

Justice Committee

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

Tuesday 19 October 2021

Ordered by the House of Commons to be published on 19 October 2021.

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Members present: Sir Robert Neill (Chair); Rob Butler; Angela Crawley; Maria Eagle; Laura Farris; Dr Kieran Mullan; Andy Slaughter.

Questions 235 - 302

Witnesses

[I](#): Laura Seebohm, Executive Director Innovation and Policy at Changing Lives; Vicky Davis, Eastwood Park Team Manager at The Nelson Trust; and Dr Jenny Earle, Adviser to the London Prisons Mission at Safe Homes for Women Leaving Prison Initiative.

[II](#): Sandra Fieldhouse, Inspector, Leader of the Women's Inspection Team at HM Inspectorate of Prisons; Juliet Lyon CBE, Chair at Independent Advisory Panel on Deaths in Custody; and Sue McAllister CB, Prison and Probation Ombudsman.



Examination of witnesses

Witnesses: Laura Seebohm, Vicky Davis and Dr Earle.

Chair: Good afternoon, everyone, and welcome to this meeting of the Justice Committee. We are resuming our inquiry into women in prison. I apologise for the delayed start owing to votes in the Chamber. It seemed silly to start for a couple of minutes and then break. I am afraid that is the way it works if there is a Division, but hopefully we will have a run before any more votes come along. Let us see where we get to.

I will introduce our witnesses in a moment, but first we have to make formal declarations of interest at the start of each meeting. I am a non-practising barrister.

Maria Eagle: I am a non-practising solicitor.

Andy Slaughter: I am a non-practising barrister.

Q235 **Chair:** When Mr Butler arrives he will make a declaration as a former magistrate, non-executive director to HMPPS and magistrate member of the Sentencing Council.

Two of our witnesses are present here and one is appearing remotely. Thank you all for coming to help us with this inquiry.

Dr Earle, tell us who you are and the organisation you represent.

Dr Earle: I am very pleased to be here and have this opportunity to give evidence on behalf of the Safe Homes for Women Leaving Prison Initiative. I am here in place of John Plummer, the co-ordinator of the London Prisons Mission. Ill health keeps him away today, but he is a very passionate advocate of the Safe Homes for Women Leaving Prison Initiative and a founder of the organisation with which I am now associated.

Laura Seebohm: I am sorry I cannot be there in person. I am in Newcastle. I am executive director of external affairs for Changing Lives.

Vicky Davis: I am Nelson Trust manager based at HMP Eastwood Park.

Q236 **Chair:** Where is that?

Vicky Davis: South Gloucestershire.

Q237 **Chair:** I know that a number of your organisations have submitted written evidence to us. We have read it, so you can take it we have got that. I would like to ask all three of you how you would assess the effectiveness of the work being done, particularly around resettlement and reoffending. We know that women are a small part of the prison population, but we have learned already that they have a number of challenges. It is a particularly challenging group of people. We are interested in the resettlement of those people and what we are doing around reoffending. Is it satisfactory? For example, has the publication of



HOUSE OF COMMONS

the female offender strategy improved things yet? Is the strategy working out in practice? Vicky, you work in prisons, so perhaps you would like to start.

Vicky Davis: We are still seeing very high numbers of women coming into Eastwood Park on short sentences. To resettle a female offender on a short sentence is always challenging. It takes a long time to engage a woman when she is in prison. To ensure she gets the most effective resettlement you need to be able to engage and build a relationship, and that is difficult with a short sentence. Housing continues to be a big issue. I have worked in prisons for 16 years. It has always been an issue and I do not think it has got any better.

Q238 **Chair:** We know that a very high percentage of short sentences are served by women in the estate and, in broad terms, the effect it has, with difficulty in building relationships and getting them on to courses.

Vicky Davis: The Nelson Trust offers courses in Eastwood Park, but there is a high number on the waiting list, so if they are on a short sentence it is highly unlikely they will be able to access those courses in the first place.

Q239 **Chair:** By the time somebody comes through the waiting list they are about to go.

Vicky Davis: Absolutely, and that is not just for courses but for other support such as mental health. The psychologists have high waiting lists for support, and women on short sentences just do not access that support because they are not in prison long enough to do so.

Q240 **Chair:** We know that very often on discharge housing is an issue for all prisoners, but are there particular challenges in accessing housing where women are concerned?

Vicky Davis: Women are more vulnerable. There is more risk associated with women. A lot of women are not housed; they leave prison with no fixed abode. If they are successful in securing housing on day of release, quite often that is temporary and not appropriate. They do not feel safe or supported; they are usually housed in temporary B&Bs with males who quite often could be sex offenders. They do not feel safe. They are usually establishments where people are using drugs on a daily basis.

Q241 **Chair:** Are there any other particular challenges you have found on the women's estate as opposed to elsewhere?

Dr Earle: Perhaps I may come in while Vicky gathers her thoughts. She has pretty much covered the field, but a very important issue is that women are much more likely to have been primary carers of children before going into prison. In order to be satisfactorily resettled and rehoused, arrangements need to be made for them to be reunited with their children.



HOUSE OF COMMONS

That is much less likely to apply to men. Men usually have a woman on the outside while they are in prison keeping the home fires burning. That is relatively unusual for women.

Women are much more likely to be imprisoned further from home, so there is more complexity involved in resettling them in a wide range of areas.

These are not new issues; they are well known and well evidenced and should have been sorted out by now.

The other key factor, which I do not think Vicky has touched on, is that women are very likely to be vulnerable to domestic abuse and to have experienced sexual abuse as children. Therefore, they are vulnerable when they go in. They are much more likely than men to have been in care as children and, therefore, have less family support available to them during and after a prison sentence.

They are much more likely to be hidden homeless. One of the big issues that I hope the Committee will be able to grapple with is the wide range of definitions of homelessness and what constitutes satisfactory settled accommodation. A wide variety of definitions is used by prisons, probation services and the Ministry of Justice compared with, say, voluntary sector agencies. We need to get some consistency and clarity about what constitutes a satisfactory housing outcome for women released from prison to give them a fighting chance of turning their lives around. As women will have said to all of us at some point, without housing you do not stand a chance. You cannot sign up with a GP; you cannot get your kids back; you cannot get a job; you cannot enrol in longer-term mental health and drug and alcohol support. It is really first base.

The Safe Homes initiative was founded out of frustration at the lack of progress. The fact is that we are still seeing six out of 10 women being released homeless into the community. That sets them up to fail. It is not good enough. It is not only three years since the female offender strategy was published; it is nearly 15 years since Baroness Corston declared the accommodation pathway to be the one most in need of reform in resettlement pathways. Where are we now?

Q242 **Chair:** That is a good point.

Dr Earle: We are not where we should be.

Laura Seebohm: I echo everything that has been said. Changing Lives works in five women's prisons across the north and midlands.

To add some different points—my colleagues have spoken so compellingly—on resettlement we find that building relationships in prison and continuity into the community is key. The Committee has already heard in detail about the importance of holistic, women-centred services



HOUSE OF COMMONS

in the community for women to come out with and the success of those. We know the impact on reoffending.

What is in the strategy has been overwhelmingly welcomed by the sector. The progress that has been made is disappointing. We acknowledge that Covid has played a part in that.

I worry that a lot of energy and financial resource has been devoted to specific things that distract us from something much simpler that we know works. Accommodation is a whole area of discussion. We spend a lot of time looking at things like residential women's centres. They are very small and are taking a long time to get off the ground. They house only a very few women in five locations in the country for three months, so it is not a long-term solution. A lot of resource and time is spent discussing these when we know what works and we could put that energy elsewhere.

Similarly, there are the 500 women's places. A lot of energy is spent talking about that, but we know that short prison sentences do not have good reoffending outcomes compared with women-centred services. I know the Committee is well aware of this.

The other matter I want to mention about the strategy is the concordat, which could go a long way to addressing some of the systemic problems in supporting women. It requires a cross-departmental coming together. We know that so many of the levers of crime, the resettlement of women and reoffending fall outside the remit of the criminal justice system. We have talked about housing, addiction services and health services. There is very little movement there and no real indication that we have achieved any sign-up at national or local level. We think there is such potential with things like integrated care systems, the Domestic Abuse Bill and the violence against women and girls strategy. I would welcome the Committee looking at what we know works and putting energy and resource into those parts of the strategy that, despite the fact we have not made much progress, have great potential.

Q243 Rob Butler: Flowing on very neatly from that, I want to look at reoffending once women have been released. Laura, perhaps I may continue with you on this theme. What do you consider to be the primary drivers of reoffending? We have heard quite a lot from Dr Earle already. How do you think reoffending drivers differ in women from men, and what do you see as some of the solutions to try to reduce reoffending that we have not already heard about?

Laura Seebom: I started this work 15 years ago when I was a probation officer in Newcastle working on the prolific offender team. A small number of people commit the most offences. Twenty-five per cent. of those PPOs, as they were called, were women. That is a huge number compared with what we would expect. As a probation officer, I realised these women had huge lists of previous convictions and most of their partners had none. We know that 48% of women who offend and are in



HOUSE OF COMMONS

prison are offending for somebody else. This really made me understand—it was before the Corston report—how little we understood their needs.

