

Justice Committee

Oral evidence: [Women in Prison](#), HC 73

Tuesday 14 September 2021

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Members present: Sir Robert Neill (Chair); Rob Butler; Janet Daby; James Daly; Miss Sarah Dines; Laura Farris; Kate Hollern.

Questions 159 - 234

Witnesses

I: Dr Cath Durkin, Consultant Forensic Psychiatrist, Central and North West London NHS Foundation Trust; Dr Amanda Brown, GP at HMP Bronzefield and Author of "The Prison Doctor: Women Inside"; and Jenny Talbot OBE, Independent Chair, National Women's Prisons Health and Social Care Review.

II: Francesca Cooney, Head of Policy, Prisoners' Education Trust; Annick Platt, Director of Operations, Novus.

Examination of witnesses

Witnesses: Dr Cath Durkin, Dr Amanda Brown and Jenny Talbot OBE.

Chair: Good afternoon. Thank you very much for coming to give evidence to us, Dr Durkin and Ms Talbot; Dr Brown is on the link. Thank you very much. We will get straight into the questions in a moment.

First, Members have to give their declarations of interest. I am a non-practising barrister.

Laura Farris: I am a practising barrister.

Rob Butler: Prior to my election, I was a non-executive director of HMPPS and a magistrate member of the Sentencing Council.

James Daly: I am a practising solicitor and partner in a firm of solicitors.

Miss Dines: I am a practising barrister.

Chair: Janet, I think you formerly worked in probation.

Janet Daby: No, I didn't actually. I just trained in probation, but children and families and child protection.

Chair: A bit of a collection that might be relevant to this inquiry.

Kate Hollern: I have no interests to declare.

Q159 **Chair:** Let us kick off. Could our three witnesses introduce themselves for the record? Let's start with Dr Durkin.

Dr Durkin: My name is Dr Catherine Durkin. I am a consultant forensic psychiatrist. I work for Central and North West London NHS Foundation Trust in health and justice services. I currently work at HMP Bronzefield, HMP Downview, which is a sentenced prison in Surrey, and also HMP Send, which is another sentenced prison in Surrey, so three of the women's prisons.

Q160 **Chair:** Thank you very much. Dr Brown?

Dr Brown: I am a GP and have been a GP for a very long time. I should have retired by now, but I am still working in HMP Bronzefield, where I have worked for nearly six years, and I have worked in prisons for 17 years.

Q161 **Chair:** Thank you very much. Jenny Talbot?

Jenny Talbot: I am the independent chair of the National Women's Prisons Health and Social Care Review, which is a partnership between HMPPS and NHS England and NHS Improvement. We were set up to improve health and social care outcomes for women in prison. It was commissioned by NHS England and NHS Improvement.

Q162 **Chair:** Thank you very much. I will start off with a general question to all of you. From your experience of these matters, which is clearly substantial, what would you say the primary health needs are that women have in prison? It is perhaps an obvious one, but for the record, for our inquiry, it is worth having it spelt out: mental health, substance misuse, physical health and so forth. Cath, do you want to start and then I will go to Amanda?

Dr Durkin: I am happy to start. What is really helpful to point out in the first instance is just how vulnerable and marginalised this group of women is. They have a significant comorbidity of health needs: physical health needs, mental health needs, substance misuse needs; and we need to think about disability and learning disability as well. There is a significant comorbidity among this group and we know that they have very significant rates of sustained and protracted trauma. They have often had quite chaotic lives in the community. It has been quite difficult for them to access health services, because they are quite difficult to navigate in the community. By the time that we see them in prison, the burden of their physical and mental health needs is quite significant, but what we know is helpful in prison is that once the women are there we can actually engage them quite well. As long as the services are there to be provided, there is quite a good uptake from women.

Q163 **Chair:** Anything additional to that, Dr Brown?

Dr Brown: Not particularly. I deal a lot with the substance misusers. I see the terrible effects they have from that; someone may be malnourished, with no teeth, heart disease, abscesses and gangrene. It is just shocking. My huge, huge passion, I am afraid to say, is the fact that I get desperately upset about how many of these women are homeless. With being homeless they have no chance, I think, of ever having a healthy fulfilling life.

Q164 **Chair:** What percentage would you say are, first, substance misusers and, secondly, homeless?

Dr Brown: As far as I know, statistically, 60% of women people leaving Bronzefield are homeless, and when I meet these poor souls I am more surprised if they are not homeless than if they are homeless. Even if they manage to get stabilised and sorted out in prison—if they are there long enough, which often they are not—they tell me that if they go back to being homeless they will almost certainly be back on drugs again. What is the point? What are we trying to do? It really, really upsets me.

Q165 **Chair:** I get the impression that the substance misuse would have been quite long standing to have had the level of ravages upon them that you describe.

Dr Brown: For sure. The other day I talked to a girl. She is 34 now. Her father started her on intravenous heroin when she was 12 so he could abuse her. He ended up in prison for a very long time. This poor soul hasn't been clean—she has just managed to get clean after 22 years. It is a long time and she is still a young woman.

Q166 **Chair:** The lay person might assume there would have been interventions by the justice system, or by social services, in some cases, or other agencies before that time.

Dr Brown: You would hope. I don't know. I just hear, time and time again, sadly, the same sorts of stories. I would love to pass this article round later.

Q167 **Chair:** Is it, though, that they have fallen through the system, or that the system never picked them up in the first place with these issues?

Dr Durkin: I think it is a combination of both. I would echo that the kinds of experiences that you hear in clinic are the same experiences that I hear. I think the substance misuse often follows significant incidence of really difficult trauma. In particular, we are thinking about childhood sexual abuse, emotional abuse, physical neglect—significant childhood adversity. When women have been that damaged, and often they are damaged in very intimate relationships, it gets very difficult for them to trust. A lot of the women say, "I disclosed what was happening to me, and nothing was done about it," or, "It made my situation worse." It is very difficult for these women to have any trust in the authorities that are supposed to be able to help them.

That often extends to when we meet them in custody. There is a reluctance because they feel so let down. Actually, when you have had

those kinds of significant traumas happen to you in your childhood and have carried on through, they have really devastating emotional impacts for the rest of your life. The majority of women whom I see who are substance misusers use because it is the only way they can numb themselves to what has happened to them. All of that is also linked into very low self-esteem and feeling that you are not worth enough to gain help. Then, of course, people are not able to access services.

Q168 **Chair:** Okay; I do understand. Jenny, I see you have been nodding in agreement with a lot of what has been said. Is there anything in addition to what we have heard from Amanda and Cath? Also, when a woman first comes into prison, what is the quality of the information like to try to pick up these things? This is perhaps something you have come across. Can you help us around those topics?

Jenny Talbot: Yes, I am nodding because I had agreed with the previous two witnesses. There are two points on the first question. One of the areas of the review is working very much with women with lived experience. We are conducting interviews with women in prison. I would like to tell you what the responses of the women themselves are about some of the things that they are most concerned about in terms of health and social care. It will not surprise you to know that emotional wellbeing and mental health were probably two of the top priorities that women have. They also talked about sexual health, preconception advice, menopause, incontinence care and the ACCT process, which also links to self-harm and mental health.

As part of the women's review, we have also done an analysis of references to health and social care in scrutiny reports from HMIP, the IMB and PPO. The analysis summarises findings from 94 reports. Poor mental health was the most frequently commented-on theme across all the reports. Overall observations included: lack of availability of mental health provision for women at risk of self-harm; restricted time out of cell and exercise; peer support and therapeutic interventions; and much more needed to be done to support a relatively small number of women with the most severe and complex needs, including timely transfers to secure hospitals or treatment facilities. So yes, I agree with what has been said. I am just adding a bit more detail there.

Information was the next question you asked me about. Early findings from our review show a mixed picture about the extent to which information—and I will start with liaison and diversion—from liaison and diversion services is routinely received when women arrive at prison. We know that liaison and diversion services can capture some really valuable information.

At HMP Peterborough, information is routinely passed to the prison by services, but that is not necessarily the case across the female estate. There was a recent report with which you may be familiar on the use of prison as a place of safety, which was conducted by former prison governor, Gabrielle Lee. She noted in her report that HMPPS and NHS England have an information-sharing agreement in place. She

recommended that that should be supported at liaison and diversion provider level with a data protection compliant agreement to share information. She thought that such an agreement could define what information was to be provided to prisons from liaison and diversion services once a person is remanded or sentenced.

We know the information is good and is of high quality. We know it works in some prisons. We need to ensure that it works across the female estate in all prisons.

In the same study by Gabrielle, she also highlighted the failure to use information-sharing processes through court warrants. Her view was that that certainly reduced the opportunity to develop effective pathways of care in custody and to ensure the welfare of the defendant.

There is just one other point that I would like to make and that is to do with information coming into the prison from community sources. There is a difficulty with GP electronic health records from the community that are not currently accessible from prison. When a woman arrives at prison, it can be very difficult to access that information.

