender majority, the women are given the facilities to cook their own breakfasts at weekends and sandwiches are available as an alternative to two cooked meals a day. **Diet is such an important feature of life for women that we recommend there should be separate kitchen and catering arrangements in shared establishments.**

9.53 **Except in special circumstances all women should be given the opportunity of taking their meals in association with other prisoners.** This is generally the case but not in all establishments, notably Brockhill.

9.54 Food is an obvious target for discontent in prisons, as in many other institutions, **and tribute should be paid to several catering managers who have regular formal or informal consultations with the women about choices of menu.** It was not unusual during our visits for women to make a point of registering their compliments about the efforts of catering staff.

Physical exercise and education

9.55 The needs of most women prisoners for physical exercise are different from the majority of male prisoners. Imprisonment can be a time when women can let their health degenerate; on the other hand it can provide an opportunity for them to learn to take care of themselves in a way which is not possible with family responsibilities. For women to be assisted in this requires a quite different approach on the

part of physical education staff. Women prisoners are likely to be attracted to the gymnasium either by personal motivation towards improving their health, fitness and weight loss or because the sessions in the gymnasium provide opportunities for social activities with other women.

9.56 We have been very impressed by the efforts that PE managers are making to meet these needs in almost every establishment for women, including most of the shared prisons. Indeed we have seen some outstanding examples of good practice, not least in the work that is being done in many women's prisons with groups from the community with special needs. Many women prisoners give excellent service to the community in this way and we applaud the initiatives taken by PE staff to provide women with this kind of opportunity.

9.57 There are also examples of a wide variety of social activities centred around the gymnasium but there seems to be very little co-ordination between and among PE staff working in female establishments, and so very little learning about best practice.

9.58 A more serious concern is the general reduction in the number of periods during the week when the sports facilities are available for the women to use. We strongly favour the working day being primarily for work, but this means that **PE staff must be available to supervise activities in the evenings and at weekends**. Too often we have found that there is very little organised activity at weekends and scheduled evening classes are frequently cancelled to allow PE staff to cover discipline staff shortages. This is a worrying trend and should be reversed. There are enormous benefits for the good order of the prison as well as for individual women if as many as possible are encouraged to take part in physical activity.

9.59 Finally, there are the opportunities which are provided for those women with the aptitude to learn skills which will be of practical value to them either at work or recreation when they are released. **We applaud the growth of appropriate coaching certification courses for women.**

CHAPTER TEN

A BUSY ROUTINE WITH OPPORTUNITIES FOR APPROPRIATE EDUCATION WORK AND RECREATION

Introduction

10.01 A busy routine is an important element of a model regime for a women's prison, whether a local prison or a training prison, providing that the activities meet the needs of the women prisoners. The needs of the very few women serving very long sentences are best met by allowing them to choose their own pace of life, providing it fits in with the necessary routines of the prison.

10.02 The majority of sentenced women should be required to work as full a day as possible, and there must be suitable work activities available. These should comprise a mix of daytime education classes, particularly but not exclusively, for women who require help with basic skills, vocational training; and production activities which offer the opportunity of working for enhanced wages.

Education

10.03 Many women prisoners have very low self-esteem and their past experiences of school and the education system are generally negative. Ironically, custody can provide an opportunity for them to gain confidence and recognise that they are not failures. **We have found during this review, almost without exception, that teaching staff women's prisons recognise this as the primary value/use of prison education and try very hard to provide an individual service to women prisoners.**

10.04 All the establishments in the female estate have space for education, although the adequacy of the buildings varies greatly. As in education generally, however, it is the quality of teaching rather than bricks and mortar which are more important and **we have seen outstanding examples of prison education.**

10.05 Education for unconvicted women should concentrate on encouraging them towards programmes they can achieve whilst in prison, by assessment of their individual needs and some early course provision designed around short modules, particularly those focused on improving basic skills and open learning with tutorial support. There is also scope for classes in practical subjects to tackle the concern that so many have when they first come into prison; for example how their benefit claims are likely to be affected. Early time in custody is also an opportunity for women to learn about health matters, including children's health.

10.06 Given the poor levels of literacy and numeracy among many women prisoners, basic skills provision is, and needs to be, a feature of the education programmes of training prisons. But these establishments should also concentrate on vocational training to provide prisoners with skills to improve their job prospects. We welcome the growth of business administration and office skills courses, although there should be greater co-ordination between training prisons as far as the content of courses is concerned. Sensibly, almost every establishment has some form of hairdressing course or class which, as well as providing a formal syllabus, enables women to improve their appearance and the way they feel about themselves. Not all training prisons have catering classes or courses, although we have seen examples of outstanding work in those which do have them. **There is scope for more Construction Industry or Vocational Training courses offering training in manual skills such as painting and decorating and industrial cleaning.**

10.07 The main criticism of education in women's establishments is the absence of an overall assessment of the educational and vocational needs of the prisoner population and a policy to identify the role education services are expected to play in women's prisons. The budgets for education in women's prisons should be based on assessment of needs and priorities. There is

little ordination and co-operation on educational matters among prisons for women and this is another task which should be undertaken by a Director of women's prisons.

10.08 One of the priorities which senior Prison Service managers should recognise _is the need to encourage attendance at local educational colleges by women in open prisons, and those prisoners who are not a risk to the public nor would be likely to abscond. Certainly, the Governors and staff of these establishments recognise the value of college courses to some women.

10.09 A major disappointment amongst those conducting the review has been to learn of the reduction in evening education, largely, we are told, as a response to demands on Governors to reduce budgets. **We did not find a single educational activity taking place at weekends.** Evenings and weekends are opportunities to engage women in activities which can help them to develop as individuals and thereby reduce reoffending. **We regret that too little use is made of the talents of other prisoners in this respect although several prisons produce magazines which are produced by prisoners with staff support.** There is also greater scope for encouraging volunteers who have particular skills to teach these to women prisoners. With a few exceptions **there is insufficient art, drama and yoga,** all of which can be instrumental in relieving tension and helping women gain confidence.

10.10 Invariably, informal relationships between education and discipline staff in establishments are friendly but, in most prisons, there are only comparatively rare examples of wing staff demonstrating interest and support for the education courses being taken by individual women. But this is what sentence planning should be about: **all staff should work together to encourage women to set and achieve educational targets.** It should not be left to the specialists.

10.11 For many women prisoners going to education is perceived much more as a social activity than for male prisoners. For severely disordered women it can be the first chance to gain a sense of achievement. For immature women and poor achievers prison education can be a chance to start again. For the able it can be a chance to gain examination results and awards. **We have seen outstanding examples of all these of which the Prison Service can be proud but more could and should be done with better analysis and planning.**

Employment

10.12 Estimates from some workshop instructors indicated that as many as two thirds of the women had not worked before coming to prison. It is significant that, when asked, women identified "getting a job" as being the most important factor in helping them to avoid reoffending. It follows that helping women to gain a marketable skill can be the most helpful practical aid in preventing reoffending. This is also one component in a realistic plan for women to combine the role of primary carer with economic activity on release. **Every female establishment should have enough suitable training courses and constructive employment places for sentenced women and enough activities to engage the interest of the majority of remand prisoners who would prefer to be busy rather than idle.** In all establishments we found Governors and Heads of Inmate Activity conscious of the need to provide good employment and striving to do so.

10.13 We welcome the development of craft and charity workshops where some outstanding products are created and where we observed high commitment and morale among prisoners and staff.

10.14 As well as workshops for Prison Enterprise Services (mainly textiles) we welcome the development of private contracts in a few establishments which give the opportunity for women to experience a pace of work more akin to that in the community and a chance to earn enhanced wages (more than the £7 average which prisoners engaged in prison work are normally able to earn).

For many women who are without private cash the chance to earn enhanced wages is important in increasing the number of telephone cards they can purchase to communicate with their children and

other members of the family. Generally whenever we have been in workshops or education classrooms or vocational training courses we have noticed that the pace of work and concentration has been higher than in the average male prison workshop. Given the lack of past experience **gainful employment women prisoners should be encouraged to compile a folder of certificates and evidence of experience and achievement for possible use on release.**

10.15 Policies for employment should include:

- links with Job Centres
- allowing women to go for interviews
- training in writing CV's, applying for jobs etc.
- advice on benefits and part-time working
- how to access childcare so can get a job
- disclosure of offences
- what sort of work should women be trained in
- NVQ's etc.

Recreation

10.16 Prisons for women are not as good as they should be at providing opportunities for women to spend their spare time out of cell. We have already referred to the absence of physical exercise and educational activities at weekends which is the time of the week most often wasted. A few establishments mark certain times of the year with social events organised by staff and prisoners, but these are few and far between. Generally, free time in the evenings and at weekends is wasted. Apart from decreasing physical education opportunities there was a dearth of organised activities at weekends. We have heard Prison Officers rightly indignant that some women expect staff to organise activities for them. **It is quite inappropriate in a prison for staff to act as entertainments officers, but they should make opportunities available for women to help themselves by organising activities.**

CHAPTER ELEVEN

SENTENCE PLANNING, TACKLING OFFENDING BEHAVIOUR AND PREPARATION FOR RELEASE

Sentence and custody planning

11.01 All prisoners should have their time in custody planned to maximum effect. The Prison Service has introduced formal sentence planning for all prisoners serving over 12 months but in many of the establishments for women, sentence planning is not fully in place and is not given sufficient priority. Too often the mere completion of a sentence planning form is seen as sufficient to say that sentence planning is taking place. Completing planning forms is merely the formalisation of what any establishment should be attempting to undertake: the identification of Problem areas, further identification of methods to deal with those issues that arise and regular monitoring of progress towards dealing with the issues. **Planning should drive the regime by constantly informing senior managers of the needs of the population; the regime should be adjusted to meet those needs.** Sentence or custody planning is only a means to an end, not an end in itself.

11.02 The Prison Service's review on sentence planning (1995) notes that "the forms themselves do not lend themselves to recording information which is often crucial for women offenders" (page 96). **The forms used for sentence planning for women should be redesigned to ensure that appropriate information is considered when structuring sentence plans.**

11.03 The overall quality of sentence planning throughout the female estate is not good. Many women do not have meaningful plans. Some do not have any at all. Given what we know about the backgrounds of many of the women, few appropriate targets are set. **All plans should contain relevant and challenging targets. Where no targets are set, an adequate explanation should be given.** Paradoxically, at Drake Hall formal sentence planning is inadequate but the identification of need is good and a great deal of effort is made to meet issues that arise.

11.04 Nowhere did we find formal custody planning in place for women on remand. A system of custody planning should be developed for those on remand who are often in prison for longer than those serving shorter sentences. Such planning should have the aims of:

- reducing stress
- helping maintain contacts in the community
- identifying and assisting in key areas such as child care or
- substance abuse or health promotion
- adjusting to custody.

11.05 Formal planning, which should start as part of the induction process, is often delayed because pre-sentence reports and information on previous convictions are not available.

11.06 **Few staff to whom we spoke had been trained in sentence planning** and many of those appeared to have received training in filling out forms successfully rather than in assessing women's needs.

11.07 There was no coherent sense that transfers between establishments are part of a plan. In part this can be explained by the current pressure of numbers but there is a lack of overall strategy and policy underpinning the planning that is taking place. In some establishments women serving longer sentences are formally reviewed every few months but even in these establishments not all women are guaranteed a formal review.

11.08 When a woman moves to a new prison for a different stage of her sentence, attention must be given to her existing sentence plan and to continuity of activities, especially when she is involved in gaining qualifications or in an incremental offending behaviour or training programme. This has major implications for both the allocation and transfer decisions and for the co-ordination of the programmes offered at prisons holding sentenced women. Effective sentence planning depends upon some degree of continuity. We heard of instances of sentenced women being moved in mid course, when there was no possibility of their continuing the work at their next prison. This makes a nonsense of sentence planning. We applaud the efforts at Holloway and other prisons to develop and keep a detailed directory of all their programmes, work, education, training, and group and individual activities of all kinds including tackling offender behaviour. This is a step towards co-ordinating programmes across the women's prisons and **we recommend it is introduced at all women's prisons.**

11.09 At the time of this review the Prison Service is introducing new sentence planning documentation which aims to simplify the process. Whilst we welcome the new approach, it can only succeed if staff are properly trained and sufficient resources devoted to meet identified needs.

Sentence planning for life sentence prisoners

11.10 We have not undertaken a full review of the needs of women serving life sentences because we plan to undertake a thematic review of lifers later in 1997. However, it was clear that sentence planning for women serving life sentences is inadequate. **During the course of this review we examined all the life sentence plans we could find. Many of the women did not have a plan at all. Even where one existed it was difficult to tell why a woman had been transferred or how she was expected to deal with issues that had been raised in the plan.**

11.11 The lifer sentence plans require detailed risk assessments to be made, based on the index offence and the behaviour exhibited in prison. These are rarely completed to a satisfactory standard. It appears that either the risk assessment model used (which is based on adult males serving life sentences) is inappropriate or staff are not properly trained in discriminating between risk behaviours. We suspect that the former explanation is more likely: a large number of women lifers are serving sentences for killing a partner, and the offence often appears to be person or situation specific. In the cases of women who have committed offences similar to those committed by many male life sentence prisoners, staff appear to be able to identify risk factors more readily. As it is, staff inevitably identify two risk factors present in women who have killed male partners: "attitude to men" and substance abuse". Little account is taken of the actual circumstances of the offence. Identifying such relatively crude risk factors in isolation is not useful.

11.12 In our opinion the risk assessment model currently used for the vast majority of women serving life sentences is inappropriate. **A risk assessment model should be developed that takes fully into account the reasons and motivation behind the majority of offences committed by women serving life sentences. The Prison Service should conduct research into relevant risk factors for women.**

Personal Officers

11.13 All women should have a named member of staff as a Personal Officer and there should be adequate covering arrangements during absences. The Personal Officer should be the initial point of contact for problems and should be central to the custody or sentence planning process. We found many women without Personal Officers. Sentence plans are not always completed by members of staff who know or are in regular contact with the women. Often the input of Personal Officers is marginalised and frequently they do not even attend review boards. **Personal Officers should not only write sentence plans but should also be responsible for regular monitoring of achievements against targets. Ideally, they should manage the processes of review.**

Tackling offending behaviour

11.14 The whole regime of an establishment should be geared towards tackling offending behaviour

and helping women resolve and deal with their personal problems. Too often tackling offending behaviour, or other issues felt to contribute towards offending and imprisonment, is dealt with in isolation. There is a tendency for staff to use participation in a programme as a fair basis for judging whether or not an individual has changed. **Such programmes must be embedded within a culture that recognises and deals with offending behaviour at all levels.** This is not to devalue the importance of programmes which specifically look at certain issues.

11.15 The Prison Service has a duty to help women tackle their offending behaviour and prepare them for life on release. Such work is more likely to be successful if a co-ordinated policy is developed across the female estate which recognises issues such as the high numbers of women in prison with histories of emotional, sexual and physical abuse. There appears to be a correlation between childhood sexual abuse and serious psychopathology in adult life (Wurr and Partridge 1996, Sheldrick 1991, Finkelhor 1986). Most studies seem to show much higher levels of abuse amongst populations in clinical settings and offenders. Prevalence in the general community seems lower, though still high. For example, Kelly et al, in a study at the University of North London, found 22% of women had experiences of sexual abuse before they were 18 (the figure for men in the same study was 6.2%). A number of studies in the USA indicate that a substantial proportion of women recall some serious sexual assault. A large amount of evidence seems to suggest a clear link between child sex abuse and a variety of behaviour disorders later in life, although it is difficult to separate out abuse issues from factors such as environment and personality.

