HOUSES OF PARLIAMENT

Joint Committee on Human Rights

Uncorrected oral evidence: Mental Health and Deaths in Prison, HC 893

Wednesday 29 March 2017

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3.15 pm

Written evidence from witnesses:

— Catherine May, Head of External Affairs in Wales, Equality and Human Rights Commission

— Dr Kate Paradine, Chief Executive, Women in Prison

Watch the meeting

Members present: Ms Harriet Harman (Chair); Ms Karen Buck; Baroness Hamwee; Baroness Lawrence of Clarendon; Jeremy Lefroy; Baroness O'Cathain; Baroness Prosser; Amanda Solloway; Lord Trimble; Lord Woolf.

Questions 95 - 107

Witnesses

I: Lord Farmer; Dr Éamonn O'Moore, Director, Health and Justice, Public Health England, and Director, UK Collaborating Centre, World Health Organization; Catherine May, Head of External Affairs in Wales, Equality and Human Rights Commission; Dr Kate Paradine, Chief Executive, Women in Prison.

Examination of witnesses

Lord Farmer, Dr Éamonn O'Moore, Catherine May and Dr Kate Paradine.

Q95 **Chair:** Welcome. Thank you very much for joining us today and giving us your evidence. As you know, we are the Joint Committee on Human Rights—half Lords and half Commons. We have been looking into the issue, at the behest of our rapporteur, Amanda Solloway, of prisons and mental health, and suicide in particular. So, for the record, I would be

grateful if you could say who you are, one by one.

Dr Éamonn O'Moore: Good afternoon. My name is Dr Éamonn O'Moore. I am the national lead for health and justice with Public Health England and a director of the UK Collaborating Centre with the WHO health and prisons programme.

Catherine May: I am Catherine May. I work for the Equality and Human Rights Commission and I was the lead officer of our inquiry into deaths in detention, including prisons.

Dr Kate Paradine: I am Kate Paradine, chief executive of Women in Prison. We are a charity that works with women in prison and in the community, and we campaign for the rights of women in prison. I am also on the advisory board to the Minister on female offenders.

Lord Farmer: I am Lord Farmer. I have just completed a review for the Ministry of Justice of how to strengthen prisoners' family relationships in order to reduce recidivism and intergenerational crime.

Chair: Excellent. Thank you. We look forward to hearing more from all of you.

Q96 **Amanda Solloway:** Good afternoon and welcome. It is good to see you here. The latest Ministry of Justice deaths in prison statistics show a 32% rise in self-inflicted deaths, which, as we all know, is double the figure for 2012. Could I ask each of you to say why in your view deaths in prisons continue to rise?

Dr Éamonn O'Moore: This is a complex problem with complex causes and solutions. We have certainly seen a significant rise in both self-inflicted deaths and self-harm as well as violence, and we would see all that in the public health space as on a continuum. We understand that there are complex reasons. We have a population in prison that is often described as having multiple and complex needs, and some people argue that those needs are becoming even more complex as the population has changed. We have challenges around prison staffing levels, which we would all recognise. We also have new psychoactive substances, which have been described in many places, including in reports by Her Majesty's Inspectorate of Prisons, as a game-changer.

In some ways we have had almost a perfect storm of challenges in the prison estate, and some of these factors are synergistic in a negative way. We also have to recognise the interplay between healthcare services and custodial services. So my ability to see a patient in a prison is directly impacted by the ability of the prison to support the prisoner getting to see me, and my ability to deliver services in the prison or with partners outside it is also affected by those same relationships. So it is a complex interplay.

There is no single, simple answer, I suggest, but while each of these factors taken alone is significant, taken together they are highly significant. Having said that, one of the issues that people often comment

on is staffing levels. Colleagues who work in the Prison Service would say that even within the prison estate, between contracted-out prisons and public prisons there has been a differential impact of staff cuts and so on, with private prisons slightly less affected than public ones through the process called benchmarking. So it is perhaps not as simple as one thing, but all these factors taken together are probably creating particular stresses.

Amanda Solloway: You have mentioned "complex" twice. What do you mean by that? What has become more complex?

Dr Éamonn O'Moore: "Complex needs" is a phrase regarding individuals in prison that we use in that context to describe people who may have not only mental health problems or substance abuse problems but social problems. Housing and homelessness is a big challenge, as are unemployment and indebtedness; all those factors coincide. So we use that as a phrase to describe some of the challenges, and it has certainly been seen that some of those challenges are going in the wrong direction. The interplay between housing and homelessness and indebtedness, for example, in some of the challenges facing people coming into prison is increasing.

Catherine May: I agree with much of what Éamonn has said. He perfectly describes the situation that many in prison are facing currently. When we completed our inquiry and published our report in 2015-16, we were pleased that some of our recommendations were taken on board. We have an ongoing concern about the provision of mental health services in prisons, the efficiency of those services and their ability to meet the need.

Underpinning that, our feeling is that perhaps the solution to some of this is for there to be a better central point for the collection, collation, analysis and publication of data relating to mental health problems in prisons. When we looked, we could not find easily accessible statistics that would tell us how many people in prisons have mental health problems. There were estimates ranging from 20% to 90%. We thought that was something that could be improved.

We understand that there are problems—some prisoners have a very high churn, for example—but this data could still be accessed, and that would allow prisons to better plan their healthcare and to include it in the training for prison staff so that they would be able to understand what kind of issues they might face in their day-to-day working life.

Dr Kate Paradine: I will speak to the issue of women in prison. The main reason is that prisons just cannot cope. They are doing their very best to deal with what they have on their hands, but far too many women and men are being sent to prison. The vast majority of women are there for non-violent minor offences, related mostly to addiction and poverty. That is not Women in Prison's take on it; they are facts that come from government statistics. Twenty women were sent to prison last year for TV

license-related offences. Being sent to prison for shoplifting is still very common, and we are still finding women being sent to prison for council tax-related offending. That is the main problem, and it is happening because community resources have been completely neglected.

Women are a very vulnerable group in the prison system. On every measure—mental health, addiction, experience of violence and abuse—women as a group come out much worse. On the perfect storm that Éamonn referred to, Holloway's closure has been a significant event for the female estate. Holloway was closed and there was no proper plan in place at all for its closure, including the loss of services that had surrounded it—specialist services that had gathered there but have now gone, particularly in relation to health provision. There has been a perfect storm and now we face the consequences of that—the high levels of suicide.

Lord Farmer: I certainly back up everything Dr O'Moore said about the perfect storm. On visits to certain of our prisons, the prison officers were stating that morale was the lowest they have ever known it. Psychoactive drugs were a particular factor, creating very difficult prisoners with irrational behaviour that could last for 48 hours at a time, and that, when they already had overcrowding and understaffing, was just making morale worse. The whole prison estate was in a sort of lockdown, working on the bare minimum. When it comes to family ties and relationships, which is what I was connected with—relationships with significant others, I would say; supportive relationships—these should be treated as assets to help to keep prisoners safe.

