



Focus on women's prisons

A briefing paper from HM Inspectorate of Prisons

February 2022



Background

In the last six months HM Inspectorate of Prisons has inspected five women's prisons: HMP Send, HMP & YOI Low Newton, HMP & YOI Downview, HMP & YOI Styal and HMP & YOI Foston Hall. This briefing paper describes our findings, shares some of the best practice we found and identifies some key areas for improvement.

Who are the women in prison?

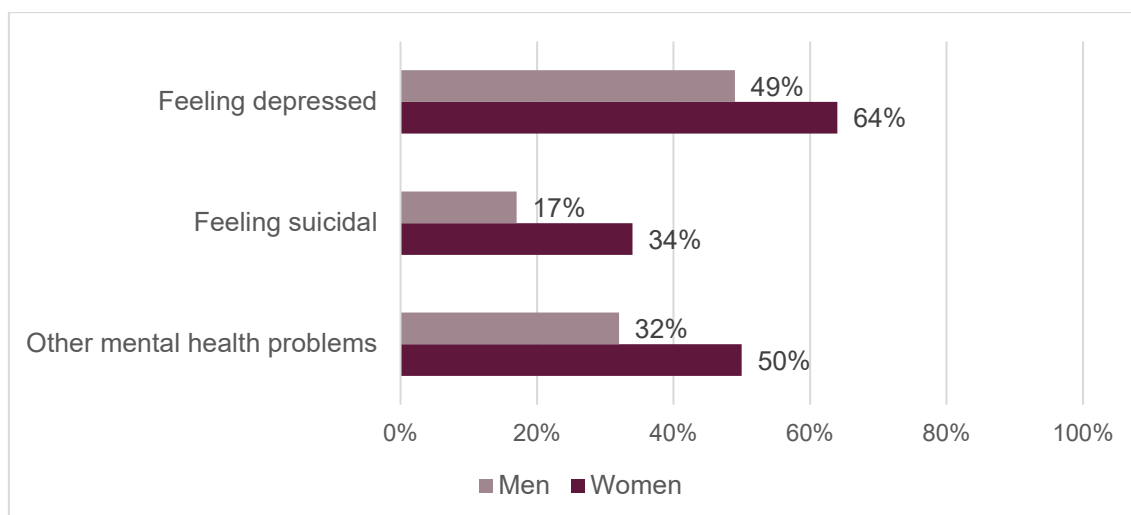
Data for September 2021 (see Appendix, note i) showed that women made up 4% of the total adult prison population (3,129 out of 74,994). Of those, 19% (597) were on remand awaiting trial or sentence and 11% (353) had been recalled to prison. Nine per cent (288) of women were serving sentences of under 12 months, 27% (848) were serving sentences of more than four years and 322 (10%) were serving indeterminate sentences.

Many women in prison are vulnerable. Their differing needs are often commented on and widely accepted.

Did you know that:

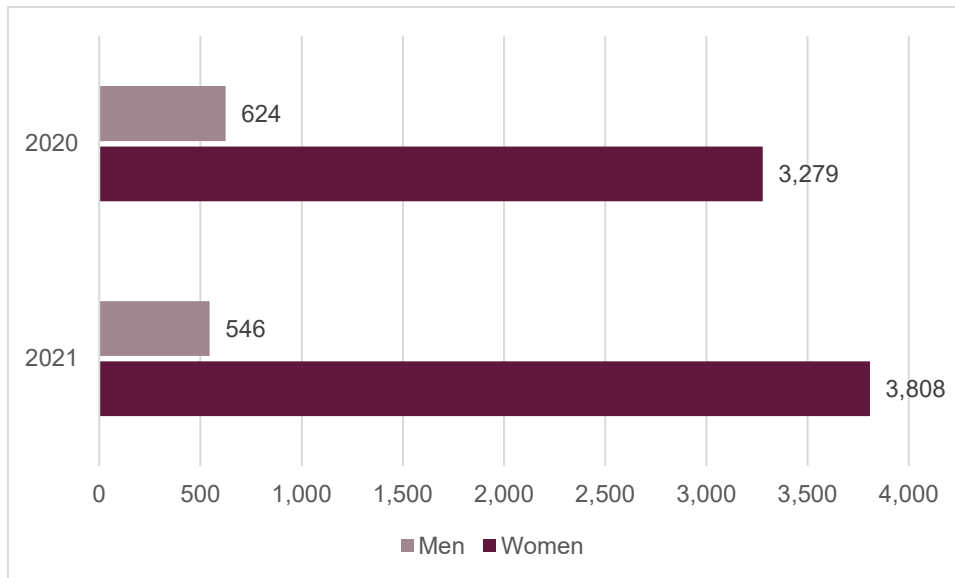
In our surveys, a far higher proportion of women than men reported mental health problems on arrival at the prison and almost double the proportion of women than men felt suicidal.

