

Clinks response to the APPG on Women in the Penal System's Inquiry into women's health and wellbeing in prisons

About Clinks

1. Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our aim is to ensure the sector, and those with whom it works, are informed and engaged in order to transform the lives of people in the CJS and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.
2. We are a membership organisation with over 600 members, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we have a network of over 13,000 contacts.
3. Clinks supports a network of women's centres and specialist women's services working in the CJS, and has a key role in supporting and representing organisations that work with women in contact with the CJS. As well as supporting the sector with information, resources and events, we sit on the Advisory Board for Female Offenders to share the sector's expertise with the Ministry of Justice (MoJ).

About this response

4. Our response is informed by our ongoing research and engagement with our members, particularly through our women's network. We also consulted with some members with specific expertise in this area including Women in Prison, Anawim, Hibiscus Initiatives and Together Women Project.

Health needs of women in prison

5. People in prison experience entrenched health inequalities when compared to the general population, both in terms of physical and mental health. For women in prison, this is even more acute. More than seven in 10 women (71%) reported that they had a mental health problem compared with nearly half of men (47%).¹ 14% of women in prison had experienced a psychotic disorder in the past year, compared to 0.7% of women in the general population and 7% of men in prison.² Women are much more likely than men to harm themselves whilst in prison, accounting for 19% of self-harm incidents despite comprising just 5% of the prison population. Reasons for this include histories of sexual abuse and trauma, guilt and distress at separation from children, and mental illness.³

¹ Prison Reform Trust (2020) *Bromley Briefings Prison Factfile: Winter 2020* <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Winter%202021%20Factfile%20final.pdf>

² Revolving Doors Agency (2017) *Rebalancing Act* <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>

³ Prison Reform Trust (2017) *Why focus on reducing women's imprisonment?* <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women/whywomen.pdf>

6. 59% of women in prison who drank in the four weeks before custody thought they had a problem with alcohol. 52% thought their drinking was out of control, and 41% wished they could stop. Nearly half of women reported needing help with a substance misuse problem on entry to prison—compared with nearly three in 10 men.⁴ The prison environment can lead to increased isolation, stress and anxiety for women, who find it challenging being separated from family and living with other women experiencing mental ill-health and/or withdrawals from drugs and alcohol.⁵

Access to healthcare in prison

7. The Nuffield Trust notes that people in prison use hospital services far less and miss more hospital appointments than the general population, and that hospital data reveals potential lapses of care within prisons, relating to issues such as giving birth and diabetes.⁶
8. Both lack of resource and staff shortages hinder women's access to healthcare in prison. A recent HMIP report from one prison indicated that only 15% of women said it was easy to see a mental health worker.⁷ Together Women Project notes that the key challenges its service users in prison face often relate to mental health services, and that a high percentage of women in prison are on medication for mental health. Due to a shortage of staff, the women it supports are sometimes not seen for up to 4 weeks, and there is a lack of counsellors and therapists (including creative therapists).
9. Hibiscus Initiatives outline that a lot of the women they support don't feel they are getting the right medication. Because prison healthcare needs to conduct medical checks before prescribing anything, women can go without medication for a long time, or be given a different medication to what they had been taking. One woman described to Hibiscus Initiatives how this had affected her:

"I can only have painkillers in soluble form, but they [the prison] said it's just too expensive, so gave me the normal ones – it had an effect on my blood...I was put on Tramadol, when I took it I could not move my leg. Sometimes an officer would have to lift me because I was stuck. I told the doctor something was wrong, they just increased the amount. In the end the nurse gave me the leaflet [about the medication], there were 10 different side effects operating in my body."
10. The challenges with continuity of care between prison and the community is well documented and occurs both when women enter prisons and are resettled from them. For many women, when they arrive in prison there is a wait for them to receive their correct medication. This is particularly concerning for medication they should not stop taking suddenly. Our members have also informed us that health appointments external to the prison are often not allowed to be

⁴ Prison Reform Trust (2020) *Bromley Briefings Prison Factfile: Winter 2020*

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Winter%202021%20Factfile%20final.pdf>