11.16 Policy towards women in prison needs to link what we know about women offenders and to see each woman as an individual with a life hinterland. Many women have numerous linked experiences that have contributed towards their arrival in prison. Many have been subject to abuse; many abuse substances; many are single parents; many are poorly educated; many have accommodation problems; many have health care problems. Anyone attempting to help change the patterns of women prisoners' lives (patterns which obviously include offending behaviour) must be aware that, in most cases, a whole range of issues need to be addressed.

11.17 An example of how these issues are linked can be seen in studies of self-esteem. Research has consistently indicated that low self-esteem is a common characteristic among a large number of women in prison and may often be the reason for the behaviour which brings them into prison in the first place. Research has also consistently identified low self-esteem just prior to release as a strong indicator of potential to re-offend (Fletcher 1993; Hairston 1991; Fletcher et al 1992; etc.). Low self-esteem is often associated with childhood and adult abuse (Wisdom 1991, Hardesty 1993). Poor employment history, substance abuse, poor family relationships, poor educational attainment, poor social support and external loss of control are all linked to low levels of self-esteem. No individual programme can attempt to deal with all these issues but **a coherent regime approach, supported by appropriate programmes, is the right way forward.**

11.18 Coming to prison is a stressful experience and there is evidence that women experience the effects of imprisonment severely. The development of any philosophy or programme needs to recognise this. Without helping or enabling women to deal with practical issues such as childcare, accommodation and involvement with other agencies such as Social Services, programmes are likely to fail. To make major changes requires a stable foundation.

Current provision

11.19 In the majority of establishments some staff have an awareness of the range of issues that need to be addressed. On the whole, a far greater range of courses and programmes are provided than for men. At Drake Hall, for example, we found some 40 courses a year dealing with issues as varied as poor communications or anger control. However, with the exception of Holloway, we did not find a coherent theoretical basis for such work or the courses being systematically evaluated. It is, therefore, difficult for us to comment on the effectiveness or otherwise of such work. **Evaluation of effectiveness is not an intellectual luxury but is essential in order to know the effect of courses.**

11.20 Research evidence suggests that some courses and programmes can cause more harm than good. Undertaking a course which has no positive effect frequently serves to reinforce feelings of worthlessness and failure, with the consequence that that become harder to resolve. Ineffectual programmes also give staff a false sense of confidence (often mirrored in risk assessments) that the individual has somehow changed.

11.21 **The commitment of staff, mainly Prison Officers, who are running such courses is outstanding and shows the potential for such work. Such commitment and energy needs to be focused.**

11.22 **The work being done at Drake Hall and Cookham Wood, led by Senior Probation Officers, in dealing with women's basic throughcare needs is outstanding and should be replicated throughout the female estate.**

11.23 At Holloway, psychologists have developed a number of programmes including assertiveness training, domestic violence, anger management, cognitive skills, a self help workshop and dealing with loss and bereavement. All the programmes are psychometrically evaluated across a range of measures including self-esteem, custodial adjustment, locus of control and stress. Initial results are promising (Brosnan 1996). **What makes the Holloway work impressive is a philosophy underpinning the work that is based on a clear understanding of women in prison. It is, however, disappointing that Prison Officers are not involved in managing groups.**

11.24 At Styal, progression through the various stages of the Incentives and Earned Privileges Scheme was contingent upon participation, when appropriate, in offending behaviour programmes, and **even if it is finally decided that participation in offending behaviour programmes should not be mandatory, linking participation to the Incentives and Earned Privileges Scheme is appropriate.**

National programmes

11.25 The Prison Service has not introduced or developed any national programmes for women prisoners either for directly tackling women's offending behaviour or dealing with other key issues, possibly because a national programme for violent offenders is in the process of being developed. It includes a programme; for violent women offenders which should have a large component dealing with abuse issues, as research indicates (for both men and women) a high correlation between childhood abuse and later violent offending (Boswell 1995; Widom 1989).

Use of psychologists

11.26 Only three establishments have at least one full time psychologist. The majority of other establishments receive a visiting service from psychologists based in other prisons but in some cases the input is minimal. **Every women's prison should have a psychology team to inform and take part in offending behaviour programmes.**

Dealing with damaged lives

11.27 In many establishments staff and senior managers were aware of women's histories of abuse, but because of the complexity of the issue most felt powerless to do much to help. Very few staff have had any training in working with abused women. At Holloway excellent guidelines have been written by a psychologist for staff working with sexually abused women, but few staff appear to have received any training in counselling. It was unclear when, how, or to whom staff should refer women. The major importance of the guidelines is that they raise awareness about abuse among staff.

11.28 In most establishments issues of abuse are dealt with either by Probation Officers or workers from Rape Crisis on a one to one basis. It is unclear how effective such work is, as none appears to be evaluated, although some women claimed it has been helpful. Inevitably such work only deals with a handful of women and is undertaken in isolation from other regime activities. **Abuse programmes for individual prisoners should be rooted in a wider training programme for all staff so that, at a**

minimum, no member of staff behaves in ways which are offensive or damaging to women who have suffered abuse.

11.29 Addressing issues around abuse is central to working on offending behaviour with many women prisoners. This may be accomplished in group work in some cases, but often there is a need for individual work. In this sense the therapeutic approach appropriate for women may differ from that which has proved useful for male prisoners. We note that individual work with women prisoners goes on in some prisons, both formally, through prison psychologists, probation staff and outside agencies, and on an informal basis, through the interaction of Personal Officers or other staff including health care staff, and prisoners. The informal work depends on the awareness and skills of individual staff and the rapport achieved with individual prisoners. **This work is at the heart of what is best in women's prisons.** Unfortunately, it does not show up on regime monitoring and establishments receive little or no credit for it. **This suggests that there should be an amended format for monitoring service delivery at women's prisons to take account of the different nature of the work.**

11.30 There are risks attached to beginning the process of addressing serious emotional needs in prison. Custody is not an ideal setting for therapeutic work. Women exhibiting severe emotional stress may have underlying problems requiring long-term, even life-long, help. To start on this process in prison without any realistic expectation of continuing care is like opening Pandora's Box. However, these needs cannot be ignored. **When women prisoners express emotional need and ask for help they must at least receive care and support.** Moreover, the staff who provide these services must in turn receive support. The importance of liaison between prison staff and other agencies to ensure effective and relevant support to women (throughcare) cannot be emphasised too strongly.

11.31 The support system underpinning this kind of work is not an optional extra. Staff need to talk through their experiences of this work as well as debriefing after crises. We spoke with staff at women's prisons who described continually having to face these problems without proper mechanisms to deal with the stress of the work. Anecdotal evidence confirms our impression that the high rates of staff sickness, particularly at the local women's prisons, are related in part at least to the stressful nature of the work. It is paradoxical that staff who are working on treatment programmes with male sex offenders are recognised as requiring built in counselling and support, whereas staff who deal with the female victims of male sexual abuse are not.

Tackling substance misuse

11.32 The Prison Service receives into custody a significant number of women who are regular substance abusers. In addition, a significant minority of women prisoners are serving sentences for drug importation: this group show a substantially lower level of substance abuse than other women prisoners. If this group is excluded, research (Maden et al 1994) suggests that over one in four women have been dependent on drugs in the six months before arrest. This is more than twice the rate for adult male prisoners. A separate study of remand prisoners (Maden et, 1995) suggests that 11.4% of women prisoners meet the criteria for drug dependency and nearly one in five meet the criteria for multiple dependency. The same study suggests that 8.5% of women prisoners can be diagnosed as harmful or dependent users of alcohol.

11.33 Generally, the literature on women prisoners' drug taking behaviour suggests that opiate and poly drug abuse is more common among women than men. Some workers have suggested that because drugs are easier to smuggle into prison than alcohol it is to be expected that those who abuse alcohol in the general community will turn to drugs whilst in custody. In addition, research (Turnball et al 1994) indicates that some 16% of women who were intravenous drug users prior to custody were HIV positive; this is twice the rate for injectors in the male prisoner populations.

11.34 There are general indications that women drug abusers use drugs for different reasons than men; for example women drug abusers are more likely to have family related and financial problems and lower self esteem and self image (Floweres 1995). It is suggested that many women use drugs with

the intention of "numbing out" rather than for pleasure. Those who abuse drugs often report histories of sexual or physical abuse; research indicates that some three quarters of women who report significantly misusing drugs, also indicate that they were sexually abused before the age of 16. Spousal violence by men is a strong predictor of women's excessive alcohol consumption (Miller et al 1989) and is thought to be used as a coping mechanism.

11.35 Observing abuse and being subject to it are strong predictors of subsequent substance abuse. Other factors common to the majority of women substance abuse offenders include the accumulation of problems such as unemployment, homelessness and health problems. Many have low self-esteem and lack educational or vocational skills. Many are single parents who lack the skills necessary to manage family life and have great feelings of loss about being separated from their children.

11.36 A small number of serious assaults were reportedly carried out by women on other women prisoners searching for drugs that had been internally concealed. Many women and staff noted that the drug dealing habits of women are different from those of men in prison. It was suggested that women's dealing is less organised and often based on sharing among acquaintances rather than on profit and intimidation.

11.37 Women offenders with substance abuse problems have complex needs which are arguably very different from the needs of adult male offenders. The Prison Service does not, however, have a separate strategy for male and female offenders **although we are pleased to note that at all levels throughout the Service there is an increasing awareness that women substance abusers' needs are different.**

11.38 The development of a separate strategy is greatly hindered by the current management structure. While some senior staff at Prison Service Headquarters are aware of the desirability of a separate strategy, the geographically-based management structure tends to focus on generic rather than specialised drug treatment programmes. Given the size of the female estate, a coherent approach to drug treatment could be adopted for all women's prisons; instead, each women's prison is, by and large, functioning on its own.

11.39 The Prison Service drug misuse strategy focuses on three areas; reducing the supply, reducing the demand and rehabilitating drug misusers with measures to prevent the damage arising from the misuse of drugs.

11.40 All women's establishments are undertaking mandatory drug testing. However, in shared establishments (such as Risley, Durham and Winchester) the population list which staff use to identify the 10% of the population to be tested every month cannot separately identify male and female prisoners. In consequence, it cannot be guaranteed that 10% of women will be tested every month. In establishments with a large turnover of women, nowhere near 10% of the population are being tested on a monthly basis, although in most establishments 10% (if viewed as a static figure) are being tested.

11.41 The number of positive tests vary widely across establishments: small units holding women serving long sentences rarely have positive tests. There is serious concern in a number of establishments about the possibility of women drug abusers switching their drug abusing behaviour from cannabis to opiates. **We are pleased that the Prison Service is treating these claims seriously and has commissioned research to ascertain the true picture. Programmes need focus on multiple high risk behaviour, including health risks for the women themselves and their unborn children.**

11.42 Many of the women we spoke to complained, not of being tested, but of having to provide a sample of urine while being observed by a Prison Officer. In one case this was felt to be comparable to and bring back memories of previous sexual assault. There should be guidelines to establish the least inhumane way of undertaking testing.

11.43 More treatment resources are spent per prisoner on women than on male prisoners. However, these figures disguise a wide variation among different women's establishments. At Holloway over £500,000 per annum is centrally allocated to a 33 bed detoxification unit and a 33 bed short term rehabilitation unit co-run by the Cranstoun Project and Holloway staff; we estimate that this is over 80% of the total figure allocated centrally for drug interventions with women prisoners in England and Wales.

11.44 The expenditure at Holloway does not appear to form part of a national strategy for women. At Styal, a full time drugs worker is employed and the staff have carried out a needs analysis of the drugs problem. There is limited provision at other establishments; for example at Risley one drugs counsellor is attempting to work with a population which is estimated to contain some 90% of women with serious substance abuse problems. There is no provision in some establishments. For example, Bullwood Hall, which takes many women from Holloway, has no central funding for treatment or counselling. At Drake Hall, in population terms the second largest women's prison, central funding for drug treatment is only £1500 per annum and this is due to cease at the end of 1996/97.

11.45 The detoxification programme at Holloway appears to be well designed but at Risley, despite the large numbers of known opiate users, there is no methadone programme. There is an absence of an **overall detoxification strategy implemented systematically and consistently across the female estate: such a strategy should be developed, resourced and delivered.**

11.46 **A number of "drug free" units have been set up, notably at Styal.** All the drug free units, with the exception of Holloway, are based on a sanctuary model and are designed to help women stay clear of the establishment's drug culture. Little, if any, help is provided in these units for women with drug dependency problems. At Styal a programme of voluntary testing is, in theory, operating, but few tests are being conducted. Less stringent testing procedures should be introduced giving immediate results, which can later be confirmed by more sophisticated methods if the findings are challenged.

11.47 It is not that Holloway is receiving too much funding but rather that **there is a lack of centrally co-ordinated drugs policy for women offenders so that the provision of counselling and treatment in most establishments falls well below what is necessary.** A number of establishments run local drug awareness courses, but none is systematically evaluated and it is therefore impossible to comment on the effectiveness of what is on offer. **An exception to this is the drug group programme run at Styal which is based on sound theory and is being evaluated All the programmes paid for centrally include independent evaluation.**

11.48 Many staff and senior managers recognise not only the scale of the substance abuse problem but also the complex reasons why women offenders take drugs. There are compelling reasons to suggest that the "profiles of those presenting to drug and alcohol services are no longer widely different" (Abel and McBride 1991) and that drug treatment should include those with alcohol problems.

11.49 **There should be a central strategy for women substance abusers covering the entire female estate. Such a strategy should recognise the complex reasons why women offenders misuse substances and provide appropriate treatment. These should include links with drug treatment programmes in the community to ensure continuity of care after release and to incorporate the evolving expertise of those engaged in this work.**

Pre-release courses

11.50 A number of establishments are running pre-release courses. All are based on pre-release courses devised for male offenders. Though issues relevant to women are introduced in some of the courses, the main focus is the traditional communications package with additional information that might help women on release. Again, much of this work is undertaken by committed staff, but there is no systematic evaluation of the work and little research into its relevance. **The content of pre-release courses for women should be re-appraised.**

11.51 Research suggests that many women in prison need education in life skills, self management skills and in independent living. Such education and training should focus on practical matters like budgeting, gaining access to health professionals, how to use community facilities, nutrition, child care and housing. In short, pre-release training and education should be aimed at teaching women independence and coping skills. Such education and training should take place throughout a woman's sentence and, whenever possible, towards the end of the period in custody she should be encouraged and helped to make contact with organisations and agencies in the community which can provide support on release.

An American example

11.52 At Shakopee community based prison in Minnesota (see Chapter Three) there is significant focus on addressing offending behaviour (participation in programmes is not optional) and on activities. The aim is to create a proper working environment by integrating the provision of all services and to change prisoners' behaviours to minimise the risks of re-offending.

11.53 The "half-way" house in Minneapolis/St Paul where prisoners who have between 10 and 2 months left of their sentence to serve may go, has eight full time staff, including the Director, and a Residents' Council including the Director, two members of staff and three residents. The building was originally acquired for this use by a private foundation; the prison and the probation service are charged on a per diem basis of approximately \$55 (May 1996).