That has significant implications, especially for women on medication. For example, the time in which a woman's medication can be confirmed with her GP in the community is quite variable. That is often a particular problem when a woman comes into prison on a Friday. If I may, I will just read what one woman told us recently. She said, "I came in with my meds but got told I couldn't have them. I was seen by a nurse quickly, and that was good, and I told her about them, but she had to ask the GP and the GP said I couldn't have them. Nobody told me why. The GP prescribed me something else but I had to wait for it. Coming into prison is stressful enough. A break in meds just adds to it."

Q169 **Chair:** I take it you are referring to the prison GP rather than her own GP in that context, are you?

Jenny Talbot: Yes.

Q170 **Chair:** What causes that difficulty with the information sharing? Is it a legal issue, an issue around protocols, or is it simply that the data systems are not compatible?

Jenny Talbot: It is the data system. My understanding is that that should begin to change early in 2022. There has been a delay with the roll-out of GP-to-GP record transfer functionality.

Chair: Thank you very much.

Q171 **Janet Daby:** My question is really about how well the Prison Service meets the needs of women who are pregnant or women who have recently given birth.

Dr Durkin: Shall I begin with that? I think there are a number of issues that need to be thought about. I would think about them almost as two separate populations. I would begin with women who are pregnant in custody. The moment we know that a woman is pregnant, we have to think about a variety of needs. Primarily, we need to think about her

health needs. She needs to be referred into local maternity services to ensure that all the correct scans and antenatal care are put in place. That tends to go via a pathway with the GP and with local obstetric services.

In addition to the physical health needs the woman has, we need to think about her perinatal mental health needs. We know that by virtue of being pregnant in custody that puts you at much higher risk with regards to your mental wellbeing. In CNWL, where I work, we have a perinatal mental health service where, at the point we know that the woman is pregnant, they will be automatically referred to that service. That extends for the 12 months after they have given birth.

There are a number of other needs that pregnant women have in custody. You have to think about their substance misuse needs, if they are under that service. You also have to think about social services' input, and in terms of the woman's social wellbeing where she is located in the prison, which house block, what extra support she needs, particularly if she is in a prison that is far away from home, so far away from her local area and all the people who would normally be in her life to manage that pregnancy.

The second part of the needs assessment is for women who have given birth. Those are three separate populations. You have the women who are pregnant in custody, who have all their antenatal care in custody, who will then go out and have their baby, and the decision has been made that they will go to a mother and baby unit. That is via a mother and baby unit board, and a lot of different criteria will be considered as to the women who will then stay in custody with their babies. There are the women who are pregnant in custody who are not considered eligible, or they do not want to go to a mother and baby unit. They have to return to custody having had their baby, without their baby.

You have a third population, which is the women in the community who are pregnant, have their babies and who are then remanded into custody in the first year. We know far less about them because we have not followed them up in the antenatal period. We try to cover them from a mental health point of view up to 12 months after they have had their baby, because, as you can imagine, there are an awful lot of health needs, both mental and physical health, that these women require.

Q172 **Janet Daby:** I will hear from you next and follow up. Did you want to add anything?

Dr Brown: It is just very upsetting when women arrive in prison who are advanced in their pregnancies. I remember seeing a woman on a Sunday. I think she was 37 weeks' pregnant with a difficult and risky twin pregnancy, and it was very worrying for all of us. The poor soul was terrified. We would suddenly have to try to sort out a complicated problem. If only she could have had her baby and come in afterwards, because it is not ideal.

Q173 **Janet Daby:** Jenny Talbot, did you want to add to that?

Jenny Talbot: A couple of points, if I may. Mother and baby units are carefully set up to support women in prison with their babies and to allow for family visits, but they can never replicate the home environment. The issue of distance between a woman's family and her usual home and the prison in which she is held is even more relevant in relation to the availability of MBU places. There are six MBUs, but at the moment, due to the restrictions of Covid, only five are operational. Women are held at long distances, which not only affects their health and wellbeing through difficulties in receiving visits but possibly also the baby's development.

I would just like to highlight here the use of community sentence treatment requirements. I know that is not necessarily what we are talking about, but they can focus on proposing alternatives to custody for women and help to ensure that women who otherwise would have been separated from their babies, or who are in prison a long distance away from their families, are able to remain in the community and avoid separation from their children.

We touched earlier on mental health and substance misuse. Community requirements for mental health treatment, alcohol treatment and drugs rehabilitation should be more widely used and more widely available for women.

Q174 **Janet Daby:** This all sounds quite complex. What level of support is given to the mother and baby in a mother and baby support unit? What is that support like? Jenny, would you like to respond?

Jenny Talbot: I can run through a list. Well, I won't run through it all, but I can highlight some of the supports that are available. As we have heard from many witnesses before on this Justice Committee, provision can sometimes be patchy. The support in MBUs relates to physical and mental health care for the mothers; also support for bringing up their babies—parenting classes and that sort of thing; support and encouragement to maintain family ties and to engage with family visits, notwithstanding the point I have just made about the distances involved; interactions with health visitors and discussions about managing babies' health; access to play areas and quiet play areas; modified regimes with low supervision arrangements, with support for caring for the baby, and so on. There is, potentially, a lot of support provided, but, to reiterate, it is still within a prison environment and women are still very long distances away from home. Wherever possible, keeping women in the community is a far better option.

Q175 **Janet Daby:** One last question to Dr Cath Durkin. You have outlined those three quite complex situations. Could you clarify whether there are situations where the mothers are bringing the babies up within the cell environment?

Dr Durkin: That is in a mother and baby unit. That is the only scenario in which women would be able to have their babies in custody. In order to be eligible to go to a mother and baby unit, there are a number of different factors that have to be considered, and they tend to go through

something called a mother and baby unit board to have all of those issues considered.

Janet Daby: Thank you.

Chair: Kate, you wanted to come in on this topic as well before we move on.

Q176 **Kate Hollern:** Dr Durkin, you said mothers have to apply for a mother and baby unit. Why would they be refused and what happens to the baby if they are refused?

Dr Durkin: That is not my area of complete expertise. I could speak to one of my perinatal colleagues, who might be able to give you some more information on that. My understanding is that they are very complex boards. Social services would be involved, looking at risk issues about whether it would be appropriate for that woman to be looking after her child. A lot of that would be based on her offending history. There are lots of things that need to be considered. I think they would also consider the length of any potential sentence that that woman might be given—how long she is likely to stay in custody for.

Q177 **Janet Daby:** Jenny, could you add to that, please?

Jenny Talbot: Again, I do not know the detail, but I could find that out and let you know. The only point I would add is on the women who are separated from their babies. It is universally recognised how damaging that can be for both the mother's mental health and the child's development. For mothers who are leaving children behind in the community when they come into prison, again, the intergenerational impact of separating children from their mothers is very well documented. It affects the child's mental health, their development, and they are more likely to experience poverty and insecure housing, which, in turn, has a knock-on effect for their educational and social development. It is hugely damaging.

Dr Durkin: I would echo that certainly clinically. We think about the perinatal period in mental health being only that first 12 months after the baby is born, but we know that the impact of being separated from your child lasts for years and years and years. I see women at the longer-sentenced prisons that I work at where that is still the primary difficulty they have. In some of the prisons I work at, we have a really fantastic counselling service called Choice for Change, which specifically works with women who have lost contact with their children or babies for a number of different reasons, and it provides a really much-needed and excellent resource for the women.

Dr Brown: I think it is devastating for women not to be able to have their children with them. One thing I would say is that in Bronzefield there is only space for 13 children. When you asked why they can't all have it, I think there is maximum space of 12 rooms and one for twins, so there is only space for 13. Is that right, Cath?

Dr Durkin: Yes.

Dr Brown: So there is a limit to how many they can accommodate.

Chair: So there is a physical constraint as well as the mother's circumstances.

Dr Brown: Sure. I do not get very involved with the mother and baby unit, actually; it is a bit on its own, in a way. I think the children can stay until they are 18 months of age and they then have to leave.

Q178 **Chair:** I understand. Jenny, you had a point on that.

Jenny Talbot: Just to say that the operational capacity of mother and baby units is 64 mothers and 70 babies.

Q179 **Chair:** Is that across the whole of the estate?

Jenny Talbot: Yes.

Chair: That is very helpful and very stark. If there are bits of further information you are able to send on any point that crops up in the proceedings, feel free to do so afterwards. It will be very gratefully received.

Q180 **Miss Dines:** Thank you for coming to give evidence before us today. May I ask Dr Brown first what you would say are the core differences between the male and female experience of prison, if you have enough experience of the male sector?

Dr Brown: I worked for 12 years with males, seven years in Wormwood Scrubs and at various other places—so 12 years working with men. I absolutely loved it. I was told by a lot of very senior officers, "Don't ever work with women because you'll really struggle. You'll hate it." Anyway, I avoided working with women, and then for some reason thought I would give it a go, and I absolutely love working with women. I enjoyed both experiences, but I am much more struck that the women are victims. I think, statistically, 86% are victims of sexual and domestic abuse. It absolutely breaks my heart. I really feel for those women. I loved working with men; it was good fun; there was much less self-harm with the men. With the women, very many are prolific self-harmers. There is a lifetime of self-harming for a lot of these women. I suppose I saw a lot more violence in Wormwood Scrubs among the prisoners and against the prison staff, whereas with the women I have not experienced very much violence between each other or against the staff. Of course, Bronzefield is a much smaller prison. Although it is a large prison for women with 500 or so residents, Wormwood Scrubs houses 1,300 prisoners and is a bit noisy and chaotic. But Bronzefield is, to me, a very rewarding place to work.

