

Howard League for Penal Reform's response to the Department of Health's women's health strategy June 2021

Summary

1. The Howard League welcomes this opportunity to respond to the Women's Health Strategy. Our expertise concerns women in the criminal justice system and our response focuses on women's health in this context.
2. Women across the whole criminal justice system often suffer from unmet physical and mental health problems, some of which contribute to their criminalisation.
3. Nowhere is the disparity in women's healthcare more magnified than in women's prisons. Women in prison tend to have extremely poor health which is often not met in prison. If the Department of Health is able to rise to the challenge of meeting the health needs of women in prison, then it will have demonstrated it can meet the needs of the most marginalised of women.
4. A strategy for women's health should look at health and wellbeing in its broadest sense. The impact that the prison environment has on women's health and wellbeing is negative, exacerbating existing health inequalities and creating new ones.
5. Innovations in the provision of healthcare in the community have been beneficial to women with access to digital technology. The pace of change has accelerated during the pandemic. However, women in prison are denied mobile phones and internet access and have been left behind. Steps must be taken to close this digital divide and ensure equality of access to healthcare for all women.
6. Women's voices are often silenced in prison. Women face the risk of being penalised if they speak about certain health conditions in the hostile environment of prison. They are often not listened to when they do raise health concerns for example during pregnancy or labour.
7. Information about health and wellbeing is controlled and limited in prison. Women are unable to access their own health records and can be denied information about medical appointments and procedures on 'security grounds'. This causes anxiety and is detrimental to health and wellbeing. It prevents women from managing their own health, leading to poorer outcomes and a deterioration of health conditions which are managed effectively in the community.
8. Women in prison have no control over the prison environment and therefore no control over their own health and wellbeing. The prison effectively controls women's diet, exercise, wellbeing and access to healthcare. Simple strategies for self-care, available to almost all women in the community, are simply not available in prison.
9. There is a lack of knowledge about the intersectionality of sex and race in relation to health. Particular attention must be paid to the distinct health needs of Black and minority ethnic women in prison. There needs to be a greater understanding of the health disparities and increased risk factors for Black and minority ethnic women in prison and a knowledge of specific health conditions that may affect them, such as sickle cell.
10. Prison should never be used as a holding pen for women who are unwell. The courts have the powers to remand women to prison for their 'own protection'. The legal powers to send women in acute mental distress to prison 'for their own safety' has no place in either a modern justice or healthcare system and should be repealed.

1. About the Howard League for Penal Reform and summary of response

- 1.1 Founded in 1866, the Howard League is the oldest penal reform charity in the world. The Howard League has some 13,000 members, including prisoners and their families, lawyers, criminal justice professionals and academics. The Howard League has consultative status with both the United Nations and the Council of Europe. It is an independent charity and accepts no grant funding from the UK government.
- 1.2 The Howard League works for less crime, safer communities and fewer people in prison. We achieve these objectives through conducting and commissioning research and investigations aimed at revealing underlying problems and discovering new solutions to issues of public concern. The Howard League's objectives and principles underlie and inform the charity's parliamentary work, research, legal and participation work as well as its projects.
- 1.3 The Howard League's legal team works directly with children and young adults in prison. The Howard League also provides administrative support to the All-Party Parliamentary Group on Women in the Penal System. We have drawn on our legal and policy work in responding to this consultation.
- 1.4 Our expertise concerns women in the criminal justice system and our response focuses on women's health in this context
- 1.5 The Howard League would welcome the opportunity to provide further information about any of the points below.

2. Women across the whole criminal justice system often suffer from unmet physical and mental health problems, some of which contribute to their criminalisation.

- 2.1 The Female offender Strategy (Ministry of Justice, 2018) recognised that women in the criminal justice system were amongst the most vulnerable and suffered from multiple unmet health problems including substance misuse and mental ill-health.¹ It noted their offending behaviour, as well as their multiple needs, were "often the product of a life of abuse and trauma."
- 2.2 Homelessness, poverty, addiction and experiences of abuse and trauma all contribute to the poor health of women in the criminal justice system.