11.54 Staff work closely with the Child Protection Agencies; continuous supervision in the hostel means that the child:parent relationship can be constantly monitored. Attendance is compulsory at a series of Offending Behaviour programmes, including a Dependency Relapse Programme for those who have already taken part in the Chemical Dependency programme at the prison or with the Probation Service, managed by qualified case workers. There are also programmes to help women to survive in the community, addressing such issues as domestic violence, self motivation, personal protection and cultural awareness.

11.55 There is a conscious attempt to link offenders with other community resources so that they have a support network after discharge. Contact between women and their partners and the redevelopment of social networks is allowed, and based upon personal needs and the level of compliance achieved. Graduates of the institution are encouraged to return, to contribute to programmes under the supervision of the case managers.

11.56 There are structured links with other support programmes located in the residential area of St Paul from which many of the offenders originate; there has been a conscious focus by the organisers on a commitment to the community, which has resulted in the development of various support programmes, including mentoring using volunteers from the same socio-economic and ethnic backgrounds as individual clients. The process is carefully structured, recognising the legitimacy of the women's' needs to express their feelings about their lives and custodial experiences, and developing from that point to achieve re-integration into the community. The stress of staff is acknowledged, and there is considerable investment in team support. This example can provide valuable lessons for the United Kingdom's approach to offending behaviour throughcare for women prisoners.

CHAPTER TWELVE

RECOMMENDATIONS

Management of female prisons

12.01 A Director of Women's Prisons should be appointed to be responsible and be accountable to the Director General for the management of the female (3.50).

12.02 Low Newton needs more accommodation and resources, and to establish its own identity if it is to be the main local prison for women in the North East of England (3.05).

12.03 Risley should be replaced as the "local" prison for women in the North West of England (3.07).

12.04 A thorough needs analysis of the female prisoner population should be conducted so that relevant national policies can be formulated towards health, education, food, employment, physical education, contact with families, security, tackling offending behaviour, bullying, alcohol, childcare, counselling and resettlement (2.22, 3.49).

12.05 Any sharing arrangements with male prisoners should include the following safeguards:

- total physical separation
- a separate identity reinforced by distinct management and staffing teams
- separate costing arrangements and management accounting systems to attribute costs of shared services
- discrete objectives
- separate visiting facilities
- separate catering facilities
- separate health care
- separate education, employment and physical education facilities (3.12).

12.06 A greater proportion of women prisoners should be held without physical security restrictions as they do not represent a danger to the public, nor is there a high probability of them absconding (3.15).

12.07 Transitional prisons in urban centres should be developed to serve the resettlement needs of female prisoners (3.16, 3.24).

12.08 The Prison Service should examine the feasibility of small low security urban transitional prisons including the use of high rise accommodation (3.25).

Differences in regimes and privileges

12.09 There should be close co-ordination between prisons for women on privileges and incentives, including standard lists of the property women may retain (3.30, 3.31).

Age mixing

12.10 Greater care should be taken when accommodating juveniles and young offenders with adult prisoners (3.34).

Juveniles and young offenders

12.11 Prison establishments should not be used to hold juveniles (3.35)

12.12 Young offenders should not be held at Durham prison (3.39)

Child protection

12.13 All establishments holding juveniles and babies should have systematic child protection procedures (3.43).

Staff: prisoner ratios

12.14 The factors which lead to differences in staffing provision in prisons of apparently similar types should be identified (4.06).

Selection and training of staff

12.15 The Prison Service should analyse the difference in demands on all staff managing female prisoners and specify the knowledge, skills, mix of experience and attitudes required and devise a selection method for staff for work with women (4.08, 4.09).

12.16 A training needs analysis should be undertaken to ascertain when staff should receive specific training in working with women, what training would be appropriate and at what grades (4.10).

Staff training

12.17 More female managers should be selected, trained and appointed and more senior managers should be trained in the needs of women prisoners (4.13).

12.18 All staff should receive far more training and support in working with women offenders: male staff need additional preparation (4.14).

Contingency staffing

12.19 More realistic systems should be developed for short-term staff coverage which take account of likely absences and limited duties during pregnancy and in the post-natal period (4.18).

Security

12.20 A further high security unit of accommodation for women should be provided in the South of England (5.03).

12.21 The security and control of women prisoners who are not assessed as high risk should be based on procedural measures (5.06).

12.22 The proposals being considered by the Prison Service for multi-purpose variable security sites are strongly supported (5.08).

Allocation

12.23 Further research should be carried out to establish criteria which should inform allocation decisions when transferring women from local prisons and remand centres to training prisons (5.15).

12.24 The principal determinants of allocation should include:

- health care needs including drug abuse treatment
- distance from home
- facilities for those with children
- work and education
- access to counselling (5.16).

12.25 The allocation criteria for female establishments should be set out in a reference document (5.17).

12.26 In order to alleviate the effects of dislocation, the feasibility of establishing accommodation for very short sentence prisoners in urban centres should be explored (5.18).

Escorts

12.27 Individual women prisoners should be escorted in discrete vehicles if there is reasonable doubt about their capacity to cope (5.20).

Handcuffing

12.28 Women admitted to NHS hospitals to give birth should never be handcuffed (5.23).

12.29 Handcuffing should not be used regularly for women prisoners and the decision to use it in exceptional cases should be well supported by documentary evidence. The physical restraints used on female prisoners while under escort outside establishments should be restricted (5.24).

Searching

12.30 The Prison Service should investigate what reliable electro mechanical devices (particularly for drugs detection) are available to assist with searching (5.26).

12.31 All staff required to search women prisoners should receive special training so that they are aware of the sensitive issues involved, and so that the approach to and communication with individuals being searched is appropriate (5.27).

12.32 Staff undertaking strip-searching prisoners should assume that any individual might have a history of being abused (5.28).

12.33 Strip searches should never be used as an instrument of control or for the intimidation of prisoners (5.29).

12.34 The decision to strip search a woman prisoner in closed conditions should be authorised before the event by an Officer not below the rank of a Governor 4 and the detailed reasons justifying the decision should in normal circumstances be recorded before the search takes place. The Governor should personally monitor the systems of strip searching carried out in his/her prison to ensure that these principles are followed in all cases (5.29).

12.35 The skills required to undertake strip searching sensitively should be identified and staff trained in them (5.30).

12.36 Senior managers should monitor the performance of their staff closely and should be accountable for it (5.30).

12.37 Women's prisons should provide a supply of disposable nappies in various sizes for use on visits. Visitors' own nappies and other Hems should be stored outside the visits area (5.32).

12.38 Women prisoners should be denied the opportunity to embrace their children and other visitors only for exceptional and well documented security reasons (5.35).

12.39 More resources in female establishments should be committed to collecting and analysing security information (5.36).

Control and restraint techniques

12.40 Only properly trained staff should use control and restraint techniques (5.40)

12.41 The documentation used by staff in female prisons or units to record the application of control and restraint techniques should be revised to show a "clothed" female figure (5.41).

12.42 A separate policy on property kept in possession should be devised, focusing on the distinct needs of women prisoners (5.46).

Reception

12.43 Organisation and support for the reception process in local prisons for women requires stronger management input (6.03).

12.44 The reception process in local prisons for women should distinguish from the point of entry onwards between the different status of prisoners (6.09, 6.12).

12.45 Selected prisoners should be trained and employed as assistants in reception and induction in local prisons: this work should be co-ordinated by a member of staff, recruited and trained for the specific purpose of working with reception staff to enhance the care of new receptions (6.15, 6.16, 6.42)

12.46 Detailed guidance on issues which are important to new receptions should be produced for staff (6.19).

12.47 Reception staff should be specially trained to be aware of and sensitive to abuse issues (6.20).

12.48 For reception screening, prisons should engage the services of doctors who are specifically trained to deal with abused women: whenever possible, they should be female (6.23).

12.49 All prisons for women should have a Listener scheme with women trained for the task. The scheme should be linked to the reception process (6.22, 7.34).

12.50 A free phonecard should be offered to women on reception and access provided to a cardphone (6.24).

12.51 Reading material and a radio in-cell should be available for women prisoners on their first night in prison (6.26).

12.52 A list of suitable translators should be available who should be trained in explaining rules and procedures to women who cannot understand English (6.28).

12.53 The reception process for women transferring from another prison should focus on her immediate needs arising from the transfer (6.30).

12.54 Key information should be repeated throughout the reception process in all prisons holding women (6.34).

12.55 Attention to women prisoners' outside needs and to care and support throughout reception should be formally recognised (6.35).

Induction

12.56 The induction programme for women prisoners should flow from the reception process and should have three main aims: information giving, assessment and providing assistance (6.38).

12.57 Written information describing the regime (particularly visiting times) should be provided for women prisoners in all establishments: opportunities should be provided for women to talk and ask questions about the establishment (6.39).

12.58 A core induction programme should be set up for all women's establishments (6.41).

Legal aid and bail services

12.59 Training prisons should ensure that there is provision for advice on legal issues not yet resolved (6.44).

12.60 All prisons receiving women from court should keep an up-to-date supply of materials on legal and bail issues translated into languages needed by the prisoner population (6.47).

12.61 All prisons receiving women from court should have a legal aid and bail office with telephones which can be used for legal calls and staff to assist women in contacting their solicitors (6.48).

12.62 Work on bail issues should be started as soon as possible (6.51).

12.63 Staff should be permanently or regularly assigned to bail work without diversion to other duties (6.53).

12.64 People working on bail matters should have regular contact (6.62)

Advice on accommodation

12.65 Accommodation issues should be raised with women prisoners within the first three days of custody (6.67).

12.66 The need for release to a different area should be identified as soon as possible (6.68).

12.67 The Prison Service should ask Local Authorities to designate liaison personnel and each prison should identify a member of staff to manage the provision of up-to-date information and advice (6.70).

Help with emotional problems

12.68 The Holloway counselling programme should be evaluated and, if successful, adopted in other prisons holding women on remand (6.72).

Safety and survival

12.69 Women should be expected to maintain high standards of cleanliness (7.04)

12.70 Staff should spend sufficient time with new prisoners and know how to use that time to best effect (7.06).

12.71 The needs of unconvicted women should be analysed and sufficient, suitable, well trained staff should be provided (7.07).

12.72 Staffing in local prisons should reflect the extra work and pressure (7.07).

12.73 Prisoners who are foreign nationals should not be excluded from open prisons (7.12).

12.74 All women's prisons should engage help from community groups and organisations with specific knowledge of the cultural needs of their women prisoners (7.16).

12.75 The Prison Service should set clear objectives for prisons holding unconvicted women, ensure resources are appropriate, provide leadership and training for staff at all levels, foster team work and ensure that staff are properly supported (7.18).

Bullying

12.76 A central policy should be set up specifically to tackle bullying in female establishments; it should include the sharing of good practice and suitable training courses for staff (7.25).

Self-harm

12.77 Staff should listen to women who self-harm, help the women's understanding of their motives and assist them to find other ways of coping (7.31).

2.78 All staff in female establishments should be trained in working with self-harm behaviour (7.31).

12.79 Professional support should be provided for staff whenever they are dealing with self-harm behaviour (7.31, 7.32).

Suicide prevention

12.80 Managers in women's prisons should give more emphasis to ensuring the suicide prevention system is used properly (7.33).

Bereavement counselling

12.81 Every establishment for women prisoners should have some provision for bereavement counselling (7.35).

Family contacts

12.82 Provision for women prisoners' contacts with family should proceed with a consideration of the interest of the child (8.03).

Telephones

12.83 There should be a sufficient number of card phones to provide for the size of the demand; they should be located in areas where privacy is possible and they should be switched on throughout the daytime and evening (8.04).

12.84 There should be no limit on the number of phonecards which prisoners may buy and they should be identifiable as the purchaser's property (8.04)

Visits

12.85 Prisons holding women should make special arrangements to cater for demand for booking visits, including dedicated telephone lines and staffing (8.10)

12.86 Transfers between establishments need to be managed so visitors can be notified in time. The prison should bear the cost of notification. (8.11).

12.87 Every prison holding women should have a Visitors' Centre (8.14).

12.88 Prisons which do not yet have a proper Visitors' Centre should make provision for visitors (8.15).

12.89 Protocols for staff dealing with visitors at prisons holding women should be developed with particular reference to behaviour as seen through the eyes of small children (8.16).

12.90 Family Contact Development Officers should be appointed in female prisons as a pilot exercise (8.17).

12.91 The criteria for eligibility for the temporary release of women prisoners should be reviewed (8.23).

12.92 Day visits should be introduced at all prisons holding women (8.25).

12.93 Consideration should be given to overnight visits by children (8.25).

12.94 Town visits with clear objectives should be part of a structured resettlement process for women who are an acceptable risk (8.26).

Health care

12.95 Imprisonment should be used to break into the cycle of poor health and risk-taking behaviour (9.04).

12.96 The Draft Strategy for Health should form the cornerstone of health care services for prisoners (9.05).

12.97 The Prison Service should examine the implications of and monitor carefully implementation of the commitment to providing equivalent care to the NHS both in terms of ensuring that care is provided by staff who are recognised by the NHS as properly qualified for the work they do, and ensuring the provision of adequate facilities matching NHS standards (9.05, 9.19).

12.98 The organisation of health services for women should be reviewed (9.06).

12.99 A professional Head of women's health should be appointed with responsibility for all prisons where women are held (9.06).

12.100 A Health Care Standard for women's health should be produced and incorporated in the Health Care Standards document (9.08).

12.101 A systematic approach to the development of health care services for women should be developed (9.09).

12.102 Health care screening on reception should be the subject of regular audit and the results of the audits assessed by the Prison Service so that there can be greater certainty that the process does identify the needs of women entering prison (9.13).

12.103 Well women clinics should be part of every prison's health promotion programme (9.15).

12.104 Constructive regimes based on women's identified needs should be established in all Health Care Centres of women's prisons (9.21).

12.105 Protocols specifying maximum delay times for prisoners to consult female doctors and nurses should be developed as soon as possible (9.24).

12.106 The Health Care Standards on mental health care should be implemented (9.25).

12.107 The Health Care Standard for the management of those who self-harm should be implemented (9.26).

- 12.108 There should be no unnecessary barriers to visiting by children (9.27).
- 12.109 A strategic solution within the female estate should be provided to help women prisoners with serious personality disorders (9.28).
- 12.110 The Prison Service should urgently evaluate the need for therapeutic programmes for women and make appropriate provision (9.29).
- 12.111 Full access to screening for breast and cervical cancers should be available by July 1988 (9.31).
- 12.112 A cancer patient's long-term care plan should be prepared by the NHS team in consultation with the clinical team in the prison (9.32).
- 12.113 The national Standard on women's health should include the treatment, care, support and counselling of women with cancer (9.32).
- 12.114 A cancer patient's broad care plan should be integrated with her sentence plan (9.33).
- 12.115 Contracts for a full maternity care service between the NHS provider and the prison should be comprehensive and should include monitoring of quality of care and services for women having abortions or after abortions and for women who miscarry their babies (9.38).
- 12.116 In view of the vulnerability of women in prison the Prison Service should advance the date to achieve the "Changing Childbirth" recommendations to December 1997 (9.39).
- 12.117 The maternity care contract for pregnant women in prison should form part of the local maternity contract agreed between the local district Health Authority and the NHS Trust responsible for providing maternity care in the locality (9.40).
- 12.118 A strategic plan should be prepared for mothers and babies in prison, incorporating plans to implement the outstanding recommendations from the Social Services Inspectorate inspections of Mother and Baby Units (9.47).