In the current climate, for instance, the prison officers we talked to who used to have the time to use a five-minute intervention to talk to a prisoner about his background, his mother or whatever, did not have time to do that any more.

Chair: Can you clarify what you mean by the five-minute intervention?

Lord Farmer: The five-minute intervention is when a landing officer can stroll around the landing while the cell doors are open and spend five minutes with a prisoner at a time. They talk to him about his background and relationships, and any problems he might be worried about. His mother might be ill or something like that. In other words, it is a bit of information-gathering about what is going on in his mind to worry him, et cetera. We found prison officers who said that they had been deskilled, and they regretted that. We understand that the Unlocked graduates scheme will have an emphasis on skilling graduates for personal relationships et cetera. But at present there is not.

Members of INQUEST gave evidence to my review, and I know that Deborah Coles has given evidence to you. She said that in large numbers of cases of deaths in prison, families have not been able to contact anyone within the prison to discuss the safety of a prisoner, or their concerns have not been acted upon when contact has been made. We

recommend in the review a gateway communication system, which would be a bespoke line for families to be able to contact the prison with their concerns about the safety of any particular prisoner.

Q97 **Baroness Hamwee:** Kate, as a follow-up question, you said that one of the reasons is that the community service penalties are not available. Does that mean that courts are discovering that when they ask about the community route there is nothing available, but that they are not asking the same question about prison places being available? Is it an automatic default without stopping to consider availability, quite apart from suitability?

Dr Kate Paradine: Some of the issue is that magistrates and judges do not know what is available. But the basic fact is that women's centres that provide holistic services for women in the criminal justice system—pre-prison, after prison and during their prison sentences—have been completely underinvested in. Transforming rehabilitation has affected that directly, which is another part of the perfect storm that I did not mention in my previous answer. Some of it is not knowing and some is that there is inadequate provision. At the moment, we have the decision to invest millions upon millions in new prisons while the community services continue to struggle to survive. They are closing every day. We believe, and pretty much everyone working in the system—governors and police crime commissioners—agrees, that we need to redirect our attention to community options. I know that we would then radically reduce the women's and men's prison population.

Baroness O'Cathain: I have a quick question, as I am on the learning curve at the moment. In 1990, there were about 41,000 prisoners; and, in 2016, there were 85,000 prisoners. It cannot be that the population's behaviour is just getting worse and worse and that they should therefore go to prison. Is it that people are being put into prison now for crimes for which they would never have been put into prison before? That is what I want to know. Why has there been this huge growth in the number of prisoners when behaviour has not doubled in its nastiness?

Lord Farmer: It is not my area of review, but the population has increased. The ability to use DNA and modern science to find criminals has certainly increased and there is the whole area of sex offenders. If you go to many prisons now you have a bespoke wing for sex offenders, or indeed it is a bespoke prison. I think they are something like 17% and growing of the prison population, which we did not have in those days. Those are just simple answers, but there is probably better science on it.

Dr Éamonn O'Moore: On the analysis of the data, many authors and authorities have looked at that almost logarithmic increase in the population over the timeframes that you mention. The data supports the suggestion that the use of custodial sentences, more often for more infractions, has been a significant contributory factor to it. There are other factors, as Lord Farmer has just outlined, and some of them are positive developments in the detection of criminal activity. But I think

most people would agree that a very significant factor in the rising prison population in this country, which has the third highest standing prison population in the WHO European region—third behind only the Russian Federation and Turkey—is contributed to by decisions that we have made collectively about the disposal of people who come before the courts and the powers that are accorded. Those things must be taken in the context of our having a rigorous process, but decisions are made about how to dispose of people and perhaps, as we have slightly alluded to, some of the options for community disposal are less available or used than they might be.

Lord Woolf: I have a follow-up to Baroness Hamwee's question. You will be able to confirm whether you think it is right, but my understanding is that one thing that can never be said in the sentencing world is that there is no room in prison. It is just not a relevant consideration. Prisons are regarded as the last resort and the numbers there—unfortunately, I would say—is not a matter that can be taken into account. If you try to suggest the contrary, there is an immediate reaction. What is our very distinguished panel's experience of that suggestion?

Dr Kate Paradine: We believe that the new Bill should be used as a chance to have a presumption against using prison for minor offences. It is good that prison will be seen as a place of rehabilitation, but the key point made by Éamonn is that it is not a place for treatment. In every element, it is hard to treat addiction and mental ill-health in prison, so a much stronger presumption towards using community sentences would be one step because prison is used much too freely at the moment.

Lord Woolf: Dr O'Moore, you mentioned the increasing population, but is there not another aspect to it? It is the inflation in sentences. When I became a judge and had to sentence people, for example for murder, the tariff you started off with was 12 years for a life sentence, which could be reduced if there were mitigating circumstances or increased. In very approximate terms, that figure has doubled.

Dr Éamonn O'Moore: I think that is axiomatically true, and anyone who has familiarity with the options for sentencing and sentencers would understand it to be true. All these factors, such as longer sentences and greater use of custodial sentences, drive the population in that direction. Perhaps it is also important to say, to counterbalance it a little, that there is also increasing recognition of the health-related drivers of offending and reoffending behaviour. NHS England has commissioned important liaison and diversion services, which work at the level of police custody to support exactly what Kate was describing: to have a total understanding of the needs of the offender as soon as possible, including their health needs; to be able to make decisions about the pathway on which that offender management should go; and whether a significant part of that should be a health-related pathway rather than a custodial pathway.

Lord Woolf: Diverting them, in other words.

Dr Éamonn O'Moore: Correct, as Lord Bradley's report said.

Q98 **Amanda Solloway:** Talking of Lord Bradley, he and others, such as Baroness Corston and Lord Harris, have made reports on deaths in prisons. It would be useful to know your view on the key recommendations that have come out of those reports and what has happened to them.

Dr Éamonn O'Moore: We talked just now about the impact of Lord Bradley's recommendations, which were to create the infrastructure around which liaison and diversion services have been developed. A huge investment of time, effort, money and resources has gone into making those recommendations meaningful in the way in which people who come before the police are managed and understood. There is work in place for Lord Harris's review on deaths in juvenile detention among younger adults, and obviously Baroness Corston's report, which has been sitting there for quite a long time now, has in some way influenced some of the work that is going on with the Ministry of Justice and some of the developments towards the smaller places of detention for women, though they do not take us quite as far as Baroness Corston's report would have taken us.

There is much work to be done in both the design and function of the prison estate, but as Kate has rightly said, and this is a point that we would like to make from a public health perspective, a real understanding of the pathways into, through and beyond prison is an important part of this discourse. Who is in prison and what happens to them before and after incarceration are key issues.