Q181 **Miss Dines:** On the self-harm, do you have any particular overview from a lifetime of experience as to why particularly self-harm is higher? Is it problems as a result of being abused, of being a victim?

Dr Brown: Absolutely I would say yes, for sure, from what I hear, yes.

Q182 **Miss Dines:** I was very impressed or affected by your opening remarks. Obviously, you feel very strongly about these issues. In my career at the Bar I have found that numerous professionals have helped and been available for very many prisoners of both sexes over numerous years—social workers, all sorts of psychologists and psychiatrists—yet we haven't quite cracked it yet. I am interested in what you would do if you held the reins of power to try to make things better for women when they leave prison. Would it be, for example, to have a single mentor, perhaps to assist and befriend them, not a probation officer, but somebody who can effectively hold their hand in many ways over the years ahead?

Dr Brown: I wish. If I may, I will give a little example of a girl I met in 2017 on an IPP sentence. It is not for me to judge the crime or anything, but compared with a lot of other women her sentence meant that for 17 years in total she was in prison. She finally got released from prison on 29 April this year.

Rightly or wrongly, I have kept in touch with her because I feel so strongly about the life she has led and the way she has been treated. After open conditions for a while, she was put in a hostel in Battersea for three months. She found out that her sister died on 30 August this year. The following day she had to leave that hostel. She was put in a flat in Croydon where she knew nobody. She rang me up absolutely distraught. She could hardly speak she was so distressed anyway with her grief, but she had no bed to sleep in and there was nothing at all in that flat. If that woman doesn't end up back in prison, it will be a miracle.

Rightly or wrongly, even it is the only person I ever help, I am desperately trying to help that person. I do not think there is enough support out there when they leave, especially after 17 years. She was abused dreadfully in her childhood. She tried to commit suicide when she was seven. This is a very, very damaged woman. I am sorry, I get a bit passionate.

Q183 **Miss Dines:** I am very interested in your analysis of it because you have been at the coalface, effectively. However, we must not forget that there are also victims of crime.

Dr Brown: Of course.

Q184 **Miss Dines:** It is not only the offender who is the victim. I was very interested in what you had to say. Thank you very much.

Dr Durkin, is there anything you would like to add as to the differences between the male and female experience of prison?

Dr Durkin: I have also worked in the male estate at Wandsworth, Thameside and other prisons as well, before I ended up working in the female estate. There are three broad areas of difference. As has already been mentioned, although there is a lot of childhood adversity and difficulties and trauma in both populations, we know that the severity and the sustained nature of the trauma that the women experience is far greater than in the male estate. So, actually, you have a more traumatised population before they come into custody.

I think the process of coming into custody for women is more traumatising. Generally, 60% of the women in custody are mothers. A fifth of them are sole mothers. When they come into custody, a lot of them will lose contact with their children and they may lose tenancies on flats, and they are more adversely impacted on coming into custody.

There has been some quite interesting research about the psychological impact between women and men in custody. We know that women suffer much more with that lack of autonomy and having limited privacy. The social networks they rely on to stay relatively as well as they can in the community are taken away from them. That is why you see much higher rates of self-harm, because by virtue of being in an environment where you are subordinate, you do not have privacy, you feel unsafe, and it triggers all of the trauma histories that they have been through. That is why you see much higher rates of self-harm. There is also a lot of shame and a lot of stigma in relation to their offending. I think that is very difficult for the women to overcome.

Q185 **Miss Dines:** Your earlier comment that, effectively, female offenders have had more trauma in their lives is a very sweeping statement. Surely the average male offender has their history as well. Is it just that it presents in a different way?

Dr Durkin: It is a really interesting point. We know that there is a massive problem in the male estate as well, so I am not saying it is not a damaged population, but I think the nature of the trauma is quite different. You see that when you sit in a clinic with women. Men have often been victims of violence and of neglect, and there are examples as well of emotional and sexual abuse. But when you speak to women, it is not that they have had one adverse experience in their life; they have had a catalogue of really severe and protracted abuse. In the majority of cases, that abuse is by a family member or by a neighbour. It is by someone who is in a trusted position, and to have that betrayal of trust is very corrosive to women's emotional development. When you sit in clinic with women and ask them these histories, there is something qualitatively different between their experience and that of the men you meet in custody.

Q186 **Miss Dines:** Could it not be perhaps that men do not talk about it, and, historically, are not as empathetic to others and cannot present to you in the same way? Is there not much more equality between the sexes in terms of how they present?

Dr Durkin: Men do present in a different way and perhaps they find it harder to identify as a victim. Again, it is often linked with ideas of shame. I cannot speak for everyone in the prison estate, of course. I can only speak for the examples I have of working in female custody in the last four years and I have been really struck by the levels of abuse, trauma and really difficult histories in that population.

Q187 **Miss Dines:** Thank you. Jenny, do you have something to add?

Jenny Talbot: I agree very much with the previous witnesses, but I just wanted to add that evidence exists from research that demonstrates that women, on the whole, are a much more disadvantaged and vulnerable population than their male counterparts. I am not saying for one second that many men have not experienced similar traumas and have had very severe difficulties, but, on the whole, the women's population is much more likely to have experienced trauma, from childhood abuse, abuse in their adult lives, mental health problems, neurodivergent issues, and so on and so forth. I would be very happy to supply some of that information.

Another point is that the Brain Injuries Trust did some research a little while ago that showed that around 60% of women had an acquired brain injury. It was doing some further work, I believe I am right in saying, linking that to domestic abuse that women may have experienced. So I think it is a more damaged—to use that word—population than the male estate.

You also asked about leaving prison. May I just say a couple of things there? Accommodation is the biggest single issue. It is about having somewhere safe and decent to live from which you can start to rebuild your life on leaving prison, with, as you suggested, somebody who can hand-hold—a mentor. We know the RECONNECT services are evolving and there is the Prison Leavers Project as well. There is great recognition that leaving prison is quite a risky time and a very unsettling time for women in particular. I certainly look forward to seeing how those services evolve.

Finally, women's centres can play such an important part in helping women resettle and rehabilitate in the community when they leave prison. They can be helpful in preventing women's contact with the criminal justice system in the first place. For those women who are on community sentences, they can provide significant support. It is a great sadness that we do not have a robust network of women's centres to better support women in and on the edges of the criminal justice system.

Q188 **Miss Dines:** Jenny, on that philosophical point, may I ask you a supplementary there? Why is it that people who are employed by the state—for example, probation officers and social workers—are less successful than the more independent sector, such as charities and women's groups? Is it really a hand of friendship these women need, not the state to provide their life for them?

Jenny Talbot: Again, this was touched on earlier by one of the two witnesses. Forgive me, I cannot see your names, so I have to keep referring to you as the two witnesses. Authority figures and institutions can be very off-putting for men and women, particularly if you have had adverse prior experiences of authority. For example, a woman might have been taken into care as a child and had a bad experience, or been subject to domestic abuse, but when she went to the police she was not believed. There are lots of factors that can make women distrust people in authority and state bodies, in a way that smaller, voluntary sector

groups, NGOs, and particularly women with lived experience who are working as peer support workers, can better overcome.

Q189 **Miss Dines:** That is interesting. Do you suggest, therefore, that the huge amounts of money that the state spends on formalised programmes would probably better be spent on smaller, friendlier, more bespoke independent organisations but, of course, with proper oversight?

Jenny Talbot: We probably need a better mixed economy. There is a place for both, but I certainly think there is a significant role for the women's centre model, which provides a variety of support in one place. That often comes as a mix of state-provided community mental health services as well as local charities, which may respond very well to women with particular needs. It might be older women or women from different ethnic minority groups, or it could be LGBT women. Small voluntary organisations are often better able to respond to those very particular needs of women—and men for that matter. I think it applies to both men and women. Does that answer the question?

Q190 **Miss Dines:** It does, but, really, that is what we have at the moment. We have a huge state system supplemented by separately funded, smaller organisations. According to the other experts on the panel, that is not really meeting women's needs, so how do we go forward?

Jenny Talbot: As a starter, I would look to the women's centre network and I am happy to continue the conversation, but certainly I think there are gaps. There are 12 women's prisons. Women return home all over the country and some have access to some marvellous support. The Good Loaf in Northamptonshire is one very good example, but if you live somewhere else you do not have that support. There needs to be much better coverage. It is a postcode lottery at the moment and that certainly won't help. When I talk about a mixed economy, perhaps we need a slightly different mix.

Miss Dines: Thank you very much.

Chair: We still have quite a bit to get through, but thank you; that is helpful, Sarah.