Food

- 12.119 Separate kitchen and catering arrangements for women should be established in shared prisons (9.52).
- 12.120 Except in special circumstances, all women should be given the opportunity of taking their meals in association with other prisoners (9.53).

Physical exercise and education

- 12.121 PE staff should be made available to supervise activities in the evenings and at weekends in all women's establishments (9.58).

Regime

- 12.122 Normally, sentenced women should be required to work as full a day as possible and there should be suitable work activities available (10.02).
- 12.123 More vocational training courses in manual skills should be provided (10.06).
- 12.124 The educational and vocational needs of women prisoners should be assessed and a policy identifying the role of education services developed (10.07).

12.125 The budgets for education in women's prisons should be based on assessment of needs and priorities (10.07).

12.126 There should be greater co-ordination and co-operation on educational matters by prisons holding women (10.07).

12.127 There should be more educational activities at weekends (10.09).

12.128 More use should be made of the skills of prisoners to teach other prisoners with the support of staff (10.09).

12.129 More art, drama and yoga should be provided in the education curriculum (10.09).

12.130 All staff in women's prisons, not just education specialists, should work together to encourage women to set and achieve educational targets (10.10).

12.132 Women prisoners should be encouraged to compile a folder of certificates and other evidence of experience and achievement (10.14).

12.131 All women's prisons should have sufficient, suitable training courses and employment places for sentenced women and the majority of remand prisoners (10.12).

12.133 Policies for employment should include: links with Job Centres; allowing women to go for interviews, training in writing CVs etc., advice on benefits and part-time working, childcare facilities, disclosure of offences, the work women should be trained for, and NVQs (10.15).

12.134 Opportunities should be made available by staff or women to help themselves in organising activities during their free time (10.16).

Sentence and custody planning

12.135 Sentence and custody planning should drive the regime (11.01).

12.136 The Prison Service sentence planning forms should be redesigned to reflect the needs of women offenders (11.02).

12.137 All sentence plans for women should contain relevant and challenging targets: where no targets are set, an adequate explanation should be given (11.03).

12.138 Custody plans should be developed for those on remand with the aims of:

- reducing stress
- helping maintain contacts in the community
- identifying and assisting in key areas such as childcare or substance abuse
- preparing for the possibility of being sentenced to a period in custody (11.04).

12.139 Staff in female establishments should be properly trained in sentence planning and sufficient resources provided to carry it out (11.06).

12.140 A detailed directory of programmes and courses run in prisons for women should be kept and circulated to women prisoners (11.08).

12.141 Life sentence prisoners should have a sentence plan (11.10).

12.142 A risk assessment model should be developed that takes fully into account the reasons behind the offences committed by women serving life sentences (11.12).

Personal Officers

12.143 Personal Officers should write sentence plans, chair review boards and be responsible for ongoing monitoring of achievements against targets (11.13).

Programmes

12.144 Programmes aimed at tackling offending behaviour should be part of a culture that recognises and deals with offending behaviour at all levels (11.14).

12.145 There should be a coherent, regime approach, supported by appropriate programmes, to deal with low self-esteem (11.17).

12.146 Programmes should be properly evaluated (11.19)

12.147 Staff commitment to programmes should be focused (11.21).

12.148 Prison Officers should be involved in managing groups (11.23).

12.149 Participation in programmes should be linked to the Incentives and Earned Privileges Scheme, when appropriate (11.24).

12.150 Every women's prison should have a psychology team to inform and take part in offending behaviour programmes (11.26).

12.151 Abuse programmes for individual prisoners should be rooted in a wider training programme for all staff so that, at a minimum, no member of staff behaves in ways which are offensive or damaging to women who have suffered abuse (11.28).

12.152 An amended format for monitoring service delivery at women's prisons should be set up to take account of the different nature of the work (11.29).

12.153 Prisoners with emotional needs should be helped and staff adequately supported (11.30).

Tackling substance misuse

12.154 Drug education programmes should focus on multiple high risk behaviour, including, risks for the women themselves and their unborn children (11.41).

12.155 A consistent detoxification strategy should be implemented systematically across the female estate (11.45).

12.156 Less stringent testing for drugs should be introduced (11.46).

12.157 There should be a central strategy for women substance misusers (11.49)

12.158 There should be a much greater co-ordination of a drugs treatment policy for women offenders so that the provision of counselling and treatment meets the needs of establishments (11.47).

Pre-release courses

12.159 The whole approach to pre-release courses for women should be reappraisal (11.50).

The Criminal Justice Consultative Council

12.160 The Criminal Justice Consultative Council should be asked to consider the issues of juveniles and babies in prison, short remands financial provision to enable children to visit their mothers in prison and the funding of bail services (3.38, 6.57, 6.59, 8.13).

POPULATION DATA

"Snapshots" of the entire female prisoner population in the 15 establishments serving England and Wales were taken on October 12 1996 and December 6 1996. The total number of prisoners held on these dates were 2308 and 2444 respectively.

The distribution of age across the population was identical on both dates and is shown in Figure 1. There were 391 and 433 young offenders held on the two dates, with the majority of these being between 18 and 21 years old. The largest age category was 26-30 years.

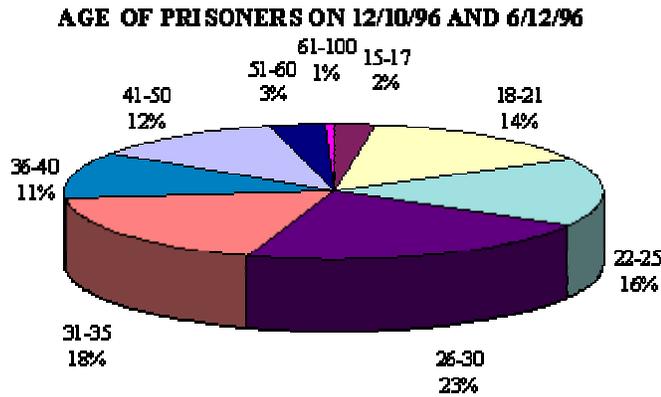
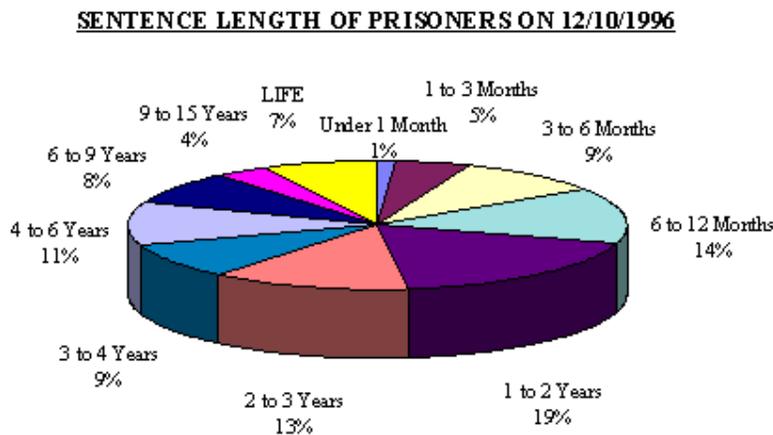


Figure 1.

On October 12 1996, 1732 women were sentenced and 576 were unsentenced. On December 6 1996, these figures were 1799 and 645 respectively.

Figure 2. shows the length of sentence. The most common category of sentence length for both dates is between 1 and 2 years with 19-20% of the women having been sentenced to this category.



SENTENCE LENGTH OF PRISONERS ON 6/12/1996

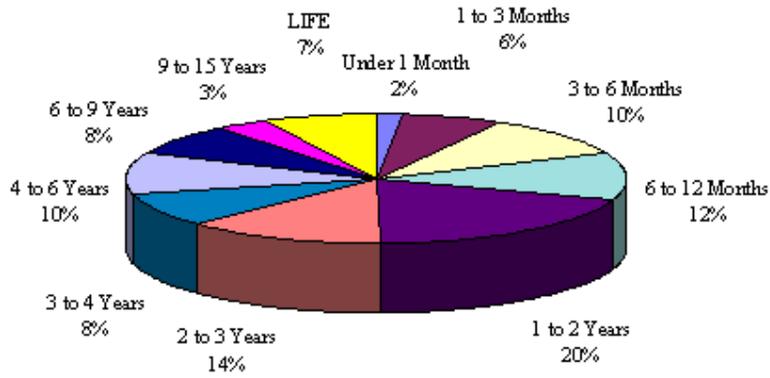
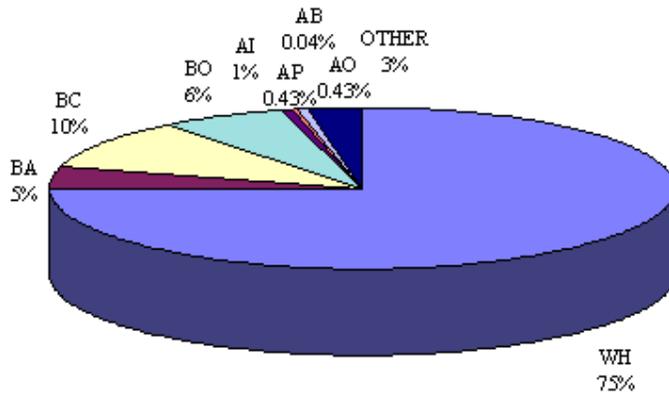


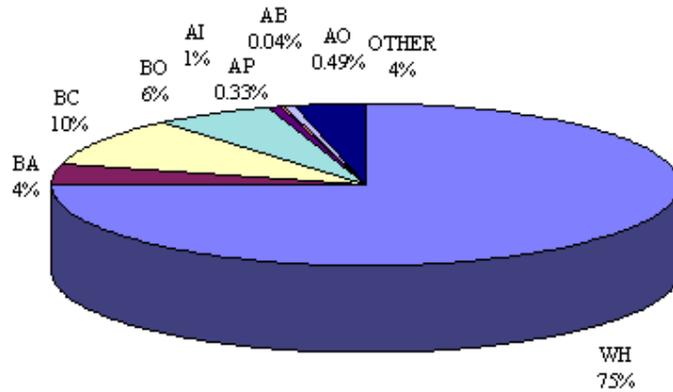
Figure 2.

On both dates 7% of women had been sentenced to life imprisonment. The ethnic origin of all of the female prison population on the two dates can be seen in Figure 3. below. There is little deviation in distribution between the two dates.

ETHNIC ORIGIN OF PRISONERS ON 12/10/1996



ETHNIC ORIGIN OF PRISONERS ON 6/12/1996



Key

- WH -white
- BA -black African
- BC -black Caribbean
- BO -black other
- AI -Asian Indian
- AP -Asian Pakistani
- AB -Asian Bangladeshi
- AO -Asian other

Figure 3.

Table 1. shows the number of women on each date by main offence category (charged or convicted). See below for a list of the specific offences contained in each category.

OFFENCE	NO. OF PRISONERS ON 12/10/1996	NO. OF PRISONERS ON 6/12/1996
1.Murder/manslaughter	216	214
2.Other violence	249	274
3.Child cruelty	10	17
4.Arson	64	66
5.Drug offences	309	328
6.Sexual offences	14	15
7.Fraud and Deception	122	142

8.Robbery	179	171
9.Theft	346	384
10.Burglary	91	94
11.Breach of order	17	16
12.Criminal damage	26	22
13.Drug importation	330	326
14.Vehicle and motoring offences	35	42
15.Handling or receiving stolen goods	66	59
16.Illegal Immigrant	18	26
17.Other	85	94
18. Not known	131	154
TOTAL	2308	2444

Included in category:

1. Murder, manslaughter, attempted murder, conspiracy to murder
2. Abduction, actual bodily harm (ABH), affray, assaulting a police constable, assault with intent to cause ABH, assault with intent to cause grievous bodily harm (GBH), false imprisonment, grievous bodily harm, kidnap, poisoning, possession of a firearm with intent, possession of an offensive weapon, threats to kill, violent and disorderly behaviour, wounding, wounding with intent and other violent offences
5. Conspiracy to supply drugs, possession of drugs, possession with intent to supply, supplying drugs and other drug related offences
6. Incest, indecent assault of a child, rape and other sexual offences
7. Attempted deception, deception, forgery and fraud
8. Assault with intent to rob, attempted robbery, conspiracy to rob and robbery
9. Attempted theft, conspiracy to theft and theft
10. Burglary, burglary of a dwelling and conspiracy to burgle
11. Breach of community service order, breach of probation order, breach of supervision order and breach of bail
12. Criminal damage and attempted criminal damage

13. Customs evasion (drugs) and drug importation

14. Driving whilst disqualified, drunk driving, death by reckless driving, taking and driving away, reckless driving, road traffic offence and other driving offences

18. Assisting an illegal immigrant, attempting to pervert the course of justice, blackmail, bomb hoax, customs and excise evasion (and others), contempt, escape, explosion, failure to surrender, keeping a brothel, loitering, malicious damage, procurement, prostitution, and other crimes.

Table 2. Home Areas

Area	Percentage population in catchment area
London	28.01
Manchester	11.68
Birmingham	11.38
Leeds	11.19
Essex	8.49
Liverpool	6.06
Bristol	4.93
South Wales	3.06
Newcastle	2.88

INTERVIEW SCHEDULE

INTRODUCTION

"My name is Susan Davies. I'll just explain a little bit about what this is about. I am from the Inspectorate of prisons which is not part of the prison service. We are taking a close look at female prisons from every angle in order to make some suggestions for improvement. We think it is important to get the point of view of the women who live in them so we are interviewing as many people as possible. Anything that you would like to talk to me about will be completely anonymous as I won't be taking your name however if you find any part of the interview upsetting please do not feel you have to answer. We just want to get an idea of your views and experiences.

STATUS

- 1) Are you remand or sentenced?
- 2) If remand, are you convicted or unconvicted?
- 3) How long have you been on remand?
- 4) How long have you been here sentenced?

CHILDREN AND FAMILY

- 5) How many children do you have?
- 6) What ages are they?
- 7) Who is looking after them?
- 8) Is this temporary or permanent?
- 9) What worries you most about your family situation?

DISTANCE FROM HOME

- 10) Where is your home?

CHILDHOOD HISTORY

- 11) Have you ever been in care?
- 12) What was school like?

PRIOR TO IMPRISONMENT

13) Where have you been living e.g. Rented, owned, hostel...?

14) Were you employed before imprisonment?

15) If not how did you survive?

16) Are you in debt?

CRIMINAL HISTORY

17) Do you have any previous convictions, if so, how many?

18) What were they?

19) You don't have to tell me your offence but what circumstances led to you being imprisoned?

20) Have you been to prison before, if so, how many times?

HELP TO CHANGE

21) What , if anything, would you need to keep you out of trouble?

22) What aspects of you do you think have improved due to being in prison?

23) What aspects of you do you think have deteriorated due to being in prison?

24) Has anyone helped you with anything e.g. looking at how you got into prison?

BULLYING

25) How safe do you feel from injury or bullying from other prisoners?

26) Have you come into contact with bullying in prison?

27) Did this involve being bullied yourself?

28) Did this involve you bullying others?

DRUGS AND ALCOHOL

29) Have you ever used drugs or alcohol?

30) If so, what did you use, by what method and how often?

31) If applicable, in what form is any help you are receiving?

STAFF

32) What is the staff / prisoner relationship like here?

33) Do you have a personal officer?

34) How do you get on with your personal officer?