We now know much more. From my experience since this time, we cannot understand and talk about offending and reoffending of women if we do not acknowledge the physical and sexual violence and abuse in their lives. We know that women are much more likely to be sexually abused than boys as children; we know that as teenagers the risk to girls and young women is different from the risk to young men. For young women, the biggest risk is those who are meant to love them. They might be their early relationships. The biggest threat to young men is a stranger. It is not nice; there are risks, particularly if it is racially motivated or it involves groups or gangs, but the psychological impact of a stranger is different from an intimate relationship. I will not go into it here, but we know that that is fertile ground for things like addiction, which leads to further abuse, homelessness and offending behaviours. We know that women are often in the criminal justice system as victims of much more serious offences.

We are in a partnership across the north funded by the tampon tax fund for women who are groomed for sexual exploitation. We put in that bid because we found that so many women we were working with in the criminal justice system, who were selling sex on the street, were victims of Rotherham's childhood sexual exploitation.

We also find that when we work with women who report crimes of sexual violence, usually no further action is taken. That is because in view of their previous convictions, addictions and lifestyle they are seen as not credible witnesses, so they are hugely disillusioned.

I am not saying this to be very dramatic, but in our first four months of lockdown Changing Lives worked with hundreds of women. In the north-east, reports of sexual violence went up 179%, but we have not seen a conviction for sexual violence against women in over three years. I say this to highlight that when women go through this and it leads to further offences and further abuse, they get into a lifestyle where they are stigmatised because of addiction, especially women who are mothers. Women are very aware of this. We have services where only two women registered with a GP. When we asked why, they said, "They're just not places for people like us."

To counteract that, we see relationships as absolutely central to offending, specifically for women. We know that women are at greater risk of reoffending when they are in a relationship—it is the reverse for men—but good relationships with good workers cannot be underestimated. It also reduces recall, with the impact of that. In my job, I see so many serious case reviews, including domestic homicide reviews, where all the agencies have done everything right but nobody has had a relationship with the women.



HOUSE OF COMMONS

Quite often it is seen as a fluffy world where women are working on relationships. It is vital, because if we do not know her we cannot reduce reoffending and protect the public. That would be my key message.

Q244 **Rob Butler:** That is a very full message. Vicky, is there anything you would like to add briefly on drivers of reoffending specifically for women that we have not already heard about?

Vicky Davis: I reiterate what Laura has just said. On women's offending, we know that financial gain is a highly motivating factor in trying to care for children. If they need to meet the needs of their children they will offend from a financial perspective. We also know that women are more likely to be convicted of theft than any other offence, and that is usually to meet a need that they have.

Laura referred to utilising women's centres out in the community where they can receive the holistic support they need to understand their previous trauma and help them address that to reduce reoffending.

Q245 **Rob Butler:** Given that this inquiry is about women in prison, do you believe that at the sentence stage those mitigating factors are not adequately taken into consideration by either magistrates or judges, and therefore a prison sentence results when it should not?

Vicky Davis: Absolutely. A lot of women in prison at the moment could have been dealt with in the community far more effectively than they can be in custody. They will get the support they need immediately from the women's centres, whereas in prison they go on waiting lists and quite often they do not get their needs met.

Q246 **Rob Butler:** Notwithstanding the seriousness of the offence and the impact it would have on victims?

Vicky Davis: Depending on the offence, there will always be a need for female prisons for the most serious offences. If the prison sentence is only three weeks, that would not be a serious offence and it could be dealt with in the community.

Dr Earle: Community sentences should not be regarded as a soft option. They are often quite demanding. Surveys in the past have shown that men would prefer a prison sentence and get it over and done with. Women who want to stay at home and look after their kids and maintain their role in the community would opt for a community sentence, and they do stay the course. There are very high completion rates among women on community sentences.

One of the positive things that has been happening recently, which I suppose is reversing a trend, is that we have seen community sentence treatment requirements come back: women-specific ones show very good results. There is much lower reoffending as a result of a community sentence rather than a short prison sentence.



Therefore, if you want to future-proof a penalty, or a woman against reoffending, there should be very sound reasons to send her to prison rather than offer a community sentence, or even early intervention and diversion, about which I think you have already had some evidence, which there is so much more scope for. Most of the women in prison are being sent there for relatively minor, non-violent offences like theft. I'm not saying they are victimless crimes, but in the scheme of things they are relatively minor, and you will compound the problem by a short prison term rather than a community sentence or intervention in the community. That is just what the evidence shows.

Q247 Rob Butler: Having been a magistrate for 12 years and sentenced many people myself, and having sat on the Sentencing Council and being very well aware of how the guidelines are framed—there is consideration in those guidelines of the specific aspects you are discussing—I know that it is incredibly rare that one would sentence a woman to prison for a minor offence unless it was an offence repeated many times, because it goes through a process. There are fines and then community orders. Somebody does not shoplift a bottle of whisky and find themselves in custody if it is the first time they have done it.

Dr Earle: I have met women who have been imprisoned for that. There is more than one side to every story.

Q248 Rob Butler: Not if it is a first-time offence.

Dr Earle: I have never met a magistrate who will admit to having sent a woman to prison for shoplifting. I have talked to a lot of magistrates, but they are there. The evidence is that it is counterproductive for relatively minor offending to imprison someone for a short period, just long enough for her to lose her home and kids and throw her life up in the air, and not long enough for her to be provided with the kind of support that will enable her maybe to give up the drugs and alcohol that were the result of earlier abuse and exploitation. Therefore, one has to understand it in the round, but critically there are very high reoffending rates as a result of short prison sentences and very low reoffending rates as a result of community sentences. I think we need to shift the balance.

The other factor you have touched on is the need for pre-sentence reports. The number of pre-sentence reports provided for women has dropped off a cliff. I believe that is part of the problem. Magistrates and judges are not always given all the information that should be before them. Often they are not told whether a woman has children who will be impacted, and that is another critical point. I know that the Joint Committee on Human Rights has looked into that. We still have not seen its recommendations implemented.

Q249 Chair: Perhaps you would cut it a bit short because we have a lot of ground to cover.

Dr Earle: There is some headway, but not nearly enough because we are coming back from a very difficult position.



HOUSE OF COMMONS

Rob Butler: The judiciary would say that they always ask about children, but we have heard your point.

Q250 **Maria Eagle:** From my experience, which is somewhat old now because I was the prisons Minister leading up to the end of the Labour Government in 2010, for repeat offences—they might have been minor offences—magistrates felt there were not enough suitable options to deal with them. That was why many women ended up in prison on very short sentences, which were too short to have effective interventions that would prevent reoffending, so my immediate observation is that it does not seem to have changed very much.

I would like to ask about offending, reoffending and resettlement support. Turning first to Vicky Davis, is resettlement support accessible to those who need it, because HMPS told us that since the beginning of the pandemic resettlement staff had mostly withdrawn from prisons and were providing only remote services, and that the lack of face-to-face discussions often undermined effective release planning. What is your experience of this? Is resettlement support accessible now to those who need it across the estate and, if not, why not, and what needs to be done?

Vicky Davis: You are right. When lockdown first occurred resettlement services removed themselves from prisons and support went remote or over the telephone, which, as we know, is not at all effective for women. They are now back in prisons working face to face. The Nelson Trust continued to access prisons throughout lockdown. We still provided support to women, but only those returning to the south-west, who are the ones we support.

I do not believe resettlement is available to all; it is very much a postcode lottery. Eastwood Park is a prison that serves a lot of courts—the whole of south-west England, three quarters of Wales and up into Birmingham and the midlands. In terms of resettlement, it is very difficult to support all the women when you have such a large geographical area to cover.

In addition, we have a high number of women at Eastwood Park on remand. Not all services will support women on remand. As of last week, 65 women out of about 400 in Eastwood Park were on remand and therefore were not able to get all the resettlement services that a woman who is sentenced could get. I believe that remand is being used more and more within the women's estate. We know that women are remanded sometimes for their own safety or because they have no accommodation, but that should not be the case. They should have accommodation and should not be sent to prison for that reason.

Q251 **Maria Eagle:** Do the other two witnesses wish to add anything briefly in respect of that point?

Dr Earle: There is a bit of a postcode lottery. We do not have women-centred services like the Nelson Trust or Laura's Changing Lives services



HOUSE OF COMMONS

uniformly distributed across the country. The Government set a lot of store in their female offender strategy by a whole-systems approach, which involves agencies working together to provide the right support in the right places at the right time, but only a few of those are operating. There are no more than when the strategy was published, and they are considerably under-resourced.

To pick up Laura's point, if the resources going into these very few residential women's centres were distributed more effectively to establish a women's centre in every local authority area and ensure that the whole-system approaches works, we would see far fewer women in prison, far fewer women going back to prison and far fewer lives, in particular women's and children's lives, being ravaged by the consequences of imprisonment and homelessness.

Laura Seebom: Like the Nelson trust, Changing Lives continued working in prisons during all the lockdowns, which was felt to be important. I believe that the women's estate is in transition following the reunification of the probation service. Our teams say that resettlement support is available other than for women who are remanded in custody, as Vicky said, but we are in transition. Previously, fairly late, there had been a real investment in what we call enhanced through-the-gate services.