Q191 **Rob Butler:** Dr Durkin, could I perhaps take us back into prison? Could you say a little bit about how mental health conditions are identified beyond the reception stage?

Dr Durkin: There is primary and secondary screening at reception when all the women come into the estate. In the prisons that I work in we offer a single point of access into our mental health services, which means that the women can refer themselves in to the team, and any member of staff within the team can do the same. If any of the operational staff, chaplaincy, or anyone in the prison has concerns about that individual, it will get referred to our mental health team. As a collective, as a team—as I was doing this time yesterday—we sit down and look at all of those referrals. We use the additional information that we have on the women on our system, which is why it is so important that we have as much

information as we can linking up with GP histories. Then we will make a decision. We triage all of the assessments and, depending on the severity of need of that individual, different members of the team will go and assess that person or signpost in to the most appropriate service.

Once they have had a full assessment, it is brought back to our team meetings and we will discuss what we think the likely difficulties are that the person has, and whether that can be managed more by a psychology service, a group, an intervention, or whether it is someone with a higher level of mental health needs, or there is severe and enduring mental health illness, in which case they would be allocated to what is called our secondary case load. Their case would be managed by one of the mental health team, and they would have a holistic package of care.

At any point throughout that process, we will be bringing our own areas of expertise to say, "What do we think is happening with this person and what do we think we need to do in terms of understanding our assessment? Do we think this is someone who is presenting with a psychotic illness? Is this a mood disorder? Do they need to come and see me as a psychiatrist? Are we querying more of a neurodevelopmental pathway? Do we think this is somebody who has more of an autistic spectrum disorder or a brain injury?"

There is an awful lot that goes in to trying to get the diagnosis right in custody. It is fair to say that the women we see, particularly the women I see in clinic, have often been given three or four different diagnoses throughout their time with mental health services. They will say, "I have been given a diagnosis of depression, schizophrenia or personality disorder," and they are at a bit of a loss to understand what their diagnosis is as well. The reason for that is because we see such complexity in the women and how they present, often compounded by these very significant histories of trauma.

Q192 Rob Butler: That sounds very thorough and comprehensive. Are you getting the referrals? Do people freely feel that they can refer and do you then have the means to provide whatever treatment is required? You talked about a huge different range of conditions there. Can you explain to the Committee a little bit about how those needs can be met?

Dr Durkin: We get an awful lot of referrals. We are quite overwhelmed with our referrals. What is really key with managing this population is having a good understanding of trauma. The clinical teams work in a very trauma-informed way. A lot of it is based on good collateral information and a lot of it is based on time. When you first meet a woman and she is in crisis, that is what you will be dealing with. It might take a number of sessions before you are able to build up a really good formulation or try to fit women into the sort of diagnostic framework that we use in psychiatry.

Often, we really struggle to fit women into particular diagnostic categories, because they do not present in that way. They present with a myriad of different symptoms, and it is really, really complex. Often, we

miss quite a lot of what is going on underneath. We may say we think the person struggles to manage their emotions because they are in crisis, but if you spend a lot longer with them, you realise that they have had really significant difficulties at school and throughout their life with attention, hyperactivity, difficulties fitting in; they may have a learning disability. There is a lot going on.

To get back to your question, that is much easier to do in the sentenced prisons that have far fewer people coming in through reception. At Bronzefield where I work, it is an incredibly busy prison. Women are coming in and there is a very high turnover, and we do not always have the time to be able to fully explore women's mental health problems. I think that is difficult. We tend towards the more severe end of need where the women are very distressed and very unwell. For this group in the middle, who are the very complex women with lots of histories of trauma, it is harder for us to meet their needs.

Q193 **Rob Butler:** Dr Brown, as the primary provider, as the GP equivalent, do you feel that there is sufficient capacity and capability, both in terms of diagnosis and then treatment for the women that you see at the first stage?

Dr Brown: Do you mean with physical problems?

Q194 **Rob Butler:** No, mental health problems.

Dr Brown: I find it very, very challenging. As Dr Durkin was saying, one of my frustrations is that some of these women are in for two or three weeks and within that time there isn't time to assess or treat them properly. Prior to prison many of them have either been on the run or homeless, and they have not accessed GP services properly, so they will buy medication. They will be taking all sorts of stuff when they come into prison that is not prescribed, but suddenly they are not taking it and they have trouble, of course, withdrawing from all these various medications they have been taking. It is very complicated.

Q195 **Rob Butler:** We have heard a lot from all three of you about the differences between men and women in custody. Do you feel that both the estate and the operational structure of HMPPS for women is appropriately designed and run, or is it, in many respects, an adjunct of the way it has always been done for men?

Dr Durkin: That is a complex question. There are very broad similarities in the way that mental health services are delivered in the male and female estate. What I noticed when I worked in the female estate was that our services are predominantly designed as a trauma-informed, psychologically based service. It is really evident that what we are able to access and offer the women in terms of their mental health input is probably, in many cases, better than you might have in the male estate. There are attempts being made to support the women. As I said, the Choice for Change service works with us in custody. We also have access to arts psychotherapy. There is a very psychological focus and a

formulation-based focus in the prisons I work in, and I think that does slightly differ to the male estate.

Q196 **Rob Butler:** Ms Talbot?

Jenny Talbot: That is a really interesting question. If I may, I will answer it not just referring to mental health but women in the prison estate overall. Women, are, as you know, a very small proportion of the overall prison estate, and in their particular needs, whether it is health, social care or education, the prison environment can at times be overlooked.

One of the themes that emerged very early on from the women's review is the need for a targeted national women's justice board, to centralise the drive and focus for further improvements across the women's estate and the wider justice system, so that women are centre stage, and it is not just, "This is what we are doing for men. How can we adapt that for women?" It needs to work differently. It needs to look at what are the specific needs that women have—mental health care, physical health care, all the other things I have just mentioned. I think that would really help to focus attention, as it did for young people with the establishment of the Youth Justice Board.

Rob Butler: Thank you very much.

Q197 **Laura Farris:** Dr Durkin, I was listening carefully to what you said about the complex mental health conditions that many of the female prisoners arrive with and present with, and the description both of you have given of very traumatised women, who often have not engaged very well with services prior to their arrival on the prison estate.

I wanted to ask a little about outcomes. To the extent that you have the time with a prisoner, do you think that the kind of targeted work that you are doing with them actually does improve their mental health? I do not know whether you have this information, but do you know the outcomes and the pathways of those women when they leave? Are you able to talk about the correlation between those whom you work with and what their future lives comprise?

Dr Durkin: I do not have data to hand about specific outcomes, but I can certainly try to find those out with regards to certain psychological interventions. I know there is a lot more research reviewing various pathways, such as the trauma-informed pathways. I know there is general research out there that looks at the impact of using a trauma-informed model to try to improve—

Q198 **Laura Farris:** I am talking about your work, though—the people whom you work with. Has it been able to make a difference and has it affected their outcomes?

Dr Durkin: Absolutely, and I think that is probably why we both stay in the job, because that is what makes it really rewarding. It is rewarding in different ways. When you work in a remand prison, you see women who are acutely unwell. The most unwell women I have ever encountered in

my career are the people I see at Bronzefield. The way that you make a difference is you say, "It is completely inappropriate that that woman is here," and you get them out and into hospital as fast as you can. That is often quite a difficult process, but it is very rewarding to know that you have spotted somebody who is very unwell. Sometimes it is incredibly obvious. Sometimes it is less clear, particularly when there is very obviously a link with their offending and a psychotic illness that is often much more below the radar. I think it is really important that you have diverted that woman somewhere appropriately. I think you can make a significant difference working in the sentenced prisons with women who have much longer sentences.

It is staggering how much women have been through in the community and they have never had the opportunity to talk about it with anybody. Just being able to sit in clinic with someone who is prepared to listen to them and offer some kind of continuity and support is a really powerful thing to do. That is something that we learn very much in the work that we do. You do not have to be a psychiatrist prescribing all kinds of clever drugs. Actually, just listening to somebody and saying, "I'm really sorry you've had that experience," and being able to work with them and build up a trusting relationship, is really positive.

The mental health problems that the women I see present with are multifactorial in origin. An awful lot of things are going on. In terms of my role, that is one part of it. We can help people with medication and we can help give them a diagnosis. Particularly when you meet people with an autistic spectrum diagnosis or something like attention deficit hyperactivity disorder, just knowing that that is what is wrong with them is so important and valuable to them. It helps them to navigate the system but also after they leave custody to say, "Okay, this is why I've always felt different and that's why I haven't been able to cope with particular scenarios."

It is very complex. Yes, we can play an awfully important role in what we do, and the psychological work that the team does is invaluable. Arts psychotherapists will see women for years and are able to really help them overcome some of the deeply entrenched difficulties they have, but it is only one small part of an enormous puzzle.

Chair: Thank you all very much on that.

Q199 **Kate Hollern:** We spoke about complex issues and the importance of putting women at the centre, particularly for rehabilitation and release. To what extent do you think the female estate is actually equipped to deliver on those aspirations?

Dr Brown: Sorry?