"The next set of questions are of a more private nature. Please do not feel you have to answer any questions if they make you feel too uncomfortable and do remember that we will not be using your name. We are trying to find out whether the prison service is doing enough for women's needs so by offering some intimate information you may have a positive effect for yourself and others in the long run."

ABUSE

35) Have you ever experienced any kind of abuse?

36) What kind of abuse was this?

37) At what point in your life was this?

38) Who was it at the hands of?

SUICIDE AND SELF HARM

39) Have you ever attempted suicide?

40) What led you to do so?

41) Have you ever self harmed?

42) What led you to do so?

SENTENCE PLANNING

43) What have you experienced in the way of sentence planning?

OTHER

44) Is there anything else you would like to say that hasn't been covered during our discussion?

THE WOMEN AND THEIR NEEDS

INTRODUCTION

Part of the Prison Service's duty is to identify and address the different and changing needs of its prisoners. It is well recognised that women prisoners' needs differ in many ways to those of males (Wilmott, 1996). This research focuses on determining what women across the whole estate serving England and Wales perceived as their needs as well as gaining their opinion of prison and, an understanding of their life experiences leading up to and including their imprisonment.

RESEARCH METHODS

The data was collected between September 17 1996 and December 11 1996 from women in all 15 establishments currently holding female prisoners, including the recently converted HMP Highpoint. A snapshot was taken of the whole female prisoner population on two different dates (October 12 1996 and December 6 1996) by status, age, ethnic origin, offence category and sentence length. The complete data from the snapshots can be seen in Appendix 1.

Interviews were held with approximately 10% of the female prisoner population in each prison. The sample was taken randomly by approaching every tenth woman from that morning's alpha list. In all contact was made with 234 women and each was interviewed alone for between 15 minutes and one hour (see Appendix 2 for the interview schedule).

INTERVIEW DATA SUMMARY

Characteristics of the women

Of the sample of 234 women, over three quarters were sentenced (77%) and had been at the establishment for between 1 week and six and a half years (an average time of nearly five months). 14% were unconvicted with the rest (9%) being convicted and awaiting sentence. The remanded unconvicted women reported having been in their current establishment for between 1 day and 12 months and the unsentenced women had been there for between 1 week and 19 months.

The ages of the women ranged from 15 - 58 years with the average age being 31 and the most common age (mode) being 20. Overall, 37 young offenders (16% of the sample) were interviewed with the majority of these being 18-21 years of age.

The National Prison Survey (1991) found that 47% of women were mothers and the Prison Reform Trust (PRT, 1996) found it was 61%. Our research found that figure to be further increased with two thirds of the women being mothers of an average of approximately 3 children. 55% of all women had at least one child under sixteen years of age (83% of those with children). Over a third of the mothers had one child or more under 5 years old. 43% had children between 5 and 10 years, 42% had children between 11 and 15 years and 42% had children 16 years and over. 4% of the women had a child of up to 18 months old in the prison with them.

For all those women with children only one quarter had children staying with their own father and/or the current partner or spouse compared with 92% of males (Dodd and Hunter, 1992). The Prison Reform Trust found this figure to be slightly higher at 28%. The majority of women had children staying with their own mother (27%) and/or other family and friends (29%). Over one in ten had one or more children in care and/or fostered/adopted out reflecting the findings of the 1991 National Prison Survey (12%).

Almost a third of those with non-independent children said that the present caring arrangement for their children was permanent or extremely likely to become so.

Over 70% of the women had rented accommodation immediately prior to imprisonment with almost half of these specifying council or housing association accommodation. One in ten of those renting specified private accommodation. Of the 30% not previously renting almost half had been, or were still, home owners. Posen (1988) found that 12% of women in prison had no formal abode on entry to prison, our research found that it was slightly less at nearly one in ten. Others interviewed had previously lived with family and friends. One woman had actually come from a home for the mentally ill and another had been living in a children's home prior to imprisonment.

Information about the ethnic origin of all female prisoners was gathered as part of the snapshot. The percentages are identical to those published by the Penal Affairs Consortium in March 1996. 75% of all women prisoners were White, 21% Black, 1% Asian and 3% Chinese or 'other'. Almost one in ten of the sample interviewed were Foreign Nationals due to be deported back to mainly Nigeria, Jamaica and South America on release. This figure is less than is claimed in the official Prison Service's Regimes for Women which states 13% of women in prison are foreign nationals. Foreign Prisoners Welfare Project and Hibiscus (1996) say that the figure is higher at 30%.

70% of the women claimed to have had no previous employment prior to imprisonment. This figure is only slightly higher than the two thirds found by Posen (1988). A study commissioned by the Home Office in 1995 by Morris et al found that 60% of its sample had been living solely on benefits prior to imprisonment. This research found that only a quarter of the women had been surviving on benefits alone. 20% had supplemented their benefits with criminal activity, others had performed casual work whilst claiming (6%) or received help from friends, partners and family. Over one in ten women reported that they had survived from crime alone while others completely relied on parents, family and partners. A small percentage of women (3%) had turned to prostitution to make ends meet. Some have argued that women's crime is linked to debt problems (Wilkinson 1988). Nearly a third of the women professed to being in debt which seems too low a figure given the above findings and previous research, which has found the figure to be over 50% (Holloway Survey, 1994).

A staggering 71% of the women reported to have never received a prison sentence before which reinforces the Prison Reform Trust's (PRT, 1993) finding that over 70% of women on remand had not previously served a prison sentence. It is known that women tend to have less serious criminal records than men. The Penal affairs consortium (1996) stated that in 1994 20% of women in prison had no previous convictions. In fact nearly half of the women we interviewed claimed to have no previous convictions. Others had anything from one to one hundred or even 'too many to mention'.

The PRT says that the pattern of female offending has not altered significantly. In 1993 only 20% of women prisoners were in custody for offences or alleged offences of violence against the person. The majority were in for theft and other property offences. Our snapshot data shows that indeed 20% were facing trial for, or convicted of, violent offences and that the figure for theft and other property offences is significantly higher at approximately 28%. Also the most common previous conviction reported by the women was shoplifting or theft with over half (56%) of those women with convictions mentioning it. Other common ones were deception (19%), assault (15%), drug offences (14%) and fraud (13%). The snapshot by offence category did not identify fine defaulters although PRT (1996) claims that "every week around 5 or 6 women come into Holloway for non-payment of television licence..and one woman in twenty in Holloway is a fine defaulter".

LIFE EXPERIENCES

Over a third of all the women reported to have had a bad school life. Over a fifth had experienced time in local authority care. A 1993/1994 Holloway survey found this to be higher with a quarter having spent

some time in care. The 1991 National Prison Survey found that 38% of women had been in local authority care compared with the general population which was 2%.

Nearly half of all the women reported that they had been abused, almost one third sexually. This finding is in keeping with previous British and American research findings (Morris et al 1995; American Correctional Association, 1996) although some estimate it to be as much as 80%. One third reported physical abuse although this figure could be higher as it became apparent during interviews that many women did not class some considerably violent acts as abuse. Other research has found the figure for physical abuse to be nearer 50% (Posen, 1988; Morris et al, 1995). 6% of the sample had suffered mental cruelty. 21% of all the women had experienced two or three of the identified types of abuse. Of those that had been abused 40% had been children at the time, over a third had been adults (38%) and almost a quarter (22%) had suffered in childhood and adulthood. In most cases the abuser was male, a parent, family member, partner, acquaintance and/or stranger. However one in ten women mentioned that a female was responsible for, or involved in, the abuse.

Morris et al (1995) found that 75% of their sample had used drugs or alcohol prior to imprisonment. We found this figure to be lower with over two thirds of all the women reporting to having used drugs and/or alcohol during their lives. However a third of these asserted that this was limited to experimental, recreational or occasional use. Nearly 40% had misused one drug and over a quarter had been poly-drug misusers. Generally, in the literature, opiates predominate and usually account for the higher drug dependence in women (Maden, 1996). Indeed of those that reported heavy use or an addiction over half had used heroin with almost 20% of the opiate users admitting to injecting. Over a quarter had used cocaine and /or crack and nearly 20% used amphetamine with almost one in ten of these admitting to injecting. Over a quarter had used cannabis and 16% had or did have an alcohol problem. The figure for alcohol seems low compared to previous research which has found alcohol addiction in a quarter of imprisoned women (Morris et al 1995). One in ten had been addicted to 'tablets' e.g. tamazepan, valium etc. Smaller numbers had used ecstasy, LSD, sniffed gas or glue or simply 'used anything'. Almost a quarter of these women admitted that they were still using or would if they could get hold of anything in prison and on release.

There are higher rates of self injury and mutilation among the female offender population (Lloyd, 1990). The Holloway Survey 1993/1994 found that a quarter of the women had attempted suicide and/or harmed themselves. Gunn et al (1991) found that almost a third of women reported deliberate self harm. Our figure is far higher than this with over 40% of the women reporting that they had harmed themselves intentionally and/or attempted suicide. When asked what had led them to do so answers ranged from the abuse suffered to their arrest and/or trial, prison, depression, stress, attention seeking and crying out for help, family and relationship problems and being bullied.

When asked what they thought had led them to be imprisoned many and varied answers were given. The majority (30%) said it had been their involvement with drugs, 18% felt it was a need for money and/or being in debt, 16% said that a relationship with a criminal and/or violent person had led to their imprisonment and almost one in ten felt it was their association voluntarily or otherwise with the criminal element. These figures are considerably lower than those found by the National Prison Survey (1991). 62% of the women in their sample said 'having no money', 57% said 'mixing with the wrong crowd' and 41% said 'drink and/ or drugs' had led them into trouble.

ISSUES IN PRISON

The women were asked what worried them most concerning family matters. The majority, almost a quarter, felt that the lack of contact with children and other family members was their greatest concern. The Community Prisons Working Group (1994) questioned women about prison preferences and found that the strongest was for a prison to be close to home. Secondly, 15% said they worried predominantly about the well being of family members and 13% said that the health of relatives was a concern. Other answers were the effect that being in prison would have on those close to them (12%), the possibility of

losing the children, financial issues, not being involved in decision making regarding the children etc. and homelessness.

Over 70% of those interviewed reported that they had come into contact with bullying whilst in prison. Nearly 30% of these had been bullied themselves however only 4% admitted to ever bullying anyone else. When asked whether they felt safe from bullying in prison a surprising 87% said that they did. However this figure is only slightly higher than the 82% found by the National Prison Survey (1991).

An important part of the process of identifying needs and subsequent referral, is sentence planning. Over 60% of the women had never experienced sentence planning in all the time they had been in prison (it should be noted, however, that many women interviewed were on remand and/or had never been to prison before). Another important tool for identifying women's needs is the role of the personal officer. Over half of the women reported that they did not know who their personal officer was, if they had one at all, or that they definitely knew they had not. Of the others almost 90% said their relationship with their personal officer was 'all right' to 'excellent'. It would seem then that many other women could benefit from an increased availability of personal officers.

The National Prison Survey (NPS, 1991) found that women identified treatment by officers as one of the most annoying aspects of prison life. 40% of our sample gave a mixed response when asked about the staff/prisoner relationship recognising that staff differed enormously as did the day to day atmosphere in the prison. Many others gave a generally positive response (38%) which mirrors the National Prison Survey's findings. 21% spoke negatively of staff (compared to 9% in NPS, 1991) and a small percentage felt that they could not comment (1%).

Nearly 40% of the women thought that prison had improved them in no way at all. Of the others over 20% said that prison had improved their drug/alcohol use and 15% said that their education had improved. Over one in ten felt that prison had given them a chance to think about their past, present and future life. More than one in ten claimed that prison had a positive effect on their criminality. Strength, confidence, appreciation, skills, patience and mood were also said to have improved.

When asked in what way they thought prison had had a negative effect on them, over 30% said that it had not. 13% of the others thought they had become more criminally wise since coming to prison and over one in ten claimed their health had deteriorated. Others felt that it had put a great strain on family ties, made them angry, bitter, depressed, frightened and increased their level of stress.

Over half of the women (55%) reported that they had received no help for anything in prison. Almost one in ten said they had received counselling and nearly one in ten had been assisted by probation. Others had spoken to officers, psychology, Women In Prison, medical staff, the chaplain and other inmates or attended offending behaviour, anger management or assertiveness courses. Three quarters of self confessed drug users reported that they had received no help other than maybe minor medication to successfully come off the drug(s). Only just over one in ten had received any sort of counselling. Others had attended drug awareness courses, seen a drugs worker or been helped by an officer.

Finally the women were asked what they thought would help them to not re-offend. As previously stated some advocate that women's crime is linked to debt (Wilkinson 1988). Also women will often be housed in hard to let areas which may hold little opportunity for a life away from the influence of crime (Carlen, 1987). It has also been shown that many women have drug problems and past traumas to overcome. The women's answers to this question perfectly reflect these issues. Although the majority said they would need nothing as re-offending would be highly unlikely, many others felt that other than happiness and stability in their relationships and life, their main wishes would be 1) a job and money, 2) a home, 3) counselling, help and support, 4) no drug/alcohol problem and 5) a new area.

Interview data

Table 1.

NUMBER OF YOUNG OFFENDERS	AGE
2	15
1	16
3	17
6	18
5	19
12	20
8	21
TOTAL 38	

Table 2.

NO. OF CHILDREN	NO. OF WOMEN WITH THAT NUMBER	% OF WOMEN WITH THAT NUMBER
0	80	34.2
1	50	21.4
2	38	16.2
3	18	7.7
4	22	9.4
5	16	6.8
6	4	1.7
7	4	1.7
9	1	0.4
14	1	0.4

Table 3.

AGES OF CHILDREN	NO. OF WOMEN WITH AT LEAST ONE CHILD IN THAT CATEGORY	% OF WOMEN WITH AT LEAST ONE CHILD IN THAT CATEGORY
Under 1 year- in prison	6	2.5
Under 1 year- out of prison	1	0.5
1+- in prison	2	1
1-4 years	52	22
5-10 years	66	28
11-15 years	65	28
16+ years	65	28

Table 4.

STAYING WITH	NO. OF WOMEN WITH AT LEAST ONE CHILD STAYING THERE	% OF MOTHERS WITH AT LEAST ONE CHILD STAYING THERE
Woman's Parents	4	2.6
Woman's Mother	41	17.5
Woman's Father	3	2.0
Other family	31	20.1
Children's Father	23	14.9
Woman's partner/spouse	16	10.4
Friends	11	7.1
Foster/Care/Adoption	17	11.0
Doing a prison sentence	2	1.3
Independent	21	13.6

Other	10	6.5
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Table 5.

LIVING ARRANGEMENTS PRIOR TO IMPRISONMENT	NO. OF WOMEN	% OF WOMEN
Rented- unspecified	49	29.5
Rented- council	72	30.8
Rented- housing association No formal abode	5	2.1
With parents	13	5.6
With Mother	7	3.0
With other family	2	0.9
With friends	5	2.1
Squatting	1	0.4
Hotel's/B&B's	1	0.4
Home for the mentally ill	1	0.4
Children's home	1	0.4
Nacro housing	1	0.4

Table 6.

	NO. OF WOMEN	% OF WOMEN
Unemployed prior to prison	163	70
Employed prior to prison	69	29
Student prior to prison	2	1

Table 7.