Our team saw that as really positive. We saw real continuity from prison into the community and it was well resourced. All those teams have now been TUPE-ed to the probation service, which is good, and most prisons where we work have kept them in there to have a smooth transition for women and prison colleagues. However, my understanding is that they will go at the beginning of next year. There is a real concern about what will happen then.

With the new community rehabilitation service that we have been commissioned to run, we can work with women only where we have an actual referral from a probation officer, even if we know those women's needs. We are allowed to work only with women with an identified need for accommodation and social inclusion. That worries our teams because it does not include domestic abuse, applying for benefit and all the other things that are so vital to resettlement.

Our teams will work with women, whatever the need. I presume it is for the purposes of data, but segregating things makes for quite a complex system for something that does not need to be so complex. Our worry is that it is okay at the moment because through-the-gate teams are still there, but so far our referrals for women in prison are only 7%, which is extremely low. We are hoping that will change as the new contracts settle in, but it is something we need to watch.

Q252 **Maria Eagle:** How well is release on temporary licence used to support resettlement? Is what is done in the female estate sufficient, and can we do more?



HOUSE OF COMMONS

Vicky Davis: I think it is highly underutilised. At the moment Eastwood Park has four women going out on release on temporary licence to work placements. It is used very occasionally for family visits just before release to help resettlement in the community, but it is underutilised. Having said that, Eastwood Park is a very high turnover prison. We have a lot of women on short sentences and ROTL would not be an option for them anyway.

Q253 **Maria Eagle:** Jenny, we have heard a little about the new model and probation reform and what is supposed to be changing, but the MOJ says that the new resettlement approach provides pre-release activities for all sentenced individuals, whichever prison they are held in before release, and considers necessary support, including the importance of strong family relationships to support and prevent reoffending, so it should not matter where you are or what prison you are in. We know that there are only 12 and that people are spread all over the place and are miles from home. Given that is the new model, what effect has this reform had so far on those changes to the resettlement model? Does it make it better and easier to get proper support for women coming out of prison?

Dr Earle: It might in the long term. I think there has been some progress in the commissioning arrangements and dedicated women's support services to provide trauma-informed support. Some headway is being made there, but it is still fairly chaotic. There is a lack of clarity in many areas about who is delivering what kind of support, how joined up and adequate it is and what the continuity provisions are specifically in five out of the 12 probation areas that now exist.

This is all new. The fact that probation has been reorganised at least twice in the recent past has not helped progress. There are initiatives in some areas to improve housing outcomes, which is what the Safe Homes organisation is particularly concerned about. Only one of those pilot areas has a women's prison in it.

There appears to be very little gender-specific provision across the estate. I think you have had evidence from Bronzefield women's prison. That is the biggest women's prison not only in Britain but in Europe. I think that the housing support there has deteriorated under the new arrangements. Everyone is hoping that that is a glitch that will be sorted out, but it is not helpful for the women affected by that glitch.

We are still seeing high numbers of women being released from prison homeless. There is not a system that ensures that women will get the right support at least two weeks before release. There is no point trying to address a woman's housing need on the day of release and thinking that there will be a good result.

There is still a long way to go, but we are pleased. I think Laura and Vicky would be better able to speak about how the women's services that provide such valuable support are affected by the new commissioning arrangements, but I would not say it is going smoothly yet.



Laura Seebohm: I agree it is not going smoothly. Our teams are really positive about it compared with their previous experiences. That is a really great thing. A lot of teething troubles worry me. One of the gaps is the change in the categorisation of needs for women. I know that the Committee has already heard about the segregated needs—everything has to be listed. We had a referral the other day in the midlands where 40 needs were listed. For one person we had to report back on 40 different needs. It gets quite complex. I presume it is something to do with the collection of data, but within that there is no actual need in terms of domestic abuse; it is not mentioned explicitly.

As for sexual exploitation of women, or women who sell sex or suffer violence, that comes under a category called lifestyle and associates. Our team is worried that that suggests women are choosing to spend their free time with exploiters and perpetrators, and we all know that for coercive control and grooming it is much more complex than that.

There are teething troubles, but on the whole our teams are excited about the potential. As with everything, there is a new policy and it is all about how it is implemented. We have already highlighted some key risks.

Vicky Davis: The Nelson Trust is the commissioned service in Gloucestershire, Wiltshire, Somerset and Avon, and Bristol. As Laura said, we are positive that there is now a specified female pathway under that new commissioned service. There are some teething issues, but you always expect that with a new commissioned service. We are local to Eastwood Park, so it is easy for the Nelson Trust to access Eastwood Park and provide that pre-release support. For an organisation based in Birmingham or Truro in Cornwall it is not as easy to have a representative in the prison providing that support.

Dr Earle: There should be a specialist housing adviser in every women's prison by now and there is not.

Chair: That is helpful.

Q254 **Dr Mullan:** Dr Earle has spoken passionately about short sentences. It is important that we have the context. The latest statistics I have seen show that of 2,539 women in prison only 150 were sentenced to less than six months and 122 to less than a year. Would you agree that the overwhelming majority of women in prisons are not serving short sentences?

Dr Earle: You have to distinguish between the churn and static population. If you look at the number of women sentenced to imprisonment over a year, about 60% receive sentences of less than six months. The fact is that the longer you are in prison the more likely you are to be there when that count is done, but the churn is a result of a very large proportion of women who are in prison for short sentences. You get a different picture if you look at the static population.



Q255 **Dr Mullan:** Indeed.

Dr Earle: But the problem around homelessness and resettlement is the churn: women going in and out.

Q256 **Dr Mullan:** Indeed, but when we are talking about the prison population and the services that the Justice Committee is dealing with, most of them are in there for long sentences. As we speak, the population is a high-sentence population.

Dr Earle: Most of the women who go through women's prison are on short sentences, and that is why the services and support have to be geared to that fact. The Prison Reform Trust has done some fabulous reports recently on the experience of women who are in prison for longer periods. There are some longer-sentenced women, but if we are to get better results for women and achieve the Government's objective of reducing women's imprisonment we have to tackle the problem of too many short sentences that have a very damaging effect on women, their families and their communities.

That is a confusing area. I have spent years having to explain to people that there is a huge difference between the annual throughput and the static population, but for the services to reach women they have to be geared to the short-sentenced women as well.

It is very important not to miss out the remand population because the numbers have been going up. That is not right. Women are very unlikely to get a custodial sentence when they are convicted if they have been remanded, so on the whole they have been doing time undeservedly.

Q257 **Andy Slaughter:** You have all made the point quite clearly that housing is pretty fundamental to resettlement. We have seen the Safe Homes figure. Sixty per cent. of women are without accommodation to go to. Who is letting the side down there, or is it a combination? Should it be for local authorities, housing associations, charities, NGOs or, like refugees and asylum seekers, should it be nationally commissioned?

Dr Earle: There needs to be more joined-up working. There has been some progress on that. The Ministry of Justice and the Prison and Probation Service are working a bit more closely with what was until recently the Ministry of Housing, Communities and Local Government, but if the female offender strategy was more proactive it could develop a more effective strategy that joined up local authorities, housing providers, the voluntary sector and statutory bodies to provide better outcomes for women.

I expect you are aware there is now the duty to refer under the Homelessness Reduction Act. That is showing some results, but it is very patchy in practice. There is a new duty on probation and prison services to refer women and men who are thought to be at risk of being homeless. There is a duty to provide housing, but because of the shortage it is often very difficult. There are some very good providers and



HOUSE OF COMMONS

housing-first models. The scale of the problem is not huge; it is just that it requires joint collaborative working at both national and local level to get the pathway sorted out. Safe Homes has produced a draft women's release protocol. We have been doing a lot of work on that with the Mayor's Office for Policing and Crime in London. Our primary focus was on London because there are so many different local authorities and housing bodies to deal with. Something like that taken on board by central Government would help to tie people into the same objective—safe housing on release.

There is also an issue of definitions. At the moment the Ministry of Justice records someone as not securely housed, or something along those lines, if they have three months' accommodation lined up. I do not think that is an adequate definition of safe, secure housing. Many women are released not necessarily street homeless. That is an important factor in meeting women's housing needs. They are much more likely to be invisible; they are the hidden homeless. They sofa-surf or use someone's spare room. On the definition that the Ministry of Justice uses, if you go to a friend's spare room your housing is sorted out; you are no longer in housing need as far as the national stats are concerned. I would like them to revisit that and agree a more realistic definition of what constitutes a satisfactory housing outcome.

Q258 **Andy Slaughter:** Would the other witnesses like to pick that up? The Homelessness Reduction Act is not being implemented.

Laura Seebohm: It is very unlikely that most women could go straight into a tenancy. Often, women are excluded from tenancies for previous arrears and because of their convictions. We know that most women cannot go into a refuge because of previous convictions, so it is difficult.

The first port of call would be a referral to a local authority. Women should be seen as a priority in terms of need. We work with many different local authorities. There is a reluctance to deal with women who are seen as revolving doors—they are seen as having burnt their bridges.

