

Justice Committee

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

Tuesday 2 November 2021

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Members present: Sir Robert Neill (Chair); Rob Butler; James Daly; Maria Eagle; Laura Farris; Kate Hollern; Dr Kieran Mullan; Andy Slaughter.

Questions 303 - 388

Witnesses

I: Victoria Atkins MP, Minister of State for Prisons and Minister for Afghan Resettlement; Dr Jo Farrar, Second Permanent Secretary, Ministry of Justice, and Chief Executive Officer, HM Prison & Probation Service; and Kate Davies CBE, Director of Health and Justice, Armed Forces and Sexual Referral Centres, NHS England.



Examination of witnesses

Witnesses: Victoria Atkins, Dr Farrar and Kate Davies.

Chair: Good afternoon and welcome to our witnesses. Minister, welcome to your first appearance before the Select Committee, and congratulations on your move to the Department. It is very good to see you. We will start with our declarations of interest and then get the witnesses to introduce themselves. I am a non-practising barrister and former consultant to a law firm.

Maria Eagle: I am a non-practising solicitor.

Kate Hollern: I have no interests to declare.

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

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

Chair: We anticipate that Laura Farris will be here shortly. She is a practising barrister.

Victoria Atkins: I am a non-practising tenant of Red Lion chambers. It has been declared.

Q303 **Chair:** You still have your name on the door.

Thank you very much, Minister. It is good to see you, and also Dr Farrar and Kate Davies from NHS England. Dr Farrar is second permanent secretary and chief executive of HMPPS. Kate, remind us of your official title now, lest it has changed.

Kate Davies: I am the director of NHS England nationally for health and justice and also for sexual assault services for the armed forces.

Q304 **Chair:** It is exactly the same. Good to see you again. I am conscious that time is a little constrained, so let's try to get moving straightaway.

We have a situation where women are a tiny percentage of the overall estate, but they are undoubtedly a very complex and difficult cohort. Minister, we have the female offender strategy set out. It was billed as an important initiative. What exactly are we achieving by way of progress in relation to that? On reducing the number of women in the criminal justice system and the amount of reoffending by women, what are the figures as far as that is concerned?

Victoria Atkins: Thank you, Sir Bob. May I say that it is a genuine pleasure to appear before this Committee? I am about a month into this role, yet my interest in women in the criminal justice system stretches back into my previous career, as I have already declared.

We know that women in the criminal justice system often present with many vulnerabilities that may be contributory factors to their committing



crime and their eventual punishment in the criminal justice system. We want to take, and are taking, a whole-systems approach, as set out in the concordat that was included in the female offender strategy. That is important because when we talk about reducing the number of women prisoners, as I know we will when we go into detail, we must start at the very beginning and ask why women are offending in the first place. My work in the Home Office in my previous role, for example, was on domestic abuse, drug misuse and child sexual abuse. Those are all factors we have to weigh in the balance when it comes to our work in the criminal justice system and women in custody in particular.

As of the latest count, there are 3,196 women in the prison estate. We know that about 60% of them will report a history of domestic abuse; many more will report a history of substance misuse; many will have concerns about children for whom they are the sole or primary carer, so there are many complexities.

I commend the offender strategy. I take no credit for it because it was well before my time in the Department, but looking at it with a fresh pair of eyes, as you would expect me to, I was very impressed by the very long lead-up to and understanding of a woman's journey to custody and the work that has to happen. At a strategic level, I see that I have to drive forward the work of the concordat across Government and the various arms of the state.

That is why I am delighted that Kate is joining us, because I want to give the Committee the opportunity to see the cross-government and cross-state agency working that is very much part and parcel of how we are now looking after women in the criminal justice system, particularly those in custody. There is also the work we are doing in individual prisons to improve life chances, to try to deal with some of the vulnerabilities that some, not all, women have, and to ensure that when they are released from custody they have the best possible chance of setting up a bright future for themselves, and in particular are not reoffending and therefore not posing further risks to the public.

Q305 **Chair:** Over the last year or so there has been a marked reduction in the number of women in the prison estate, but all the evidence suggests to us that that is likely to be a temporary measure because it stems, first, from early releases because of Covid and, secondly, the backlog of receipts into prison because of the backlog in cases being disposed of, particularly in the Crown Court, where there are more likely to be custodial sentences. Therefore, as the backlog picks up, we have no evidence to suggest that that is not likely to mean a return to an increase in the number of women back to the level where it was static for nearly five years before Covid. What is there to suggest the contrary, Minister?

Victoria Atkins: We acknowledge of course the impact that the pandemic has had, as it has had in every walk of life, but I point the Committee to the figures over the past decade which show that the female prison population has decreased by 21%. I would not in any way



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wish to lead the Committee into error when it comes to the most recent statistics, so I think Jo will be able to help us with a reading of the more recent statistics.

Q306 **Chair:** Can you help us, Dr Farrar?

Dr Farrar: You are right. The number of women in prison has been decreasing. Our most recent stats show that in 2019 and 2020 there were decreases in the number of women in prison. There were smaller decreases in 2019 than 2020. We still have a number of women on remand, but we are putting a lot of effort and money into diversion from custody. The £7 million we have put into the community to help support women, for example, is all aimed at helping them earlier in the justice system so that they do not end up in custody. We are also doing quite a bit with women in prison to help reduce reoffending. Some of the announcements around the recent spending review that put a considerable amount of money into reducing reoffending will be spent to help reduce reoffending by women.

Q307 **Chair:** I understand that, but there was a decline from 10 years ago, and as a percentage there was a flat line for about five years prior to June 2019 when we started to get some Covid impacts coming in that worked through. What makes you think that we will not return to something of a flat line? What is going to make the difference specifically?

Dr Farrar: They are the alternatives to custody, the £7 million we are putting into communities and—

Q308 **Chair:** You say it is down to that.

Dr Farrar: There will be another £2.5 million this year. There is the ability to use electronic monitoring. The Committee will know that we have made huge progress in that, and also in increasing confidence in community sentence treatment options. I am sure Kate will want to say a bit more about that, but there is investment in those areas.

Q309 **Chair:** I will ask Kate about that in a moment. Have you done any modelling in the Prison Service, or with HMCTS as well, as to the sorts of cases in the backlog? Are you able to extrapolate from that whether there is likely to be any increase in receipts of women into custody as a result of cases that are currently in the backlog—for example, by some analysis of the types of offences and, therefore, the likelihood of a custodial sentence?

Dr Farrar: We work very closely with HMCTS on the backlog. The cases most likely to lead to custodial sentences would probably be included in our remand population. We have 708 people on remand at the moment, so we do not think that will lead to a significant increase.

Q310 **Chair:** That is helpful. You also mentioned investment in liaison and diversion services. I am conscious that NHS England has secured 100% geographical coverage of liaison and diversion services, Kate, and that



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you are enhancing the pathways, but can you help me about this? We have had evidence from the Nelson Trust, which I am sure you are aware of, that “it has been widely recognised by NHS England that all liaison and diversion schemes require a women’s pathway. While this recognition is highly valuable, there has been no direct investment in these services. This in turn exposes women’s centres to high levels of referrals with no financial backing to support this.”

I think they are saying that it sounds great in theory but, in practice, a lot of things that are being delivered on the ground do not have specific funding streams. What is the position there? Are they wrong or are they right?

Kate Davies: Do you want me to come back on that?

Chair: Yes, please. I am putting to you what the Nelson Trust said and I am interested in your reaction.

Kate Davies: Sorry. Being on screen, I can’t see whether you are looking at me or not.

Chair: It takes a bit longer, doesn’t it? I am putting to you what the Nelson Trust said.

Kate Davies: You are quite right. We work closely with the Nelson Trust; in fact, they are commissioned in some of our areas to work not only with the liaison and diversion services but with some of the women’s estate as well. We work very closely with John Trolan, the chief executive.

Maybe I could correct that interpretation. Over 35,000 women in the past 12 months have come through liaison and diversion, which I think alone is evidence that it is accessing those women, as the Minister said, to divert them away from custody and look at alternatives as part of police custody, voluntary police input and obviously sentencing—women who end up on remand or sentence.

All of the liaison and diversion services have been commissioned to have a women’s pathway. They also have a requirement to offer women at the point of access and assessment a gender-specific worker and liaison as well. Any variation of that and any development is purely as part of the different levels or ways those services have been embedded since March 2020, but I would like to assure the Committee that all of the liaison and diversion services are working to have women’s pathways, and more besides.

Q311 **Chair:** What do you mean, Kate, by the different levels in which they are embedded? What does that mean?

Kate Davies: The Committee has asked me that before. The liaison and diversion services have been rolled out over a number of years, so there are still some areas that are more mature as part of the full commissioning through the £62 million that NHS England, through the long-term plan, has put into liaison and diversion. There are fewer



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localities in the country that are still not up to full capacity, but that is purely because of the timeline.

Q312 **Chair:** Are all female pathways intended to be funded to the same level?

Kate Davies: Yes, they are. One of the issues about the female pathway, as well as the investment in the core specification in liaison and diversion, is the way they work with pathways in the women's estate and with mental health and primary care services in the community. What we have seen—Dr Farrar was talking about this earlier—is that it has been integral to working with the courts, sentencers and the probation service, and in pre-sentence reports and looking at mitigation and antecedents for the increased community sentence treatment requirements for women in alcohol and drugs, mental health and combined orders. That is where we have seen a lot of increased success for women and we would like to see more of that. That is exactly the point.