All these reports have clustered in some way or other around these ideas. If you have people who perhaps who have very complex needs, including medical needs or mental health needs, being put into an environment that is not designed primarily for those purposes is a risk. We also recognise that transitions from these custodial places are also points of risk. We are concerned about the transition from custody to community, particularly for women, who have a far higher rate of self-inflicted deaths post-custody in the early period. These all exemplify the complexity and the need to wrap services around offenders before, in and beyond prison. That is the care pathway that NHS England has been supporting, working with partners in the community.

Catherine May: I cannot speak to the recommendations from all the reports, although we were pleased to see that the MoJ and NOMS have taken some of them on board, but I can talk about our inquiry's recommendations and those that are still outstanding. We would like to talk through them today. In particular at this time, we are glad of the opportunity to go back to prisons to follow up on recommendations. I know that has been brought up by other people who have come here. That is an area of concern; we know that prison establishments do not always sustain or even implement recommendations, so we are recommending that the Prisons and Courts Bill should be amended to

ensure that the Secretary of State has a duty to ensure the implementation of those recommendations, and that the prison and probation ombudsmen are given the sufficient remit and resources to ensure that that happens.

We also talked about the importance of a statutory duty of candour, which has been brought in in the NHS. We are asking the Government to consider a review of how effective it has been in the NHS. This is the duty that obliges NHS workers to be truthful about what has happened and to move away from the blame culture. We would like the Government to review that to see how effective it has been and what lessons could be learned, and then to consider applying it within other detention settings where Article 2 is in place. We have issued our Article 2 framework setting out what human rights Article 2 looks like in a detention setting. It covers the four key areas: dignity and respect for the prisoner to ensure that they are protected and that the prison has done what it can to protect them from bullying or neglect; risk and assessment, which is important to ensure that risk is considered and risk assessments are done by proper medical staff; treatment and support, so that any risk is raised and that they are aware of what is appropriate for, for example, someone with a dual diagnosis of substance abuse; and particular care for someone who is in a vulnerable state. Those are some of the recommendations we would like to see taken on by the Government.

Dr Kate Paradine: I will speak about Baroness Corston's report. We have published a 10 years-on review, which we have shared with the Committee. It is quite shocking that not only has there been insufficient progress but there have actually been U-turns and backward steps in the progress. One of the main observations that Baroness Corston made was that the vast majority of women she saw all those years ago did not need to be in prison. That is still the case, except that their position has got worse. Housing in particular is a major block to progress. More and more women are going on sentences repeatedly and, as applies across the estate, those sentences are getting longer. The basic recommendation to radically reduce the women's prison population has not happened, and that prevents any other changes to treatment because prisons are struggling to manage—they cannot cope with the populations they have. So that is a major block to progress.

On human rights, the right to family life applies not only to women and men in prison but to their families, and the vast majority of women are much more likely to be primary carers of children. When they go to prison, 95% of their children end up leaving their own home either to go into care or to live with other relatives. It is important for this Committee to consider what we can do to emphasise the importance of family life and the impact of a prison sentence on the whole family.

Lord Farmer: One report that is not mentioned in that list is actually Lord Woolf's report from 1991, following the Strangeways riots and other riots. One of Lord Woolf's top 12 recommendations was that there should be "better prospects for prisoners to maintain their links with families and

the community through more visits and home leaves and through being located … as near to their homes as possible". As we have just heard with other reports, including Baroness Corston's report, there is a huge inconsistency across the whole prison estate regarding how family relationships are treated in each prison. Some prisons are very good—in a recent House of Commons debate we heard about Parc Prison being a very good example—while at other prisons family relationships are in fact very poor.

Family and other supportive relationships are a neglected resource for prisons, because the typical culture within a prison does not think in terms of what they can offer, especially when a prisoner is very vulnerable. It is not about being soft on prisoners. As Toby Harris said when he gave evidence to this review, punishment should never be focused on quality of family contact but on deprivation of liberty. I am talking about taking away prisoners' family responsibilities, and here I speak on behalf of men, because 85% of the prison population is men and that main bulk is what I was aiming at.

I believe that rule 5 of the Nelson Mandela rules stipulates that, "The prison regime should seek to minimize any differences between prison life and life at liberty that tend to lessen the responsibility of the prisoners". One of the main areas that we found was that when a male prisoner goes into his cell he shrugs his shoulders and says, "I don't have any responsibilities. I can't see my family and I can't see my wife, so there is nothing I can do about them". Actually, a lot can be done to give them a sense of responsibility of being a father, husband or family member. There are things you can do from within prison.

Q99 **Amanda Solloway:** Do you think a legal maximum should be set for the ratio of prisoners to prison officers? If so, should there be an amendment to the Prisons and Courts Bill or changes to prison rules?

Dr Éamonn O'Moore: I will not comment specifically on a change to the Bill, but on the issue of staffing ratios there has certainly been a lot of learning from other sectors about the level of staffing compared with the level of people being cared for in the health sector.

We have also learned from that experience that it is rarely a simple ratio calculation. If it is done well, it is a rigorous understanding of the needs of the particular population that you are looking after and of how well suited, trained and able the staff looking after them are to deliver the care that is required. In many ways, what is required for prisons is both those processes: a rigorous understanding of the needs and an understanding of vulnerable groups within particular prisons, which may require a different level of staffing from that required by the general population. Both those processes are required: rigour in understanding needs and a good understanding of the needs of the staff who are looking after that population. That has to include—and we have made this comment to our friends in the Ministry of Justice—some understanding of

the need around staffing numbers. Staffing numbers alone will not be the answer, but they are part of the answer.

Dr Kate Paradine: Staffing ratios are important, even to allow people to be unlocked from their cell to receive treatment. The way to address that primarily is radically to reduce the prison population. That will sort ratios out straightaway. Given where we are at the moment, the wider issue is medical and independent advocacy services. We have advocates who can support and give time to women in prison, providing counselling. Things like that can help to alleviate the stress of prison. The basic point is that prison is harmful. That is what it is designed for; it is designed to punish. Given that, it is natural that people will struggle to adjust to that environment. The idea of being let out of your cell for two hours a day as a standard, which came out from previous evidence, just shows how hard it is to tackle your problems in prison. The issue is much bigger than ratios, but I agree that it should be looked at as part of the legislation.

Amanda Solloway: You mentioned overcrowding. On accountability, do you think that the Secretary of State should be the one who is accountable to Parliament, should an amendment be made to the Prisons and Courts Bill, or should there be a change to prison rules?

Dr Kate Paradine: While I agree that governor autonomy is an important issue, it is also important that the accountability is at a higher level on this issue. As far as I can tell, governors are struggling as much as anyone. They are our biggest supporters on reducing the prison population. The accountability has to go right to the top.