METHOD OF SURVIVAL PRIOR TO PRISON	NO. OF WOMEN	% OF WOMEN
Wages	59	25.2
Benefits	57	24.4
Benefits and casual work	15	6.4
Benefits and crime	47	20.1
Benefits and family	1	0.4
Benefits and friends	1	0.4
Benefits and partner	2	0.9
Benefits and prostitution	3	1.3
Crime	28	12
Family	2	0.9
A grant	3	1.3
Lived off immoral earnings	1	0.4
Parents/carer	4	1.7
Partner	7	3.0
Prostitution	4	1.7
Other	1	0.4

Table 8.

NO. OF PREVIOUS CONVICTIONS	NO. OF WOMEN	% OF WOMEN
None	107	45.7
1	21	9.0
2	16	6.8
3	5	2.1
4	7	1.7

5	11	4.7
6-10	23	9.8
11-20	19	8.1
21-50	13	5.6
51-100	9	3.9
100+	3	1.3

Table 9.

NO. OF PREVIOUS PRISON SENTENCES	NO. OF WOMEN	% OF WOMEN
None	166	70.9
1	33	14.1
2	16	6.8
3	6	2.6
4	3	1.3
5	4	1.7
5+	6	2.6

Table 10.

OFFENCE TYPE	NO OF WOMEN REPORTING AS PREVIOUS CONVICTION	AS A % OF WOMEN WITH PREVIOUS CONVICTIONS
Fraud	17	15.9
Theft	71	66.4
Arson	3	2.8
Affray	1	0.9
Assault	19	17.8

Criminal damage	3	2.8
Deception	24	22.4
Driving offences	8	7.5
Handling stolen goods	7	6.5
Offensive weapon	2	1.9
Burglary	10	9.3
Drug possession	11	10.3
Car theft	6	5.6
Offensive behaviour	1	0.9
Breach of the peace	2	1.9
ABH	2	1.9
Robbery	8	7.5
Drug Importation	2	1.9
Armed Robbery	1	0.9
Loitering	1	0.9
Obstruction	1	0.9
Possession of firearm	2	1.9
Prostitution	5	4.7
Receiving stolen goods	2	1.9
Concern and Supplying drugs	5	4.7
GBH	1	0.9
Non payment of TV licence	2	1.9
Wounding	3	2.8
Making nuisance calls	1	0.9
Violent disorderly	2	1.9
Drunk and disorderly	1	0.9

Other	4	3.7
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Table 11.

MAIN FAMILY WORRY	NO. OF WOMEN	% OF WOMEN	
Death of a family member	3	1.3	
Health of a family member	31	13.2	
Lack of contact/missing them	56	23.9	
The grandchildren	3	10	4.3
Have let them down	5	2.1	
Finances	10	4.3	
Helplessness	9	3.9	
Daughter's pregnancy	1	0.4	
Effect of prison on me	2	0.9	
Violent relationship	1	0.4	
Homelessness	7	3.0	
Distance	6	2.6	
Effect of sentence on them	28	11.0	
Well being of family members	35	14.0	
Not knowing how they are	4	1.7	
Them ending up the same	1	0.4	
Losing a partner	2	0.9	

Table 12.

ASPECTS THAT PRISON HAS	NO. OF WOMEN THAT SAW	NO. OF WOMEN THAT SAW A
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CHANGED	AN IMPROVEMENT	DETERIORATION
Nothing	90	75
Drink/drug problem	32	5
Education	22	0
Thought about past/present/future life	18	0
Criminality	15	20
Strength	15	2
Confidence	11	2
Take less for granted	9	0
Skills/vocation	9	0
Calmness	8	0
Tolerance/patience	8	0
Wisdom/insight	8	0
Ability to switch off/walk away	3	0
Come to terms with past events	1	0
Maturity	4	0
Naiveté/over caution	5	7
Ability to say 'No'	3	0
Positive thinking	1	5
Ability to assess others	2	0
Now like/found myself	7	0
Got me away from abusive partner	2	0
Perspective on life	7	5
Compassion	2	0
Family life	3	17

Attitude towards criminals	3	0
Health	6	18
Self respect/image/identity	3	2
Assertiveness	4	0
Depression	1	14
Hardness	0	5
Open-mindedness	3	0
Aggression/arrogance	5	11
Bitterness/resentment	0	17
Anger	0	15
Feeling of degradation	0	4
Helplessness	0	2
Sanity	0	2
Institutionalisation	0	2
Stress	0	7
Frustration	0	6
Fear	0	8
Inwardness	0	6
Paranoia	0	2
Coping	0	2
Anti authority	1	10
Attitude	0	2
Shame/guilt	0	4
Energy	0	2
Friends/company	1	6
Happiness	0	2

Loneliness	0	5
Violence	0	2
Boredom	0	5

Table 13.

WHAT CIRCUMSTANCES LED TO IMPRISONMENT	NO. OF WOMEN	% OF WOMEN
Relationship	17	7.3
Domestic violence/abuse	21	8.0
An accident	2	0.9
Addiction to crime	3	1.3
Alcohol/drugs	69	29.5
Anger/temper	5	2.1
Protest/politics/terrorism	4	1.7
Association	21	9.0
Death of a family member	5	2.1
Being in the wrong place at the wrong time	3	1.3
Provocation/self defence	4	1.7
A set up	5	2.1
A breakdown	2	0.9
A relationship breakdown	4	1.7
Circumstance	4	1.7
Past life events	3	1.3
Depression	4	1.7

Greed	6	2.6		
Ignorance	8	3.4		
Poor coping	2	0.9		
Homelessness	2	0.9	0.9	OT RE-OFFEND
A home	31	13.2		
A job	33	14.1		
Money	20	8.6		
A new area	12	5.1		
Counselling/help/support	27	11.5		
Stability	9	3.8		
Something to occupy	8	3.4		
Anger control	3	1.3		
No drug/alcohol problem	23	9.8		
Different friends	4	1.7		
Good relationship	4	1.7		
Education/training	4	1.7		
Getting children and family back	6	2.6		
Happiness	2	0.9		
De-institutionalisation	2	0.9		
Nothing	90	38.5		

Table 15.

HELP RECEIVED IN PRISON	NO. OF WOMEN	% OF WOMEN
Alcohol/drug course	17	7.3
Anger management course	5	2.1

Officers	17	7.3
Psychology	7	3.0
Assertiveness course	4	1.7
Counselling	21	9.0
Chaplain	4	1.7
Offending behaviour course	10	4.3
Probation	21	9.0
Education	3	1.3
Inmates	6	2.6
Medical staff	3	1.3
Women in Prison	7	3.0
None	128	54.7

Table 16.

HELP RECEIVED BY SELF CONFESSED DRUG ADDICTS	NO. OF WOMEN	% OF WOMEN
Drugs worker	2	1.9
Counselling	12	11.4
Medical staff	2	1.9
Officer	4	3.8
Drug awareness course	5	4.8
Family/friends	4	3.8
None	79	75.2

Table 17.

TYPE OF ABUSE SUFFERED	NO. OF WOMEN	% OF WOMEN
Sexual	30	26.5
Physical	30	26.5
Mental	3	2.7
Sexual and physical	37	32.7
Sexual and mental	2	1.8
Physical and mental	4	3.5
Sexual, physical and mental	6	5.3
Would not discuss	2	1.8

Table 18.

NO OF SUICIDE ATTEMPTS	NO OF WOMEN	% OF WOMEN
Never	161	68.8
1	41	17.5
2	12	5.1
3	7	3.0
4+	13	5.6

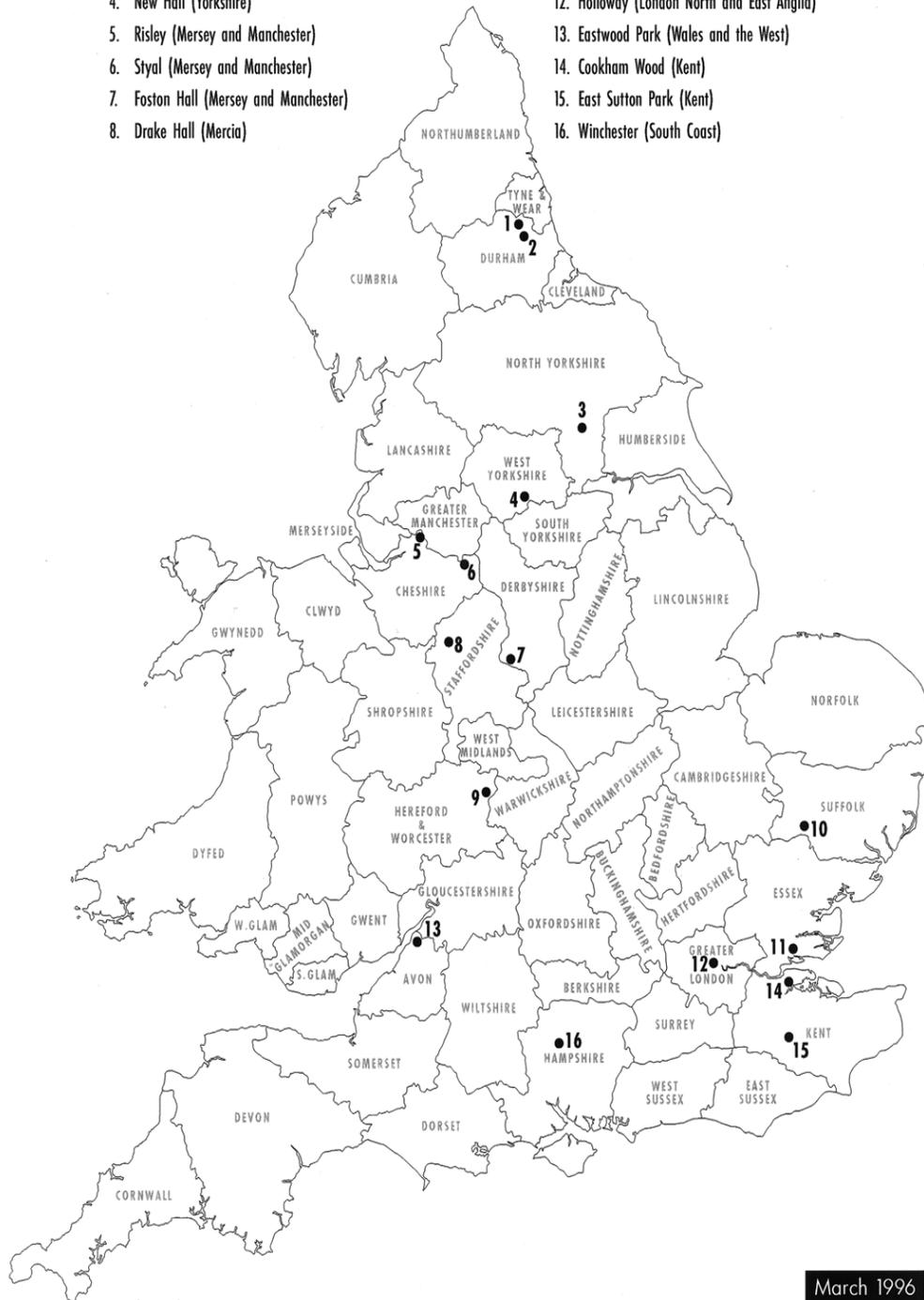
Table 19.

NO. OF SELF HARM INCIDENTS	NO. OF WOMEN	% OF WOMEN
Never	210	89.7
1	6	2.6

2	4	1.7
3	2	0.9
4+	12	5.1

THE FEMALE ESTATE

- | | |
|----------------------------------------|--------------------------------------------------|
| 1. Low Newton (North East) | 9. Brockhill (Mercia) |
| 2. Durham (North East) | 10. Highpoint (London North and East Anglia) |
| 3. Askham Grange (Yorkshire) | 11. Bullwood Hall (London North and East Anglia) |
| 4. New Hall (Yorkshire) | 12. Holloway (London North and East Anglia) |
| 5. Risley (Mersey and Manchester) | 13. Eastwood Park (Wales and the West) |
| 6. Styal (Mersey and Manchester) | 14. Cookham Wood (Kent) |
| 7. Foston Hall (Mersey and Manchester) | 15. East Sutton Park (Kent) |
| 8. Drake Hall (Mercia) | 16. Winchester (South Coast) |



TSO Ref: 603035 4/97

March 1996

DESCRIPTIONS OF ESTABLISHMENTS

ASKHAM GRANGE

Location - in the countryside a few miles from York. Public transport access is not easy. There is no Visitors' Centre but this is less important in an open prison than in closed conditions.

Prison Service Area - Yorkshire.

Approximate number of women held - 120.

Total number of staff - 74.

Number of staff with direct contact with prisoners - 63.

Number of female staff with direct contact - 33.

Functions

Askham Grange is an open prison for women with a Mother and Baby Unit and a hostel.

Issues arising from Inspectorate visits

Standards at Askham Grange have improved significantly in recent years. It is a beautifully appointed country house with excellent educational resources and an expanding programme of offence related groupwork. As in all open prisons, the number of women able to take part in employment in the community has been dramatically reduced by recent restrictions on temporary release imposed by the Prison Service.

BROCKHILL

Location - in the countryside 16 miles from Birmingham. It is close to the motorway and therefore easy to reach by private transport but difficult by public transport. It shares a Visitors' Centre with Blakenhurst prison next door.

Prison Service Area - Mercia.

Approximate number of women held - 160.

Total number of staff - 137.

Number of staff with direct contact with prisoners - 120.

Number of female staff with direct contact - 39.

Functions

At present Brockhill is a training prison for sentenced women but there is a plan to take 50 remand prisoners from 1 April 1997.

Issues arising from Inspectorate visits

Brockhill has only recently been fully converted to a women's prison and the Governor and staff were left to carry out the conversion without co-ordinated support and advice from the Prison Service. However a very good refurbishment of the prison had taken place before the women arrived. The quality of food preparation was impressive but there was hardly any opportunity for women to take their meals

in association. There had not been a proper needs analysis to inform the regime but staff were trying very hard. The prison has an acute shortage of female staff.

BULLWOOD HALL

Location - near Southend and fairly accessible for visitors with cars but awkward by public transport. There is no Visitors' Centre, but there is a new visiting room.

Prison Service Area - London North and East Anglia.

Approximate number of women held - 130.

Total number of staff - 138.

Number of staff with direct contact with prisoners - 124.

Number of female staff with direct contact - 72.

Functions

Bullwood Hall is a training prison for sentenced women prisoners, 30% of whom are young offenders. There is a small health care department and the prison holds some lifers and long termers.

Issues arising from Inspectorate visits

Although of post war construction the wing accommodation is of fairly traditional design with galleried landings. The prison has a new kitchen and dining facility and a reasonably modern education/employment centre. There is an adequate gymnasium. Before age mixing, it was the single closed borstal for female young offenders. There have been frequent irregular closures of evening association.

COOKHAM WOOD

Location - outside Rochester. The prison is easily accessible by public and private transport and visiting facilities are adequate. There is no Visitors' Centre.

Prison Service Area - Kent.

Approximate number of women held - 160.

Total number of staff - 79.

Number of staff with direct contact with prisoners - 66.

Number of female staff with direct contact - 47.

Functions

Cookham Wood is a training prison for adult sentenced women; the population includes many foreign nationals.

Issues arising from Inspectorate visits

The buildings were designed as a remand centre for young male prisoners. Accommodation is basic but adequate. There are good facilities for employment, education and physical recreation but at the time of the review women prisoners, some of whom were serving long sentences, had evening association only

on alternate evenings. The senior management team is endeavouring to match the regime to the needs of the women through sentence planning and groupwork. The idea of combining some functions with Rochester prison which we understood was being considered by the Prison Service, may have cost saving attractions but would not assist in meeting the needs of women prisoners (see para 3.03).