Q200 **Kate Hollern:** To what extent do you think the female estate is equipped to deal with the complex issues that women face in prison?

Dr Brown: I think the biggest problem is when they leave prison. It depends what they go out to when they are out of prison. Again back to

the homeless thing, if they are going to be homeless, they are going to struggle just to survive. Again, the women I help get off drugs if they want to get off—and they do not all want to get off methadone or whatever while they are in prison, but even if they achieve that in prison—tell me that, if they don't have a roof over their head when they leave prison, they will probably seek shelter in a crack house, and to get into a crack house they have to use drugs.

This is what I find so frustrating, however well we might try to help them in prison. I am speaking particularly of the substance misusers because they are the women I mostly deal with now, so I get to know them very well. Of course, it is impossible to know how they are going to get on when they leave prison. I dread seeing their names back on my list again. I can see they are due to be released next week and then I see the same name back in again three weeks later, back on heroin. That is what I see time and time again.

I find, working with drug users, if I can help them it is wonderful, but if they do not get the care when they leave prison, it has all been for nothing. The trouble is they will reoffend to get money for the drugs, and so it goes on. I am sorry it is a bit boring but—

Q201 **Kate Hollern:** Oh no, but it is so important, isn't it? We need to break that cycle of offending.

Dr Brown: Yes; it is huge.

Q202 **Kate Hollern:** The whole system should be able to provide a structure that takes people through the complex issues when they enter prison, prepares them for release and offers that support for when they come out. Do you think the system in the female estate in particular is not quite set up to deal with the complexities?

Chair: Can it take a whole-system approach?

Dr Brown: Again, they are often in and out of prison within 10 days or three weeks. It is ridiculous. If they are there for long enough and we have time, we can help. Some of the girls are delighted to be there for longer. They sometimes tell me they have asked the judge for a longer sentence so they can rehabilitate, or learn hairdressing, or access education. They want to get the help, but if they are in and out in 10 days/three weeks—and I do not know the statistics of how many women are in for less than three weeks—how do you begin to sort them out? Their lives are very chaotic often when they leave prison. When I hear women say they sleep in a public lavatory during the daytime so they won't be raped at night on the streets, these things sit with me.

Q203 **Chair:** Jenny, you wanted to come in as well.

Jenny Talbot: The point has partly been made and that is about the high number of women who have extraordinarily short sentences. If women are in prison for longer, yes, they can access the support, but prison should not be used as a route to access support that should be available in the community. Certainly, prison should never, ever be used, in my

opinion, as a place of safety for women who are mentally ill. Neither should it be used for a woman's own protection. Short sentences are very damaging in all sorts of ways—loss of job, loss of tenancy, separation from children and inability to access support because you are in and out so quickly. We really need to focus much more on community sentences wherever possible, and certainly as an alternative to short sentences, with the necessary support, going back to the peer mentoring, the hand-holding that was raised by a member of the Committee right at the start.

Chair: James Daly wanted to come in quickly on that point.

Q204 **James Daly:** Very briefly. Dr Brown, I thought your evidence was incredibly powerful and I have some experience. I was a criminal defence solicitor for many years, so I represented a lot of the people you are talking about. I think this issue of the length of sentence is fundamental to the work that can be done with a prisoner, male or female.

You have not researched this, but do you have any views or any ideas regarding the amount of time necessary within the prison environment for you to do positive work? It is literally impossible in three weeks, I think. I am not saying we should have longer sentences, but I would just like to get an idea of how much time you need to work with somebody who has an underlying drug problem within a custodial environment.

Dr Brown: Sorry, I am awaiting hearing aids. Did you say underlying drugs issues?

Q205 **James Daly:** The basic point I am making is that one of the things about the justice system is the link between rehabilitation and offending, and how we can be effective in addressing that. With your brilliant work, you cannot get somebody completely away from a drug addiction in three weeks; it is just impossible.

Dr Brown: No, not at all.

Q206 **James Daly:** What I am interested in is whether you have any views on how long somebody would have to be in a custodial environment for you to do any productive work at all. I am not asking that to encourage lengthier sentences, but just to understand the time you need to work with somebody positively.

Dr Brown: It is a difficult one to answer. I have learnt by working with these ladies for the last three years with drug use that they all have their own way of dealing with it. I absolutely could not say to them, "Let's get you detoxed and get you out. Four weeks and you'll be off methadone." They know what they need. Some of them feel so desperately ill when they come in. They have been using loads of heroin, buying methadone, and all sorts of other drugs. What they often say to me is, "I want to get up on my methadone, I want to feel stable and I want to feel well, and then I want to gradually detox." Some women will do that in three months; some will take two years to do it. There is no formula. I have to accept that they know much better than me how it is going to work for them.

Some women never get off methadone, unfortunately. This person I was referring to who had been in prison for a very long time still uses methadone. "It is part of who I am," she would say. When I asked somebody recently what the hardest thing was about being in prison for 17 years, she said leaving.

James Daly: Dr Brown, that is incredibly helpful evidence. Thank you very much.

Chair: We have a couple more points we need to deal with quickly with this panel.

Q207 **Janet Daby:** It sounds like each woman's situation is very complex and very individual. Obviously, prisons have both a punishment element and a rehabilitation element. What I am also hearing is that most, if not all, of the women are victims in their own right really, and have been failed in some way, and you are trying to do your best with your skills and abilities to help them adjust and move on in life, depending on the length of their sentence and so on. All of this is very complex really, and I admire you for what you do.

My question is very much about the trauma that women come into the criminal justice life with and the trauma once they are there. Are the staff trained in a trauma-informed approach? How do you manage that, with the little length of time you have or the longer length of time you have? I will start with you, Dr Durkin.

Dr Durkin: I think there has been a landscape shift within the female estate to be more trauma informed. I know the charities had a particular initiative about trying to train staff. Certainly, from a clinical health point of view, we talk about little else other than trauma in all of our meetings and in reference to all our patients, so I think we work in a very trauma-informed way.

I think that sort of vernacular is slowly creeping into the prisons where I work and we have really positive conversations with a lot of the staff who have had some training in this area. The questions are changing from, "What's wrong with that person?", to, "What's happened to that person? How can we help?" A lot of that work happens around the ACCT process. We work closely with Safer Custody. There are changes going on.

To be truly trauma informed, you have to think about what that means. Everyone in the system needs to understand the impact of what happened to you in the past and how that affects how you interact in the present. It has to be a holistic change, and everyone in that system—operational staff, health care staff, prisoners—has to feel connected, has to feel valued and has to feel that there is some kind of hope for recovery. That can really only come from the top. We talk about being trauma informed, and I think that is the first kind of step in this shift, but what we need to be is trauma responsive. We need to be changing the policies and the environment to truly be able to say we are working in this holistic, trauma-informed way. I think that takes years and years.

Q208 **Janet Daby:** I think that is really helpful. Ms Talbot—Jenny—would you like to respond?

Jenny Talbot: Just to say I agree entirely with what has just been said about trauma responsive. We have found from the review that training uptake is really high in trauma-informed working. Staff report very positively, but women in prison do not always notice the differences, and that is where the trauma-responsive element comes in.

A recent research paper has found that women in prison experience their imprisonment as traumatising and triggering in a range of ways, based on their trauma histories. It really is a very complex picture. It is a holistic change. It is not just staff training. It is culture and it is environment. Women's prisons, on the whole, are not trauma-informed environments. We can have all sorts of very sophisticated responses and we can become much better at being trauma informed, but we also need to look at the state of the estate and how well it is equipped; the number of light spaces; fewer darker corridors; making things look lighter, brighter and more welcoming, rather than institutional and discouraging. It is a massive change programme. We do have a small estate, so it not beyond the bounds of possibility, but it needs leadership, commitment and funding.

Q209 **Janet Daby:** That is very helpful, thank you. Dr Amanda Brown, would you like to add anything?

Dr Brown: I suppose I would just listen to the ladies who come in on their drugs. Being trauma informed for me is always asking them what led them to start using drugs in the first place. I must admit, in all of the 40-plus years of working as a GP, I never thought I would want to work with people using drugs, to be honest, but now I do. I hear the stories behind what has made them start. That is how I find out their stories, "What made you get on drugs in the first place?", and it never, ever fails to shock me.

Chair: Fair enough.

Dr Brown: I know I am not a psychiatrist and I am just trying to be a decent human being with them, but they often say just having someone listen to them, to understand and not judge them, is wonderful. Some of them are sex workers and they are ashamed to admit that, but it is what they have to do. We are not there to judge them. We are just there to try to understand and help them. If that is helping that is great, but I feel very limited in what I can really do. It is Dr Durkin and her team who do the best.

Janet Daby: Thank you.

Chair: There are a last couple of topics for our witnesses.

Q210 **Kate Hollern:** It has been interesting listening to the witness statements on how effective some parts are and how ineffective other parts of the prison system are. We have also heard that people come out of prison and within 10 days are back in, and that is obviously worrying. How much

support is there for women leaving prison? When you think of coming out of prison, you have to reconnect with your family; you need a house; you need a doctor; you need benefits advice. That can be quite overwhelming. What sort of support is available, and what more should there be to help people on release from prison?