Q313 **Chair:** Is it intended that there should be increases in funding for the female pathway to reflect demand?

Kate Davies: Yes, certainly. We do not have a full suite of services under mental health and alcohol and drug treatment requirements. As you and the Committee know, as a sentencing requirement CSTRs have been around for decades, but refreshing them and also looking at what they mean for women and for black, minority and Asian offenders of all ages is still in development, but moving very quickly. We will receive at least 50% by this time next year and, as part of the spending review, we are looking to increase that to 100%.

Q314 **Chair:** At least 50% by this time next year, so we are well below 50% at the moment.

Kate Davies: That is to do with the increase. The sentencing requirements for MHTRs and alcohol and drug rehabilitation orders are available everywhere. We need to keep restating that to our magistrates and—

Q315 **Chair:** Are they available at the same level and in the same quantity?

Kate Davies: We recognise that in the last few years, in order to have the kind of treatment requirement orders for mental health and drug and alcohol that give a robust sentencing alternative to custody, we have had to increase investment because of the complex nature of both men and women. We have had to review that, increase it and improve it. That is the pathway we are going through at the moment.

Q316 **Chair:** But have we yet established consistency across the whole country, and when are you going to do that?

Kate Davies: I think it is fair to say that we have not.

Q317 **Chair:** When will you?



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Kate Davies: It is important that we do, but your question is completely right. We have not yet got to the position I would like to get to.

Q318 **Chair:** When do you anticipate that we will get there, Kate?

Kate Davies: We have a plan over the next three years, up until 2025-26, for pre-custody services and alternative custody through MHTRs, ARs and DRs, and also the prison leaver programme, RECONNECT, which is important for this pathway for women. Both of those have a three-year plan for full and consistent roll-out.

Q319 **Chair:** What is the planned funding for that?

Kate Davies: There is an extra £20 million for the RECONNECT programme for prison leavers; there has been an extra £5 million for the pathway MHTRs; and I know the Government have put in additional funding, as part of the £80 million, for drugs and alcohol, but obviously that is in a different Department from mine.

Chair: Understood. Thank you very much.

Q320 **James Daly:** Minister, I suspect that my question is rather unfair, but I will ask it nicely. What are the Government doing to reduce the number of women receiving short sentences? The reason I think it is an unfair question is that sentencing is a judicial function, not a matter for you, Minister. I thought your answer to the Chair regarding how we address the problem of women in custody was fascinating, because the Department is essentially reactive. You are dealing with people in the criminal justice system, so when we consider the number of women in the custodial environment, do you believe that the steps needed to address the underlying problems as to why people commit offences and then get sent to prison are wider than your Department and your departmental responsibilities? Do you have any thoughts on where that debate should go?

Victoria Atkins: Mr Daly, if I may, I will tell you a story. One of the things that spurred me to come into politics was a yellow post-it note that I got from my senior clerk in the first few years of practice. I was sent to a youth court to represent a 12-year-old boy. When I arrived at court he had no appropriate adult or anyone looking after him. He had got to court by himself. It was his first time in court. He was there on a very opportunistic commercial burglary; somebody had left a window open in a warehouse. When I asked him whether his mum or dad was coming to look after him that day he said, completely matter of factly: "I've never known my dad, and my mum will be flat out drunk on the floor by now." It was 9.30 in the morning.

At that moment, I and, I am sure, anyone who worked in the criminal justice system could almost map that child's progress through the youth court, probably up to the magistrates court and possibly even beyond that, with all the life chances slipping away from him at the same time. That was a little further away in time than I care to share with the



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Committee, but the story stays with me because it absolutely underpinned my work in the Home Office and now I bring that to the MOJ. I am delighted that the Prime Minister has asked me to look after youth justice as well.

We must look at this as part of a whole-systems approach, which is why the concordat makes for such refreshing reading. For many of the people caught up in the criminal justice system there will be adverse childhood experiences; there will be facts in their life that have set them on a path. I think it is for us as a state to ask whether there are moments at which we can intervene to try to help that person away from the path of criminality.

That is a very long way of saying that, yes, there absolutely is work for other Government Departments in this, and it is one of the reasons I brought Kate with me today. In fairness, other Government Departments are very much reacting to this. For example, one of the things I want to take forward, looking not just at the next year or two but 10, 15 or 20 years hence, is what we are doing to look after the children of women who are being imprisoned today and tomorrow. About 5% of children whose mother is put into custody remain in the family home after her sentence of imprisonment, and we can all understand what that may mean for those children's life chances.

For me, we need to be tracking what we are doing with those children as well as the mother in prison and so on. By way of example, there is work being done by other Government Departments—for example, project ADDER. You may have heard Minister Malthouse, the Home Office and MOJ Minister, talking about the work to focus on 13 areas in the country that have the highest rates of drug addiction and county line experience. Working with people who are using, but also tackling the gangs behind the drug trafficking, is critical.

We should look, for example, at the work of the DFE, and its recent announcement about the provision of tablets and laptops for the most disadvantaged children. That will help some of the children I am concerned about in the next 15 to 20 years, but it must be a cross-Government piece of work, which is why the strategy and the concordat, published as recently as it was, is critical. We can help to support and provide better sentencing options for the judiciary because, as you rightly say, it is their decision as to how they sentence, but the range of packages we have available can help with that.

Q321 James Daly: In reality, that is what the Department can do. From the figures in front of me, I note that the number of women arriving in prison with sentences under 12 months has been rising almost every year since 2015, which is clearly not something we want, but one of the answers is what you have just said: we must have better and more robust rehabilitative sentences in which the judiciary and magistrates have confidence, and for which I assume—I do not know—that there is



evidence that they are having a positive impact on people's lives as well.

Victoria Atkins: Very much so. If I may build on the evidence Kate provided to Sir Bob, there are a number of ways in which we are seeking to do that: first and foremost, by supporting the judiciary and magistrates in making often very difficult sentencing decisions. Some of the ways we want to support them are through, for example, problem-solving courts. They are in the police Bill that is in the House of Lords at the moment, which will enable up to five problem-solving courts to be set up for certain community and suspended sentence orders to help the most prolific and vulnerable offenders complete their sentences in the community. Women offenders will very much be the focus of that. We already have, as Kate mentioned, the community sentence treatment requirement programme. We want to ensure that greater use is made in primary and secondary care of things such as mental healthcare, substance misuse and so on as part of the community sentences, in order to help them.

We are looking at the evidence on electronic monitoring. Since March this year we have included the alcohol abstinence and monitoring requirement. That will require offenders to give up alcohol and will help some of those who have that particular addiction. We are very concerned to help magistrates and the judiciary when it comes to pre-sentence reports. These are critical documents that can help the judiciary make decisions where perhaps information has not come to light—for example, that the offender they are sentencing is pregnant. That may come to light through a pre-sentence report and it will assist the magistrate or judge in making a decision.

Putting sentencing to one side, we want to look at remand decisions. Jo has already set out the latest count for the remand population. Through the bail information service project, we are able to put information before judges so that when they are considering applications for bail they are aware, for example, of caring responsibilities that a female offender may have.

Q322 **James Daly:** I am sorry to jump to a somewhat different subject, but I am very interested in special educational needs.

Victoria Atkins: It is very important.

James Daly: I would not expect you to have the figures to hand here, but do we have a strategy, viewpoint or guidance for judges and the judiciary on female offenders, and how diagnosed SEN or other conditions should affect or impact sentencing, especially when a custodial sentence is being considered?

Victoria Atkins: I will defer to Jo on the specifics, but the Committee will recall no doubt the work that the right hon. Robert Buckland did as Lord Chancellor on neurodiversity in particular. I am very keen to continue that work, because we know that in the prison population as a whole, but particularly the female prison population, neurodiversity and



acquired brain injury are factors we must address. I suspect that in a moment we will come to trauma-informed care, which will help with that.

James Daly: Thank you.

Q323 **Maria Eagle:** Minister, congratulations on your appointment. I used to be the Prisons Minister at one stage in the past. I am getting a sense of déjà vu, which suggests to me that an awful lot of what was being done during my time in office was then undone by austerity, and you are now trying to do it again, like problem-solving courts and diversion from custody. I even see in some of your aspirations using money from closing one of the women's prisons to pay for some of the diversions outside prison, something on which I first made a statement to the House in 2010 before the election. Holloway has closed and none of that money was used in the way to which you now aspire, so perhaps an awful lot of time has been lost and you are in your post not a moment too soon to get this on track and do it right.

I approve of some of what you are saying you want to do, and I wish you good luck with it. Why are you building 500 new prison places for women when one of your stated objectives is to reduce the women's prison population and close one or more prisons? Don't you think that building shiny new prison places will mean that they get filled pretty quick?

Victoria Atkins: If I may deal with the last first and unravel from there, we come back to the point that it is for the judiciary to make sentencing decisions. Just because we build new facilities does not, I suggest very strongly, mean that the independent judiciary will be on some drive to fill them. Certainly, when I was involved in sentencing I did not know of a single judge who said, "We've got x number of prison places free. Let's fill them with these multi-handed cases." They sentence someone to imprisonment because they have read the sentencing guidelines, looked at the facts of the case and decided that immediate custody is the sentence in that case.

What we want to do through the diversion work is give them confidence that community sentence treatment requirement programmes and so on are a very robust alternative to custody, but importantly, particularly for short sentences, they can be in the longer-term interests of the community, not just the offender. It is much better that we get a woman, or any prisoner, who is addicted to illegal drugs off those drugs and get them into work, which is why you may have noticed that the Deputy Prime Minister has put such an emphasis already on his plans for improving employment rates for prisoners on release from prison, because that must be a vital part of their rehabilitation into the community.