⁵ Douglas N, Plugge E, Fitzpatrick R (2009) *The impact of imprisonment on health: what do women prisoners say?* *Journal of Epidemiology & Community Health* 63:749-754 <https://jech.bmj.com/content/63/9/749>

⁶ Nuffield Trust (2020) *Locked out? Prisoners' use of hospital care*, https://www.nuffieldtrust.org.uk/files/2021-03/1614850952_prisoners-use-of-hospital-services-main-report.pdf

⁷ HMIP (2021) *Report on a scrutiny visit to HMP & YOI Peterborough*

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

known in advance due to security, and can be delayed as there are heavy staffing resources to take someone to outside appointments. This can lead to women being extremely anxious.

11. *The National Partnership Agreement for Prison Healthcare in England 2018-21*⁸ is committed to improving the health and wellbeing of people in prison and reducing health inequalities, and supporting access to and continuity of care through the prison estate, pre-custody and post-custody into the community. A refresh of this agreement was postponed due to Covid-19, but a new agreement will be drawn up when the agencies involved (Ministry of Justice, Public Health England, HM Prison and Probation Service, NHS England, Department for Health and Social Care) are able to do so. We hope that the voluntary sector will have an opportunity to be involved in the development and delivery of the next iteration of this agreement.

Pregnancy and maternity

12. There are just over 3000 women in prison in England as of October 2020, and it is estimated that approximately 600 pregnancies and 100 births occur annually in prison.⁹
13. Birth Companions' *Birth Charter for women in prisons in England and Wales*¹⁰ sets out recommendations for improving the care of pregnant women and their babies while they are in prison. This is through principles such as equivalence care with the community regarding antenatal care, being told as early as possible whether they have a place on a Mother and Baby Unit after arriving in prison, and being accompanied by officers who have had appropriate training and clear guidance. We reiterate and support the recommendations made in the Birth Charter.
14. Although it is challenging to determine a definite number, it is estimated that women's imprisonment results in an estimated 17,240 children being separated from their mothers each year.¹¹ As demonstrated by the Farmer Review¹² into family ties for women, the impact of this separation has a detrimental impact on women's health and wellbeing - as well as their children. The report further outlines that "we cannot underestimate the practical and emotional difficulties that 'mothering' from inside prison entails." We welcome the recommendations made in the report, but as has been demonstrated by the Prison Reform Trust in its analysis of

⁸ NHS England and HM Government (2021) *National Partnership Agreement for Prison Healthcare in England 2018-2021*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf

⁹ Abbott, L; Scott, T; Thomas, H; and Weston, K (2020) *Pregnancy and childbirth in English prisons: institutional ignominy and the pains of imprisonment*, <https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.13052#:~:text=With%20a%20prison%20population%20of,women%20prisoners%20is%20under%E2%80%90researched.>

¹⁰ Birth Companions (2016) *Birth Charter for women in prisons in England and Wales*, https://hubble-live-assets.s3.amazonaws.com/birth-companions/attachment/file/245/Birth_Companions_Charter_Online.pdf

¹¹ Prison Reform Trust (2017) *Why focus on reducing women's imprisonment?*

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women/whywomen.pdf>

¹² Ministry of Justice (2017) *The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime by Lord Farmer*,

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf

the progress of the Female Offender Strategy,¹³ we are concerned their implementation has been slow. To ensure the aims of the Female Offender Strategy are realised, it is important these are prioritised by the MoJ and Her Majesty's Prison and Probation Service and implemented without further delay.