Chair: Who wants to start on that?

Dr Durkin: I can start from the mental health perspective. It is really tricky to navigate because it links so closely with housing. The way that we are able to access ongoing mental health support for the women with whom we work on release is that they need to have a GP. That needs to be there, depending on where they are going. Because there are so few prisons in the female estate, often these women are very far from home and we do not have contacts in the local area. If a woman does not have an address before she leaves, it is very difficult for us to be able to refer for ongoing continuity in terms of her mental health care.

The women we look after who are most unwell are under something called a care programme approach—a CPA approach—in prison. That is equivalent to a CPA in the community. That makes it easier for us to find a mental health team in order to offer that ongoing support, but for the majority of women, it is very difficult for us to match up community services to what we have been able to offer them in custody.

Q211 **Chair:** Jenny?

Jenny Talbot: I would echo the long distance away that many women are held from their homes. The RECONNECT, enhanced RECONNECT and the Prison Leavers Project are hopefully looking at women-specific responses that will be able to pick up those long distances.

It just reminds me that, for women who have been assessed and are eligible for social care needs, their social care plan follows them back home to their own local authority area. I do not see any reason why that model could not also be applied for mental health, substance misuse and other needs. I think that is something that could be looked at.

Fundamental, and this has been mentioned several times, is safe, decent accommodation for women before they leave. The fact that they live a long way away from prison should not prevent us from being able to set up proper services and support facilities. If we can do Zoom meetings like this, then we can organise that sort of support, surely to goodness, before a woman leaves prison, so that she is not living in a tent or sofa surfing, because, as has already been said, as sure as eggs are eggs, she will be back again in prison. Very often, that is a better space. For anybody to say, "I would rather be in prison than out," is a really sad reflection and a bad reflection on our society.

Q212 **Kate Hollern:** Thank you very much for that. Can we just finally touch on release on temporary licence? Is there an opportunity there to address some of the issues you have spoken about—GPs, employment and housing, benefits—and is there an opportunity there to make final release

more sustainable?

Dr Brown: I honestly do not know a lot about that, I am afraid. I do not see many women on ROTL, as they call it. I genuinely do not know, sorry.

Q213 **Chair:** Anybody else?

Jenny Talbot: I can add a little bit if you would like me to, briefly.

Chair: Who is best placed to deal with that one?

Jenny Talbot: Very briefly, Covid has impacted release on temporary licence quite heavily. Access to ROTL is not consistently applied across the estate, and the limited open provision and geographical spread of women's prisons exacerbate the problem for women in custody. The failure rate for women on ROTL is negligible, but very often, if things go wrong in the male estate, that impacts the availability of ROTL for women. Certainly for women with children returning home and wanting to build relationships with their families, ROTL can be extraordinarily important.

Chair: Thank you very much indeed. Thank you to all three of you for your time and for your evidence today. We are very grateful to you. If you think of any additional information, please send it to us.

Having thanked our first panel of witnesses, can we move to our second panel of witnesses, who will be dealing with education issues?

Examination of witnesses

Witnesses: Francesca Cooney and Annick Platt.

Q214 **Chair:** Welcome to both our witnesses, Ms Platt and Ms Cooney. Thank you very much for joining us, one in person and one remotely. Would each of you identify yourselves and your organisation for the purposes of the record? Ms Cooney, do you want to start?

Francesca Cooney: I am Francesca Cooney. I am head of policy at the Prisoners' Education Trust. We also co-ordinate the Prisoner Learning Alliance, which is a network of individuals and organisations with an expertise in education.

Annick Platt: I am Annick Platt. I am the director of operations for Novus. We deliver education services in custody in 49 establishments and four of the women's establishments in the north for the region.

Chair: Thank you very much. We will go straight over to James Daly.

Q215 **James Daly:** I would like to speak about the educational needs of women in the prison system, but I will broaden that to training, if I may. In a perfect world, we would want to see prisons as rehabilitatory engines that have people going through them, with constant levels of success, and things we can test success against. We cannot do that for a very

good reason: because each prisoner has individual traumas they are dealing with and has bespoke needs. That is a challenge, because we as politicians want the system to be able to provide the training and education so that prisoners have the best chance of a job or some chance of getting into employment when they get out of the prison environment. How do we do that? Are we successful in catering for the bespoke needs of people who may have very different problems and very different issues in their lives?

Annick Platt: As much as we can, we are. There are some good-quality outcomes, in particular, in the four prisons in the women's estate we work with. You are absolutely right that we want to progress people into work. That has been a shift. I have done about 25 years in prison education. I think at the start it was very much about purposeful activity. Now it is very much about careers and not courses. It is not about one course after another. It is very much about a career opportunity for that individual.

Women want to work. They may have family and primary needs issues to sort out first, but they want to progress into work. The complex challenge, in particular for women, is the length of stay, and trying to deal with those complexities of need in such a short time.

James Daly: Impossible, I would suggest.

Annick Platt: At one of our sites, Styal, six weeks is the average length of stay. To address a multitude of complex needs and turn somebody's life around in such a short timescale is difficult. However, some women stay longer and other sites offer longer provision. It is very critically about working out what are the factors that will prevent them committing further offences when they are released, and what can be done and when. It is that sequencing approach.

At the moment everybody is trying to access the woman when they come in and trying to have a piece of them, when perhaps we need to be a bit braver sometimes and say, "Okay, this woman's primary need is drug dependency," or whatever it is, and, "Actually, we are not going to address education straightaway because we have to stabilise her as an individual before she can progress." That might have more of an effect. We can then come in and pick up a learning and skills offer at the right time, sequenced in the right way that we can be effective with. We have excellent retention; we retain 95% of people. We have good progression, and we get people into jobs, and we deliver a quality service. We just need to get them at the right time, to do the right activity.

Q216 **James Daly:** That is brilliant. Thank you for that. May I just ask Francesca that question as well?

Francesca Cooney: I would agree. Many women tell us that when they come into prison they are suffering from entry shock; they are traumatised; they are in crisis. When somebody does not know how their children are doing, or even where their children are living or where they are going to be living, they are probably not in the right state of mind to

do an educational assessment. Looking at the hierarchy of need, particularly for women serving these tiny, short sentences, or on remand, or on recall for a couple of weeks, the most important thing to do is to give them the support they need. As Annick said, it is the support they need when they need it, rather than bombarding them with loads of assessments within a few days of coming through the gate.

Q217 **James Daly:** May I just develop this? Let's just stick with the shorter sentences, if that is okay. Can you describe for us the links that prisons have with outside bodies? If somebody is leaving the prison environment, do you have some input into their educational structure and development and where they are potentially going?

Annick Platt: We do. We have a Novus work service that we offer as part of our PEF delivery. That service is particularly focused to do that link between custody and the community, and to support the individual through to the next step of the progression. We do that and we do that successfully, and we have some good outcomes. However, the PEF funding in custody is linked to custody delivery. It is not funding that should be used in the community, because, wherever the individual is returning to, there is funding available in the community to support that individual. We have to be very careful about how much we do through the gate because, technically, it is not our remit to do that work. We can support and work with those providers that are able to do that. The New Futures Network is set up now in the Prison Service, and we work with any third sector providers.

Q218 **James Daly:** That is crucial, isn't it, because the knowledge that you have of the trauma or the personal circumstances of the woman leaving prison is going to be invaluable, I would think, to those providers outside the prison environment? Francesca, do you have any views on that?

Francesca Cooney: Yes, I have. Thank you for the question. I would say that this work is really limited and impacted by distance from home. I know you have been talking about distance from home in your previous session. This is where technology could really come into its own, if women were more able to access digital technology, particularly digital technology in cell; to make applications for jobs directly; and have Zoom calls for interviews with potential employers. There could be a whole range of support that women could get that would really help mitigate some of the challenges of providing services across the whole country when we have 12 prisons and women are so far away from their home environments.

It is very difficult to say that we are actually achieving good outcomes for women on release in terms of education, training and employment. We do not have any national data around educational outcomes on release. We do not have any national data on training outcomes on release at the moment. It would be very easy for the National Probation Service to collect this, but it does not yet. It is very hard to know what the success rate really is.

If we look at the last data we have on employment across the country, the data from March 2021 shows that, six weeks later, only 2.9% of women who left prison in the last year were in any kind of employment. We are talking under 3% of women having a job six weeks after leaving prison. We cannot say that what we are doing at the moment is particularly successful.

Q219 **James Daly:** Colleagues are going to ask you about the standard of education provision within the prison environment. I am not going to ask that, but I would like to ask one final question. With women who are serving shorter sentences—I will use the word “shorter”—can you give us an idea of how many of those, in your experience, on release have stable accommodation to go to? It must be a positive if they have stable accommodation, but how does that affect education and training? There is probably an obvious answer to the question, but I would like to get a flavour of it. If somebody has been put back on to the streets, it is very difficult to see how they can get any form of support, let alone education and training. Are we successful, in your experience, at getting people accommodation so they at least have that base from which to interact with education providers, because, if you do not have an address or a mobile phone, how on earth can you have any contact with them, for example?