On your point about the 500 new places, I have come to this with fresh eyes. What has struck me about the new places is that the plans that have been described to me are very much what I suspect we collectively want from the prison estate and for vulnerable female offenders. The



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design of these new facilities will be trauma-informed, and that means not just making sure that the staff looking after female offenders have proper trauma-informed and trauma-responsive knowledge, but that the buildings themselves—the very fabric of those buildings—recognise the differences in what female offenders and male offenders have been through and the rehabilitation that the built environment can help with.

For example, we want to get rid of dark and dingy corridors that may be a trigger that reminds victims of sexual assault. We want to remove bars from windows. The windows will still be very strong, but we will not have bars because we want it to be open and airy. We want flexible use of space, including soundproof rooms so that officers can work intensively with female prisoners in such a way that the female prisoner feels safe in confiding and can challenge her own behaviour. It is also perhaps about communal areas where perhaps women are required to undress for washing and so on. We want to see an end to those sorts of facilities. Those women are in prison because they have done wrong—indeed, some have done very wrong and we must not lose sight of that—but, where we can, we should deal with them in as positive a way as possible so that when they are released they no longer present a threat to society and, what is more, we release them with a very real expectation that they will not reoffend.

Q324 **Maria Eagle:** Do you intend to close, like for like, some of the old, dingy, unsuitable places and replace them with the new, so that the size of the women's estate will not increase? Is that what you are saying?

Victoria Atkins: We have the ambition in the strategy. For that to happen, we need the many chess pieces on the board to settle into place. We need to ensure that the judiciary have confidence in community orders and that the very front-loaded work to prevent crime from happening in the first place is beginning to take hold. We can then begin to look at that, but I am very aware, very conscious of and alert to the concerns that several charities and experts have expressed. I want these new facilities to respond to female offenders in the 21st century. I do not want us to be looking at the Holloway model and thinking that that is an acceptable way to treat female offenders in prison.

Q325 **Maria Eagle:** When Holloway was closed, the money made out of decommissioning it, knocking it down and selling the land was not put back into the female estate; it was simply lost to the people currently in the estate. Do you intend to close any more women's prisons?

Dr Farrar: Absolutely. That would be our ambition. In fact, we have had to close places anyway recently because of a fire risk. We found that some places in the women's estate were unsuitable. If the number of women in prison continues to decline, that would be our ambition. We would rather put investment into more new modern places, as we are.

Some of these places are open. They are desperately needed in the women's estate. We have not had enough open spaces for women, so it



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will give us some of those places as well. Our ambition is to put more money into residential women's centres. We have a few run by the third sector, but we would like to invest more in residential women's centres, so an ambition of ours would be to open the first one in Wales as an alternative to custody.

Q326 Maria Eagle: The first one is not on track, is it? It was supposed to open by the end of 2021, which is a couple of months away. We are nowhere near there, are we?

Dr Farrar: You are absolutely right; we are nowhere near there, and hopefully we will have a timetable soon. What I can say is—

Q327 Maria Eagle: A timetable?

Dr Farrar: What I can say is that originally the site we identified for the women's centre proved unsuitable, but we now have some good work with local government, the police and crime commissioner in south Wales and the Welsh Government. We are now looking at some sites where we think we can make quicker progress. Once we have identified the site, I am happy to come back to the Committee with a timeline. Our ambition is to open it as soon as possible because it is really needed.

Q328 Maria Eagle: As soon as possible but no timeline?

Dr Farrar: We will give you the timeline as soon as we have identified the site.

Q329 Kate Hollern: It is likely to be at least 12 months. If you do not have a site, planning permission or a building built, it will be 12 months.

Dr Farrar: Let us see which site is selected. We are working closely with the local authorities and, hopefully, we can have a smooth run through planning permission. It depends on how much work is needed on the site selected and its complexity, but let me come back to you.

Q330 Maria Eagle: How many of the 500 new places have been built so far?

Dr Farrar: I do not know the number. I will see if I can find that for you in a minute. You will see some of the new places tomorrow in Styal where we have built some of the new house blocks. You will be able to compare some of the older accommodation with some of the new accommodation, but let me find that figure for you.

Q331 Maria Eagle: Thank you. We will certainly appreciate hearing that. On residential women's centres, one suggestion by Jean Corston in her report in 2007, which went over all of this ground then, was smaller custodial centres in many places. There were some issues with that because smaller can be difficult in some ways. You can get bullying cultures. There is still an issue about whether you really want a small women's prison in every place. Here we are talking about one centre in Wales, so women sentenced there will still have to be sent away from home. Isn't that one of the biggest problems with incarcerating women?



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Because there are only 12 women's prisons in the country, women get sent much further away from home and it can have a much bigger impact on their family and home life than it would if they were closer to home.

Dr Farrar: You are absolutely right. One of the reasons for piloting residential women's centres is to see whether we can get more flexible, tailored provision nearer people's homes. That was the reason for choosing Wales. As you know, we do not have a prison facility in Wales, so a lot of prisoners are based in the south-west or further afield, and that is very difficult for them.

We also work with a number of charities in the south-west, such as One Small Thing. We will be opening a residential women's centre soon, and we are keen to see how that works. We are working very closely with Lady Edwina Grosvenor and her team on that. There are another two women's centres we work with. We are seeing the benefits to women. Women are finding that it helps with their treatment and their offending behaviour, and they seem to be making better progress. Obviously, we want to evaluate that when we open them, and the one in Wales will be the first we open in the public sector.

Q332 **Maria Eagle:** Going to a women's centre to get help to avoid custody is one thing, and I am a great believer in it. Being incarcerated in one is a different thing. How do you see the residential women's centres as being different from women's centres that are not incarceration, as it were?

Victoria Atkins: The sentence to a residential women's centre will be imposed as part of a requirement of a community sentence order. The women will be free to come and go, but there will be very robust regimes around women to deal with their various vulnerabilities, recognising of course their responsibility to their children, if that is relevant. It is an alternative to imprisonment.

There is a role for custody in dealing with female defendants. I am so passionate about this part of the criminal justice system that I said to my officials that the very first prison visit I wanted to make as Minister was to a female prison. We went to High Down and I saw for myself some of the work that the female estate can do. I said High Down; I meant Downview. Forgive me. Sorry.

On that visit, I met women who were there on life sentences, so there is a role for female prisons, but what is important is looking at what we can do within those prisons to help women when they are released to build bright futures for themselves. The charity Clinks works with the London College of Fashion at Downview. Women helped to make scrubs for the NHS during the first lockdown. That is all work to help rehabilitate offenders so that when they are released from prison they lead constructive lives and we therefore protect the public from their reoffending.

Maria Eagle: Thank you.



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Q333 **Chair:** Dr Farrar, on any view we will not have that women's residential centre by the end of 2021. That is as clear as a pikestaff, isn't it?

Dr Farrar: No, we will not be able to deliver it by that time.

Q334 **Chair:** The Ministry's evidence to this inquiry is that it will take time. Can you write to us as soon as possible with an estimated date?

Dr Farrar: As soon as we have a site, I will be able to give a more specific timeline.

Q335 **Chair:** When do you anticipate having a site?

Dr Farrar: We are working closely at the moment with local authorities. We have narrowed down the choice and we are hoping that it will be soon, but I cannot give a firm timeline.

Q336 **Chair:** Soon means nothing, doesn't it? How many sites has it been narrowed down to?

Dr Farrar: I cannot give you that number at the moment.

Q337 **Chair:** Why not?

Dr Farrar: We are in negotiations with several local authorities. Let me write to you.

Q338 **Chair:** What is it that you don't know?

Dr Farrar: I don't have an exact figure.

Chair: You don't have an exact figure. I would be grateful if you could update us because I think I must tell you that we do not find that answer entirely convincing.

Q339 **Rob Butler:** I wonder whether we could talk a little bit about provision at present for women in prisons. I am not naming any names and do not want to identify anyone inadvertently, and I have nobody in mind—that is specifically to Dr Farrar as chief executive—but one of the concerns often heard from senior figures in women's prisons is that they are always an after-thought; that everything is around the men's estate and what provision needed to be there for men, and then it is almost, "Oh, but we've got some women's prisons as well, so how are we going to adapt to cater for the needs of women prisoners?"

Minister, you have talked a lot about new buildings and specific requirements around place, but what about provision of programmes of activities and the types of staff working on them? What can you tell us about the specific way you are addressing women's needs there?

Victoria Atkins: This is absolutely critical. If there is that perception, they are hearing from me that that is not the case. That was one of the many reasons why I was determined to visit a women's prison as my first visit. In many ways, the female estate can be, not a testbed—I wouldn't want to say that—but I see no reason why the good principles we



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establish in the women's system should not in due course, once they have been evaluated, be extended to male prisons.

For the last two years, we have had a rolling programme to train our staff who work in female prisons on the specific needs of female prisoners. It is gender and trauma-informed training, and is being rolled out among existing staff. Every new member of staff joining now has that as part of their core training. We have also developed a bespoke offender management in custody model that recognises the different needs of women and the challenges and opportunities in the women's estate.