Chair: Obviously there are two ways of reducing the ratio of prisoners to prison officers. One is to reduce the number of people going into prison and the other is to increase the number of prison officers. You said that the ratio of prison officers to prisoners is not the whole story, albeit that it is clearly an obstacle to improvements. Do you think that there should be a prescribed legal maximum for the number of prisoners to prison officers in the prison rules? That would not say whether that is done by increasing the prison officer numbers or reducing the number of prisoners. Do you think that there should be a ratio maximum, as there is, for example, for child minders per number of children?

Dr Kate Paradine: It would certainly address Lord Woolf's question, which was about capping capacity in the prisons, and the point that there always seems to be room. That would be addressed by legislation so that prisons could not be overcrowded.

Catherine May: I will add to that, if I may. When we looked at the situation in prisons, there was an issue about the prisons being over 100%—they were full. Some of the prisons were 115% and 130% overpopulated. The point about the Secretary of State being accountable is very important; they would have to stand up and explain why the prisons were at that number and why the ratio of prisoners to prison officers had been exceeded.

Lord Farmer: We have heard that prison is punishment; it is about taking away your liberty. For the Prison Service and the Ministry of Justice, there is a duty of care. You have taken away somebody's liberty, but while he is in prison there is this duty of care, part of which is about rehabilitation, preparing to let him go out again and hopefully not to come back in again or indeed for his son not to come in. That duty of care requires people. There is no doubt that we have not had enough people looking after the current population. There needs to be a study into the acceptable number of prison officers, whether it is 1:6 or whatever. A recommendation should be made saying that the rehabilitative process can also work, as well as just the imprisonment process, and that care for mental health, the ACCT files and all those things should be done properly. That recommendation should be made and put into law.

Q100 **Lord Woolf:** That is to some extent what I was going to ask you about, and you have largely covered it, so forgive me if there is any repetition. Just to make sure that we are covering the ground, we have, besides what is in the prison rules, obligations as a consequence of the European Convention on Human Rights being part of our domestic law. Do you think that that convention and other matters such as the human rights obligations contained in the Mandela rules and the Bangkok rules need to be given a firmer and clearer profile?

Catherine May: As the Equality and Human Rights Commission, we have continued to argue that the UK should take account of all the international standards focusing on the treatment of prisoners. This day, as much as any other day, we want the UK to be a global leader on human rights and to continue to be a progressive force. We believe that one way of doing that is to enhance the seven ratified human rights conventions in domestic law. We think that we should take account of all those conventions. My understanding is that the Mandela rules update what is already in the law and should be considered alongside it. We think that the UK has an obligation to ensure that its laws, policies and practices comply with these revised rules and preferably exceed them, when possible.

Lord Woolf: Against what you have just said, should the purpose-of-prison clause in the Prisons and Courts Bill be amended, in your view, to make it clear that the obligation of the state is to treat prisoners with humanity—I would say justly—and with fairness and that respect for their dignity is of the greatest importance?

Catherine May: Yes. We would also like to add something about the protection and promotion of mental and physical well-being. We think that it is very important to have that as part of it.

Dr Kate Paradine: A key point that has been missed—just to refer to the Bangkok rules, because they apply specifically to women—is that the basis of those international rules, to which we and many other countries have signed up, is that prison will be used as an absolute last resort, for

only the most serious offences. We believe that that needs to be enshrined in law so that it is clear that the presumption is that treatment for mental ill health and addiction, which apply to the vast majority of women in prison, should take place in community settings, where it can be properly delivered, and not in a prison setting.

Lord Woolf: Perhaps I could ask this of Lord Farmer. We are now promised some spanking new prisons, which will be much larger than I thought appropriate. Do you think that, as far as family relations are concerned, which is a matter that you have stressed, having a reduction in the number of prisons but making them larger is necessarily the right answer?

Lord Farmer: Quite simply, probably not, but the reality is that we have larger prisons. What concerns me is the culture in the prison system that has not taken family relationships into account at all. It has been extremely inconsistent. As I said, there are some good prisons, but the rehabilitative process has looked on education and illiteracy—teaching them to read and write, et cetera—or employment. The whole area of family relationships has been neglected. If you are a family visiting, say, Oakwood from London, which is a long way away, what is the family visitors' centre like when you arrive? What happens? You go in, it is a very emotional time, everyone is nervous and nothing much is done really.

What can be done to embed within the culture of prisons the recognition that family relationships are actually an asset to the safety of the prisoner in prison and to his rehabilitation when he comes out? He will go out to relationships. If he does not have relationships but has been taught how to read and write and how to scaffold, he will probably go back to drug dealing. But if he has a relationship with his family, who he now has a responsibility for, he may well not go back to that.

Lord Woolf: One of the matters that you have no doubt considered is: what is the capability of many families to make the journey to prisons nowadays, given the costs and time involved?

Lord Farmer: One of the recommendations I am making—I think Lord Ramsbotham also made this sort of recommendation—is regionalisation: keeping prisoners as much as possible within the regions—south, east, north, west et cetera. That is still pretty big. I visited Parkhurst. You had grandparents coming down to Parkhurst from London. It was a huge journey, and there was a tiny room where they had to go through all the security. It is quite intimidating. They go in for a one-hour meeting and then have to go back again. It was pretty horrendous, really. Families themselves are often treated like criminals, and it is that whole culture that you have to change.

Dr Kate Paradine: May I say something in response to the new planned prisons? In all the reports that you have listed, as well as the recent report about deaths in custody, no one says that the answer is new

prisons. The answer is always outside prison and getting people out of prison, particularly with regard to the new women's prisons that are planned. We believe that the Corston report's recommendations were premised on a radical reduction in the prison population. Of course, women, who make up 5% of the prison population, will always be held very long distances from home, which has a massive impact on family life and children's ability to see their mothers.

Chair: Can I just follow up on the points that you have been making about families' access? The only place where I can find families mentioned in the prison rules is under "Notification of illness or death", yet under "Religion" you have "Religious denomination", "Special duties of chaplains and prison ministers", "Regular visits by ministers of religion", "Religious services", "Substitute for chaplain or prison minister", "Sunday work" and "Religious books".

Do you think that is odd? If you do, do you think it is appropriate, bearing in mind the importance to prisoners, especially vulnerable prisoners, young prisoners, women prisoners or prisoners with mental health problems, that there is an absence in the prison rules on the issue of families? There is a specification about visits, but it is not in relation to families and letters. Do you think there should be something in the prison rules about families? Have you recommended anything, or are you recommending anything?