The impact of Covid-19

15. The impact of Covid-19 on women's health and wellbeing in prison has been significant, and incredibly damaging. Lockdowns in prisons have been severe, at points with all face-to-face social visits cancelled, people in prison being locked inside their cells for up to 23 hours a day, and purposeful activity and access to gyms and worship cancelled. In one women's prison, symptomatic prisoners were isolated for seven days without any opportunities to leave their cells, even for a shower or time in the open air.¹⁴ We are pleased to see the increased use of technology in prison, including virtual visits as it has supported women to maintain contact with their family and friends. However, we know there have been some challenges including lack of access, high security thresholds for engagement and problems with the technology often cutting visits short.
16. In July 2020, Her Majesty's Inspectorate of Prisons *Aggregate report on short scrutiny visits* during Covid-19 noted that: "in the women's estate, there are some exceptionally vulnerable individuals who usually benefit from a range of specialist support services provided by external providers; their absence was extremely damaging. For these women, the long hours of lock up were compounded by the sudden withdrawal of services on which they depended, and self-harm among prisoners in prisons holding women has remained consistently high throughout the lockdown period."¹⁵ The report expressed concern that in one women's prison, inspectors did not feel that wellbeing was being adequately monitored. Furthermore, in an NHS England survey of health care users in two women's prisons in June 2020, 68% of respondents said that their mental health had deteriorated since 23 March and 71% said their physical health had deteriorated.¹⁶
17. This is supported by Clinks' research on *The impact of Covid-19 on the voluntary sector working in criminal justice*.¹⁷ Voluntary sector organisations raised concerns that the isolation and anxiety created by the pandemic and the restrictions put in place has a severe impact on the mental health and wellbeing of people in the CJS. This was seen as even more significant for people in prison, facing a more prolonged lockdown where they are confined to their cells and have limited contact with loved ones. A survey response stated: "For clients in most need, their needs have increased, particularly where mental health needs are present. Much of our usual support

¹³ Prison Reform Trust (2021) *Analysis of the government's Female Offender Strategy*, <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women/Female%20Offender%20Strategy%20PR%20Matrix%20140421.pdf>

¹⁴ Her Majesty's Inspectorate of Prisons (2020) *Aggregate report on short scrutiny visits*, <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2020/08/SSV-aggregate-report-web-2020.pdf>

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Clinks (2021) *The impact of Covid-19 on the voluntary sector working in criminal justice*, https://www.clinks.org/sites/default/files/2020-12/The%20impact%20of%20Covid-19%20on%20the%20voluntary%20sector%20in%20criminal%20justice_0.pdf

in prisons and in community has ceased or reduced, so we have needed to plug gaps that others would usually assist with.” We are concerned about the capacity for services to respond and deliver within the ‘new normal’, with the increased mental health need of women in prison that has taken place during the pandemic.

Recommendations

18. The vital role that the voluntary sector plays in supporting women’s health and wellbeing in prison must be recognised, with the voluntary sector seen as a key strategic partner in the design and delivery of services in women’s prisons.
19. To address high rates of self-harm and mental ill health in women’s prisons, services such as counselling, art therapy and more clinical forms of treatment should be offered to women as soon as they come into prison, rather than in response to a crisis. To facilitate this, a ‘whole prison’ approach should be taken towards mental health and wellbeing, responding to the individual needs of the whole prison population by ensuring that a wide range of tailored services are available to meet the needs of different groups of women in prison. The voluntary sector has a strong track record of delivering holistic and trauma-informed services to support women’s mental health in prison, and these services should be commissioned and sustainably funded.
20. The commitments made in the *National Partnership Agreement for Prison Healthcare in England 2018-2021* to improve the health and wellbeing of people in prison and reduce health inequalities, and to support access to and continuity of care through the prison estate, should be made again in the next iteration of the agreement and fully delivered on. The voluntary sector should be consulted in the design and delivery of the agreement and adjoining plan, in recognition that it plays a vital role in identifying health and wellbeing needs of women in prison and delivering services to address these needs.
21. Where it is unavoidable that pregnant women or recent mothers comes into custody, it is vital that women are given the opportunity to apply for a place on a Mother Baby Unit (MBU) at the earliest opportunity when coming into prison. Any new policy on MBUs should take into account the significant negative impact that maternal separation has, and should make allowances for women to be able to access MBUs as far as possible across the women’s estate.
22. Now that Covid-19 recovery has begun in prisons, it is vital that steps are taken to mitigate the negative mental health effects that the severe lockdown had on women in prison, through providing safe access to therapeutic services, educational courses, and work placements.