I know that the Committee will be most concerned about women who are pregnant in prison. We have developed a new policy framework to help look after those women, and children up to the age of two, but there are also very bespoke needs, including, for example, on the rates of self-harm. We know that female prisoners are much more likely to self-harm than male prisoners. Kate will be able to help us with the expert view of the NHS on the reasons for that, and on the work we are doing to tackle it.

During the pandemic we were very keen to recognise and facilitate the basic dignities of prisoners across the prison estate, not just women prisoners. We were very concerned, for example, that the pandemic lockdowns would prevent social visits, as of course they had to, so in-cell telephony is available in all closed women's prisons as a result.

Q340 Rob Butler: Picking up the offender management in custody model that you mentioned, what is specifically in the programme for women that is not in the programme for men?

Victoria Atkins: Jo will be able to give more details, but it very much recognises some of the factors I have already set out and some of the experiences some female prisoners will have had and helps them deal with that. If I may, I will give you an example—it is not necessarily part of the model—of the way I would like the prison estate to be thinking more generally. During the Domestic Abuse Bill, Chris Bryant came to me with an amendment regarding acquired brain injury and evidence that suggested that many female prisoners have ABI.

We worked with the Disabilities Trust. There is an ongoing project at Drake Hall to look in particular at what can be done. One of the examples that sticks in my mind is a woman who had ABI and it affected her brain, in that she had very great difficulties with her memory. That had a practical impact on her day-to-day life in prison because she forgot to fill out forms that she needed to fill out for lunch and things like that, which meant she got into trouble and it further set back her rehabilitation. Once it was discovered and worked through with prison staff, they were able to come up with the very simple system of putting a post-it note where she brushed her teeth to remind her to fill in the form. For the price of a post-it note and all the wealth of knowledge that lies behind it, we were able to ensure that that woman was responding better to the prison regime.



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That sort of approach is critical, but Jo will be able to help with more detail.

Dr Farrar: It is exactly that. We have a much more trauma-informed approach in the women's estate. The OMiC model for women takes that into account and spends a lot more time on trauma. We are also training the people who will be offender managers, taking them from a wider range of people and making sure that they have training in trauma and the types of experiences that women might have had in their lives. It takes account of gender-specific training and development. The sessions they run with women will be much more geared to the individual needs of the women than in the men's estate.

Q341 **Rob Butler:** Dr Mullan is going to follow up on trauma-informed. In terms of staffing, are you yet at a stage where you are able to recruit specifically for the women's estate rather than there being just a general pool of prison officers who go through their POELT training and are just allocated to prisons, perhaps for geographic reasons or other reasons, or is there now an element of thinking, "You're better suited to the women's estate. You're better suited to the youth estate," and so on?

Dr Farrar: Yes. Exactly. We are introducing the same approach as we have in the youth estate. We have specific training for prison officers working in women's prisons. In January, the first POELT cohort for the women's estate will be trained specifically for working in a women's prison.

Rob Butler: Thank you.

Q342 **Dr Mullan:** Minister, you touched earlier on the fabric of the building in terms of things that might trigger experiences of female prisoners. Would you mind elaborating on how you would define a trauma-informed prison estate?

Victoria Atkins: I will draw in Kate in support on this as well. For me, the trauma-informed approach is having the critical meetings, initial screenings and so on with a prisoner as they enter the prison estate and asking them questions that perhaps may not have been asked of them or they perhaps do not understand the answers. For example, a woman who has been coerced and controlled for many years may not understand or know that that is coercive control and behaviour. If we, the state, are able to identify that at the earliest stage of her exposure to the criminal justice system, it may have many consequences before prison, but if it results in a sentence of immediate custody, from that, Kate's staff can begin to work their expertise through the system and ensure that for a woman such as the one in the example I gave earlier the little steps and processes needed to help her are deployed across the prison estate.

It is not just health staff. As I see it, every single member of staff in the prison itself, whoever a prisoner may come across in their day-to-day life, should be informed as to how trauma may have an impact and how they should respond to it. I know Jo feels very strongly about it. I wonder



whether Kate wants to help on this, because the NHS has been critical and forward-leaning in this.

Kate Davies: Thank you, Minister. The trauma-informed approach in the women's estate was developed in partnership not only with the Prison Service. It goes back to the National Offender Management Service rather than HMPPS and the MOJ. Lady Edwina Grosvenor was part of that piece of work, as was the now Victims' Commissioner, Vera Baird, recognising that in the women's estate, as the evidence has proved already, 80% of women have some experience of domestic or sexual violence, mental health, over-representation of trauma in relation to children or maybe older parents, and women's health conditions.

The agreement back in 2017 to have a trauma-informed approach was, as the Minister said, so that everybody in the women's estate, from someone in the canteen, to prison officers, health workers and reception staff, needed to recognise that in order to be trauma-informed it had to be a whole-systems approach. I know you have questioned me on the secure stairs model for children and young people, so you can compare in many respects the way that has been developed for women and the way it has been developed for children and young people.

We summarise it by saying that every contact counts. That is the philosophy. We have done some work collectively with the Minister, in her previous position, on violence against women and girls where the philosophy of that trauma-informed approach is about feeling safe; it is about trustworthiness; it is about meaningful choice—women often have not had that choice—and about collaboration. We cannot do it alone. It is also about empowerment, and cultural considerations. We have a higher representation of black, minority and Asian men and women, different religions, different faiths and different ages.

We have talked about neurodiversity. At the moment, 29% of women in custody have disabilities. It is absolutely crucial that that trauma-informed approach is embedded across the 12 women's establishments, and in the pre and post-custody pathway too. The training of our staff is absolutely key to that. The specifications that NHS England has, whether that is for dental or mental health or substance misuse—it could be around public health and gynae services—must have the trauma-informed element running all the way through them as part of procurement, and as part of assurance of delivery. That is a summary to the Committee on the question, and I hope that helps.

Q343 **Dr Mullan:** Yes, it does. You mentioned staff training and making sure that staff across the piece understand the concept. Are there specific training modules they have to do, and how do you monitor that centrally?

Dr Farrar: We are mandating training for all staff to ensure that they understand a trauma-informed approach. There will be more intense training for those involved in offender management in custody. We are carrying out some research so that we can continue to test the



effectiveness of the trauma-informed approach, and also build on it, and we are creating in our new prison spaces rehabilitative environments. We are creating prison spaces that are more conducive to helping people to deal with their trauma and reoffending behaviour.

Q344 **Dr Mullan:** Do you set the central modules that they have to complete on that? How does it work?

Dr Farrar: The mandatory training will be standard. It is being rolled out in different prisons. We work differently in the women's estate from how we do it in the men's estate. For example, as Kate said, we work closely with One Small Thing, Lady Edwina Grosvenor's charity, to make sure that we have a programme across the estate, and we are reintroducing shortly peer-led trauma programmes as well. We have mandation and standards because this is quite a difficult area and we want to make sure that it is run properly.

Q345 **Dr Mullan:** How do you monitor the roll-out of that training, and would you be able to tell us what percentage of staff have done the training? How do you monitor it?

Dr Farrar: We are rolling it out at the moment. I do not have the figures for how many staff currently have had the training, but it will be mandated for all staff. Within the next year, all staff will have had the training, and all our new POELTs will have received specific training for working with women.

Q346 **Dr Mullan:** For other training packages do you know who has done what centrally?

Dr Farrar: Yes.

Q347 **Dr Mullan:** It will just be added to the list of things that you look at and monitor.

Dr Farrar: Yes, absolutely.

Q348 **Dr Mullan:** You mentioned the estate and staffing. How do you think you engage with some of the factors my colleague mentioned outside your immediate control in terms of other agencies? You talked about the NHS, but for some of the charities and local authorities, do you have an ability to influence them?

Dr Farrar: Yes, and we are doing a lot more work there. Earlier, Kate and the Minister mentioned the project for prison leavers. In the work on prison leavers, we will work with a wide range of agencies. The money that we are putting into the community targets the third sector, and we are working very closely with them to look at programmes for women. We are also working with the National Police Chiefs' Council and police and crime commissioners in dealing with the female offender strategy, so that we can make sure we divert people from custody. We are creating links across the whole of Government. As the Minister said earlier, we are looking at a whole-systems approach. We recognise that we cannot solve



all the problems in prison, so we need to make sure that we are working with the rest of Government to be able to support women properly.

Q349 Dr Mullan: Minister, how do you balance the need to support and respond to women with difficulties in prison? As an example, they might benefit personally from greater contact with their families, but the purpose of them being in prison to some extent is to restrict their liberty and restrict things like access to their families.

Victoria Atkins: The strongest punishment that we have as a society is depriving someone of their liberty. It comes back to the often very difficult and finely tuned judgment that a judge or a magistrate has to make as to whether the offence is so serious that there are not sufficient mitigating circumstances to permit them to impose a non-custodial sentence. As far as we can, recognising the essential punitive element of custody as a sentence of last resort that must be preserved for the most serious offences, we want to ensure that we have robust alternatives to that where it is appropriate. The women's residential centres, as well as the drug and mental health treatment Kate talked about, are just snapshots of what we can do to try to ensure that people are in custody who deserve to be there because of the seriousness of their crimes, and because there is not sufficient mitigation to provide sentencers with another sentencing option.

Q350 Dr Mullan: You mentioned they should be there because of the seriousness of their offence. As a constituency MP, I come across people who are not necessarily committing serious offences against my constituents, but they are committing repeated low-level offending, and they have been offered various sentences. Do you think there is not a role for prison for those women, or do you think they should remain—

Victoria Atkins: I would be trespassing on the toes of the judiciary in an individual case, but I am very aware that the average sentence for women, if I just check my statistics, was 12 months in 2020, and 67% of immediate custodial sentences for women in 2020 were for six months or less. That compares with 50% of men. There is work we should be doing to ask whether in cases where six months or less was imposed, there was a robust community alternative.