Lord Farmer: I would very much like to see family relationships in the prison rules. I entirely agree with what you are saying. It is just not stated enough. I would like to see family relationships as the third leg of the stool in the rehabilitative process where we talk about employment and education. I would also like to see them in the Bill. At present, I do not think they are, but I would certainly like them to be. Prison rule 4, for example, on outside contact, states, "Special attention shall be paid to the maintenance of such relationships between a prisoner and his family as are desirable in the best interests of both … A prisoner shall be encouraged and assisted to establish and maintain such relations with persons and agencies outside prison as may, in the opinion of the governor, best promote the interests of his family and his own social rehabilitation". The 1999 edition of the prison rules moved this to the front of the rules from its previous position of rule 31. It is now rule 4, and although it was brought forward to the priority position of rule 4, it has still not effected too much.

This is why I am talking about changing the culture within the prison estate. Through our review we hope to give empowered governors a whole set of good-practice recommendations and perhaps have round tables around the country.

Chair: But in addition to culture change, good practice and round tables, should there not be something in the rules that has some level of granularity and specificity? They seem to be able to go into masses detail about urine samples, for example, which is all very granular, if that is not

the wrong metaphor, yet on families the rules are a bit airy-fairy—prison rule 4(1) and 4(2). Do you see that as a mechanism for delivering what you are trying to do?

Lord Farmer: I entirely agree. This is the problem across the whole of government when it comes to families; it is difficult for people to define what they are talking about. It is easy to talk about money, buildings, education and employment, but here we are talking about relationships, and relationships are what we are all about. The House of Lords, for example, works on relationships; there are the usual channels and everybody else, and we all talk to one another. You are born into relationships, and this is what is ignored. It is difficult to give it granularity, but strengthening relationships and how you do that needs to be mentioned in the Bill, backed up with all the good-practice recommendations. It is extremely important to reduce not only reoffending and intergenerational crime but the misery of many isolated and vulnerable prisoners' families.

Lord Trimble: I would like to go back to an earlier question. You mentioned some things that you think should be in legislation. We have the Prisons and Courts Bill coming through. Could any of the things that you have looked be brought into the Bill? If the possibility exists, what would you prioritise?

Lord Farmer: Our review has worked with the Ministry of Justice to make it workable. However, there is the point about empowered governors and their discretion, which you cannot put into the Bill. I would like it to be on the front page of the Bill that one of its purposes is also to strengthen prisoners' family relationships while they are in prison. The big danger, as we have seen with so many other things, is that you mention something, it will get a bit of traction for the next five years, but then you get a change of Secretary of State or of Government, or whatever, and it just falls off the radar screen. You need something in law to keep it there. That is why I think it is very important that it should be in the Bill.

Dr Kate Paradine: One practical thing to mention is release on temporary licence in connection with family life. There has been a massive reduction in the use of release on temporary licence because it is too restricted. Governors should be listened to and given the ability to use what is called ROTL more freely, so that people can re-establish relationships. We have women working with us on ROTL. It is such an important way of re-establishing community, family and employment links.

Q101 **Lord Trimble:** This question, which I am being steered towards, deals partly with prisoners who are at risk of self-harm and partly with mental health conditions; I think the two run together. The evidence that we have received makes it quite clear that currently prisons are not good at dealing with people who have serious mental health conditions. What should be done? How can we get them more into a hospital context

rather than a prison context?

Dr Éamonn O'Moore: This is such an important issue, and it goes to the heart of some of the discussion about the purposes of prison as much as how we ensure that people with particular needs get them met in the most suitable way. In the national partnership agreements with NHS England, which is the commissioner of health services in prisons, NOMS, HMPPS and the Ministry of Justice, there is an explicit written commitment to the principles of equivalence and equity, which means that people get care according to their needs.

There are real challenges, and we keep having to come back to who is going into prison and for what reason. As I mentioned earlier, part of the work of liaison and diversion is hopefully identifying people with particularly demanding mental health and/or substance abuse and/or other issues, and ensuring that they get diverted down the care pathway that is most appropriate to the need, which is health.

We have been working hard on the issue of reception into prison, and we have provided evidence to NICE and other organisations that are thinking about best evidence-based practice to improve assessment at or near reception. I mentioned earlier that transition into prison is a stress. We recognise that people are ripped out of their ordinary circumstances—their social networks, family networks and so on—and that incarceration itself is a stressful event. Making sure that we identify the acute needs of people at or near reception is very important. NICE agrees and is providing support, and the Royal College of Psychiatrists and others have been helping to improve the ways in which we both identify and manage that need.

In prison, there may be emergent other needs, some of which may have been known about before, some of which are new, and if a person's mental health need reaches a certain level where expert specialist care is needed, that may require transfer on to a secure mental health facility. A few years ago, the Department of Health set standards for 14 days from that being identified to it being actioned, but for reasons that I think everyone will understand there is real pressure in the system in community-based services, including secure mental health facilities, that then impacts on how we manage people with acute need in prison. So there is the fact that prison health services are within a wider community-based health service that impacts on what happens in prison.

Also, we talked earlier about the ability of prisons to support the delivery of care within prison or to prisoners outside prison being dependent on custodial staffing levels and how we enable and support that work. There is also ensuring that the specialist care, whether in prison, in the community or in a mixture of both, is provided to the highest standard and according to the best evidence-based practice that we have.

All these things are in train in one way or another, but there are particular pinch points, especially around the transfer out of people to secure mental health facilities. There is data from NHS England showing

that many prisons are doing quite well in meeting the 14-day target, but many are really struggling, and that needs to be addressed beyond just NHS England's health and justice commissioning to specialised commissioning for mental health services.

The level of need within prison, and recognising that, is more than just a healthcare conversation; it is a conversation about how peers—as in people also in prison—recognise mental health distress in their own peers in their own community, and about how custodial staff recognise that. It is also about how we enable a culture of well-being, which sounds strange to say in the context of a prison but can be really impactful. We in public health describe it as the "prisonerfication" of methods or issues that we know work in the community to protect well-being and mental health. We have talked about many of them already: access to employment, training and education; social and family relationships and maintaining those relationships; access to effective healthcare services; delivering care according to standard. All those need to operate. Some of them are operating well, some of them we have a journey to go on, but there is a shared commitment right across the piece to support that.

Lord Trimble: Having a shared commitment to support is all very well, but actually seeing it happen is the important thing, so what levers are available to ensure that it happens and that, as Lord Farmer said earlier, the culture changes?

Dr Éamonn O'Moore: There are some very specific commitments, but in relation to the healthcare aspect we have a series of performance measures that we have co-designed with NHS England. The health and justice indicators of performance try to identify whether a service that is provided is doing what it should be doing and is doing it well within the context in which it should be delivering it. We have national partnership agreements across organisations that commit those organisations to addressing those needs, and we are working with NICE and other organisations such as the Royal College of Psychiatrists to ensure that the standards of practice in prison meet not only community standards but the standards that are required for that population in that setting.

There is good example around the place of many really innovative and effective ways in which that is working, but as a system in total there are real challenges. We have identified some of the issues that are associated with that, including the impacts of things like psychoactive substances.