Annick Platt: You are absolutely right. That is the link between what is the primary need, and in that case accommodation is absolutely vital. It has got slightly better, but it is nowhere near where it needs to be. There is a lot of emergency care people can get initially, especially if they have no fixed abode when they leave prison, but that is not long term and secure. For them to access a job, they need something more long term and secure. We might do the short-term fix from an emergency point of view so that they are literally not living on the streets, but in terms of stability to be able to engage in the workplace and turn their life around you need something on a more long-term basis.

Francesca Cooney: I would just say that there needs to be a huge amount of support. Many women will need a huge amount of support before they are going to be able to access employment in the community. That includes accessing accommodation obviously, but it might also include support with contact and residency with their children. A lot of women are going to need additional support around building confidence, building self-esteem and transferable skills before they can even engage with education and training.

Once they have engaged with education and training and are possibly ready to start looking for work, they will need support with accessing the appropriate kind of work, with disclosure, with talking about how they tell their potential employers about their offending history. They will possibly need support with getting a national insurance number and getting a bank account. There is a huge level and range of steps that somebody has to go through to be what we call job ready. I really support the focus on employment that the Ministry of Justice has, but it is not focused enough on the underpinning and what has to happen before that,

particularly for women, to make sure that they can get into jobs on release.

James Daly: That has been very helpful; thank you very much indeed.

Q220 **Rob Butler:** I am going to take us to exactly the area of questioning that my colleague just referred to and ask Ms Cooney first, for a fairly obvious reason, how you would assess the overall quality of education provision across the female estate.

Francesca Cooney: When we compare it to the male estate, it is a very rosy picture because, generally, it is far better than we see in male prisons. Most, but not all, women's prisons will get the top two judgments from Ofsted in Ofsted inspections. Women's prisons tend to have more activity places. They tend to have better attendance than we see in the male prisons, and certainly before Covid three quarters of women were enjoying the education they were having in prison and thought that it would help them on their release. There are some positive outcomes in terms of education as it was running before Covid.

Having said that, generally, in prison education for women, I think the curriculum is too narrow. There are not enough higher-level courses. There is nothing above GCSE level. For women who either come in at that higher level, which is probably around 10% of women coming in, or for women who progress to that level during a prison sentence, there is not very much available for them. They might be asked to do something like become a mentor or a teaching assistant, but there won't be anything really within the prison that they can study. There is the Open University and the Prisoners' Education Trust as well. We also support women by funding distance learning courses, but we cannot meet the need. We cannot meet the number of applications that we get.

The other thing that Ofsted often picks up on in women's prisons is that there are not enough creative and recreational activities. These are the things that really support women's personal and social development and help with holistic enrichment activities. There is not enough of that in the women's estate generally.

Q221 **Rob Butler:** What about the training side? You mentioned earlier careers and not courses. I remember visiting a women's prison where Halfords ran a training workshop and actually provided jobs for those who successfully passed through. That was a few years ago and I am not sure if it is still in place. How well set up do you think training opportunities are in the women's estate?

Francesca Cooney: To be honest, I think they are few and far between. The Halfords' workshop, which is brilliant, is still available at Drake Hall. The thing with initiatives like this is that only 10 or 15 women can go through them at a time, and they are few and far between. There are not enough training opportunities, and there are not enough links between employers and prisoners. There is a little bit and it tends to be a little better in the two open prisons that we have.

We mentioned the New Futures Network earlier, which is the brokering scheme the Prison Service has to make links between employers and prisons. My understanding is that there is only one broker for the whole of the women's estate, looking after 10 prisons. I do not think enough work is being done to really look at what the employment needs of women are in relation to their caring responsibilities. Both the female offender strategy and the education and employment strategy committed to more employment opportunities for women but aligned with their caring responsibilities, and I do not think we are seeing enough work being done in that area.

Q222 Rob Butler: Ms Platt, I deliberately went to Ms Cooney first to get an across-the-estate piece because it is a bit unfair to ask you to mark your own homework in the four women's prisons that you operate in, and, equally, to talk about your competitors. How well do you feel you are addressing women's educational and training needs in the four prisons where you operate? How would you answer the broad criticisms, which were not necessarily directed at your company, that generally provision is perhaps too narrow, with not enough at a higher level?

Annick Platt: I would absolutely echo the point that, compared to the male estate, the quality in the female estate is much better. We have one establishment at "outstanding" and three at "very good", so it is an overall positive picture.

However, there are some pitfalls and there is some more work to do, particularly around engagement and attendance. In the female estate, even with the flexibilities and perhaps more relaxed regime, attendance is still poor, at probably around 60%. We are delivering courses for 12 women and we are getting six or seven turning up in the class each time, and that is on a good day. There is much more to do. There is much more to do from a prison perspective to get that sequencing and the buy-in right. It is not because the women are not engaging. It is because there is so much other activity happening at the same time, and, again, the sequencing is just not aligning. We absolutely need to get better improvement.

I absolutely totally agree about the breadth of the curriculum. As to the future direction of the curriculum, the jobs that the women will be leaving in many establishments will be jobs around technology and digital. We cannot prepare ourselves for that labour market and that workforce without the infrastructure in custody.

There is a real emphasis on the change in particular in the education sector and in the community around T-levels and a change in the White Paper. We are just not aligning ourselves in custody to that, and we absolutely have to, otherwise there is going to be a real mismatch in provision there.

Q223 Rob Butler: What would it take to do that? Would you need a fundamental change in your contractual terms and resource? It was interesting that Ms Cooney touched on Zoom as a way perhaps of doing

job interviews and so on. Is there the potential for digital learning that so many people in the community have had to adapt to within the secure estate, provided of course it can indeed be secure, and there are always risks around that? If they could be mitigated, is that one way to help?

Annick Platt: Absolutely, and it can be done. At the start of this contract we invested £12 million in IT. We are just finishing the roll-out of that at our last three establishments. That gives us the capability and capacity from a secure perspective—it has all been passed by prison security—to deliver that online learning offer for learners in cell. Obviously, at the start of the pandemic we had to flip everything from face to face to an online, blended learning approach, which was good, and it forced us to do that, and we will be delivering that in the curriculum when we move back to some kind of BAU.

My dream is to have a prison education tutor delivering from the safety and security of their own home, Zooming to 150 learners in a functional skills class for 40 or 50 minutes, not a three-hour session; to do bite-sized chunks of delivery that is targeted, focused, and backed up with a blended approach of face-to-face and supported learning. The technology is there. It can happen. We do it in some prisons. What we need now is that brave approach to roll that out much further. That could really shift the quality because we would have access to far more learners. Sequencing is less of an issue because you can learn on demand on some occasions and we can sequence much better. So, absolutely.

Q224 **Rob Butler:** Are there any barriers to that—financial, technical or indeed official, shall we say, concerns at the Ministry?

Annick Platt: There will need to be significant investment, not only from a digital point of view. Some of our establishments are old Victorian prisons, and the workshops, industries and training that we are offering are just not competitive with what you could find in mainstream or even apprenticeship delivery in the community. We would need some investment to change some of that approach. Less so in the female estate, but we need to shift those construction and wet trades now to more green construction and things like that, which will take some investment.

Investment in IT is needed. That is sometimes a brave approach when you have a four-year contract and then the IT rolls over to the next provider, potentially. We have been fortunate to carry on provision, but there is a risk there, and it is difficult to do that. I think the contract would need to enable that investment. I agree the providers should do that investment, but also there might need to be some infrastructure from an environment point of view to change some of that delivery.

Q225 **Rob Butler:** But when you make those proposals they are not being blocked by officials at either HMPPS or at the MOJ; there is a warm reception to the proposals.

Annick Platt: Yes, absolutely. The governing governors and the PGDs whom we work with now are very open to this building back better, what

works and a new approach. It is just having, as you say, that infrastructure around it to enable them to make it happen.

Rob Butler: Thank you very much.

Q226 **James Daly:** I think you have made some really interesting points. Going back to the pandemic, I hope we can look forward a little bit to how we can take things forward. I had a really interesting visit—and I am going to give them a plug—to a college in my constituency. We have talked about the different types of providers who can provide this. The T-levels and some of the other courses that I saw are practical courses that are in their early stages, but they are having a really positive impact, even at this early stage, on the vocational skills of young people.

Just taking that a little further, how do we get T-levels and all those things into the custodial environment? How do we make sure that people in the custodial environment can have the same advantages as those who are in a non-custodial environment who are taking T-levels? I think everyone would agree that, if we can do that in a safe way, it is a benefit for society and a benefit for the people who are receiving training. Do you think there is a way we can do it?

Annick Platt: I believe there is. As to the commissioning arrangements, the Prison Service commissions the services and we deliver; we are responsible; so we are not necessarily the commissioner. Commissioning of those services needs to be absolutely aligned to what is happening in the White Paper in the mainstream, because, like I say, if we do not, we are going to have a real mismatch. Some of the women offenders coming will be better trained and developed in the community than they will in prison, and that might be a backwards step.