I do not for a moment want to second-guess the decisions of magistrates, as it will tend generally to be magistrates at that level, but I want to provide them with robust alternatives. Knowing magistrates as I do, I suspect they will be watching with great interest the work of this Committee and the findings in your report. The magistrates responded to our offender strategy and they are conscious of the wider societal impact that short sentences can have for female offenders in particular.

Q351 Dr Mullan: The public are also conscious that a lot of these people have multiple previous offences behind them. They are looking at the likelihood of reoffending and how robust the sentence is.



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Victoria Atkins: Very much so. That will be a factor that a magistrate or a judge will take into account.

Dr Mullan: Thank you.

Q352 **Rob Butler:** You have both talked quite a lot about building a women's estate even more distinct from the men's estate. I think we all know that a really successful prison depends a great deal on the culture of the leadership and the experience of governors. As you seek to build this very specialised women's estate, how will you make sure that you hang on to the right governors, those who prove to be very effective leaders in the women's estate, and they do not feel that to get promotion they have to go into the men's estate and you therefore lose their expertise and experience? How does that feed up through HMPPS, as you develop it, Dr Farrar?

Dr Farrar: That is a good point and is something we are thinking about carefully, because we have similar issues in the youth estate. We want to give people good career pathways. If we start with the more junior grades and getting them into governor, we are looking for them to specialise in the women's estate. We are also looking to give people quicker progression to custodial manager and then quicker progression to governor. We are doing that across the estate, but obviously specialising in the female estate.

We have recently brought all of our female strategy together. You will remember that, before, we had female custody separate from female probation policy. We brought all of that together, so that we can make sure we have proper career pathways for our senior leaders, and we have recently brought in an experienced governor to oversee the female custodial strategy, which is what we do for women in custody who then go into the community. We will have a pathway for governors coming into headquarters roles focused specifically on women, which is something new for us and will be positive.

Q353 **Rob Butler:** The governor of a women's prison might progress his or her career by moving into women's probation rather than feeling they had to move into a male prison.

Dr Farrar: That is something we are considering. We are not there yet, but an ambition of mine is how we can look at prison and probation together, using a different model. That has yet to be developed and could be an aspiration for the future, but specialising specifically in women's prisons, progressing to senior governor, moving to senior governor in one of the biggest women's prisons and then having a role in headquarters overseeing a number of women's prisons, or working specifically on women's strategy, is a new option for our staff.

Q354 **Rob Butler:** Minister, are you at all concerned about losing the talent and culture that develops?



Victoria Atkins: Leadership is absolutely critical to any institution—a prison, a school and so on—but we must acknowledge the incredible input that members of staff, from the most junior prison officers, will have as part of that culture. I talk about a bedrock of positive, thoughtful and decent leadership within the staff ranks. Of course, a governor is the top of the tree in any prison, but if the prison staff wandering around the wings in the dead of night do not share the same philosophy and ambition that we all collectively have, that will have an impact, albeit perhaps a small one, on the prison as a whole. I want to hang on to all of our very talented prison governors, but I also want us to be giving due respect and credit to the most junior of officers, all the way up to governor.

Rob Butler: Thank you.

Q355 **Kate Hollern:** Once again, welcome to your position, Minister. I am sure you have a lot of work to do in this area. I recognise it is a very difficult area, because women in particular end up in prison for all sorts of reasons. Perhaps we should be looking closely at why they end up in prison and what we can do to support them before it gets to that stage.

I am sure you are aware of the recent baby deaths in prison. It is absolutely tragic. You spoke about valuing staff at whatever level, but when you read the report and investigation, particularly about the baby at Bronzefield, there is a catalogue of failures, from the assessment when the prisoner went in, to the support she got while she was in and the desperate measures she tried to take to get attention when she needed it. It was a total catalogue of failures. I have two questions. I recognise the support in training for staff in prisons, but is that reflected in privately run prisons?

Dr Farrar: We have had the report on Bronzefield and we are putting in a number of measures across all of our women's prisons, including the private prisons. That will include things like hourly observations for women in their third trimester and will provide all women with free access to NHS pregnancy advice services. We will ensure that social services support is provided to women in prisons. We will also have multidisciplinary maternity boards for all pregnant women. There are a number of things we have already put into practice, and we will continue to make changes in the longer term, but there are short-term actions we have taken that are specific to all prisons.

Q356 **Kate Hollern:** On that point, a number of those measures should have been in place at that time, including the fact that it was identified that the young woman was threatening to commit suicide just the day before. Those checks were not carried out. The call for medical assistance was ignored and cut off at one point. The basic measures were there but failed. How can we be absolutely sure that somebody will be responsible for regularly monitoring that the processes to keep women safe in prisons are followed and implemented?



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Dr Farrar: The measures I have just mentioned are new and are monitored so that we can make sure they are being followed. I should be clear. If people do not follow the regulations as they are meant to, there will be disciplinary action taken against those individuals; there will be investigations. People must follow the regulations that make things safer for women. We learned quite a bit from the prison and probation ombudsman's report. That was why we instituted things like hourly observations for women in their third trimester, which were not there to the same extent. We are making sure that they are there and that they are monitored.

Victoria Atkins: I am very grateful to the ombudsman for her report. The facts as they unfolded in that report were truly shocking. The fear that young woman must have felt and the loss she is dealing with, even today, are not something we can contemplate again in the prison estate. Before I hand over to Kate, who has been instrumental in ensuring that the attitudes as well as the regulations are followed, perhaps, if I may, I could reassure the Committee, because it may be of interest, that in the last 12 months 40 women in custody gave birth. Of those 40 births, none happened in prison; two happened in transit, in other words in an ambulance; and the rest happened in hospital. Clearly, we want to improve the rates even further so that it is 100% in hospital, not in transit.

A great deal of work has been done since the death. The report came out very recently, but the reason the framework was published when it was was to respect the publication of the ombudsman's report, and to show how seriously all the parties concerned take this and to ensure that it does not happen again. Kate will be able to help from the NHS perspective as to how we can deal with some of the issues you have raised.

Kate Davies: I repeat that these are two incredibly tragic circumstances. Heartfelt wishes to the mother in both cases and appropriate apologies where any elements of care or support have not been as we would expect them to be at all levels.

The particular issue for Bronzefield is that this was a partnership and collaboration, in what is effectively known as a PFI prison—a private prison—with the NHS. Some of the services were commissioned and delivered through Sodexo; others were commissioned through the NHS. One thing we have done in that particular establishment is work very closely with our partners and providers both to increase midwifery, maternity and perinatal services and, across the last five private prisons, two of which, Peterborough and Bronzefield, are female prisons, to agree to take those back into the public purse as part of NHS standards, conditions and requirements.

Bronzefield was commissioning approximately £2 million of health and wellbeing services at that time. We are now moving forward to NHS



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support. For example, for Bronzefield there is now a £6.1 million requirement to meet the healthcare needs of women and for maternity, pregnancy and perinatal services.

We have recently updated and are about to publish a new specification on pregnancy and post-natal women in detention. I know the Chair will ask me this.

Chair: Right.

Kate Davies: It will be in full swing by March 2023, but we know that it will certainly begin to be rolled out by March 2022. In fact, the primary care pathways, both the perinatal and mental health pathways, were commissioned before those deaths, back in 2019, with additional funding for all of the women's estate as part of the long-term plan, but, sadly, because of Covid there were delays in rolling them out as we required.

I emphasise, along with Dr Farrar and previous Ministers—I know that Minister Atkins is incredibly supportive—that we have commissioned with NHS England a full review of health and wellbeing and social care services across the women's estate with eight areas that are absolutely important. One of those is perinatal, maternity and post-natal specifications. Sadly, that does not help those two unique and very different cases in Bronzefield and HMP Styal—I was in HMP Styal three weeks ago working with the governor and staff—but it is a crucial element of development.

As I have the chance, I emphasise to the Committee that we need to look very carefully at why we would sentence or remand women who are pregnant knowingly. We often find that women are pregnant as part of the screening and pregnancy test offers to all women. We find they are pregnant as part of remand and sometimes in the early part of their sentence, because we have so many short sentence women. I think there is a fundamental scrutiny question, as both the Minister and Dr Farrar said, about why we are sentencing low-level offenders and women who are pregnant, particularly for the unborn child.

Victoria Atkins: For the purposes of clarification, I was referring to the Bronzefield case. I do not think I should comment on the Styal case until the PPO report is published.

Chair: We are grateful to you for the details we have heard so far about Bronzefield.

Q357 **Laura Farris:** I have a few more questions on Bronzefield. I think it is clear that the MOJ has accepted all the ombudsman's recommendations, and you have set out all the new procedures. There are very substantial procedural changes. I would like to ask not so much about process but context in the Bronzefield case.

Dr Farrar, I caught the tail end of what you were saying about trauma-informed services. One of the things that is particularly striking about the report is the context in which it all arose. This 18-year-old girl had



arrived in the prison and had been very difficult to deal with. She was rude to all the prison officers because she thought they were going to take her baby away. One of the things that is quite striking is that you think, "Are they not used to that?" If a teenager with such a deep background of abuse and trauma in her past is being very difficult, it is very striking that it was so easy for her to get on the wrong side of all the guards. For example, that was why she did not have any scans; she did not do this and did not do that. Even on the night, she was perceived as a very difficult person. I just wonder what that says more broadly, and whether you think that prison was anomalous or whether it points to a much more worrying lacuna in the way traumatised women experience the Prison Service.