Lord Trimble: Among all the factors that you have mentioned, and all the rest of it, should any in your view be put into whatever legislation may be available?

Dr Éamonn O'Moore: I will not comment specifically on what should be in the legislation, but I will say that there is very good evidence-based practice that has been developed specifically for these circumstances that needs to be applied, and we need to understand that it is being applied. There is something about the transparency with which prisons and prison

health services work that can help with that conversation. This gets us into the space of thinking about what data on prisons and prison health services are published that enable that comparison to be made. This is part of how we improve the quality of care generally, and how we improve the quality of care in prison health services and in prisons generally will be impacted positively by that move, which is included in parts of the legislation.

Chair: I will follow up Lord Trimble's point and ask two very specific questions. There is obviously the co-designing of performance indicators, partnership agreements, and the whole ecology of that, but we are trying to get a bit more into the enforcement side of things. There have been a lot of proposals that each vulnerable prisoner, whether because of youth or mental health problems, should have a key worker, whether that is a prison officer or somebody else. Should it be put into the Prisons and Courts Bill that every prisoner should in this circumstance have a key worker, should it be in the prison rules, or can it just be left in the co-design of performance indicators?

Similarly, there has been a suggestion that relatives should be involved in ACCTs where that is appropriate, although obviously not if it is not appropriate, yet we have heard evidence that this is not complied with at all. In the case of Dean Saunders, there had been eight ACCT reviews over a period of 12 days. The family were perfectly reasonable and loving, but they did not find out about any of those ACCT reviews, despite all the waffle about the desirability of them, until the inquest. Do you think—and this is a loaded question—that informing the relatives about these ACCT reviews and inviting them to them should be in the Prisons and Courts Bill, in the prison rules, or left just as aspiration, which is where it is at the moment, and non-compliance? Yes or no?

Dr Kate Paradine: Yes.

Catherine May: Yes.

Lord Farmer: Yes. With regard to ACCTs, families have a pretty good idea of a prisoner's vulnerability, as we saw with Dean Saunders. They knew he was vulnerable, but they were not utilised at all. You could have a system whereby at the court on sentencing you started to accumulate information on the family background. Not all the relationships are good, some are toxic, but you could find out whether the relationships were supportive. It might be a supportive relationship outside a family, such as his best friend. They are there to be contacted when the prisoner is vulnerable in his cell, or to allow the prisoner to make contact.

This is why I say that the gateway phone line should be available. Dean Saunders could not make a phone call. At sentencing, people have to give away their mobile phones away and often have all their numbers on those phones. There should be a culture right at the beginning to collect as much information as you can—a golden strand through the whole thing, which would help with the ACCT. I would not say that family

members should join psychiatrists and doctors to decide on treatment, but they should be there as a source of information to those psychiatrists and doctors, who may ring up and say, "How does this chap react in certain situations?", or whatever.

Amanda Solloway: This is a quick question on something that occurred to me. I do not know whether there has been any research on any link at all to an offence having more likelihood of having a mental-health trigger. I am thinking of Dean Saunders as an example. Should something have alerted people to the fact it was more of a mental-health triggered offence? Is that a silly question?

Catherine May: No. Something that came up was the transfer of information, so I cannot answer that exact question. But on the issue of courts, it may have been documented that the person was in a particularly vulnerable state at the time and then that does not get to the prison. So the process starts all over again when that information was actually known.

Dr Kate Paradine: The other thing is training for officers. Our front-line staff say that that is a major issue—to be trauma-informed in acknowledging that most people in prison, men and women, have experienced trauma and come in there ill. Acknowledging that sad fact in training for prison officers—

Chair: Would a key worker help with that accumulation of the information?

Dr Kate Paradine: Certainly, in terms of understanding a person's story. That is what we often hear: people go into prison and start telling their story again. You had a lot of evidence about assessment and getting the full picture, and magistrates and judges getting the full picture so that they know which decisions to make about sentencing. We hear a lot that they do not know anything about the family background because the focus is on the offence, not the individual. That is our plea for the Prisons and Courts Bill, not particularly about women but just generally: anything that can be done to get sentences and prisons to focus on individuals and their circumstances will make a huge difference.

Q102 **Ms Karen Buck:** We were going to ask some questions about mental health later, but I think we have covered a lot of what we were going to ask. Going on from what Lord Farmer was just talking about, are there any genuine or perceived issues around confidentiality that may get in the way of some family members' involvement, and the way in which families could be brought in to assist with risk assessment?

Dr Kate Paradine: I can say something about women. Domestic violence and experience of child abuse are quite common for women who enter prison, so there is something about risk, but consent is key. The consent of the person in prison to information being shared is absolutely vital. We have to be careful that people going into prison are not having their rights to confidentiality undermined.

Lord Farmer: I entirely agree with that. Often when a prisoner is sentenced, he is in a very emotional state. The last thing he wants is to give to a uniformed officer information about his close relationships. It is quite difficult to get that information out, which is where the charitable organisations that work with prisoners' families can be made good use of, perhaps once a prisoner has been moved from court to prison. It is an ongoing process of gathering information, with consent, that will be useful for him and for the families.

Ms Karen Buck: That is an absolutely fair point about trust, but what is the challenge between making sure that we build in trusting relationships at the right moment and making sure that good practice is then consistently applied to all individuals? Clearly there are cases—we heard this very much from Dean Saunders' family—where opportunities were missed to involve the family. On the other hand, there will be occasions when prisoners do not want that.

Lord Farmer: Exactly. There are many occasions with family relationships and where you have strong relationships. For instance, we heard many cases where prisoners were quite nervous about their families, because prisoners themselves were threatened in prison and had to tell their wives that they would get beaten up unless they brought drugs in. There is that whole background of bullying, intimidation, violence and drugs. These are highly complex relationships, which is why it is difficult to put a template on it.

It is about having a culture. It is not just prisoners' families. Who are the people who interface with prisoners? Mainly, it is other prisoners and, secondly, prison officers. If you used peer prisoners—say, a dad who has taken responsibility by saying, "I'm going to do storybook dads and these other things with my children while I'm here"—they can encourage other prisoners and help each other. There are prison officers who are sympathetic. If you get everyone involved right from start to finish with a culture of the golden strand going through to release, I am sure we would have less reoffending and less intergenerational crime.

Ms Karen Buck: But all that requires space and time.

Lord Farmer: It requires human relationships, which means talking to one another. Exactly.

Dr Kate Paradine: Trust with the third sector is also really important. Prison officers have a role, which is to keep somebody in prison, whereas third sector agencies provide an alternative. We find it is really important for women being able to open up about what the issues are and really address them. If anything can be done in the Act to encourage that mixed economy of provision to be embedded better than it is currently, that would be really positive.