3. Nowhere is the disparity in women's healthcare more magnified than in women's prisons.

- 3.1 Women in prison tend to have extremely poor health which is often not met in prison. If the Department of Health is able to rise to the challenge of meeting the health needs of women in prison, then it will have demonstrated it can meet the needs of the most marginalised of women.
- 3.2 A report by the Independent Advisory Board on Deaths in Custody (2017) found there were stark differences between the mental health needs of women in prison compared to those in the community.² It noted 30 per cent of women had had a previous psychiatric admission prior to imprisonment. Data from the Ministry of Justice found

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf

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<https://static1.squarespace.com/static/5c5ae65ed86cc93b6c1e19a3/t/5ed66b03e920b329e6d2fdc3/1591110409188/Women+evidence+collection+v+0.3.pdf>

that 49 per cent of women in prison were suffering from anxiety and depression, compared with 19 per cent of women in the general UK population. Forty-six per cent of women prisoners reported having attempted suicide at some point in their lives. This was far higher than the rate in the general UK population (six per cent).

- 3.3 Recent research by EP:IC (2021) found that during lockdown, women (along with young people) were the highest risk group for worsening mental health in prison.³

4. A strategy for women's health should look at health and wellbeing in its broadest sense. The impact that the prison environment has on women's health and wellbeing is negative, exacerbating existing health inequalities and creating new ones

- 4.1 The Howard League for Penal Reform submitted evidence to the Health and Social Care Committee's inquiry on prison healthcare (Howard League, 2018)⁴. Our evidence noted that the physical environment in which people in prison lived was damaging to their health. People in prison are held in cramped, overcrowded and filthy conditions. Insect and vermin infestations are not uncommon and access to fresh air is limited.
- 4.2 During the pandemic, the regime in women's prisons has declined significantly and this is having an even greater negative impact on women's health and wellbeing. A recent inspection of Peterborough women's prison (HMIP, 2021)⁵ noted,

'Many women told us about the adverse impact that the restricted regime was having on their mental and emotional well-being, including a few who said that they had considered suicide'.

The inspection report noted that women in Peterborough prison spent at best just 75 minutes out of their cell each day.

5. Innovations in the provision of healthcare in the community have been beneficial to women with access to digital technology.

- 5.1 The pace of change has accelerated during the pandemic. However, women in prison are denied mobile phones and internet access and have been left behind. Steps must be taken to close this digital divide and ensure equality of access to healthcare for all women.
- 5.2 During the pandemic patients have been able to have virtual appointments or telephone consultations with their GP and other healthcare professionals in private. This is not possible in the same way in prison.
- 5.3 Face to face appointments with healthcare professionals are important and digital access should never be used to replace healthcare appointments as an 'easy option' for prison or healthcare managers. However, women in prison should be able to use digital services in addition to physical services, to enable them to have control over their own health and wellbeing.

6. Women's voices are often silenced in prison.

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[https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520\(2\).pdf](https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520(2).pdf)

⁴ <https://howardleague.org/wp-content/uploads/2018/06/Response-to-the-Health-and-Social-Care-Committee%E2%80%99s-inquiry-on-prison-healthcare.pdf>

⁵ <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2021/04/Peterborough-women-SV-web-2021.pdf>

- 6.1 Women face the risk of being penalised if they speak about certain health conditions in the hostile environment of prison. They are often not listened to when they do raise health concerns for example during pregnancy or labour.
- 6.2 The punitive culture in prisons means that women can face harsh consequences if they reveal certain health conditions. This has been most stark during the pandemic. Her Majesty's Inspectorate of Prisons (HMIP, 2020) found that women in Bronzefield prison who were symptomatic of Covid 19 had no time in the open air and a shower only every three days.⁶ In Eastwood Park prison, symptomatic women were confined to their cells for seven days and spent no time outside it.
- 6.3 During 2019 two babies died in prisons in the space of nine months. Both of the deaths are currently being investigated by the Prisons and Probation Ombudsman. Following the death of a baby in Bronzefield prison in October 2019, solicitors raised concerns about the risks arising from a lack of access to midwives when labour commences. Women in Prison reported that mothers were regularly being denied access to the vital health and maternity care necessary to give birth safely.⁷
- 6.4 Unlike women in the community, when women's voices are dismissed in prison, they are often unable to seek out a second opinion or raise concerns with others. They are reliant on others to communicate their concerns.

7. Information about health and wellbeing is controlled and limited in prison.

- 7.1 Women are unable to access their own health records and can be denied information about medical appointments and procedures on 'security grounds'. This causes anxiety and is detrimental to health and wellbeing. It prevents women from managing their own health, leading to poorer outcomes and a deterioration of health conditions which are managed effectively in the community.
- 7.2 Women in prison lack control and choice over their own healthcare. They are unable to choose when and how they seek medical advice and cannot choose to see another healthcare professional if they are unhappy with the advice given. They are prevented from seeking information independently and cannot freely access the NHS website on the internet.

8. Women in prison have no control over the prison environment and therefore no control over their own health and wellbeing.

