

Written evidence from the Independent Advisory Panel on Deaths in Custody

Introduction

1. The role of the Independent Advisory Panel on Deaths in Custody (IAPDC) is to advise Ministers and officials on how they can meet their human rights obligations, prevent deaths and keep those under the care of the state safe.¹
2. The IAPDC welcomes the opportunity to submit evidence to the Committee's call for evidence on women in prisons. For our response we have provided answers relevant to our single purpose of preventing all deaths, natural and self-inflicted, in custody.
3. In the four years leading up to December 2020, 34 women have died in prison. 12 (35%) of these deaths have been recorded as being self-inflicted. Women make up less than 5% of the overall prison population but, during 2020, carried out 21% of all recorded self-harm incidents.²
4. In response to a rise of self-inflicted deaths in women's prisons in 2016, the IAPDC published a report in 2017 drawing on a major information gathering exercise on preventing the deaths of women in prison.³ This involved gathering input from key stakeholders – including members of the Ministerial Council on Deaths in Custody, the Advisory Board on Female Offenders and IAPDC stakeholders – and consulting over 60 women in custody, including those acting as Samaritan Listeners. This evidence and IAPDC recommendations (see [Annex A](#)) were presented to – and accepted by – Ministers and a commitment given in the MoJ's Female Offender Strategy to 'implement them alongside this strategy'.⁴ In May this year, the Prisons Minister, Alex Chalk MP, responded to an IAPDC request for an update to the recommendations made in their 2017 report.⁵
5. The IAPDC continues to monitor implementation and to play an active role in providing expert advice to ministers, officials and prison staff on measures that can be taken to ensure the safety of women in prison. In recent months this has included:
 - Supporting HMPPS to establish an independent reference group chaired by Lord Bradley to provide advice and challenge and the voice and views of former prisoners to its taskforce on reducing self-harm.
 - Presenting at the launch of an All-Party Parliamentary Group on Women in the Penal System inquiry into the impact of imprisonment on women's health and well-being.⁶
 - Hosting an online seminar for HMPPS and MoJ staff in February 2021 on self-harm, which covered rising self-harm rates in the female estate and treatment interventions.⁷

Q1. What progress has been made on commitments to reduce the number of women in custody since the publication of the Female Offender Strategy and what more can be done?

¹ Independent Advisory Panel on Deaths in Custody, *About the IAPDC*. Available at: <https://www.iapondeathsincustody.org/about-us-1> [Accessed: 19/05/2021]

² HMPPS Safety in Custody Statistics. Available at: [Safety in custody statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/safety-in-custody-statistics). [Accessed on 07/06/2021]

³ IAPDC, *Preventing the Deaths of Women in Prison – initial results of a rapid information gathering exercise by the Independent Advisory Panel on Deaths in Custody*, March 2017. Available at: [IAP+rapid+evidence+collection+-+v0.3.pdf \(squarespace.com\)](https://www.squarespace.com/files/media/documents/IAP+rapid+evidence+collection+-+v0.3.pdf). [Accessed on: 19/05/2021]

⁴ Ministry of Justice, 'Female Offender Strategy', June 2018. Available at: [Female Offender Strategy \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/728212/fos.pdf). [Accessed on 07/06/2021]

⁵ Response from the Prisons Minister on the IAPDC Women's Report (May 2021). Available at [Ministry of Justice letterhead \(squarespace.com\)](https://www.gov.uk/government/parliamentary-answers). [Accessed on 07/06/2021]

⁶ More information on the All-Party Parliamentary Group on Women in the Penal System can be found at [The Howard League | Inquiry into women's health and well-being in prisons](https://www.howardleague.org.uk/inquiry-into-women-s-health-and-well-being-in-prisons).

⁷ In addition IAPDC member Jenny Talbot has assumed a role as chair of the National Women's Prisons Environment, Health and Social Care Review Group, which aims to achieve a better understanding of the current ability of the female estate to improve the health of well-being of women and reduce health inequalities.

6. At the end of May 2021 there were 3,183 women in prison in England and Wales. This marks a reduction from 3,297 in May 2020 and 3,819 in June 2018 when the strategy was published.⁸ Given the ambitions expressed in the strategy and its preparedness to build on the Corston review, this reduction in numbers is pitifully small. A better approach would be to analyse and apply the drivers which led to an over 70% reduction in child imprisonment – a comparable group numerically and in terms of vulnerability, unmet need and risk.
7. The IAPDC shares the disappointment of a number of members of the Ministerial Board on Deaths in Custody, the Prison Governor's Association, and much of the wider voluntary sector working with women in prison, at the MoJ's unexpected announcement made in January on the construction of an additional 500 new prison spaces for women.⁹ This plan risks misdirecting scarce resources, threatens the previously announced development of a network of Women's Centres, and distracts from government's agreed focus on reducing the numbers of women in custody and commitment to wider, cross-departmental preventative measures.
8. Recent projections from the MoJ suggest that the female prison population is set to rise to 4,500 by September 2026.¹⁰ To our knowledge, no serious attempt has been made to challenge these projections based largely on a planned rise in police numbers. Work with the Home Office and the police to expand the use of street triage and with the Department of Health and Social Care and the NHS on a health-led response to women in difficulty could offset the projected rise in the number of women entering custody. It is worth noting that the recent dip in prisoner numbers is more likely to be down to the restricted use of courts during the pandemic rather than any policy or sentencing change.
9. Liaison and Diversion services and Community Sentence Treatment requirements have significant potential to reduce the number of women in custody (see Q2 below).
10. More widely, a recent review by the Prison Reform Trust suggested that the Government had only fully implemented 31 of the 65 recommendations made in the Female Offender Strategy.¹¹ The recovery period from COVID-19 presents an opportunity to revisit and deliver on longstanding commitments to develop preventative work and sound alternatives to custody for vulnerable women.