There is a level of discretion here. We see some women still being classed as being intentionally homeless because they have gone into custody, but the main issue is that the local authority cannot, because of its funding, hold a bed for a woman in supported accommodation. We cannot say that she is coming out in a month's time and she needs it on that day. Therefore, nine times out of 10 either the day before release or on the day of release something is found for women. We have a crazy situation where we are sitting around with nothing happening and suddenly, the day before release, everything goes through the roof, because until you have got where you are going to be all the other resettlement needs are in the air. You cannot sort out a drug appointment or benefits appointment until you know where you are going to be. It is also hugely stressful.



The other point about suitability of accommodation is that usually it means women going into hostels. Changing Lives does not have mixed hostels, but there are many out there. Even then, where you have lots of individuals coming out of prison, or come in off the streets, it is not a place where people tend to get well and healthy, but people are seen as housing ready only if they do really well in that environment.

Changing Lives is looking at a radical new approach to give people their own front door as soon as possible. The outcomes are looking much better because these kinds of shared accommodation projects do not have a good impact on reoffending and people's ability to get well and reintegrated into the community.

Q259 **Andy Slaughter:** It sounds pretty bleak wherever imprisonment takes place, but a lot of women will be in prison quite a long way from home. Does that make it more difficult or problematic to obtain accommodation?

Laura Seebohm: It is hugely more problematic.

Vicky Davis: I think it is much more problematic the further away from home they are. We have touched on the duty to refer. A duty to refer has to be submitted to the local authority if the woman is homeless. At the moment that duty to refer is submitted by the community offender manager, who in most cases has not met the woman and does not have a good understanding of her needs. Therefore, it would be much more practical if the custody offender manager completed that duty to refer. They have built a relationship with that woman; they understand her needs and they will be able to fulfil that duty to refer much more appropriately than the community offender manager.

Dr Earle: Traditionally, local authorities have required a local connection to accept someone for rehousing. I think some have amended their practice, where appropriate. In particular, women fleeing domestic violence may well need to move local authority anyway, but there are barriers like that. They have also traditionally regarded women who have been released from prison as making themselves intentionally homeless, which is why it is very important that all possible preventive measures are taken to prevent women from losing tenancies if they go into prison for a short period.

Eastwood Park, where Vicky works, has a lot of women from Wales. They are not just relocating women a few miles up the road in England; they are relocating or helping to resettle them across the border in Wales. That is just one illustration, but they are likely to be very far away from where they need to be rehoused.

Laura Seebohm: Jenny mentioned housing-first models. That is often talked about as a great alternative to this hostile system of hoops to jump through. Housing first is only for those having entrenched rough sleeping. As Jenny mentioned, many women will not be seen as having entrenched rough sleeping, which is harmful in itself. In some ways that



is good, but we are very concerned about the number of women who are targeted online with free rent for sex. We are working with one of your colleagues, Peter Kyle, on this. We see women being very proactively targeted. A lot of women we work with might choose not to sleep rough because quite often someone says, "You can stay at mine tonight," but it is not a safe place to be. That is quite often why it is so hidden for women in the homelessness system.

Q260 Dr Mullan: You, Dr Earle, mentioned the classification of homelessness where somebody might be in a spare room or on a sofa. Is it your position that only a state-supported placement is a legitimate rehousing of a woman after prison? Surely, it can be perfectly legitimate and valid for a woman to go and live with her family in a spare room or sofa surf with a friend. While not all those circumstances are ideal, they could be very valuable and legitimate and lead on to that woman progressing.

Dr Earle: It may be, but it is less likely, is it not, than if she has been guaranteed the support that will lead her? It is fine if you are temporarily in someone's spare room, but only if you have been provided with ongoing key worker support that will end up ensuring that you have some long-term satisfactory accommodation.

Q261 Dr Mullan: It could be valid.

Dr Earle: It should be classified as a temporary housing outcome. Many of these women have been very let down by many services over the years before they end up in prison. Let us not forget that.

Q262 Angela Crawley: Laura, we are aware that about half the women sent into custody in 2019 received sentences of up to and including three months. We have heard already about the effect of short-term sentences on resettlement. Perhaps you could say more about how resettlement support should work for women, particularly those who are receiving short sentences of three months or less, and the alternatives. I would be keen to hear from the other panellists afterwards.

Laura Seebohm: I have already mentioned the last-minute rush to find somewhere to stay. Obviously, that is exacerbated by a short sentence. It is important to point out that charities like Changing Lives are primarily concerned with homelessness. We find a lot of accommodation for women that is not state run, but, because we are commissioned by the local authority, applications have to go via the local authority. People cannot just come to us and say, "Can we move in?" That is why there is some complexity in the system.

As for the last-minute situation, everything hinges on homelessness. Often it can be inappropriate and unsafe. We often have women going somewhere they have never been to in their lives. They have no community links; there is nothing there. There are huge complications with benefit applications, setting up and activating bank accounts, referrals to mental health, drug and alcohol treatment and getting prescriptions.



We see women going to temporary supported accommodation and being stuck in the revolving door of crisis and crime. I think women themselves feel that the system is set up against them. For me, it makes the women feel and be treated as if they are very complex, but often it is our systems that are very complex.

Q263 Angela Crawley: Could you give some examples of where women have been successfully prepared for release? What needs to be done to ensure that those women receive sufficient support and continuity of care? I think you alluded to some of that, but if you gave a positive example it would be helpful.

Laura Seebohm: We find that working with women in the community is about building a relationship while they are in custody. It is about continuity. Building trusted relationships is key. Whatever work we are doing, we look at what is most meaningful to her and addressing what has happened in her life to get her there.

The other crucial element is some sense of belonging in a community, whatever that looks like, so the isolation in being plonked somewhere with absolutely no ties is really difficult in terms of reoffending. We have seen that work when you have long enough to get all of this in place and have a meaningful, trusted relationship with the same person who will support you. In some ways, it is quite simple. We can make it as complex as we want, but in my case it is not that complex. ^^^

Vicky Davis: To support what Laura said, the Nelson Trust in Eastwood Park has dedicated key workers who can interact with the women on a daily basis and start building those relationships. The women are far more likely to engage on release from custody, and they do. They engage with the Nelson Trust; they attend our women's centres, which are one-stop shops offering holistic support for all their needs. The model works. It just needs to be available to more women in more communities.

Dr Earle: I think the ground has already been covered. It is very important that the services that are available to women do not involve long waiting lists, and they are there for women when they need them and they are ready to take the help that is offered.

We heard a tremendously compelling account by one of Vicky's colleagues, a young woman called Chloe, about how that worked for her. There are stories out there. I think there are stories in a lot of the briefing materials you have received, but we need to understand women's life experiences, which, as the high levels of self-harm in women's prisons show, often involve histories of trauma, abuse, loss and grief. They need to be judged less as having offended against society and understood more as people who have often been repeatedly let down.

Women offenders are the first to accept blame for what they have done, but they do need a lot more empathy and sympathy. The London Prisons Mission co-ordinator, John Plummer, is very eloquent about this. It would



come better from him as a man than from me as a woman. He says that there are not enough men working in the justice system and other services who get what has happened to women by the time they end up in prison and the kind of support they need. I do wish that he was here to say it, because you have probably all marked me down as a rabid feminist by now. John Plummer would say all this without that label hanging over him.

Q264 **Angela Crawley:** If you are a rabid feminist, it is very welcome to hear it.

My final question needs a simple yes or no answer. Do you feel that the female offender strategy is working?

Dr Earle: Let us turbocharge it. It says all the right things; it is evidence based. I was pleased that Lord Wolfson reiterated his and the Government's support for it at a prisoners' week function hosted by Bishop Rachel Treweek, but it needs to be turbocharged. It is going too slowly and needs more resourcing at both government and community level.

Q265 **Angela Crawley:** Vicky, yes or no?

Vicky Davis: There is still a way to go.

Q266 **Angela Crawley:** Laura?

Laura Seebohm: Not yet, but there is lots of potential.

Chair: I thank all our witnesses very much. We are very grateful to you for your time and very helpful evidence today. Thank you very much for coming today either in person or remotely.

Examination of witnesses

Witnesses: Sandra Fieldhouse, Juliet Lyon and Sue McAllister.

Q267 **Chair:** Good afternoon. Thank you all very much for coming to see us this afternoon. We have made our declarations of interest. Ms Farris, who has joined us, is a practising barrister and will ask the first question. May we kick off with everybody introducing themselves and their organisations?

Juliet Lyon: I am chair of the Independent Advisory Panel on Deaths in Custody.

Sue McAllister: I am the Prisons and Probation Ombudsman.

Sandra Fieldhouse: I am from HM Inspectorate of Prisons.

Chair: Sandra, it is very good to see you. Sue and Juliet are familiar to us. Welcome back; it is good to see you.

Q268 **Laura Farris:** I have a few questions for Ms McAllister. I read your report



HOUSE OF COMMONS

into the death of the baby at HMP Bronzefield. It is a very hard report to read. Perhaps I may ask a few background questions before we look at what the MOJ is doing. The narrative describes a catalogue of errors, but I would like you to say in your own words where you think it started to go wrong for Ms A, as she is known in your report.