- 8.1 The prison effectively controls women's diet, exercise, well-being and access to healthcare. Simple strategies for self-care, available to almost all women in the community, are simply not available in prison.
- 8.2 Women have limited or no control over their lives in prison, including over their own personal health and hygiene. The HMIP inspection of Peterborough women's prison in 2021 noted some women were deterred from using the baths and showers because they were open to the landings and were not sufficiently private. Women also reported having difficulties obtaining sanitary products, soap and hand sanitiser during the pandemic.
- 8.3 The Howard League and Centre for Mental Health conducted a joint inquiry into preventing prison suicide and found that many prisoners were deprived of basic ways to improve their physical and mental health and reduce their risk of depression and

⁶ <https://www.justiceinspectrates.gov.uk/hmiprison/wp-content/uploads/sites/4/2020/06/Womens-prisons-SSV-2020.pdf>

⁷ <https://www.theguardian.com/uk-news/2019/oct/08/multiple-inquiries-ordered-into-death-of-baby-in-uk-prison>

suicide (Howard League, 2016).⁸ For example, NHS guidance recommends that adults should be active every day and do at least 150 minutes of moderate physical activity each week to maintain a healthy lifestyle, yet this is almost impossible when women are locked in their cells for hours each day and have very limited access to fresh air. Physical exercise in prisons also tends to be focussed around the needs of the majority male population.

- 8.3 Women in prison have very limited control over their own diet and obesity is a common problem in women's prisons. Women in Prison gave evidence to the APPG on Women in the Penal System and reported that the charity frequently gave emergency grants to women who had put on excessive weight due to poor diet and a lack of exercise whilst in prison and could no longer fit into their clothes.
- 8.4 This lack of control over the prison environment means that women are denied full responsibility over their own bodies. It also renders meaningless much of the advice given by healthcare professionals on how to promote health and wellbeing.

9. There is a lack of knowledge about the intersectionality of sex and race in relation to health.

- 9.1 Particular attention must be paid to the distinct health needs of Black and minority ethnic women in prison. There needs to be a greater understanding of the health disparities and increased risk factors for Black and minority ethnic women in the criminal justice system and a knowledge of specific health conditions that may affect them, such as sickle cell.
- 9.2 It is difficult for people with sickle cell disease to manage their condition in prison and the care which prisons provide is inadequate (Dyson and Boswell, 2006).⁹ Howard League lawyers supported one young Black woman who became so unwell in prison that she was hospitalised and spent a month in a coma: prison staff had failed to understand her sickle cell disease and she had been unable to manage it in the prison environment. If the serious risks posed by sickle cell and the inability of the prison service to manage these risks had been highlighted at the point of sentencing, the young woman could have been given a shorter or alternative sentence which allowed her to safely manage her health.
- 9.3 The Howard League for Penal Reform submitted evidence to the Department of Health and Social Care's white paper on reforming the Mental Health Act 1983 (Howard League, 2021).¹⁰ It argued that the relationship between disparities in mental health treatment and in the criminal justice system was especially worrying. In addition to the shockingly high rates of detention and compulsory treatment of Black people under the Mental Health Act, far too many Black people with mental health problems end up in police custody and prison. Black people are disproportionately referred to mental health services via the criminal justice system rather than primary care services. The disparities in mental health outcomes for women as a result of the intersectionality between race and gender must be recognised and addressed.

10. Prison should never be used as a holding pen for women who are unwell.

- 10.1 The courts have the powers to remand women to prison for their 'own protection'. The legal powers to send women in acute mental distress to prison 'for their own safety' has no place in either a modern justice or healthcare system and should be repealed.

⁸ <https://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf>

⁹ <https://www.charlydmiller.com/LIB09/2006SickleCellandDeathsInCustody.pdf>

¹⁰ https://howardleague.org/wp-content/uploads/2021/05/2021_04_21_MHA-consultation-response.pdf

- 10.2 The APPG on Women in the Penal System produced a briefing paper on the use of remand for own protection (Howard League, 2020).¹¹ It found that scrutiny of this extraordinary power to remand women to prison for their own protection was virtually non-existent. The government does not collect data about how often adults and children are detained for their own protection or welfare.
- 10.3 The power is outdated and out of step with other legal frameworks that recognise the need to support vulnerable individuals and to treat them with dignity. Prisons are not suitable environments for people in crisis, particularly for women with complex mental health needs.

**Howard League for Penal Reform
16 June 2021**

¹¹ <https://howardleague.org/wp-content/uploads/2020/10/APPG-For-their-own-protection-FINAL.pdf>