Dr Farrar: That is a good and big question. I went to Bronzefield the day after it happened. It was a real tragedy. As Kate said, our thoughts are with everyone involved. The prison and probation ombudsman report showed us that there are clearly lessons to learn. I believe we are learning them, and it is clear that we need to learn lessons across the whole prison estate. I am encouraged that the provision in private sector prisons is coming under the NHS, which allows us to make sure we have a consistent approach to women, but I think you are absolutely right.

On the other point, about trauma, that is why we want to mandate training for all people in the women's estate to make sure we have specially trained prison officers to understand the particular needs and experiences of women, and provide the right facilities and environment so that women can be supported through their prison sentence and helped not to reoffend, and we stop recurring sentences and people coming back into prison. We want to do a lot more to help people deal with the causes of their crime, but clearly there were a lot of lessons learned from this and other cases.

Q358 **Laura Farris:** When we had before us last week Sue McAllister, who wrote the report, one of the frustrations she expressed was her inability to insist on any sanction. I think it was Sodexo that provided security at the prison. She did not have power to mandate, for example, disciplinary sanctions and she was not aware that disciplinary proceedings had been undertaken. I am sure you have more knowledge of that.

On the point about process, do you have the power to impel that there be disciplinary sanctions on the people involved, or is that independent of the MOJ? If it is independent of the MOJ, is something you would want to look at whether there would be more remedies you could impose?

Dr Farrar: Our private prisons are managed under a contract, and there are a number of things we can do under the contract if we feel there are failings. We monitor those contracts closely; we have people based in the prison to work with the prison. The next day I spoke to the person who was managing the contract on behalf of the MOJ. There are things we can do with public service women's prisons and obviously we lead the disciplinaries slightly differently. There were investigations into individual



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members of staff. I cannot say more than that at the moment, but there were investigations into what happened at Bronzefield.

Victoria Atkins: I am just checking my phone for the latest figures. We should not see this as an insurmountable challenge. There are 12 female prisons across the country. The latest figures available to me indicate that at the end of September there were 32 self-declared pregnancies—in other words, women who knew they were pregnant.

I do not see this as insurmountable. The message must go out loud and clear to every single member of staff working in female prisons that if a woman is pregnant, she is treated with the decency we would expect women outside prison to be treated with. That is not just in their medical care but in their day-to-day living. I was so shocked by the Bronzefield case, and in due course I will be giving my reaction to the case at Styal. We have to ensure that every member of staff working in those establishments, no matter how difficult they may perceive a woman to be, regards her healthcare and the care of her baby as paramount.

Q359 **Chair:** Has any member of staff left Bronzefield in consequence of the incident?

Dr Farrar: I cannot share that information at the moment with the Committee. I am happy to write separately.

Q360 **Chair:** Yes, please. Obviously, transparency is important and the public would be concerned about this.

Dr Farrar: Absolutely. I want to make sure, because we are dealing with individuals, that I let you know exactly what happened.

Chair: We do not want you to identify individuals, but I think people want to know that appropriate steps have been taken.

Q361 **Dr Mullan:** Perhaps this is more an observation than a question. It strikes me that when you look at institutionalisation and healthcare these are individuals who are recruited specifically to care for people; they are not there as prison officers. We see repeated examples of even those people ending up abusing and mistreating people over whom they have power.

In the prison estate we are talking about people who are not recruited necessarily with those things in mind and we are trying to supplement it, but what an enormous challenge it is. I often feel that, given what we pay prison officers, the profile of the profession and the nature of the people who apply, these are incredibly difficult things for anybody to do. It is very difficult to be put in charge of people who perhaps are being aggressive towards you, fighting with you, adversarial towards you, and then the next day expect you to treat them with due care and attention. Even healthcare staff have to deal with that and they are trained from the get-go to be caring and compassionate. Would you agree that it is a very difficult thing to get right?



Victoria Atkins: First and foremost, although rightly and completely understandably the Committee has focused on the particular failings in that case, please let's not give the impression that that reflects the overwhelming majority of prison officers and staff who work in our establishments. I have enormous respect and admiration for people working in the prison estate. As you say, they are working day in, day out to keep the wider public safe; they are protecting the public in their day-to-day job, and sometimes, in the whole prison estate, they are working with some very dangerous people.

There are people in the wider prisoner estate who may have run organised crime gangs, may still wish to run their gangs and will be looking to undermine the regimes that the officers are there to uphold; they will be looking to undermine individual officers and so on. In my conversations with the Prison Officers Association, the Prison Governors Association and other trade unions, I have made it clear that I want them to feel confident that I as Prisons Minister am looking out for them and their terms and conditions, because if someone assaults a prison officer in prison that is not acceptable. It is not part of the job and to be expected; it is an assault on a prison officer and it should be treated very seriously.

Perhaps that gives you a snapshot of how I am developing my ideas. I very much acknowledge, as the Committee has rightly focused on, the vulnerabilities of prisoners in the female prison estate, but we must not lose sight of the enormous contributions made by prison officers day in, day out to keep us all safe in the wider community.

Dr Farrar: When the Committee visits Styal, you will be able to see some of the amazing work that our prison officers do. I am incredibly proud to be the chief executive of the service. We have some brilliant prison officers. I hope the Committee has been watching our Hidden Heroes campaign to champion the work of people working in prisons and raise the profile, because often the work they do is hidden from the general public.

Q362 **Dr Mullan:** To my mind, they probably have the lowest profile of all in our criminal justice system.

Victoria Atkins: I agree.

Q363 **Dr Mullan:** I would call them emergency service workers. To all intents and purposes, they have the lowest profile and probably have the most difficult job. When you look at the police and healthcare—all of it—their job must be very challenging.

Victoria Atkins: And their role is to behave professionally, appropriately and decently towards every single person under their care and responsibility, no matter what crime they have committed. That is why when we have individual cases such as Bronzefield it hits us all particularly hard. The circumstances were dreadful, but I would not want



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the impression to be given that that is the usual position, from my observations, albeit very new, of the ways our prisons across the country are run.

Dr Mullan: Thank you.

Q364 **Maria Eagle:** Minister, how many women in the last year were sent to prison as a place of safety for their own protection?

Victoria Atkins: Perhaps I could set out the ground before trying to answer your question. As you know, Ms Eagle, there are two pieces of legislation in which the term “place of safety” is used. The first is the Bail Act. A court may remand a person to custody “for their own protection” if they are suffering from mental illness. The Mental Health Act 1983 enables certain accused and convicted people to be sent to hospital and, if not hospital, a place of safety, namely a prison. This is a piece of work that I am very much commissioning and driving forward at the moment.

Q365 **Maria Eagle:** What is that work?

Victoria Atkins: Work on places of safety and removing prisons and cells as places of safety under the Mental Health Act, and indeed under the Bail Act for personal protection. I oversaw the work in the Home Office through the police lens. I am in the process of commissioning the collation of data under those two pieces of legislation. I will be corrected if information has come to light, but at the moment there is not a central database of such decisions—

Maria Eagle: So we don’t know.

Victoria Atkins: Which is why I am commissioning work to find out.

Q366 **Maria Eagle:** When will you know?

Victoria Atkins: I have to work with the Department of Health, because under the Mental Health Act the various databases on which this information is held are not all in the gift of the MOJ and HMCTS, but I would hope that in the first quarter of next year, if I do not have the final figure, I will be in a much better place to address the Committee on when we will reach that figure. I know there are certain parts of the country where there are concerns about the use of places of safety, often because the courts feel they have no choice but to put someone there. I need to do this in a methodical way and gather that data to see how we can deal with it.

Q367 **Maria Eagle:** The inspectorate in its unannounced inspection at Low Newton said that six women in the previous two months had been admitted from the court as a place of safety on the grounds of acute mental health difficulties. It is an entirely inappropriate place to put people with acute mental health difficulties, if it can be avoided at all. Once you have the numbers, is it your intention to take steps to stop prisons being used as a place of safety in those circumstances?



Victoria Atkins: That is my overall ambition. You will recognise that at the moment I am very much at the start of the journey because I have to collate the data and see whether the set of figures you have quoted is run of the mill across the prison estate, or whether it is unusual and why that is so in a particular area. This is where the work of the Department of Health and the NHS will be vital because, if we are not to use prisons as a place of safety, people with acute mental illness must be looked after elsewhere. Maybe Kate can help us on this.

Kate Davies: Certainly. It is important to make a distinction where people come under the Bail Act place of safety, because that needs to be looked at very carefully. As part of the Mental Health Act, there must be an assessment as part of mental health or behavioural support that somebody needs low, medium or highly secure accommodation, or other forms of accommodation, taking into consideration the seriousness of their offence. That is absolutely crucial. I completely support Sir Simon Wessely's recommendations on that.

We have rolled out the new mental health transfer and remissions publication on the new standards and waiting times for mental health, on which I reported to the Justice Select Committee only a few months ago. We are rolling out today a collaboration on training to ensure that people regionally and locally in the prison sector are aware of the new guidance, and what that means as part of places of safety for men and particularly women.