Figure 1: Problems on arrival at local prisons (see Appendix, note ii)



Self-harm is much more common for women in prison than men and has increased during the pandemic to record levels.

Figure 2: Annual rates of self-harm per 1,000 prisoners (see Appendix, note iii)



In some months during the COVID-19 restrictions, the rate of self-harm for women has been seven times higher than for men.

Some women use self-harm as a day-to-day coping mechanism or in response to triggers which often relate to current or previous trauma.

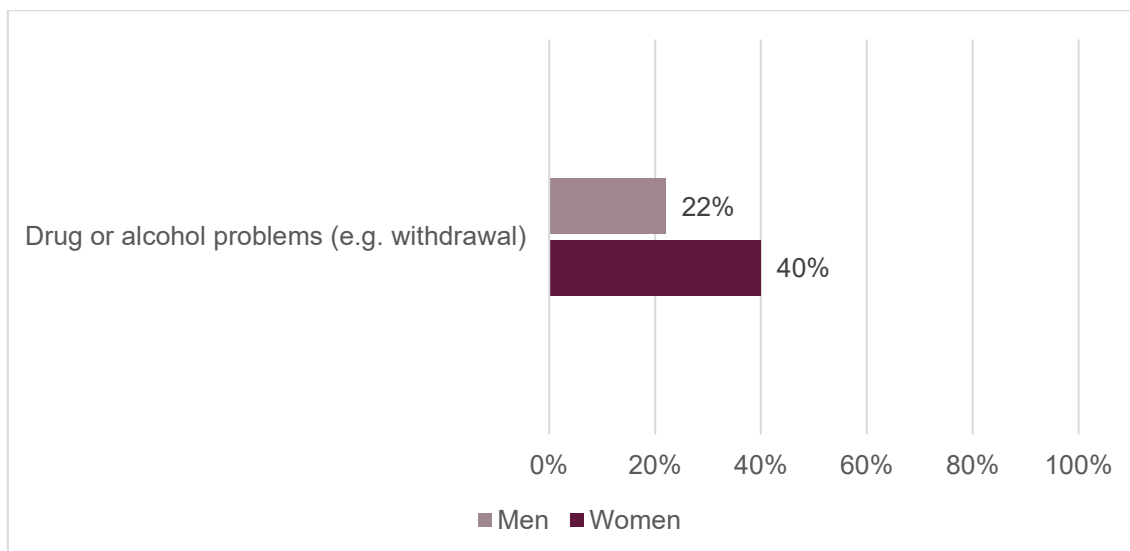
In one recent inspection about 10 women accounted for 66% of all self-harm incidents.

Some women end up in prison due to a lack of mental health provision elsewhere, but nobody really knows the full extent of this problem.

Despite clear evidence of acutely unwell women going to prison because of a lack of suitable provision in the community, we have been disappointed to find there is no systematic process for gathering data nationally, which means that neither the prison service, the courts nor the Department for Health and Social Care know the extent of the problem. Some warrants authorising imprisonment clearly state that a prison is being used as a 'place of safety'. Nobody would agree that prisons are the right place to keep women who are acutely unwell.

Our survey results show that more women than men entering prison declare a problem with drugs and alcohol.

Figure 3: Problems on arrival at local prisons (see Appendix, note ii)



Our new *Expectations* for women

To take into account the very different needs of women, we have developed a new set of *Expectations*.

Changes include:

- Safe and healthy relationships now underpin our 'safety' healthy prison test. The prison's ability to support women's relationships with children, families and others significant to them leads our 'respect' test, but also features in other sections such as early days in custody.
- We have integrated the importance of supporting women's well-being and recognising and responding to trauma throughout our four healthy prison tests, with the emphasis on supporting women to avoid reaching points of crisis that can lead to personal risk and criminality.