DRAKE HALL

Location - in the countryside seven miles from Stafford. Access by public transport is not easy. There is no Visitors' Centre but this is less significant in an open prison.

Prison Service Area - Mercia.

Approximate number of women prisoners - 270.

Total number of staff - 135.

Number of staff with direct contact with prisoners - 119.

Number of female staff with direct contact - 72.

Functions

An open training prison for sentenced women.

Issues arising from Inspectorate visits

All the living accommodation has either recently been rebuilt to a high standard or is to be so. There are good education and PE facilities and a needs based approach to dealing with many of the women's resettlement problems.

DURHAM

Location - in Durham city close to the main railway station with easy access. There is a Visitors' Centre for visitors to men and women.

Prison Service Area - North East.

Approximate number of women prisoners - 40.

Total number of staff (H wing) - 29.

Number of staff with direct contact with women prisoners - 29.

Number of female staff with direct contact - 22.

Functions

Durham female prison is a separate wing of a local prison for men. H wing is the only high security training facility within the women's estate. All the women are serving long sentences.

Issues arising from Inspectorate visits

Massive improvements have been made in recent years to the fabric of H wing. Although somewhat claustrophobic, it provides good education, physical education facilities and an excellent charity workshop. The cells are very well appointed and there is a developing regime to meet the needs of women.

EAST SUTTON PARK

Location - 10 miles south of Maidstone in Kent. It is very difficult to reach by public transport except from Maidstone British Rail station, followed by an expensive taxi journey. There is no Visitors' Centre.

Prison Service Area - Kent.

Approximate number of women prisoners - 100.

Total number of staff - 59.

Number of staff with direct contact with prisoners - 59.

Number of female staff with direct contact - 39.

Functions

East Sutton Park is an open training prison for women serving from short sentences to life.

Issues arising from Inspectorate visits

All the accommodation, except for the hostel, is in dormitories, some of which are unacceptably large. There is a recently redeveloped education department and a satisfactory gymnasium. There are inadequate employment opportunities and more work places in the community are needed but East Sutton Park is very difficult to travel to and from work. The rural location of East Sutton Park makes it difficult for the prison to fulfil its functions of rehabilitation and resettlement.

EASTWOOD PARK

Location - in the Gloucestershire countryside 14 miles from Bristol and therefore very difficult to reach by public transport. There is no Visitors' Centre.

Prison Service Area - Wales and the West.

Approximate number of women prisoners - 135.

Total number of staff - 117.

Number of staff with direct contact with prisoners - 102.

Number of female staff with direct contact - 61.

Functions

Eastwood Park is a local prison for women with approximately half of the population unsentenced. It also has a separate Health Care Centre.

Issues arising from Inspectorate visits

Eastwood Park was formerly a detention centre for young male offenders. All the rooms are single cubicles with the majority being small, and only acceptable as sleeping accommodation. Maintenance of full daytime regime is therefore particularly important. Despite an excellent education department and gymnasium the regime provision has been erratic because of alleged staff shortages. There is a very good visiting room. Since re-opening 18 months ago Eastwood Park has not had a consistent regime. There is very little work to tackle offending behaviour.

HIGHPOINT

Location - near Bury St Edmonds. It is not easy for visitors to reach by public transport but straightforward if a car is available. There is no Visitors' Centre.

Prison Service Area - London and East Anglia.

Approximate number of women prisoners - 80 at the time of the review, with plans to increase to over 200 when the refurbishment is completed.

Total number of staff - 82 (with many others shared).

Number of staff with direct contact with female prisoners - 75.

Number of female staff with direct contact - 33.

Functions

It is a training prison for sentenced women. There are plans for a large medical facility to give some relief to Holloway.

Issues arising from Inspectorate visits

Highpoint was rushed into service in the late Autumn of 1996, to cope with the rapid overall increase in the female population. The conversion of part of the prison to a women's prison is being tackled without informed co-ordinated advice and support from the Prison Service. Cells are of a reasonable size and women are located on landing units which offer access to toilets and showers etc. Association areas are still being developed. The prison has fewer female Officers than it needs for supervision and particularly for searching.

HOLLOWAY

Location - north London. The prison is easily accessible by public and private transport but there is no Visitors' Centre and the windowless visiting room is very small for the size of the population. Plans for a Visitors' Centre funded by the Tudor Trust have been approved and work is due to start in March 1997.

Prison Service Area - London North and East Anglia

Approximate number of women prisoners - 500 plus

Total number of staff - 520.

Number of staff with direct contact with prisoners - 474.

Number of female staff with direct contact - 322.

Functions

Holloway holds women on remand (from approximately 240 courts), and those who have been convicted and sentenced. It has the largest and most complex health care facility in the female estate. It also receives young prisoners and has a Mother and Baby Unit. It holds up to four women whose behaviour is very difficult to manage. A detoxification programme and drug therapy unit have recently been introduced.

Issues arising from Inspectorate visits

The prison has had a series of serious crises since new buildings were opened in the 1980s. A highly critical inspection in 1996 concluded that the population was too big to manage and the prison was expected to carry out too many different functions within the female estate.

LOW NEWTON

Location - four miles from Durham city and access for visitors without a car is difficult. There is a Centre for visitors to both parts of the prison.

Prison Service Area - North East.

Approximate number of women prisoners - 50.

Total number of staff - 27 (with many others shared).

Number of staff with direct contact with female prisoners - 25.

Number of female staff with direct contact - 19.

Functions

Low Newton is a remand centre for young male prisoners as well as the local prison/remand centre for women prisoners in the north east of England.

Issues arising from Inspectorate visits

Like Risley, Low Newton is always under pressure for places. Cells are big enough only for single occupancy and yet they are all doubled. There are good work, education and physical recreation facilities available but there have been recent problems with restrictions to the regime, caused by shortages of staff.

NEW HALL

Location - in the countryside of west Yorkshire between Wakefield and Huddersfield and not easy to get to by public transport. There is no Visitors' Centre.

Prison Service Area - Yorkshire.

Approximate number of women prisoners - 200 including a Mother and Baby Unit.

Total number of staff - 164.

Number of staff with direct contact with prisoners - 160.

Number of female staff with direct contact - 95.

Functions

New Hall is a local prison with a large number of sentenced women including young offenders.

Issues arising from Inspectorate visits

New Hall was originally an open prison for men, then a detention centre for male young offenders before becoming a women's prison. The prison has an extremely spacious well appointed visiting room and a well designed Health Care Centre. Most of the living accommodation is single cell with some dormitories for those on the enhanced level of the Incentives and Earned Privileges Scheme. There are very good showers and food serving arrangements: there are also good gym facilities, but other activities, including employment, are inadequate. An additional secure wing is planned for later in 1997.

RISLEY

Location - near Warrington Cheshire. It is straightforward to reach by car but difficult by public transport.

Prison Service Area - Mersey and Manchester.

Approximate number of women prisoners - 160.

Total number of staff - 102 (with many shared).

Number of staff with direct contact with female prisoners - 100.

Number of female staff with direct contact - 62.

Functions

Risley is the "local" prison for the north west of England holding both sentenced and unsentenced women, including young offenders. There is also a large Health Care Centre. It is part of a large category C prison.

Issues arising from Inspectorate visits

Risley is always under pressure for places. It does not have adequate facilities for sentenced women and yet it is continually required to hold them. It has been the subject of two recent critical inspection reports which particularly highlighted the irregular regime and the frequent locking in of prisoners.

STYAL

Location - in open country about 1½ miles from Wilmslow. Being close to a mainline railway station it provides reasonable access for visitors.

Prison Service Area - Mersey and Manchester.

Approximate number of women prisoners - 260 including 43 young offenders.

Total number of staff - 220.

Number of staff with direct contact with prisoners - 204.

Number of female staff with direct contact - 117.

Functions

It is a training prison for women prisoners from any part of England and Wales and is a second stage centre for prisoners sentenced to life imprisonment. It also has a Mother and Baby Unit.

Issues arising from Inspectorate visits

Styal has been well managed in recent years. Much of the living accommodation is being sensibly and economically upgraded and there is a good strategic plan to provide a secure living unit. The prison has a well designed modern segregation unit.

WINCHESTER

Location - within the city boundaries and therefore reasonably accessible by public transport - the prison has good car parking. There is a Centre for visitors to men and women prisoners.

Prison Service Area - South Coast.

Approximate number of women prisoners - 80.

Total number of staff - 35 (with others shared).

Number of staff with direct contact with female prisoners - 31.

Number of female staff with direct contact - 23.

Functions

The annexe of Winchester prison is a training prison for sentenced women.

Issues arising from Inspectorate visits

There is no separate Health Care facility. Living conditions for women prisoners are very good with mainly single cells and privacy locking; all within the confines of locked landings which give access to first class toilets, showers and laundry facilities. There is a developing regime to meet the needs of women.

THE HEALTH OF WOMEN PRISONERS IN ENGLAND AND WALES A LITERATURE REVIEW

Women form a small but significant minority of the prison population in England and Wales. In October 1996 there were more than 2,300 women in prison (NACRO 1996). The number of women prisoners has risen dramatically in recent years and at a greater rate than for male prisoners; between the end of 1992 and 1 December 1995 the total prison population rose by 30% whilst the number of women prisoners rose by 57% (Penal Affairs Consortium 1996). This rise has placed pressure on the facilities for women in prison which are part of a system predominantly geared to meet the needs of the majority male population (HM Inspectorate of Prisons 1996). The geographical spread of the women's estate means that many women may be imprisoned far from their local areas making it very difficult to keep in contact with children, families and other supports (NACRO 1996; Penal Affairs Consortium 1996).

Women are more likely than men to have had a dependent child living with them when imprisoned (47% vs 32%) and far less likely than men to have a current or ex-partner/spouse to care for their children whilst in prison (23% vs 92%) (Dodd and Hunter 1992). Many women prisoners are likely to have relied solely on benefits prior to incarceration, to be single parents, to have never worked, have significant debts, and to have experienced abuse (Morris et al 1995). In May 1994 25% of women in prison were from ethnic minorities, about half of these, foreign nationals.

The health problems and needs of male and female prisoners will have much in common but there are a number specific to women in prison (Willmott 1996). These include maternity care, gynaecology, and care of babies in prison, as well as a range of health education services such as family planning and advice related to sexually transmitted diseases and drugs misuse in relation to pregnancy.

It is within the context of the roles and responsibilities of women in society, the conditions they have come from and will probably return to on release, and the male dominated system within which they are incarcerated that the health of women prisoners should be considered. It should also be considered in the light of the opinion of HM Chief Inspector of Prisons that the overall provision of health care within the Prison Service does not match up to the standards of the NHS (HM Chief Inspector 1996).

This paper reviews the available literature on the health of women prisoners in England and Wales highlighting areas in need of improved service and research and emphasising the opportunities to intervene to improve the immediate and long term health of women prisoners.

Mental Disorder

The Reed Report (Department of Health and Home Office 1992a) stated the principles by which mentally disordered offenders should have their specific health and social services needs met. It made it clear that this group should receive treatment without being disadvantaged because they are offenders. Moral questions about whether offenders deserve treatment or whether such treatment will affect future offending should not determine whether their mental health treatment needs are met, in the same way that meeting physical health needs should not be influenced by these issues.

Extensive studies commissioned by the Home Office and undertaken by the Institute of Psychiatry (Gunn et al 1991; Maden et al 1995) have shown high levels of mental disorder in remand and sentenced prisoners. In England and Wales there is a significantly higher rate of the diagnosis of mental disorder for women sentenced prisoners (57%), compared to their male counterparts (38%). In the remand population there is an even greater amount of mental disorder identified with the rate for women rising to 76%. Dividing the diagnosis into broad groups shows a relatively small number of women suffering from psychosis, with the majority of mental disorder coming under the diagnostic groupings of neurotic disorders, personality disorders and substance abuse and dependency. Many women prisoners in the above studies were classified as suffering from two or more diagnosis.

Sentenced women prisoners report higher rates of previous psychiatric treatment and contact prior to imprisonment than male sentenced prisoners (Gunn et al 1991). Women prisoners frequently report experience of physical and sexual abuse as children and adults (Morris et al 1995). Previous experience of authorities' response to their problems may be perceived as negative. Mentally disordered women offenders have been identified as having special needs and those providing appropriate services for this group should take these into account (Department of Health 1993b). For example, it may be appropriate for there to be regimes and environments within the prison that are staffed only by women, particularly for women who have suffered serious abuse from men. Sensitivity to these issues is paramount in delivering effective health care to women prisoners. Awareness and sensitivity of cultural issues for the women from ethnic minorities should go hand in hand with that afforded to gender issues.

Psychosis

Under this category are included major mental illnesses such as schizophrenia, bipolar affective disorder (manic depressive psychosis) and psychosis induced by substance misuse. The sentenced women prisoners studied by Gunn et al (1991) showed a 1.6% rate of the diagnosis of psychosis, compared to 4.5% of women held on remand (Maden et al 1995). The decreased numbers in the sentenced population may reflect the efficacy of attempts to divert the mentally ill out of the criminal justice system, particularly for women. However, individual study of the cases of four sentenced psychotic women in prison by Maden (1996), identified problems with delay in assessment by NHS psychiatric services, reluctance on the part of NHS consultants to accept some patients, and the poor quality of psychiatric reports provided by some prison and NHS doctors. These were thought to be factors contributing to sentenced psychotic women remaining in custody despite the view that they were all in need of admission or further assessment by the NHS.

Mental Handicap

There are estimated to be 24 sentenced women prisoners with a diagnosis of mild mental handicap in England and Wales (Maden 1996). It has been suggested that many of these women fall between services for mental illness and learning disability because of the diagnosis of a "mild" disorder or because of uncertainty about diagnosis. The quality of reports and practice of individual medical practitioners within the prison system and requirements for "long term" care have been suggested to have contributed to some of these women not being transferred to NHS facilities (Maden 1996).

Personality Disorder

Personality disordered women prisoners may display a number of challenging behaviours including repeated self harm, aggression, extreme difficulties in relationships and in conforming to routines. A significant number will be at increased risk of suicide in prison. They can pose a significant management problem for prison staff and provoke antagonism from those dealing with them.

High rates of personality disorder in female offenders in England and Wales have been reported for some time (Gibbens 1971). It has recently been estimated that 18% of sentenced, and 15.5% of remanded women prisoners, will have a diagnosis of personality disorder (Gunn et al 1991; Maden et al 1995). These rates are likely to be an under estimation (Maden 1996). Much higher rates of personality disorder have been found in research at Holloway (Bolger, 1995).

It has become increasingly rare for patients with a primary diagnosis of personality disorder to be admitted to NHS psychiatric hospitals informally or formally under the legal category of psychopathic disorder and in fact this diagnosis may lead patients to be excluded even if there is evidence of mental illness (Coid 1988). This will often be on the grounds that although they fall into the psychopathic disorder category of the Mental Health Act 1983, there is uncertainty as to whether they are "treatable". That treatment given in hospital will alleviate or prevent deterioration is a requirement for detention of psychopathic disorder patients in hospital. A Department of Health and Home Office Working Group on Psychopathic Disorder (1994) highlighted the difficulties of definition, effective treatments, research, law and management in prisons and hospitals. It found that of all treatment modalities, therapeutic communities may hold the most promise, but that a range of treatment options in different therapeutic

management settings, including prisons and NHS hospitals, should be established and thoroughly researched. There is a therapeutic community for male offenders within the Prison Service, Grendon Underwood, but no such programme currently exists for women prisoners. A therapeutic community within a prison setting is likely to cater for those with personality disorder as well as substance abuse and the two diagnoses are likely to co-exist in many individuals. It has been estimated that 8% of sentenced women prisoners (Maden et al 1994) would be suitable for treatment in this manner and that many of those treated would have a history of deliberate self harm, violent offending, and will have experienced psychiatric treatment in the past. Many will also have a history of sexual and physical abuse.