Q368 **Laura Farris:** Minister, when we read in tandem the 2018 female offender strategy and the Public Health England report of the same year it is striking to see how high the incidence of depression is and the disparate levels of self-harm between the female and male estate, and also, when you look at women who are serving sentences of less than 12 months for non-violent offences, how high the reoffending rate is. In response to Dr Mullan's question, you were talking about magistrates exercising their judgment, but is it ever the case that a woman would not get a better outcome doing some sort of community-based sentence rather than being in prison for that kind of crime?

Do you have any data to show the reoffending rate? I could not find it, so I do not know whether there is more or less reoffending in the community, but it seems to be implied in our briefing that it is less. I just wonder what your view is.

Victoria Atkins: As in whether courts should be prevented from imposing sentences of less than six months?

Q369 **Laura Farris:** Less than 12 months for non-violent offences. The outcomes for the public are bad too, because those people have such a high reoffending rate. I wondered what the public good is of those kinds of sentences, or whether the answer is that we need to improve services in prison for those sentences. I would be interested to know what you think.



Victoria Atkins: I suppose this becomes a philosophical debate about the purpose of prison. If we look at—

Q370 **Laura Farris:** No, I am not an abolitionist. I am just saying that when you look at these short sentences, for example the 70% reoffending rate, it seems high for sentences that are not reflecting very serious crimes, certainly non-violent crimes. Obviously, an effort is being made by the MOJ to have more community-type sentences. I am wondering where you think the threshold falls, or whether it is ever beneficial.

Victoria Atkins: I am not sure it is my place to be questioning the Sentencing Council and the guidelines it sets, nor indeed the Court of Appeal. For short sentences, magistrates and judges pay attention to those guidelines. They will have in mind cases such as Petherick in terms of those who are on the cusp of custody and the impact that may have on those who are dependent on them. They look at the overall community impact; for example, a magistrate may be mindful of a spate of shoplifting, drug offending or antisocial behaviour in the local area.

This is where we are in difficult territory, because I cannot and will not trespass on the rights of the independent judiciary to impose the sentences they see fit, but I want to listen and support them in non-custodial options, if that is appropriate in the individual case. That is where the work we have already discussed comes into play.

Dr Farrar: We know that people who come into prison have a higher rate of reoffending, and we are focusing very specifically on how we can help people reduce their offending behaviour. As regards some of the recent announcements and the provision we have made for accommodation, we know that if people have a stable home to go to that helps with reoffending. That funding is available for the women's estate; from the recent announcements on the Beating Crime plan, there will be a large amount of money for reducing reoffending. Some of that will be available in the women's estate. We want to focus it on accommodation, employment and the work Kate is involved in on treatment, because we think that if we can get accommodation, employment and treatment right, it will help to reduce the reoffending rate. We want to make sure that, if people come into prison, it is a purposeful place that helps people deal with their reoffending behaviour.

You mentioned self-harm. That is something we have been incredibly concerned about. We found that self-harm among women has been rising. We saw in recently published statistics that it has risen by 2%. We have been concerned about that. We know that women struggled during Covid. They have talked to us about the lack of peer support, because we had to have a lot more isolation, and lack of contact with their families. We did quite a bit around that with video contact and access to telephones. We have talked to the Committee about that before. We want to continue some of that post Covid.



We have put in place a specific self-harm taskforce—independently researched—that is looking at the causes of self-harm and working with individual women in prison to help them with their self-harming behaviour. I cannot talk about the latest statistics because they have not yet been published, but we are seeing some promising signs that the work of the self-harm taskforce is having a positive effect. Hopefully, next time we come to the Committee we will be able to talk in a bit more detail about that.

Q371 Laura Farris: On self-harm, we heard from two psychiatrists a few months ago who worked directly in prisons. They said that when they had an extended period to work with a female prisoner they felt they could make a difference. It was often the first time that the woman might ever have had counselling or addiction treatment, but it took some time. Do you think that when you have a shorter period with a female prisoner any self-harm interventions are necessarily less effective, or do you think there are ways of developing good short-term solutions?

Dr Farrar: There are ways of developing good short-term interventions. The longer time you have with a person, the better, and that is why we are trying to work seamlessly across prison and probation so that people can continue their treatment once they leave prison. That is something we are exploring at the moment through our prison leavers project. We are keen to roll that out because we think that seamless treatment or support is important for people.

Victoria Atkins: We also know that a small number of prolific self-harmers account for approximately 70% of all incidents of self-harm in the women's estate. If we are able to identify those women, we can work with them to understand what is causing that behaviour. They may have been showing very clear symptoms of self-harm for years. That is a huge amount of work for the prison to undertake and, in the longer term, the community. I know Kate has been doing a lot of work on self-harm, and indeed self-inflicted deaths.

Kate Davies: I want to focus on something important that women tell us. Most of the developments in the last few years have been through what lived experience has said. As part of the women's review we are doing at the moment in the eight fundamental areas, every single task group is co-chaired by lived experience. When it comes to opportunity—this is why the every moment counts bit is so important in trauma-informed work—sadly for many women in our prisons or in the criminal justice system often, when they are sitting in a police custody suite, or in Downview, Low Newton or Foston Hall, it might be the first time they realise that their extensive drug use is part of self-medication and everything else that has been generational, and has been going on for days, months or weeks with different trauma and abuse.

Substance misuse is a key issue that we have not necessarily touched on today in the Committee. It is prevalent in the women's estate. One woman said to me only a couple of months ago as part of the work on



Covid and then on release, "If I hadn't had that in prison I wouldn't be where I am now." I am very passionate about health and wellbeing in prisons because it is an opportunity, however short or long. I am also very passionate that we give more time and energy to community-based orders where you can get to the bottom of multiple complex needs. That is not always possible in the environments of all establishments all the time.

I hope that helps as to where the focus is. It is the lived experience. Men say it often, but women say it more than men. The Minister recently went to Downview, just before we put extra capital into a women's therapeutic service and centre. The women said to us, "Give us the opportunity." Often, dentistry, gynae or contraception are the issues in healthcare where women become most engaged—I do; lots of women do—and then it leads to other issues about what that means in terms of more endemic trauma and/or self-harm.

Q372 **Dr Mullan:** Minister, I understand that the NHS is working with you to conduct a review of the broader provision of NHS care across the estate. Is that accurate?

Victoria Atkins: Yes.

Dr Farrar: Kate will probably tell you a little bit more about that.

Dr Mullan: Perhaps you wouldn't mind giving us a very brief description.

Kate Davies: Would you repeat the question?

Dr Mullan: I am just asking about the service-wide review of NHS-provided care in the prison estate. Can you update us on how that is progressing and on any early findings?

Kate Davies: A conversation Dr Farrar and I had before the pandemic was about the ambition for the women's estate and what that meant as part of the partnership work and partnership agreement, and how we focus on that for the women's estate, not just the men's estate with the women's estate.

We commissioned all of our regional commissioning providers, who provide the healthcare, and our clinicians, our lived experience and our partners in HMPPS and the MOJ, particularly Public Health England, as it was then, for a fundamental review of our service specifications and our collaboration, particularly in eight key areas, as a focus: perinatal care in prisons; resettlement; early years, because we find that intervening in the first few weeks of short and long sentences is key; the fabric of the establishments; clinical models and their quality; the needs assessments we undertake and a review of those; our finance and resources; and maternity and post-natal specifications. It is not that other areas are not part of that review, but those eight areas were seen as fundamental.



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The recommendations of that review, which started in full earnest in January 2021, although it was commissioned before the pandemic, under an independent chair, Jenny Talbot, will take place very early in the new year. We hope to have those in March 2022.

Q373 Dr Mullan: Are there any interim findings you can share with us, or do you want us to wait?

Kate Davies: It is probably best to wait, but I am very close to it and I am working with them very closely. One of the key things, which has come out of this Committee and the Minister referred to it earlier, is that we do not shy away from gender-enhanced services. We certainly do not shy away from putting investment into pre-custody and prevention services, as well as prison legal programmes.

The lived experience interim findings show two things. One is the emphasis on disconnection from children. It may well be about your kids not being with you because they are with a grandmother, or somebody else is looking after them. What impact does that have on you? The other element from lived experience is domestic violence and sexual violence and the prevalence of that. We will wait for the full recommendations, but those are the interim elements that are coming through.

Dr Mullan: Thank you.

Q374 Chair: Dr Farrar, you rightly referred to accommodation as one of the key issues in preventing reoffending and in enabling proper resettlement. We have had evidence from Her Majesty's inspectorate in relation to Bronzefield and Eastwood. Some 40% of women had no accommodation on the day of their release, and it is about 20% at Foston Hall. Can you help me as to what the figures are across the whole estate? What percentage of women are released without accommodation on that basis across the women's estate?

Dr Farrar: I can let you have that figure, if you give me a minute.

Victoria Atkins: While Jo is finding the answer, would it help if I briefly mentioned the national accommodation framework?

Q375 Chair: Yes; we are aware of that.

Victoria Atkins: We want somebody walking out of the prison gates to be rehabilitated if they have had substance misuse or other issues, and crucially they need a roof over their heads; they need somewhere to live. We have developed a framework that contains specific aims on women's access to post-release accommodation, including the provision of more places in approved premises and more appropriate accommodation through the bail, accommodation and support services.

We have launched a new accommodation service that provides up to 12 weeks of basic temporary accommodation for approximately 3,000 prison leavers who would otherwise be homeless. That is a start, but we very much acknowledge the risk that homelessness poses for any offender's



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ability to get on to the straight and narrow, as it were, and not reoffend, so we are working very closely with the Department for Levelling Up to ensure that there are programmes across the country that can try to help offenders who need it most.