What have we found during our inspections?

Individualised and proactive care for the most vulnerable must be at the heart of the prison.

The first few days or weeks in prison is a risky time for women. We found the best outcomes where women had easy access to good support, including help from peers and easy to understand, up-to-date information about the prison and its regime.

At Low Newton, an 'early days in custody' project worker received referrals from court to offer immediate individual and practical help to new arrivals, with the aim of addressing their main concerns and reducing the likelihood of self-harm.

The better models of care we saw were underpinned by targeted support for women who self-harmed regularly. This was based on meaningful day-to-day engagement, proactive care to help women avoid getting into crisis in the first place and providing support for their often-complex needs. Better practice was based on a 'whole prison' approach to supporting each woman. At Styal for example, the work was not just left to the safer custody team; all departments showed a commitment to working with the woman to respond to her risks and needs. In the most positive approaches the woman's self-harming behaviour was not seen as a hindrance to her progression, nor was it allowed to define her. Instead, her strengths were recognised, including the importance of purposeful activities to encourage a sense of self-worth and develop alternative and more positive coping skills. Other examples of good practice included:

At Styal, care was enhanced by individual psychological work, day-to-day action plans for wing staff and importantly, involvement in meaningful employment, education, or training.

At Send, further support was provided to women who were likely to be more vulnerable and to self-harm at weekends when there were fewer activities and less time out of cell. A meeting, held each Friday, reviewed the risks and set out simple steps to take to help the woman reduce them.

We continued to find many weaknesses in the completion of assessment, care in custody and teamwork (ACCT) documents to support those at risk of suicide and self-harm. The filling out of the forms was often seen as an outcome in itself when the objective should have been to keep women safe. The delivery of support through ACCT case management was most effective where women were not left to linger in their cells, but were involved in meaningful activities and engaged with staff and other women. In the best practice, staff knew the women most at risk well and were able to contribute to their care. Triggers and care plans were widely understood and responded to by all staff members.

At Styal, women not yet confident enough to take up education, training or work were supported through an approach known as Stepping Stones. This initiative helped to prepare women for activity and to interact with each other while engaging in other activities such as crafts, attending the gym and relaxation.

Rebuilding support to promote positive relationships with children and families must be a priority for all women's prisons.

In our surveys, 52% of women said they had children under 18 years old (see Appendix, note iv). Much of the family engagement work ceased at the start of the pandemic and was very slow to restart. Face-to-face visits had been suspended for many months.

The installation of in-cell telephones and the introduction of video calling were important achievements by HM Prison and Probation Service, but the uptake of video calling was poor in most of the prisons we inspected. When face-to-face visits restarted, the take up was low, no doubt largely because of the restrictions on physical contact. Women described the confusion and distress of their children when they were unable to hug their mother. Some good practice included:

HMP Low Newton had been able to keep a multidisciplinary team of family engagement workers and a full-time parental rights advisor. The team investigated why the uptake of visits was so low and worked with individual families to encourage take up, resulting in a 30% increase.

Low Newton also used video calling innovatively. For example, one mother was able to video call regularly her five children in two different foster homes; another mother was able to call her son in a secure hospital with the social worker present; and another took part in a parents evening at her child's school.