It can happen. We have to get the commissioning right so that the focus is on that mainstream provision; it is employer focused; and it is meeting the needs and that delivery, particularly around T-levels. As I said before, you then have to have the infrastructure to be able to do that, with the investment in IT and the investment in workshops and training areas.

In terms of the provision of the people resource to do that, I think that is there. We have some highly qualified teachers. We recruit teachers, not facilitators. They all have qualified teacher status. That is critical. So we can definitely shift the curriculum to do that. We have that infrastructure and we have that commissioning agreement. It could happen.

Francesca Cooney: I just want to come back to the point about digital. This is an area where women are really disadvantaged by being part of a larger prison estate. Women are rarely convicted of the internet crimes that would create a risk in prison. Digital technology in cell could be rolled out in women's prisons without there being significant safety or security concerns. I think, as Annick says, the appetite is there from prison governors and managers, and certainly lockdown has shown the need for that, because people have been massively disadvantaged during lockdown.

The funding is not there and the funding needs to come from the Ministry of Justice as well as from providers. The Ministry of Justice really needs to step up and resource this, otherwise people are going to continue to leave prison not being equipped either for daily living or for getting employment.

Moving back to the question about T-levels and qualifications, I would say that GCSEs and A-levels are rare in prison. They are not provided in anywhere near enough prisons, and it is rare for people to be able to access them. We need to see a prison education system that is much more aligned to what we see in adult education in the community. There are going to be new arrangements so that anybody in the community who does not already have a level 3 qualification, an A-level, BTEC or equivalent, can do that for free in the community. If we had digital technology in place in prisons, prisoners would be able to access that as well, and there would be much more equivalence. We really need to look at what is happening in the community when we look at prison education.

Q227 James Daly: This is a question that applies equally to people not in the prison environment, but in the sense of gaining educational qualifications, and vocational training, it certainly helps if you have at least some viewpoint of a job that you may want to do when you leave the custodial environment, or some type of ambition in respect of that.

Going on with that, can you tell us a bit about the careers advice that is available in the prison system? I do not mean this to sound as trite as it does, but how do we try to inspire, support and ensure that people in a custodial environment, who have had a very difficult time, and all sorts of problems in their life, have a belief that going through an educational process is actually going to benefit them, there is light at the end of the tunnel and it is worth interacting with the provider?

Annick Platt: Absolutely. We invest heavily in that first-stage approach to assessment of need. In every prison there is an information, advice and guidance service. When a woman comes into custody, we will screen them for their maths and English levels and learning disabilities, and then have a one-to-one individual meeting with them to look at their career aspirations. That is careers and not courses. It is very much at the start of a sentence saying, "Let's start thinking about your resettlement needs and what is your career plan, your individual learning plan, your learner journey to get there." At the end of that process, every learner will have a personal learning plan. We are hoping to make these digital in the future, where all providers can access them. That will be a personal learning plan, with the end goal of getting some kind of career opportunity in the future.

However, add on the fact that 80% of women coming into custody are at level 2 or below; 70% of the women have not worked before coming to prison; and 75% of them have no formal qualifications. You are really dealing with the hardest-to-reach client group. Then we have six weeks to do that. The challenges are there, but you are absolutely right: we invest in that front end. There needs to be more of it, that stabilisation of

the individual, assessing those needs, that long-term career plan and then everyone being aware of that career plan, so that the Prison Service and the Probation Service—everyone—are supporting that individual through the gate to successful employment.

Q228 **James Daly:** Some of the most articulate, intelligent people I have met in my career through 16 years in the criminal courts, and those with the most talent I have seen, were people with no schooling and no job. The talent is there. I have witnessed it and you will witness it every day. It is just how we as a society are best able to harness that talent.

Francesca, I am hogging too much time here, but is there anything else you would like to add to that?

Francesca Cooney: Just to say that what we really need is a careers information, advice and guidance service that really supports women from start to finish of their sentence, and is aspirational, inspirational and supportive. Often people do not have high enough expectations of women in prison and do not look at all of the possible opportunities that could be available for them.

At the moment, we have a situation where many PEF providers also provide the IAG in their prisons. This is no reflection on the quality of the careers advice that they are giving, but I think it would be preferable to see independent careers advice, just to make sure that people are getting that independent input and that holistic approach to the advice they are getting when they come in.

Q229 **Laura Farris:** Ms Platt, may I start with you? I wanted to pick up on one thing I heard—I think it was Ms Cooney who actually said it—that fewer than 3% of ex-inmates have employment within six months of leaving. Am I right in saying that that is lower than in the male prison estate?

Annick Platt: It is. I do not know the actual statistics, but it is lower, yes.

Q230 **Laura Farris:** I have another question. I have worked with a charity that helps ex-offenders, mainly men, and it told me that most of the work that it secures for the ex-offenders was in things like warehouses and logistics. Are there common jobs that women get placed in? When you are preparing women on the prison estate, are there two or three categories of job where you say, "Actually, we have a reasonable success rate"? If so, what are they?

Annick Platt: Yes, absolutely, and when we plan that curriculum we take into consideration those labour market needs. Also, it is those aspirational needs and wants from the individual that will make it successful. It has to be something that will fit in with their lifestyle. We have lots and lots of success in hospitality and catering.

Q231 **Laura Farris:** Bar work?

Annick Platt: Yes, a lot of our establishments deliver hospitality and catering accreditation. We have really good success and employer links,

and we get people into work. There is the beauty and hairdressing sector as well. At Styal, we deliver up to level 3 in there, which is good, and we have that sponsored by an employer. We can come in and do that employer-sponsored work as well so that learners can engage. This whole rent-a-chair business now really suits the needs of women. They can go out and be flexible with that work offer. We get many women who contact us and have been successful with that area of work.

Q232 Laura Farris: Just picking up on those points, hairdressing, beauty and hospitality are the three core sectors. Can I ask about release on temporary licence arrangements? Ms Cooney, I wanted to ask you about this. We have talked a bit about some women who are in prison at significant distances from their homes. To what extent is it possible, for example, if the person is likely to secure employment in a hospitality setting, for the prison to make those arrangements and give them a placement somewhere? It may not be one that leads to their permanent employment when they go, but to at least give them the work experience. How much of that is being used? How effectively could it be used?

Francesca Cooney: ROTL is massively underused, and it almost completely stopped during lockdown and Covid. I would say this is another area where women are really disadvantaged by security and risk arrangements that are much more appropriate for men. All 12 of our women's prisons are designated as resettlement prisons, which means they are able and entitled to give women ROTL. However, they do not always have the links with the local employers, the local colleges or the local universities. There is no real data on how many women go out to employment or how many women go out to training or education. We know that the links just are not strong enough.

It is more difficult to arrange a ROTL placement for somebody who is not going to be living in the local area, but it is not impossible. It is something that should be co-ordinated a lot better. For instance, if you have a local Timpson, somebody could come out and work there, and then transfer on release to where they are going to be living. It is possible but it is difficult.

The main thing I would say is that ROTL is massively underused, which means that lots of women miss out on the opportunities they need to get these opportunities in the community, but it would really help them to resettle successfully and have positive outcomes on release.

Q233 Laura Farris: May I ask you a very quick follow-up on that? Do you think that more energy is focused on the male prison estate in getting men into work? I am aware of charities that work very intensively, for example, in Leeds prison, but I have never heard of anything equivalent in the female estate. Do you think more effort is put into male employment?

Francesca Cooney: I think the challenge is the numbers, because there are so many more men in prison. It is easier to talk to an employer and say, "We potentially have five/10/15 men whom we might be able to

support into employment in your company.” It is much more difficult with women. It has to be bespoke. It has to be individual. It has to be tailored, because the numbers are far fewer. Open prisons in the male estate sometimes have good relationships with a local and further education college or university, and they can send out not high numbers but numbers of men to do training and studying and education. In the women’s estate it is very different. It is going to be far fewer numbers and the needs of women are going to be greater and, potentially, the women are going to be further from their homes. It is just more complicated and more resource intensive, and it needs more support.

Chair: Thank you very much. Are there any other questions from any of my colleagues? Yes, Kate.

Q234 **Kate Hollern:** I am keen to understand the link between education in prisons and DWP and work coaches. When someone leaves prison we know it can be very confusing and traumatic for them, and suddenly they are faced with going on universal credit or signing on. Is there a link between your organisation and DWP, which has strong links with both employers and colleges so that we can get a nice progression?

Annick Platt: There is, but it is very patchy, and it is only where there is that local connection. It is not part of our service offer. Some establishments do not procure that; they do not commission that. Technically, the New Futures Network’s aim is to do that kind of linkage. We can signpost, but you are quite right: we absolutely need those stronger links directly from the provider, either via the New Futures Network or directly with those work coaches in the community, because that is critical. The majority of women in particular will be engaging in that service offer.

Chair: Thank you very much. That has been very helpful indeed to us. We are really grateful for your very clear and consistent evidence to us. Many thanks for your time. Thank you for coming to give evidence to us. The session is concluded.