Sue McAllister: We know that Ms A had had a very troubled life and childhood. She had been in local authority care for a lot of that time. She came into custody having had a pregnancy test in the police station. She had been referred to the statutory agencies. From the outset of her time in custody, which was the time we were concerned with during the course of our investigation, there was no real grip on her needs. One of our recommendations, as you will have read in our report, is that there ought to be a trauma-informed approach to caring for women in custody, particularly pregnant women, and one that takes account of all the things that happened to that woman during her life.

Ms A exhibited challenging behaviour in custody and was often viewed as being badly behaved rather than having many and complex needs, so the care she received was not right for her. Specifically, the care given to her as an expectant mother was not suitable or fit for purpose, and we picked that up in our report and recommendations. Therefore, it was a midwifery model doing its very best to care for pregnant women, including Ms A, but it was really based on a pregnant woman in the community, not a woman who was very frightened about what would happen to her and her baby; who was unwilling to engage with the care being offered; who could not pick up the phone to speak to a midwife, a friend or mum; and who could not access a GP whenever she felt she needed to. From start to finish, the care available, while well intentioned, was in many respects not fit for purpose.

One of the things that we pick up in our report and recommendations is that there needs to be a wholesale review and change to the midwifery model available to women in prison. Ms A did not get the right care from the very beginning.

Q269 **Laura Farris:** Let me ask you about the events on the night, which are most shocking. Frankly, it is reminiscent of the Victorian workhouse. How on earth was it that she was in the early stages of labour and calling for help and one person took her call but then went off somewhere else? A call to another person did not go through. There was a flashlight, and at that stage she was on all fours giving birth. What was your picture of the night? To what extent did you think it was a completely atypical failure by just some personnel who, frankly, were probably falling below professional standards that could be expected of them, or did you think that was something that could be a feature of a women's prison more generally?

Sue McAllister: The events of the night when Ms A gave birth were absolutely shocking. There was confusion about her due date.



HOUSE OF COMMONS

Q270 **Laura Farris:** I saw in the report that there was a failure to record new information. Somebody had identified she might have a late September birth, but had not recorded it or not shared the information.

Sue McAllister: Yes. A number of people had examined her during her pregnancy and a number of different due dates were recorded. The one that seemed to prevail was a due date of November. It was based on a visual examination. Ms A did not have any scans. That due date of September seemed to prevail despite other clinicians indicating that it was earlier and was indeed September. Therefore, when Ms A went into labour nobody really thought she was in labour. They certainly knew she was in pain because she said that when she rang her cell bell.

We report on what we find during the course of our investigation. What we found during the course of the investigation was that two members of staff on duty that evening did not do what they should have done in answering the cell call bell. We know that a previous inspection of Bronzefield had picked up concerns about the answering of cell call bells. While the parameters of our investigation were not set up to identify any cultural or systemic failings, we did note that previously there had been concerns about cell call bells, which would suggest there is work to do at Bronzefield in sorting that out.

We identified that two members of staff did not do what they should have done and we made a recommendation that further investigation should be carried out. We know from the action plan in the Bronzefield report that that action is now signed off by Bronzefield and Sodexo as completed. The words used are that "it has been completed and progressed appropriately".

One of the frustrations for us as PPO is that we do not find out what that means and what the end result is. It is the same for other investigations that we carry out in prisons. If we recommend a disciplinary investigation the prison can respond and tell us it accepts that recommendation, but it does not have to tell us the result of that disciplinary investigation.

Q271 **Laura Farris:** Ms McAllister, I think that the MOJ has accepted all your recommendations.

Sue McAllister: All bar one, which relates to resuscitation equipment for newborns. Essentially, what it is saying is that that is more appropriately held in an ambulance. We understand that.

Q272 **Laura Farris:** There is quite a lot of perinatal work going on. I think that in a way there is now no difference between you and the MOJ about what needs to happen, but if you were to identify two or three things that you thought were core to any pregnant prisoner what would they be? You hinted at one. I think that it emerges from your report that midwifery should be brought in-house, or certainly that they should not be sent out into the community. Could you go through maybe two or three key points?



Sue McAllister: What we said about the midwifery model was that it needed to be one that was essentially bespoke for women in custody and their needs, which are very different. That has been accepted. What we are told is that an enhanced midwifery service has now been designed. In the words used in the action plan, we are told that “it is now nearing completion of the mobilisation phase”.

Q273 **Laura Farris:** It is starting?

Sue McAllister: Yes, and that is good news, but it needs to be monitored. We are not resourced or set up to monitor what it might look like in six or 12 months’ time if another pregnant woman with complex needs were to be in Bronzefield, for example, but we are pleased that the recommendation has been accepted and the new model has been designed and resourced. It is now all about the delivery and what happens on the ground.

We also know that the recommendation about a trauma-informed approach has been accepted, but that now needs to be designed. There needs to be an agreement about what it looks like by people who are experts in designing trauma-informed models. We are saying that that is not just about caring for pregnant women; it is about caring for women in prison who typically have very complex needs. They are the two big-ticket issues coming out of that.

There is always the issue to which you alluded about the culture of care and individuals doing the right thing on the day. That is a matter for the particular prison and the women’s estate more generally, but, as you say, all of our recommendations have been accepted bar the one I have mentioned, so we are hopeful.

Q274 **Angela Crawley:** Specifically on trauma-informed training or any kind of framework, in Scotland we have introduced a national programme, funded by the Scottish Government and promoted by the Law Society, to have trauma-informed toolkits for anyone who is working with offenders. Would you like to see the Ministry of Justice replicate that, or is there more that you think should be done—that a different model should be applied to this field?

Sue McAllister: I am not an expert on trauma-informed models. There are people who know a lot more about it than I do, but if I were charged with the task of designing it and I learned that you had a model that was working well in Scotland I would be coming to have a look at that. I think that would be a very sensible thing to do. We know that there are people in the Prison Service in England and Wales who understand what it needs to look like, but if there are models already in operation it would be very wise to see what is transferable.

Q275 **Rob Butler:** Before I broaden the discussion, I wonder whether I might turn to Ms Fieldhouse for the inspectorate’s point of view. Given that Ms McAllister has said that her organisation cannot follow up on a



HOUSE OF COMMONS

recommendation, is that something you would ever pick up in an inspection, or is that too far removed from your four healthy prison tests?

Sandra Fieldhouse: That is exactly what we do. We have an agreement with colleagues in the PPO that the inspectorate will receive their recommendations based on any deaths in custody. At our next inspection of that establishment we follow up each and every one of them, and then feed back to the PPO the progress made. We are also very keen to build on that relationship.

Q276 **Rob Butler:** That is helpful clarification. I put a very general question to all three of you. Starting with Ms Fieldhouse, how would you assess the overall quality of the female prison estate, and how well do you think it meets the needs of the women who are housed in that estate?

Sandra Fieldhouse: As an inspectorate, we use what we call healthy prison tests. The 12 women's prisons tend to perform reasonably well against each of those healthy prison tests—certainly better than a lot of men's prisons. Generally, in terms of our judgments we are fairly positive on safety, respect, purposeful activity and resettlement. We have certainly seen an impact on some of those judgments because of the Covid-19 restrictions. We can certainly see direct impacts on purposeful activity and resettlement. There are some areas that for the time being we want to monitor closely, but overall in terms of quality the judgments are positive. That does not mean that there are not significant areas for improvement, and we make repeat recommendations about how things should be improved.

If that takes me on to need, other colleagues have already told you that women in prisons are often extremely vulnerable. They have quite a complex range of personal needs, often based on previous trauma. One of the things prisons struggle with is meeting the high demand around mental health issues and problems. The week before last I was in a prison where we did a survey. Eighty-five per cent. of the women who responded to that survey said they had a mental health problem, which is huge. They were coming into prison with a mental health problem and the prison itself was trying to respond to a variety of needs under that umbrella term.

I sat in on the previous session and heard colleagues talking about short sentences. That is another area of need that prisons struggle to cater for, mainly because it is difficult to deliver appropriate education, skills and work when somebody is in prison for such a short space of time. What can you expect somebody to achieve in a few weeks?

The other gap is around offending behaviour work. A woman serving a short sentence can go through much of her time without learning very much and without having to explore why she ended up in prison in the first place, which seems a bit of a waste.

Q277 **Rob Butler:** To pick up what you have yourself highlighted, I think it is



HOUSE OF COMMONS

fair to say that the previous panel was quite critical of the situation in which women find themselves in custody, yet you have told us that generally the prisons inspectorate finds quite good outcomes. How do we square that circle? Is the problem those latter points you have just raised, or are the inspectorate's four healthy prison tests not sufficiently bespoke for the women's estate, which is a suggestion that I would like to make about women's prisons in a moment?

Sandra Fieldhouse: We spent two years reviewing the expectations, so I hope they are not underachieving. The new expectations that came out in April expect prisoners to push themselves forward. They are based on the trauma-informed principles colleagues talked about earlier. They expect people to take that further step. It is too early to tell whether all those expectations will have an impact on our judgments because we are a bit clouded by Covid at the minute. We hope that as Covid settles down we might see our expectations pushing prisons to a greater extent.