Q376 Chair: Minister, you will be aware from your own experience, which is the same as mine, that that is important for any offender on release; otherwise, they go straight back to the old temptations. It is particularly so for women if they have been subject to domestic violence or coercive control in the past, so particular attention needs to be given to suitable accommodation for them. What is being done to highlight their needs above and beyond those of any other types of offender who are released without a roof over their head?

Victoria Atkins: I am immediately drawn to the wider Government work. It plays into the principle we started off with—the whole-system approach, and indeed the whole-of-Government approach. The Committee will recall that during the journey through Parliament of the Domestic Abuse Bill, we announced many non-legislative measures to support that piece of legislation.

Indeed, the Government have put, I think, unprecedented amounts of investment into tackling perpetrators, because that is a critical part of tackling domestic abuse, and also investment in what are called respite rooms; in other words, places where homeless women—it tends to be women, but men can be victims as well—of domestic abuse can seek respite and care. The accommodation challenge is one we understand and want to respond to, not just in the prison estate but, importantly, in probation, licence and so on, and how people are able to adhere to the terms of their licence on release.

Dr Farrar: I have found the figure. I am sorry I did not have it to hand. It was just over 18% of women. It is something we are very concerned about. I was at the virtual opening last year of Hestia Battersea, an important facility for us in London, which will give critical access, as will Eden House in Bristol. We absolutely recognise this and are investing in new provision for women so that they do not leave prison without a home.

Q377 Chair: That makes it look as if Bronzefield and Eastwood Park were outliers at 40%.

Dr Farrar: Yes. It is 18% across the estate.

Kate Davies: Covid and the pandemic has been a really challenging situation for prisons, but one of the things that has come out of it is the partnership work we have done with the Prison Service around release, homelessness and vulnerable housing, and the funding that went in via the MOJ and health services on release. It would be really good to enable and maintain a lot of that. Some of it was also funding the charitable



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sector in supporting women's pathways. That is just one element to bear in mind.

Q378 **Chair:** That is very helpful. We have had some evidence from the Safe Homes for Women Leaving Prison initiative, which I am sure you will be familiar with. They raised a couple of specifics that seemed to be problems.

One was the position of women on remand. Because women on remand do not fall within the commissioning arrangements with probation and other agencies that sentenced women do, they do not get the same access to probation services—for example, to prevent them losing accommodation. If they are in accommodation on remand, they are as much at risk of losing their tenancy as a sentenced woman is. Ironically, it may well be that they are either acquitted or given a non-custodial sentence at the end of their remand, so in a sense the case for preserving their accommodation is even stronger, if that is possible, but they seem to fall without the system. Is that being looked at?

Dr Farrar: Yes, it is. As you know, we have unified the probation service now, which gives an opportunity to look at these things in more detail. It was of concern to us and we are looking at it.

Q379 **Chair:** When do you think you will be likely to be able to come up with some solutions around that?

Dr Farrar: Let me take that away and have a look at it.

Q380 **Chair:** You say that you are working on it. That is a great aspiration, but if it is clearly an issue that causes concern it needs to be rectified, and overall you are not dealing with large numbers of people.

Dr Farrar: Exactly. Let me take that away and come back to the Committee.

Q381 **Chair:** It suggests that dealing with that anomaly should be a priority.

Dr Farrar: We agree.

Q382 **Chair:** The other point you might be able to look at in the same context is the evidence we have had that sometimes there is a problem because of the lack of a single definition of homelessness or safe or suitable accommodation. Some people would treat temporary accommodation for somebody as being acceptable in some areas; in other cases people fall back on a type of no fixed abode definition. Again, that is in the evidence to us from Safe Homes for Women Leaving Prison. Is that something we could sensibly urge you to look at in this context?

Dr Farrar: I would be very happy to look at that. It is not something that has been raised with me.

Q383 **Chair:** It would be something we could refer to in our report. I just note that. We talk about a multi-agency approach, and if we are working with two different definitions it causes difficulty.



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The final point I want to raise in that respect is some evidence submitted to us by the London Assembly housing committee. Your officials will be able to find it on the Committee's website; it is all published there. A concern raised by 19 or so London boroughs that responded was about the lack of time between referral to the housing authorities and probation, and actual release. Very often, the referral comes so quickly before release that there is not time for them to set up arrangements. Is that something you are aware of as being a difficulty?

Dr Farrar: It is. I think all of those issues will be helped by the homelessness advisers we are now placing in different regions. This is a new initiative for us and is where we are spending some of our reducing reoffending money. I hope that it will help not only women coming out of prison but also women on remand to find suitable accommodation. It is based in the probation service. We have introduced that service precisely to try to get around some of the issues and make sure that there is suitable accommodation available for women, rather than waiting until we have an individual case.

Q384 **Chair:** Indeed. The London boroughs talk about 24 to 48 hours, but it is pretty much impossible to do very much in that time.

Dr Farrar: Our homelessness advisers will be able to help with that.

Q385 **James Daly:** I was going to ask about accommodation, but I think that has been dealt with at some length, so I will ask two other questions, Minister.

Victoria Atkins: I am sorry, but I have an appointment at half-past four. I was told 4.15.

Chair: Mr Daly is on the last set of questions, Minister.

Q386 **James Daly:** I will make just one point, Minister. I think you have touched on it, and it is fundamentally important. I note from your ministerial responsibilities that you are the MOJ lead on RASSO. I speak as someone who has worked in the sector for a long time.

Almost certainly, the vast majority of female prisoners will have been victims of domestic violence and serious sexual offending. At this moment in time, we have an approximately 1.6% charge-out rate for those offences. In Greater Manchester, the majority are discontinued by the police, not by the Crown Prosecution Service. A grave concern to me, and where, to say the very least, a lot of work needs to be done, is that many victims whose cases are perhaps not treated as seriously as they should be perhaps have drug addiction or have problems in their life, and decisions are made regarding their reliability as a witness rather than on what has actually happened to them. A lot of those people will be women who have been involved in the criminal justice system.

We have an added problem when many people report an offence to police and say what happened to them. We are talking about a cohort who are themselves imprisoned on occasion. Release under investigation means



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that many of them have no sense of justice for maybe nine or 12 months. It is creating a disastrous social impact for many of the people we are talking about today; they feel they are not taken seriously, and their allegations about the most serious and intimate attacks on them are not being taken seriously. It is just a thought to take away.

One of the problems with the system at the moment is that you, in your responsibility as Minister, have to work closely with the police to address that problem. We have to look at drug addiction. What is the level of drug taking in the prison environment? In male prisons it is rampant or certainly was until very recently. I just hope that some joint action is taken to protect the cohort we are talking about, who are often victims of the most horrific and heinous attacks. I do not believe that their allegations are taken seriously enough by the police.

Victoria Atkins: Thank you, Mr Daly. If I may draw your attention to the end-to-end rape review that the Government published in the spring, as well as the tackling violence against women and girls strategy that I published in July, we are very conscious, first, of the number of offences reported to the police, which keeps increasing. Clearly, one would never ever want these offences to be committed in the first place, but because victims have confidence enough to report them to the police we need to do right by them and support any investigation or prosecution they want to take forward. The end-to-end rape review looks at every stage in the criminal justice system. For example, there is a report to the police and the next stage is police referral to the CPS. What happens when it is with the CPS? Do they then make a decision to charge?

Q387 **James Daly:** They are discontinued by the police, not the CPS. I can confirm that that is so in Greater Manchester.

Victoria Atkins: Her Majesty's inspectorate wrote a very full report at the beginning of this year, if I remember correctly, specifically on Greater Manchester, but nationally it is a journey of attrition, I suppose, from the moment of report through to the moment of disposal by the court. The end-to-end rape review is looking very much at every single stage.

There is some very carefully thought-out work, including Operation Soteria, which was initially piloted in Avon and Somerset, and has now been spread to other police force areas, to ensure that exactly the sort of scenario you have set out, namely looking at the reliability of the victim, is not the approach the police and CPS working together should take. Their investigations are very much suspect-focused. I could talk at great length about telephones and all sorts of things, but there is a huge piece of work on this. I very much accept your point.

Q388 **James Daly:** You are quite right. We have both appeared before the courts over many years. We are talking about a very vulnerable cohort of people, and the system is allowing them to be at the mercy of their attackers a lot of the time. We then wonder why a lot of this cohort are then themselves involved in crime and drug addiction. This is not a



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criticism of your Department at all, but the police have to take their responsibility in this area much more seriously. If they did, it would have at least some impact on some of the things we are talking about today.

Victoria Atkins: There is genuine work happening within the police to address this. One of the announcements we made in the tackling violence against women and girls strategy was the appointment for the first time of a national lead police officer, to hold other police forces across the country to account, share best practice and so on. We have made that appointment. That is one way in which I think we are going to see some real changes in policing.

You may have read over the weekend that the chair of the Police Federation wrote a very frank piece about culture and wanting the federation to lead on some of the changes that he feels are necessary in police culture. I welcome that. I have worked with some amazing police officers over the years—genuinely amazing. I want all police to be viewed in the same way as I view those officers, and we can do that.

Chair: Minister, thank you very much. I am sorry we have made you a little bit late, but thank you for your time and for your evidence. It was good to see you for the first time.

Dr Farrar and Ms Davies, thank you for your time and evidence. We look forward to having the follow-ups on the items you kindly said you would come back to us with. We are very grateful to you all.