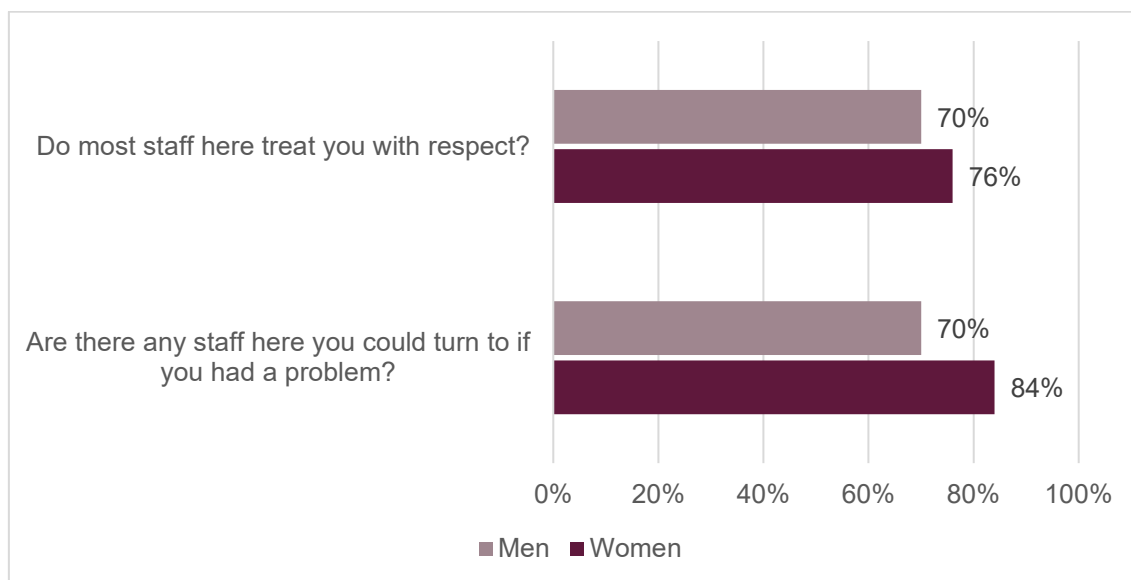
Release on temporary licence (ROTL) for family contact was too slow to restart in full. At one prison, we were concerned to find that relatives of babies living on the mother and baby unit were not allowed to take the babies out of the prison to bond with them, even when they were soon to become their sole carers.

Positive and meaningful working relationships can be one of the keys to achieving better outcomes for women.

(See Appendix, note IV)

Our survey results showed that 76% of women said most staff treated them with respect, and 84% said they had somebody they could turn to for help. When compared with the results for men there was a significant difference.

Figure 4 – Relationships with staff (all prisons)



However, there were large variations in perceptions between the five prisons which suggested women had different experiences depending on where they were held. For example, only 62% in one prison said staff treated them with respect, compared with 85% in another. The percentage of women saying they had someone to turn to for help ranged from 78% to 88% in different prisons.

In our inspections we find that the fundamental principles underpinning good staff-prisoner relationships include a clear understanding and application of trauma-informed ways of working by all. These approaches do not have to be complicated; it can be as simple as recognising the effect of traumatic life events on a woman's current behaviour. Examples of a trauma-informed approach include creating a more positive living environment that has open areas and more space, not using loudspeaker systems or shouting down the landing to attract someone's attention and involving women in making decisions about their care and setting goals for their future. The most positive relationships are those that recognise the women as individuals. In one prison, women who self-harmed were encouraged to write down simple 'dos and don'ts' for staff to follow if they self-harmed again.

All women should be able to access comprehensive resettlement help.

A key change in June 2021 was the removal of community rehabilitation companies (CRCs) and the reunification of the National Probation Service. In our inspections, prison and probation staff often reported being unaware of what future provision would be like, a lack of support for women on remand and the fact that not all new providers were in place. Remanded and unsentenced women were no longer able to access consistent help with housing or finances.

An important element of successful resettlement is having somewhere to live on release; the lack of housing is a critical risk factor for women. However, the data is so unreliable that it makes it impossible to know how many women have been released to suitable, safe and sustainable accommodation.

Our inspections have found some areas of positive and developing practice but also key inconsistencies in outcomes that cannot be defended. There is no doubt that the last year has been a difficult one for many women in prison given the restricted regime in place to manage COVID-19, not least the limitations on face-to-face contact with their children. However, other weaknesses we report are not a result of COVID-19 restrictions. Clear and committed leadership is needed to address these weaknesses and promote more positive outcomes.

Appendix Data used in this report

- i. Ministry of Justice (2021) *Offender Management Statistics quarterly: April to June 2021*. Available at: <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2021> [accessed 10 January 2022].
- ii. This data is taken from surveys conducted as part of HMI Prisons inspections of adult local prisons only between May 2021 and November 2021.
- iii. Ministry of Justice (2021) *Safety in custody statistics: self-harm*. Available at: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-june-2021> [accessed 10 January 2022].
- iv. This data is taken from surveys conducted as part of HMI Prisons inspections of adult prisons between May 2021 and November 2021.

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