Q278 **Rob Butler:** Ms McAllister, would you answer the general question I started with about your assessment of the overall quality of the female prison estate and its fitness for purpose?

Sue McAllister: It is very difficult for us to comment because as a PPO our remit is to investigate when things go wrong. We investigate deaths. We do not investigate all the times when lives are saved, or when vulnerable women are saved from taking their own lives. We investigate complaints and so do not investigate when things are going well.

We know that we get fewer complaints from women in prison than we would expect based on the numbers, and we have been doing some work to try to understand why that is. Anecdotally, we are told that some women fear reprisals if they complain. Similarly, we are told that women's prisons are better at resolving issues locally, because sometimes the relationships between prisoners and staff can be better at doing that. Therefore, without wanting to duck the question, we go in only when things go wrong and so we can comment only on what has not gone well.

Q279 **Rob Butler:** On the point about complaints, does that mean that you get proportionately fewer from the female estate than from the male estate?

Sue McAllister: Yes, it does. We get about half as many as we would expect if it were purely numerical. It is a similar picture for young men in prison as well. We have been doing a lot of work to understand why that is. We know that it is not simply that they do not have as many things to complain about.

Juliet Lyon: The question you have just asked about proportionality and comparisons with men is a useful one. It is important to put out a couple of facts given that our role is to advise how to prevent deaths in all forms of state custody. That includes natural as well as self-inflicted deaths. My overall view is that if you place very vulnerable women in a very short-staffed institution that is not designed to meet their needs—how could it



HOUSE OF COMMONS

be?—you will get the levels of self-harm we are looking at, which are spectacularly grim.

I have a couple of figures to give you. For the 12 months to the end of March of this year, there were 11,538 incidents of self-harm. This is among a population of women who are about 4% of the overall prison population, but they represent 22% of all the self-harm statistic. Therefore, there are much higher levels of self-harm and vulnerability.

If you look at the position prior to custody, you find that 23% of men have attempted suicide at some point in their lives, and for women it is 46%. That compares with 6% in the general population. You are talking about an exceptionally vulnerable group with a history of trauma, which will probably have already emerged in your inquiry. They are being put into an establishment where often good efforts are made to try to meet needs but, whichever way you look at it, it is not fit for purpose, whether it is because it is very far from prisoners' homes—we know that family contact is a way of buffering against risk—or whether it is because you need multidisciplinary teams. We know that in the past and currently there are huge gaps in the healthcare teams. There are up to one third of vacancies in healthcare teams in women's prisons. Therefore, the prospect of having multidisciplinary working is limited. The ratios are also very limited. Years ago I worked in mental health where the ratios for the number of professionals available to respond to somebody in need and difficulty are totally different. In a nutshell, I feel that we expect our most bleak places to cater for our most vulnerable women, with, I am afraid, predictably grim results.

Q280 Maria Eagle: I would like to turn first to Sandra Fieldhouse and ask a little about the use of prisons as a place of safety. Does this happen at a disproportionate rate in the female estate compared with the male estate?

Sandra Fieldhouse: It is hard to tell. Data gathering is so poor that nobody can find the figures to demonstrate it. Everybody I speak to would assume that there is a greater proportion in women's prisons, but nobody can know for sure. It is very important for me to say to the Committee that it is not just men and women. We also see examples of children being sent to young offender institutions as a place of safety. We have had a couple of examples of children as young as 15 who have ended up in young offender institutions because there is a lack of provision in the community.

To go back to your question, in order to try to bridge the gap in the data the chief inspector commissioned us to do a small piece of work. We asked six prisons, three men's prisons and three women's prisons, to tell us how many prisoners had arrived in the past year as places of safety. Of the three men's prisons, two could not tell us anything, and one said, "We have some data somewhere from last year and we will send it to you." Therefore, it was out of date. It suggested that in men's prisons the



HOUSE OF COMMONS

data collection was not happening, and for them to find the data would mean manually sifting through mountains of paperwork and information.

The three women's prisons were slightly better. One prison identified 50 women who had arrived in the past 12 months as a place of safety, and the other two women's prisons identified between them about 18 cases. Therefore, a total of 68 women had gone to those three prisons as places of safety in the past year. We know that over half of those women subsequently went on to a secure mental health hospital. It was not as if they were going to prison to be made better; their needs were so acute that probably they should not have gone to prison in the first place.

Q281 **Maria Eagle:** If there is a lack of data, it sounds to me as if it is quite difficult for you to get a handle on how bad this is and whether it is worsening.

Sandra Fieldhouse: That is exactly right. We see some horrific examples. Recently, in one prison I was looking at the case of a woman who had been sent there as a place of safety because there was no alternative. She was so acutely unwell that she was threatening to kill herself by jumping from heights. She was charged with causing a public nuisance and sent to prison. There are some acute examples of people who end up in prison because there is no choice.

Q282 **Maria Eagle:** This is anecdotal because you do not have data, but I am getting the sense that people are sent there as a place of safety because there is nowhere else; there is an inadequacy of community provision.

Sandra Fieldhouse: Definitely. If there is one thing that needs to be done urgently it is to provide more community alternatives to prison.

Q283 **Maria Eagle:** Do you have any plans to do any work to try to get a better handle on how widespread is the practice of using prisons and YOIs as a place of safety? There is a bit of an issue with the youth custody estate because of the closure of the STCs, which are supposed to be for vulnerable children. If kids are being sent to YOIs as places of safety, which are supposed to be for less vulnerable people, clearly that is a concern. Do you have a plan to do any work to get a better handle on this?

Sandra Fieldhouse: We will certainly keep looking at it and identify it in every inspection we do and pass back these issues. It is not just HMPPS, is it? It is about the need for all agencies, departments and bodies to come together to resolve this. It is not just down to the Prison Service. They cannot do it on their own. We will keep raising the issue. Just this week the chief inspector wrote to the Minister to flag up those concerns.

Q284 **Maria Eagle:** May I put a question to Juliet Lyon, who has done a lot of work over the years, particularly in the role for which she is before the Committee today? Do you have any information that comes to you when you are investigating deaths in custody? Do any of those relate to people who have been brought into prison allegedly as a place of safety?



HOUSE OF COMMONS

Juliet Lyon: That question should go to Sue as PPO, but the panel does have information, which I am obviously happy to give you. It has been a concern to us. If prison is being misused as a place of safety, that leads to a higher likelihood of deaths in custody.

We have been doing some work with the Magistrates Association. My colleague on the panel, Jenny Talbot, from whom I think you have already heard, did a survey with the Magistrates Association in 2019 to examine the use of community sentences with treatment requirements, in particular the one with a mental health treatment requirement and also those for addictions to drugs and alcohol. At the time we were shaken to discover how limited the use was of these orders. The survey was illuminating in so far as magistrates essentially seemed on balance keen to use them, but did not know about them, did not have enough detail about them or they simply were not available in their areas.

Since the survey in 2019 the use has dropped even further. The use of mental health treatment requirements featured in 1% of all the community orders handed down by courts. It is now below 1%, so it is pitiful. We had another meeting with magistrates at their AGM on Saturday. With 100 magistrates there, we ran a straw poll of whether they were or were not using these. What you can see is that where money has been invested and pilots are being run they are being used much better than they were, but there are whole areas of the country where they are not used at all.

Q285 **Maria Eagle:** Do you think that if those orders were more widely available and better known by magistrates they might be a viable alternative to using prisons and custody as a place of safety?

Juliet Lyon: I think they are one really important option. We need a range of services. A network of women's centres would be the other thing, which has been recommended on a number of occasions.

Q286 **Maria Eagle:** I agree with that.

Juliet Lyon: It would be something that would provide some kind of safe housing and the opportunity for women to continue to care for their children. We know that two thirds of the women in prison are mothers of children under the age of 18. There ought to be a network of facilities in the community so that prison is not used in this way. It is a dreadful ask of governors and staff. Quite often, they hold women as safely as they can. That might be putting them in segregation, which is a very limited area although in some instances is probably safer than somewhere else, but it is a harsh place to be.

I think women wait an average of six months if they are considered ill enough under the Mental Health Act to be transferred to secure health facilities. We will always have to face the fact that women in trouble with the law will also have mental health needs, but if earlier, preventive work were boosted and prison were restricted to women who had committed



HOUSE OF COMMONS

serious offences there is no doubt that it would be a very different picture, and much less risky in terms of the risk of suicide and self-harm.

Q287 **Maria Eagle:** Ms McAllister, do you have any information that might help the Committee in respect of the extent to which prisons are continuing to be used as places of safety? Do you have any idea of what the trends are?

Sue McAllister: We do not have anything specific from our investigations because we investigate fatal incidents. We investigated 10 fatal incidents last year, two of which were self-inflicted deaths. We do not have any specific cases where we have identified the use of prisons as a place of safety.