Dr Éamonn O'Moore: Of course, one defined area of confidentiality and the trusting exchange of information is between people in prison and the

healthcare teams who look after them. I want to make sure we do not lose that, because there are defined protocols around the ways in which patients giving information to their healthcare providers are managed. It is a very important point of trust and principle—human rights principles—that you are not the prison doctor but the prisoners' doctor. It is important that people understand that difference to get the earned trust of the patient who they look after, and to respect and safeguard it.

The GMC has just drafted new guidance on confidentiality—it is being put into effect this weekend, actually. It covers some of those issues rather well: you can share information about multidisciplinary teams appropriately, to ensure that information is included to enable the effective care of people who need it. The other point is that it is good practice to consider all possible sources of information, including information that family, friends and others may have to support the care of a patient. If you are working in the community with a patient with mental health needs, there are ways in which you may involve the family under specific circumstances with consent. This is even more important.

Prison is a coercive environment, and people feel a loss of autonomy by design. They are therefore fearful about the way in which information may be shared and used. It is really important that we do not drop the ball and keep that trust, and that people feel confident—and professionals feel competent and confident—in sharing information appropriately to the benefit of the patient. But consent is a basic principle of that exchange and trust, to the limit of the law.

Chair: Karen, now that we have been on mental health, do you want to carry on with this?

Ms Karen Buck: I think we have more or less covered it. I think Doreen was going to ask one more question. Perhaps if she can do that, we will have covered the whole section.

Q103 **Baroness Lawrence of Clarendon:** There is a question I wanted to ask. When Kate was talking about counselling, I wanted to come in but I did not. Something I have read about doing counselling with prisoners is that once they go back to their cells you have opened a can of worms and there is nothing that you can do about it after, because there is nobody else for them to talk to once they get to that cell. What remedy would you suggest for that to help the prisoners?

Dr Kate Paradine: It is a combination of all the things we have spoken about, such as properly configured healthcare and a plan that involves dealing with that. There is sometimes a fear about the use of listeners within the system, so that people can have—

Baroness Lawrence of Clarendon: —a longer time out.

Dr Kate Paradine: You are absolutely right. This goes back to my key point about the environment of prison making it harder to address the entrenched root causes of what got you to prison in the first place.

Counselling sometimes opens up a lot of issues through a life course that raise that issue.

Baroness Lawrence of Clarendon: We talked earlier about the 14-day time limit between assessment and transfer to a secure hospital. Should this be done by the Prisons and Courts Bill or by changes in the prison rules?

Dr Éamonn O'Moore: The standards that exist were mandated by the Department of Health and they are supported by the way in which NHS England operates as the healthcare provider working with prisons. It is difficult for me to comment specifically on which parts of legislation or otherwise that should be addressed in, but the standard is there for a reason. People identified with acute particular mental health needs, such as psychosis, often require specialist care that usually cannot be safely delivered within an environment that is not equivalent to a secure mental health environment. As a doctor, putting my patients' interests first, and as a public health doctor, I want to ensure that we operate to those best principles. I am comfortable with all the ways in which we could drive the system to make that work, and there are a number of options available. I would not specifically comment on the best option, but the standard is there for a reason. What will help with some of these issues is how we use that data—this sounds a bit dry—to push forward quality improvement. We need to identify, where people do that well, the key elements of that and, where there are challenges, whether there is anything specific and peculiar to that that may need to be addressed. There are a number of ways into that, of which legislation may be one, but there are other ways, including professional standards and best practice, which will also drive performance improvement.

Q104 **Baroness Hamwee:** You may feel that you have said everything on this, but you mentioned equivalence and we have talked about culture. Do you think that on the ground—at the coalface, if you like—there is a failure to appreciate the importance of mental health? In other words, parity of esteem is not applied.

Dr Éamonn O'Moore: I was in Newbold Revel, the Prison Service training college, just a couple of weeks ago, at a training event that had been set up by the Prison Service to increase the understanding among front-line staff of mental health. We were invited to support that event and we were happy to do it. Through work over quite a long period and in response to these recent more pressing needs, there has been an increasing understanding of the importance of mental health. The gap perhaps is in understanding and then training to help and intervene appropriately. As I mentioned, that means that we need to ensure that the custodial staff are appropriately trained, including in mental health first aid. A good aspect of this can bring in peers—people have mentioned listeners.

I support Lord Farmer's general point about a cultural change, because that is when things start to change in a purposeful way. We also need to

bear in mind that there are challenges within the system that may make that more difficult. It is not good for your mental health generally to be confined for long periods without purpose. Time out of cell and purposeful activity create opportunities for intervention and supervision and provide a much more positive environment in which people live while they are in prison. There is better understanding and better training. There is also developing work: we in PHE are working with the Prison Service, in partnership with others, to do a webinar aimed at front-line staff as a way of promoting best practice. It ultimately comes down to that cultural change. We are getting there, but there is more work to do.

Baroness Prosser: One of you mentioned that the job of prison officer has been deskilled. Do you think that that damages the opportunity for a cultural change? Unless you are skilled up and confident to deal with what must often be very difficult circumstances, the opportunity to develop a culture within the organisation that deals with those situations as sensitively and positively as possible must be made much harder.

Lord Farmer: I entirely agree. It is generally recognised that the role has been deskilled and something needs to be done about it. Unlocked, which is the Secretary of State's plan to get graduates into the prison officer service, is good, but one needs to skill them in social skills as well. They will be dealing with men and women who are incarcerated, which is not good for their mental health or anything else, as we have heard. There is no doubt that the whole area of staff training is important, from governors downwards. The governors have a huge impact. I went to a number of prisons and asked the governors how long they had been there. The average tenure of governorship seemed to be one and a quarter years. If you come in and implement a whole set of reforms—family-oriented, say—and then you are moved on, the next chap might come in and not really be interested. There is an inconsistency. One needs to address that from the top down. Skilling is indeed an important requirement and therefore you need the numbers, too.

Chair: Margaret, shall we move on to your questions at this point?

Q105 **Baroness Prosser:** Thank you. The UN Committee on the Elimination of All Forms of Discrimination against Women found discrimination within the prison system. Kate, you have clearly set out some of the issues that you think make life much more difficult, including, importantly, the lack of local services. Those decisions have been made along the way by people within the service. This may be a bit of a broad thing to say, but do you think that that stems from an attitude of gender discrimination and a lack of understanding of how life often operates against women in different ways?

Dr Kate Paradine: Women are often overlooked. They are 5% of the prison population and their offending is not so obvious—it is related to poverty and addiction, it is often invisible and it generally does not tend to be violent. Generally, this is about women being overlooked in the system. There is also the issue of women accessing services that are

dominated by men when often they have experienced violence by men. That is an important reality facing women in the criminal justice system. Specialist services, such as women's centres—one of the best legacies of the Corston report has been the network of women's centres—are closing and are struggling every day for funding. That is why we and many others are surprised that the focus for capital investment is on new women's prisons, when the answer lies in a network of properly configured women's centres and services in every area, so that we can let prisons concentrate on the small number of people in prison.