The establishment of a therapeutic community for women in prison with appropriate resources for research and follow up would place the Prison Service at the forefront of the therapeutic efforts in this most challenging and demanding area of mental disorder. The Prison Service will need to develop a range of approaches to deal with the needs of this group, of which therapeutic communities will be an important innovation. In the foreseeable future the Prison Service may have to accommodate increasing numbers of personality disordered women prisoners given the recent rise in the female population.

Neurotic Disorder

The category of neurosis has been used to cover a group of disorders including depression, anxiety disorders, adjustment reactions and post traumatic stress disorders in studies of women prisoners (Gunn et al 1991; Maden et al 1995). The rate of neurosis in women remand prisoners (43.7%) is significantly higher than that for sentenced women (16%). These figures are higher than for their male counterparts.

The uncertainty of their situation, loss of contact with and concern for the welfare of dependent children, effects of the offence, loss of social supports and usual coping mechanisms are stress factors which may precipitate or exacerbate neurosis in women prisoners, particularly those on remand. Chronic physical illness may also contribute to the development and worsening of neurosis in prisoners (Maden et al 1995).

Imprisoned foreign nationals may be particularly vulnerable to separation from their families overseas and their problems compounded by language difficulties. Some women with severe neurotic disorders may need NHS treatment. There is a need for prison medical and para-medical staff to be better trained in the recognition and appropriate treatment of this group of women. Psychotropic medication can be important in the treatment of neurosis but a range of treatments including counselling, social work and other psychological treatments are also required (Maden et al 1995).

Substance Misuse

One of the most common psychiatric diagnosis in prisoners is substance abuse and dependence. It will often be present in women who also suffer from neurotic disorders, personality disorders, and in some cases psychosis. The relationship between substance abuse and these diagnosis can be complex. Management of mental disorder in women prisoners requires substance misuse to be considered and addressed when appropriate. Substance abuse in women prisoners is the subject of a separate review.

Suicide and Deliberate Self Harm

It is not always possible to differentiate acts of deliberate self harm not designed to take life from those driven by serious suicidal intent. Acts of deliberate self harm such as cutting and repeated overdoses are often associated with severe personality disorder. However, they can also occur in the context of neurosis and in response to situational crises such as being imprisoned. Such acts are not unique to women, although sentenced female prisoners have higher rates of acts of deliberate self harm than male prisoners prior to imprisonment (32% versus 17%). Ten percent of sentenced women prisoners report a history of self cutting and 5% report at least one attempt at deliberate self harm whilst in custody (Gunn et al 1991). Repeated acts of self mutilation cause particular concern and management problems within the prison system.

Sexual and physical abuse, alcohol misuse, and arson or violent offences are common in young women offenders who deliberately self harm (Liebling 1992). Gunn et al (1991) also found acts of deliberate self harm in women sentenced prisoners to be associated with a history of being taken into care as a child. Deliberate self-harming behaviours such as self-cutting may have complex motivations. These may include: an attempt to relieve intolerable tension or anxiety, an attempt to gain some sense of control in the face of overwhelming helplessness, and associated suicidal intent. Attempted suicide or a self inflicted injury frequently precede prison suicides (Dooley 1990, Liebling 1992). Deliberate self harm should therefore not be regarded as purely "manipulative behaviour" or a "cry for help" but rather as an indicator of possible severe psychopathology (Wilkins and Coid 1991) and a marker of increased risk of suicide (Liebling 1994).

There have been six suicides of women prisoners in the last six years, a number too small to calculate a meaningful suicide rate (HM Prison Service 1996a). However, it has been suggested that the rate of suicide for female prisoners may be equivalent to that for males if all self-inflicted deaths are considered rather than only those recorded as suicides by the Coroner (Liebling 1994). In the community the rate of male to female suicide is approximately 2 : 1. A survey of all prison suicides in England and Wales from January 1992 to October 1993 (Piper 1995), showed an increased risk of suicide for prisoners compared to the rate of the general population. This was in the order of two to three times with remand prisoners at greatest risk. Piper found that a history of past or present mental illness, drug misuse, serious offences, recent bad news (eg end of a relationship), previous suicide attempts and acts of self harm were all risk factors for those who completed suicide during the survey period. Liebling (1992 and 1995) has emphasised the roles that situational and environmental stress associated with imprisonment may have in precipitating attempted suicide. For women the loss of contact and responsibility for children and alterations in outside relationships may be particularly devastating. Difficulties with visits due to children and family having to travel long distances from local areas may severely aggravate despair in women prisoners. Communication problems due to delay in mail or inadequate access to telephones will also heighten distress (NACRO 1996).

The following strategies should be used to reduce the rate of suicide for women prisoners. Efficient detection of those at risk with communication of this information to all those who need to know within the system; continuity of staff in order to establish relationships with vulnerable prisoners; and awareness of factors such as the times when, and locations where, most suicides occur. Those detected to be at increased risk of suicide must be cared for in ward or other shared conditions unless clinically contra-indicated (HM Prison Service 1994). The use of prison strip cells to seclude suicidal prisoners has been described as inhumane and counter-productive and may lead some prisoners to hide their suicidal feelings to avoid being secluded in this manner (Liebling and Hall 1993). Attention to situational and environmental factors should also be addressed. Addressing the problems of visiting, improving communication with families and increasing contacts with agencies such as Social Services, Probation and legal aid who may provide practical assistance with problems may also be important in preventing suicide of women in prison (Liebling 1994).

Pregnancy and Maternity Health

There are significant numbers of pregnant women in custody at any one time, with approximately 10-12% of pregnancies proceeding to full term whilst in custody. For the year 1994/5 this amounted to 63 births to pregnant prisoners (HM Prison Service 1996a). Pregnant prisoners may be a particularly vulnerable group, including adolescent and immature women, foreign nationals and women abusing drugs and alcohol. It is likely a significant number will also have mental health problems such as personality disorders and neuroses (Wilson 1993). There is no specific strategy within the Prison Service to identify the more vulnerable pregnant woman and ensure that they receive the appropriate assessment and emotional support they may require (Department of Health 1994b).

There is evidence to suggest that lifestyle changes brought about by imprisonment of some pregnant women, may in fact improve birth outcome in terms of birth weight and the risk of stillbirth (Elton 1988). The benefits may be mediated by improvements in health related behaviour such as decreased

smoking, and consumption of alcohol and other drugs, improved dietary intake, and removal from some psycho-social stresses such as domestic violence.

The "Changing Childbirth" Report (Department of Health 1994a), outlined the future strategy for NHS maternity care with particular emphasis on a woman centred service, informed choice, and continuity of care. It cannot be said that these principles are being met in the care of mothers to be in prison (Department of Health 1994b) but positive changes are occurring in this direction. Areas in maternity care needing to be addressed include: improved training and expertise of staff; a more systematic counselling service and appropriate follow up; increased involvement of psychology service; attention to ethnic issues; improvement in physical surroundings for pregnant women and in mother and baby units; appropriate occupation and training for mothers; and increased health promotion (Adam et al 1995). The health and development needs of children in prison with their mothers should be addressed in a systematic manner. The broader issues of maternity health need to be addressed in order to bring the Prison Service in line with those available in the community.

The issues of mothers and babies in prison and the experience of women prisoners in labour can be an emotive one and has attracted the attention of the media. The practice of routinely hand-cuffing female prisoners admitted to hospital to give birth is inhumane, degrading, and largely unnecessary. It should cease both as official policy and in practice.

Genito-Urinary Health

In 1991 72% of women in prison were under the age 40 (Dodd and Hunter 1991). Women in this age group may be particularly at risk of contracting, and passing on to others, sexually transmitted diseases. Coming from a low socio-economic group, early age of intercourse, increased number of sexual partners and coming from an urban environment may all increase the risk of exposure to sexually transmitted diseases (Felman 1986). Some of these risk factors also apply to the risk of cervical carcinoma (Morrow et al 1993). Control of sexually transmitted disease should have a number of key components including disease detection, health education and promotion, treatment and tracing of sexual contacts, and counselling for patient and partners. Some sexually transmitted disease such as chlamydial infection may cause minimal symptoms but can lead to serious long term problems such as chronic pelvic inflammatory disease and infertility. Proactive screening and health promotion may prevent such adverse outcome in women prisoners. Systematic follow up and through-care are vital.

The Health of the Nation (1992) included the reduction in mortality rates from cancer of the cervix as one of its specific outcome targets. Cervical cancer is most likely to occur in the age group represented by the female prisoner population and women between the ages of 20 and 64 should be offered a cervical smear at least every five years. Proactive promotion of cervical smear testing in prison, easy accessibility of the service, obtaining accurate screening histories and communication of screening results to primary care practitioners following the release of the women from prison, will all be important in achieving Health of the Nation targets in relation to women prisoners.

Communicable diseases such as Hepatitis B and C and the HIV virus are transmitted by sexual and drug taking behaviours. A high rate of risky drug-injecting behaviours has been shown in male prisoners, both within and between periods of custody (Carvell and Hart 1992). A significant number of drug dependent women in prison in England and Wales reported injecting drugs during the six months prior to arrest (Maden et al 1990). Previous time spent in prison was one of two factors that differentiated pregnant intravenous drug-users with an HIV serum-positive partner who contracted HIV, from those who did not, in an Edinburgh study (Johnstone et al 1992). These studies suggest that the women prisoners are likely to be at high risk for HIV and Hepatitis B and C infections, transmitted through sexual or drug taking behaviours, although no prevalence figures are available for England and Wales. The Aids Advisory Committee (1995) recommended that priority be given to including women in research into various aspects of HIV infection in prison which has so far been focused only on male prisoners. These aspects include anonymous prevalence surveys; the knowledge, attitudes and behaviours relating to HIV; research on the impact of HIV on women, their families and children outside

prison, during and after release; and the specific medical, psychological and social needs of HIV positive women within the prison system. The Aids Advisory Committee also recommended that current education and counselling services should be tailored to meet the specific needs of women prisoners by being sensitive to cultural and gender specific issues. Hepatitis B immunisation should also be prioritised for those at risk, as should appropriate testing, education, and research for Hepatitis C among women prisoners.

Prison provides an opportunity to educate women prisoners who may be highly vulnerable to sexual health problems and who may not normally present to services in the community. Promotion of good sexual health practices and treatment of existing genito-urinary disease and related matters, could have significant positive consequences for the future health of these women in custody and beyond, with benefits extending to their partners and future children.

Primary Health Care and Health Promotion

Contact with Primary Health Care Services by women in prisons is mandatory within twenty four hours of reception (HM Prison Service 1996a). Health needs should be identified and appropriate treatment and care should be provided or arranged to take place at a later time. Women prisoners have been found to report higher rates than women in the general population, of various physical and psychological problems. These include, asthma, epilepsy, high blood pressure, anxiety and depression, stomach complaints, period and menopausal problems, sight and hearing difficulties and kidney and bladder problems (HM Prison Service 1996a). Every day approximately 20% of women prisoners ask to see a doctor or nurse, which is twice the rate of their male counterparts in prison. The reasons why prisoners may report sick do not only relate to physical illness but also to mental health, substance misuse, boredom, loneliness and fear (Willmott 1996; HM Prison Service 1996a).

The delivery of primary health care in Holloway Prison, the largest facility for women in England and Wales, has been extensively evaluated in a collaborative project between the prison and North Thames Health Region, and criticised on a number of grounds (Adam et al 1995). It was noted that the reception clinics were poorly organised. Prisoners were thought unlikely to retain information regarding health care in a way that would be useful to them later. Surgeries occurred in disparate locations and in generally inadequate environments. They were very busy with little time for each patient. Consultations often appeared to be used mainly for "medication negotiation" and obtaining repeat prescriptions. A lack of protocols for management of common conditions and for the prescription of medication was reported. One of the most significant findings was that opportunities for health promotion, ante-natal care, illness screening and family planning, which would occur in community based primary care, were not being exploited.

Well Women Clinics are now operating within women's' prisons and evidence suggests that, if well publicised and user friendly, they can reduce attendance at surgeries and out of hours emergency calls. Health promotion has been highlighted by the Prison Service as a key health strategy (HM Prison Service 1996a & b). Smoking, alcohol and drug misuse, nutrition, exercise, sexual health screening for certain cancers including breast and cervical cancer, and mental health are all areas identified as in need of health promotion activities included in the Health of the Nation (Department of Health 1992). Well Women Clinics are seen as a major component of health promotion for women prisoners. Health promotion which is well devised and targeted may be the area where most impact upon the future health of women prisoners, their families and children can be made. Effective health promotion not only improves the lot of women prisoners whilst in prison, but could also have profound effects upon their effective future use of health services when outside prison.

Domestic violence is not predominantly a health issue. However, the prevalence of women suffering from domestic violence is high; 11% of women who live with a partner report physical violence within the relationship (Mirrlees-Black 1995). Women prisoners report high levels of physical abuse prior to imprisonment and many are likely to be victims of domestic violence (Morris et al 1995). The health problems associated with domestic violence are now well recognised (Richardson and Feder 1995) and

include psychological problems, increased rate of miscarriage and low birth weight babies, increased rate of substance misuse after battering begins and an increased risk of child abuse amongst the children of abused women. Women from ethnic minorities may be particularly vulnerable to difficulties in gaining help. A prison health care strategy for recognition of victims of domestic violence and implementation of appropriate medical, psychological and social work interventions should be considered.

Conclusion

Women comprise only a small minority of the England and Wales prison population, but have significant general and specific health needs. Mental disorder has been relatively well researched in this population (Gunn et al 1991; Maden et al 1995) with high rates found and unmet needs identified. Other areas have not had the benefits of similar research as yet. This literature review has demonstrated there is good reason to believe there are other important areas of unmet health need in the female prison population.

Most women who are in prison are likely to spend only a brief period of their lives in custody. Many will have come from, and return to, adverse social environments (Morris et al 1995). It will be possible to start and complete some definitive treatments for health problems in prison, but in other cases, it will only be possible to detect, counsel, educate and perhaps begin management. It is vital that liaison and communication with health-care and other agencies (eg Social Services, housing) beyond prison walls is further established and improved. This would ensure that effective health intervention and promotion commenced with women in prison will continue to have a positive effect after they are released.

While women are in prison there are opportunities for health intervention and promotion (Glaser and Greifinger 1993). The benefits will be seen in the short term in prison for the individual woman and in the longer term for the woman's current and future children, and partners (Willmott 1996). The Prison Service has recognised the opportunities and need for health promotion and to raise the general standards of health care for all prisoners to bring them up to NHS standards (HM Prison Service 1996a). In order to achieve these aims and strategies health services in prison need to be well organised and resourced with closer links with the NHS. Some such links are already established (HM Prison Service 1996b; Special Hospitals Service Authority 1996) and for women prisoners there are opportunities to develop these further so as to meet their health needs more comprehensively.