We investigated one self-inflicted death. A woman took her own life and our investigation identified that she had been sectioned under the Mental Health Act several times in the past. On this occasion, she was in prison. As Juliet said, the time women can wait for transfer to a mental health unit can be very lengthy, and this woman took her own life while she was in prison. Therefore, there is an indirect relationship with the issue of place of safety, but certainly we have carried out investigations into women and men where it has seemed surprising to us that that the person was given a prison sentence rather than an alternative disposal.

Q288 **Chair:** Juliet, you talked about suicides and self-harm. One of the things that does concern us is that there appears to be a disproportionate number of both in relation to the women's estate. As far as you are concerned, what can you see being done to reduce self-harm in the women's estate? Are specific initiatives being dealt with to tackle that?

Juliet Lyon: There is the overall drift of what I am trying to put across to the Committee: earlier work, preventive work and a proper health response to women. With women entering custody, I know that staff are trying hard now: they have a self-harm taskforce, and they are looking at improving the first night.

We did a survey of 60 women and 40 health professionals to see what they believed was required. In the main they felt that, as far as possible, close working by staff—they were just starting the key workers scheme in women's prisons. It has taken a very long time to get that going. That is a scheme where there is a ratio of six staff to one prisoner—I mean six prisoners to one member of staff. Whoops!

Maria Eagle: I was going to say.

Juliet Lyon: That would have been something. Having six prisoners to one member of staff means that a member of staff will know those people very much better. That is helpful.

The ACCT form has been revised, and it is now in women's prisons. It has a greater involvement of mental health staff than the previous



HOUSE OF COMMONS

arrangements for monitoring risk, and greater involvement of family members. We are supportive of both those two interventions.

Q289 **Chair:** That applies to self-inflicted deaths as well, potentially, or are there additional factors there?

Juliet Lyon: It applies to trying to prevent self-inflicted deaths.

Chair: For both harm and death, you are adopting the same approach.

Juliet Lyon: When you look—Sue has mentioned it already—I was aware that there was a young woman who died not so very long ago: Annelise Sanderson in Styal. During the course of the day she was arrested. She had been drinking petrol and trying to harm herself, possibly trying to take her own life, and she did indeed take her own life in the prison.

Very often, when you look into what has preceded a death in custody, you unfortunately find that there has been a series of attempts. On occasions—this is true of men, too, of course, but particularly of women—they are arrested and charged with a public nuisance offence, which turns out to be a failed attempt at suicide.

I cannot stress enough that this is a particularly vulnerable population, with an inadequate amount of support and training for staff and inadequate multidisciplinary working.

However, there are possibilities of doing things differently. I suppose that is what is so frustrating. I have to say this, Chair. The policy and strategy are correct in their drive, or in their ambition, I should say, as they were with the previous Government. This is decades of commitment to reducing the number to a viable minimum. However, nothing has actually been done—nothing adequate—to meet those ambitions.

Now we are faced with a commitment to 500 more places in prison for women, when that investment could be—I do not know whether it could still be, but one would hope it could be—diverted into a range of services, which would obviate the need for those places, in the same way as the children's population was reduced by 70%, using police discretion, alternatives and so forth. I think that is a good model. It has been successful, and one could look across to that for how to resolve the situation for women.

Sandra Fieldhouse: We sometimes get frustrated by an over-reliance on the ACCT process by itself. Sometimes we almost perceive that the completion of an ACCT form is seen as an outcome in itself, when we know it is not.

I will not take too much time, but what we want to promote for the new expectations, and what we saw recently in a women's prison, was a whole-prison approach to working with women at risk of self-harm, particularly women who are prolific self-harmers. In that particular prison, they had identified a small number of women who had committed



HOUSE OF COMMONS

75% of the self-harm incidents in the past six months. Their approach with those women was to help them early on, avoid their triggers setting off crises and therefore avoid them getting into self-harm. It was not anything scientific; it was some very basic approaches to take with women to try to engage them in a more positive future. It seemed to be working for that small, targeted group of women.

Chair: That is very helpful.

Sue McAllister: First of all, the ACCT document, even with its revisions, is still very bureaucratic and cumbersome. If you are an officer on a wing and you have several ACCT documents, it is very difficult to manage those people and care for them properly. We see staff, with women and with men, still setting far too much store by what the individual prisoners tell them, that they have no intention of self-harming or taking their own life. We know—and we have talked about this with the inspectorate—that sometimes women do not want to be on an ACCT because it means somebody is going to wake them up three times during the night to check they are okay. They will do anything they can to avoid that.

We welcome the roll-out of the key worker scheme to the women's estate in principle. Our concern is that, when we do our investigations, we find that, even where the establishment is ticking the boxes and says it has a key worker scheme, the quality of the interaction between the key worker and the individual prisoner is poor.

We have spent quite a lot of time talking to HMPS about what can be done about it. It is one of our recommendations that, we are frustrated to say, we keep having to make time and time again. It is not good enough just to say, "I had a session with this person. I asked them if they were okay. They said they had nothing we needed to talk about. That was my session."

The other thing is that the level of attrition among prison officers is so high now, and the age and the life experience of some of the new recruits gives us some concern as to whether they are going to have the right skills and experience to be effective key workers, working with some very vulnerable people with complex needs. As both my colleagues have said, the theories are very good and the strategies and the policies are very good; it is what it looks like on the ground that concerns us, and that is what we look at when we do our investigations.

Chair: Thank you very much. There are a couple more topics that we are going to ask to see if you can help us with in the time that we have. Maria?

Maria Eagle: No—I think it is Kieran.

Chair: Quite right. Kieran: over to you.

Maria Eagle: I will ask Kieran's questions if he likes.



Q290 **Dr Mullan:** No, no—you are okay.

We touched on a trauma-informed environment, and you will not necessarily be experts on it, but it might perhaps be helpful—and if you are not experts, feel free to say you do not feel able to comment—if you lay out, as best as possible, the key features of what might be a trauma-informed environment in prison, perhaps as the inspector when you visit one.

Sandra Fieldhouse: A trauma-informed approach is nothing scientific; it is based on some very basic principles of how to provide good care to people. The trauma-informed approach is applicable to any environment that cares for anybody. The difference for a prison is that going to prison and being locked up in prison can be traumatic in itself. In some ways, they have to work doubly hard to avoid retraumatising women or creating new trauma. Some of the ways that prisons can introduce a more trauma-informed approach are by thinking about the environment, first of all—and I was going to mention living conditions under an earlier question, but the quality of the living conditions in some of the women's prisons is just not conducive to either you or I feeling very comfortable. The environment is really important.

It is essential to get a culture within the staff that is able to show an understanding of where women are coming from and to provide care and sensitivity based on what they know women's experiences may have been in the past. It is important that prisons stop referring to women as "challenging" or to "difficult behaviour". It is important that staff approach women in a respectful way, not barging into their cell, and making their presence known.

One time I was sat in a prison talking to a woman. We were in her cell. She was sat on the bed, and I was talking to her. She was telling me what had brought her into prison. She was explaining to me that 18 years' worth of domestic violence had led to her offence. She was just beginning to tell me about those 18 years' worth of domestic violence when the unit tannoy kicked in, and a male member of staff started to announce that women now had to go for medication. The tannoy made me jump, and her reaction was one of clamming up, shivering and shaking. It was almost like you could see the fear replicating in her again.

There are some very simple things that people can do. It is all around staff-prisoner relationships, care, compassion and understanding.

Q291 **Dr Mullan:** Does anybody else want to add anything?

Sue McAllister: I would agree completely with what Sandra has said. The important thing is not to overcomplicate it. I worked in prisons for many years, and we were very good at making things complicated and thinking that we needed a lengthy strategy. It is about that respect—not infantilising people, and actually respecting them and including them in decisions about their care. That is the important thing, and that is what



we saw did not happen in the baby A case, which is where we made that recommendation.

Sandra Fieldhouse: Some of the prisons will say, "Don't worry, we are trauma informed. Everybody has had two days' training."

Juliet Lyon: On some of the very basic things, one of the things that happened as a result of Baroness Corston's review was that routine strip searching was stopped. Given that we know that more than half the women had been abused as children, it was an obvious action to take, and arguably it should have been taken long before that. That is a very stark example.

Professor Seena Fazel, who is a colleague of mine on the panel, was keen that I pointed out that, alongside this kind of approach, there are treatments that are seen, by random control trials, to work very well—treatments for addictions and treatments for depression, for example—and that we must not lose sight of that territory as well. I think it is important to say that.

The advantage of a trauma-informed environment, from my perspective, is that it introduces a more therapeutic approach, if you like.

It is important, too, that you understand—that we all understand—the limitations on what can be done in prison. When I worked with women's staff on a training programme to help them understand the needs of women a long while ago, I found the Holloway psychology department very helpful in its advice to staff, which was to say, "You are not counsellors. You are not going to be people who can take a long-standing therapeutic relationship and develop it. Know who to refer to. Make sure that you have professionals you can refer to. Make sure that women know what help is available to them. Make sure that, as far as possible, they are able to take responsibility for their own lives"—which is of course the hardest thing to do in an institution, but I think that is good advice—and that we do not try to imagine that a place that is a very large institution with poor conditions is going to be a therapeutic community. If you were designing it again, you would go smaller, with a smaller scale and, as I said before, better staff-women ratios.