Baroness Prosser: But to get to that point, do we need specific training for people in ways in which discrimination operates—indirect discrimination, disparate impact and all that side of things?

Dr Kate Paradine: Definitely. There has been some investment in staff in the women's estate, but we need much more investment and recognition of the different circumstances. As those of you who have been in a women's and a men's prison will know, they are a very different experience, so what you say is absolutely vital.

Baroness Prosser: Secondly, you have all talked at some length about the Bangkok rules, and it has been really interesting. Kate, you said that we have signed up to the Bangkok rules and therefore it is the UK's responsibility to make sure that they work. Would that be easier to achieve if they were translated into the law here? Should we put something into the Prisons and Courts Bill to introduce that? What is your view?

Dr Kate Paradine: Absolutely, but based on the fact that the rules assume only a very small number of women would be held in prison, in much smaller numbers than they currently are. The fact that women are invisible in the system has led us to this. Making women more visible through legislation, a point which I know this Committee has made a number of times—

Baroness Prosser: It is the story of history, I feel. Women seldom riot on the streets, so whatever is going wrong for women can often be not worried about too much.

Dr Kate Paradine: And they do not tend to riot in prison either. Self-harm is more the issue. It is an invisibility issue.

Lord Woolf: Legislation so far as women are concerned has recently been changed to this extent. It is now required to recognise that female prisoners require special consideration. Is that making any difference to the culture?

Dr Kate Paradine: I have to be absolutely honest and say not really, particularly with regard to Holloway's closure. A decision was made to close the only women's prison in London, which means that a large number of women are now held much further from home. The nature of that really important public policy decision and the impact it has had on

the most vulnerable women, in London and in surrounding areas, means that serious questions need to be asked about that piece of legislation.

Lord Woolf: Is there any plan to replace Holloway in London?

Dr Kate Paradine: Not that I am aware of. In terms of investment for community services, a lot of people are arguing for the Holloway site to be set aside for that—particularly for a women's building to be a centre of excellence for community services so that we can make sure that Holloway's closure leaves a positive legacy, rather than the current one. The point has been made that we can be an international example for how to reduce the use of prison rather than the current situation, which is international shame in this area.

Q106 **Chair:** I mentioned the extensiveness of the rules regarding chaplains and religious books and so on, and the detail that is gone into on urine samples. Rule 12 of the prison rules says: "(1) Women prisoners shall normally be kept separate from male prisoners. (2) The Secretary of State may, subject to any conditions he thinks fit, permit a woman prisoner to have her baby with her in prison, and everything necessary for the baby's maintenance and care may be provided there". That is quite brief, is it not? If you could put into the prison rules things that brought forth what has already been agreed for years, would you expand that rule? What would you put in?

Dr Kate Paradine: Absolutely. To take a classic example from the ground, the availability of support for those who have experienced domestic violence—group and one-to-one support—is woeful. I would have in them measures around the support that is needed, which is particularly significant for women. Lots can be said about what needs to be provided. What you read out alone illustrates how desperate the situation is; that is all we have to say about the position of women in prison at the moment in the rules.

Baroness O'Cathain: First, I would like some clarification. What about mental illness? Is there any evidence that sending women to prison means that they are likely to develop mental illness where they would not have had it before they went to prison? Secondly, is there evidence that sending women to prison who have incipient mental illness exacerbates a growth in that mental illness?

Dr Kate Paradine: The first thing to say is that it is not just about women but about the whole prison population. It is a traumatic experience, so naturally it causes mental ill-health—I am sure Éamonn could say a lot more on this—and exacerbates the problem. So for sure, yes. Women are a particularly vulnerable group. They are much more likely, for example, to have attempted suicide. Nearly 50% of women who enter prison have attempted suicide before they get there, which is a higher rate than for men. So on every measure of mental ill-health and vulnerability, women score higher. But I would make the basic point that prison is harmful.

Baroness O'Cathain: For women.

Dr Kate Paradine: And for men.

Baroness O'Cathain: Exactly, but I was going to ask this. Is there a need for an independent oversight mechanism to monitor how recommendations made after a self-inflicted death in custody, from the PPO, the coroner and the inspectorate, are followed up? If so, is there an existing body that could fulfil this function?

Catherine May: We considered this as part of our inquiry. There is a national preventive mechanism, which was established to comply with the convention against torture and its optional protocol. We think it has an important role in raising concerns about compliance with UK human rights obligations. I understand that its submission to this Committee suggested that its accountability role could be strengthened but that it would need a stronger legislative standing. It has no legislative standing or resource at the moment.

When we wrote to the Committee Against Torture at the UN, we mirrored that concern about its ability to be independent with no legislative standing so we support its submission, in principle—with the caveat that consideration would need to be made as to how that would work with our current human rights framework in the UK, and with the agreement of its members.

Q107 **Baroness O'Cathain:** We have heard claims from bereaved families that there was a lack of accountability for their relatives' deaths and that professionals involved did not take responsibility for their mistakes. Do you think that the statutory duty of candour that now applies to national health bodies in England should be extended to other public bodies, including prisons?

Catherine May: Yes. One of our recommendations was exactly that: we think the duty of candour is a really interesting opportunity. That came from our inquiry, when the people doing the investigations told us that they felt they could not get to the bottom of what had happened and that there was a need to open up those gates. They wanted to move away from the culture of blame in those settings and encourage staff to feel that they could talk about what had happened in a way that was not always about the finger being pointed at the individual. We would encourage this Committee and the Government to look at that. It is very new and has only come out of the Francis review. We understand that it will need to be reviewed to see how effective it has been in the NHS, but we would like to see it applied in all the settings where people are held in detention.

Baroness O'Cathain: I would like to quote something that I found in *Private Eye*. I have not read *Private Eye* for about 20 years, but I happened to pick it up when I was delayed on a train the other day. It was talking about prisons under the heading "Changing Locks". It said that a Conservative Home Secretary—I am not saying who it was—

decided that, "prison is an expensive way of making bad people worse". Is that still true?

Dr Kate Paradine: We are wasting millions of public money every year, when we could easily turn things around. In response to your earlier point about inquests and recommendations about deaths, this is not about individual prisons. Most of the cases that you have heard about—Diane Waplington's, for example—could happen in any prison. This is about the system. If you just look at her case, she had been completely failed by the entire system, probably from a very young age. We need to face up to the fact that this is about a system and not individual officers, who often have to deal with the traumatic consequences themselves of the death of someone they have been working with in the prison.

Baroness O'Cathain: It is a question of humanity, is it not?

Dr Kate Paradine: It is.

Chair: Thank you very much indeed for the evidence you have given to us today. We are really grateful to you for helping us with our inquiry, and thank you for all the good work that you do when you are not giving evidence to us.