Q292 **Dr Mullan:** Thank you—that is very helpful—but how do you think, particularly from the public's perspective, that you can balance all those valid aims with the quite legitimate purpose of prison, which is to punish people?

Sue McAllister: That is the very basic thing: being in prison is the punishment—the deprivation of freedom is the punishment, not what happens when you get there. In my experience, when you take people into prisons or tell them more about prisons and they understand that, they can understand that it makes financial sense, economic sense, sense for safer communities and sense for reducing offending. It is not the soft thing to do; it is the right thing and the sensible thing to work with



people so as to send them out better able to have a decent chance at living the life that they deserve.

Juliet Lyon: Public opinion polls have shown quite a good public appetite for understanding the need for mental health care or treatment for addictions—because it is something that strikes most families at some point—so you can understand how people have got into trouble with the law and you can understand the best way of getting out of that trouble. There is an appetite, particularly in relation to women, for that kind of care. When people realise how short the length of stay is—I have just got the information about the length of stay at Styal and at New Hall, and the average there is six to seven weeks. That is it. I do not know what we expect we can manage in six to seven weeks, other than massive disruption and a higher risk of self-harm.

If Government were really wanting to progress their strategy, they would need to explain fully to people why, and what was likely to result from it.

Q293 **Dr Mullan:** May I ask a couple of questions around that? First, do you accept that a lot of the things we have talked about today, whether it be resettlement or access to mental health support, are broader public goods that are in shortage outside of prisons? I, as a constituency MP, hear from people who want better housing and quicker access to mental health. From the public's point of view, that is something that people will consider as important as well. Being in prison does not absolve you from the demand for public goods—and, in my experience, that demand is always greater than supply.

Sue McAllister: I think everybody would accept that the need is there outside of prison, too. Those things are rights. You do not give up those rights because you are sent to prison; you are sent to prison as your punishment.

It is a difficult thing, and the best thing is education and explanation, in my experience—and people then understand that, if somebody goes out to secure accommodation and a job and a supportive network, they are far less likely to reoffend, and that reduces the cost to the taxpayer. That makes sense.

Q294 **Dr Mullan:** Related to the comments you made about rehabilitation and short sentencing, do you accept that, even when people have access to the very best rehabilitation services, outside or inside prison, the success rates are not such that we can say with confidence that we do not need to use short sentences for these people because we are rehabilitating them? Actually, success rates are 50% or 60% even for the very best rehabilitation services.

Juliet Lyon: On the success rates of completion and people regaining health and not offending for the community sentence treatment requirements, the evaluations that have been done are really rather good.



HOUSE OF COMMONS

Q295 **Dr Mullan:** But people can go through the best rehabilitation service. Ageing is the strongest predictor of people's movement away from crime, rather than any particular service that we give to them.

Juliet Lyon: Some things do work better than others. I would not do counsel of despair.

Q296 **Dr Mullan:** Yes—but it is an important point. The reason I ask that—we have touched on this already, and you have raised it again—is that short sentences are nearly always used for people who are repeat offenders and, in my experience, they have very often had access to courses. We could probably all agree that they should have better access, and we can improve on that, but that will not get rid of the fact that some people will carry on offending.

From the public's point of view, it is about a period of time when perhaps their neighbour, who ruins their life daily with low-level offending, and who may have been offered a course, does not comply with it and is still given a short sentence. Can you see how you can believe in justice and rehabilitation and all those other things and still potentially believe in short sentencing?

Juliet Lyon: Yes, I do think it is problematic, of course—and prisons provide that respite. There has been an increase in the number of people with dementia, for example, who are ending up in prison. It is a terrible place for them, but I guess it gives people respite. It is not the answer by absolutely any means, however.

Very often in these instances, a combined services response is needed, particularly and mostly health-led. That would make a huge difference.

Dr Mullan: I am just trying to articulate that there is—

Juliet Lyon: Yes—of course.

Q297 **Dr Mullan:** We have seen in our inquiry on young offenders, for example, that an enormous amount has been done to reduce the population, but it gets harder and harder to reduce it further, because you are dealing with an increasingly complex residual population.

Just quickly—

Juliet Lyon: Forgive me, but I think you are probably not there with women.

Dr Mullan: I am not suggesting we are.

Juliet Lyon: We could, I think, reduce the women's prison population by more than half before you reach that.

Q298 **Dr Mullan:** Yes—I am not suggesting we are—indeed.

This is my final question, around the resettlement issue. I would welcome your views on how effective you think resettlement programmes are at



the moment and on what could be done—and in particular on where you think it works well and why you think it is not being done in other areas.

Sandra Fieldhouse: Generally, before Covid, we found resettlement services in women's prisons to be reasonable. There is always an issue, as you mentioned, about supply and demand and whether there is enough or not, but a lot of our judgments were coming out reasonably positive prior to Covid. The Covid restrictions have impacted hugely. I think you have heard other people talk you through how that has impacted, so I will not do that again, but there is some real slowness in some of the services we are covering, particularly in services around supporting women in children and families work. I do not just mean visits; I mean the wider support that women can hopefully get while they are in prison either to become a better parent or to understand why things are happening as they are.

Support for victims of domestic violence seems to have taken a real downturn—whether agents have disappeared or not come on board.

The last thing that I think is really needing improvement at the minute, which was mentioned earlier, is the use of ROTL. I think that the use of ROTL has been slow to recover.

Dr Mullan: Sorry—what is—

Sandra Fieldhouse: Release on temporary licence. There are so many opportunities for women to benefit from release on temporary licence, and not just those women who are serving long sentences. There is a missed opportunity not only to recover from Covid quickly but to think outside the box and to think how women could benefit from release on temporary licence in the future.

Q299 **Dr Mullan:** Anybody else?

Sue McAllister: All I would say is, I do not know how it has been affected, but we have just received some additional funding, and we will be investigating post-release deaths. We will be investigating the deaths of people who have recently been released from prison. We have just started doing that in September. Ask us again in 12 months' time when we have—

Q300 **Dr Mullan:** Have you ever done it before in the history of the organisation?

Sue McAllister: We had discretion to do it, but we had no resources to do it, so we investigated very few; now, we will be investigating all deaths that are notified to us of people who die within 14 days of release from prison, and that will give us a really good picture of how effective that preparation period is, because it will be all about the through-the-gate services, I suspect.



HOUSE OF COMMONS

Juliet Lyon: That is hugely welcome. Research has shown that it is a very high point of risk. Although we have rightly queried the use of prison as a place of safety, if people are returning to an abusive relationship or if they are going out homeless, what are we talking about, exactly?

The other thing that has arisen that I want to put down a marker about, which I think is mostly anecdotal, although I am sure it is happening, is what is called people being held at the gate, and then put under the Mental Health Act—and then the gate sectioning, which is the way it is referred to. There have been a number of incidents, particularly in relation to women, where they thought they were leaving—they were literally at the gate—and they have to be through that gate before it can happen: they are sectioned, taken away and put in secure care. That simply cannot be right. It is a very cruel thing to do, and it indicates that prison has been allowed to hold on to someone whose behaviour and health have been very poor, and they have been very damaged by it. Gate sectioning is occurring more readily. Would you agree, Sandra?

Sandra Fieldhouse: Definitely.

Juliet Lyon: It has got to be stopped. It is just not the right way to proceed at all.

Q301 **Chair:** Thank you very much, Kieran.

Sandra, you have something to add.

Sandra Fieldhouse: Just one more thing. You have already heard about this issue, but I just wanted to raise the concerns that we have about the future of resettlement services, with the reunification of the probation service and the offender management in custody model. It is too early for us to say how things are going to map out on that front, but we have real concerns about services becoming more distant from women who are already living at a distance. I just thought I would say that we would be looking at those issues and seeing how they settle down over the next few months.

Q302 **Chair:** That is interesting. We had a bit of a discussion earlier about accommodation arrangements and getting women into secure accommodation. Is there anything that you would like to add around that from your perspectives?

Sandra Fieldhouse: It is always quite interesting when we go into a prison and the prison will tell us that 80% of women go to accommodation on release. You look a bit dubious and you look into it, and you find that they are not taking into account those very short-term, temporary emergency placements. As you heard earlier, they are not taking into account the people who are sleeping on sofas. If you have got somewhere to go, they will count it as accommodation. We know—and we agree with the other witnesses—that safe, secure and sustainable accommodation are key for women if they are going to avoid going back to behaviour that they had before.



HOUSE OF COMMONS

Juliet Lyon: I was talking to a governor who said that she had taken a woman on release up to a phone box, and she had phoned herself to say that the woman was homeless, and this was where she was. She had tried everything to try to get her accommodated before release. That is an extraordinary thing.

We hear of tents—we know that still happens. I am very pleased you are doing this. However, we should not be looking at who is going to die after custody; we should be looking at how to keep women safe. The lessons that we will learn will help.

Chair: Thank you very much, everyone, for that. Thank you for your time and for your evidence. We are very grateful to you. I am sorry that it took a little bit longer, with the interruptions to business earlier on, but we are grateful for your patience and for your help to us.