Q2. What has been done to reduce the number of women serving short prison sentences? Do community sentences currently offer a credible alternative to custody and what more can be done?

11. There is evidence to suggest that outcomes for women sent to prison are significantly worse than for those given community orders, with 55.8% of women released from prison reoffending within a year, compared to 26% of those commencing a community order.¹² Close to six out of ten women who leave prison do so homeless.¹³ The argument in favour of robust community sentences, which can assist women in fighting addiction, gaining employment skills and finding safe housing for themselves and their children, is clear.
12. The continued roll-out of the Community Sentence Treatment Requirement (CSTR) programme, which provides alternatives to custody for the most vulnerable, should work in tandem with the rehabilitative

⁸ Ministry of Justice, 'Prison Population data' June 2021. Available at [Prison population figures: 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/prison-population-figures-2021). Accessed on 07/06/2021

⁹ Ministry of Justice, 'Extra funding for organisations which steer women away from crime', January 2021. Available at: <https://www.gov.uk/government/news/extra-funding-for-organisations-that-steer-women-away-from-crime>. Accessed on 07/06/2021]

¹⁰ Ministry of Justice Prison Population Projections 2020 – 2026 ([Prison Population Projections 2020 to 2026, England and Wales \(publishing.service.gov.uk\)](https://www.prisonreformtrust.org.uk/~/media/Prison%20Population%20Projections%2020%20to%2026.pdf)). [Accessed on 07/06/2021]

¹¹ Prison Reform Trust, 'The Government has met less than half of Female Offender Strategy commitments nearly three years on, April 2021. Available at: [Prison Reform Trust > Press & Policy > News](https://www.prisonreformtrust.org.uk/~/media/Prison%20Reform%20Trust%20-%20Press%20and%20Policy%20-%20News%20-%20April%202021.pdf). [Accessed on 07/06/2021]

¹² Prison Reform Trust, 'Why Focus on reducing women's imprisonment?', April 2019. Available at: [Why Women England and Wales.pdf \(prisonreformtrust.org.uk\)](https://www.prisonreformtrust.org.uk/~/media/Why%20Women%20England%20and%20Wales.pdf). [Accessed on 07/06/2021]

¹³ St Martins in The Fields, Prison Reform Trust and London Prisons Mission, 'Safe Homes For Women Leaving Prison', October 2020. Available at: [Safe+Homes+Initiative+briefing+FINAL.pdf \(squarespace.com\)](https://www.squarespace.com/files/2020/10/2020-10-20-Safe-Homes-Initiative-briefing-FINAL.pdf). [Accessed on 07/06/2021]

nature of the Female Offender Strategy. The majority of custodial sentences for women relate to acquisitive crimes¹⁴ meaning that there is a scope to develop requirements aimed at combatting addictions, getting out of debt and managing money and receiving vocational training.

13. Such requirements, if funded, can provide support for drug, alcohol or mental health concerns, yet a joint IAPDC and Magistrates Association survey of magistrates on CSTRs last year indicated considerable gaps in awareness and provision.¹⁵ Our survey showed clearly that magistrates were keen to have fuller, more timely information on the mental health, substance misuse, social care and support needs of defendants alongside the full range of treatment requirements, as laid down in law, at their disposal.
14. After almost twenty years on the statute book, these sentences and the much-needed treatment options are available to comparatively few courts. In 2020, community sentences with a mental health treatment requirement constituted just 0.5% of all community sentences handed down by the courts.¹⁶ This must be addressed, with all forms of CSTRs made available as standard across England and Wales, where health is devolved.
15. Pre-Sentence Reports (PSRs), in some cases with mental health assessments, have historically been used to inform community-based sentences. It should be questioned why the number of these reports have been allowed to drop so significantly. The total number of pre-sentence reports (PSRs) prepared by the Probation Service decreased by 68% between 2010 and 2020 to 68,077.¹⁷ This period also marked a greater reliance on verbal reports done on the day of sentence instead of ones which were considered over a longer adjournment period. This must be addressed. Gender informed approaches, both in courts (through Liaison and Diversion teams) and the community, are important. We understand that NHS England Commissioners and the probation service are progressing work in this area.

Q3. What progress has been made on the development of Residential Women's Centres and do they offer a suitable alternative to custody?

16. There appears to be some way to go before this promise is delivered robustly. While one RWC is due to open in Wales before the end of this year the locations of another four sites are yet to be established.¹⁸
17. RWCs provide one kind of diversion for women away from custodial sentences. They would provide housing and offer a location at which to complete programmes. This includes offering stability to those on prison licences the opportunity to engage instead of breaching licence conditions and facing recall.
18. Rather than being run under the auspices of the MoJ alone, a cross-departmental arrangement with health services could be undertaken. Successful centres led by NGO's in Birmingham, Nottingham and Glasgow, amongst others, offer alternative models which should also be explored.

Q4. What has been done to ensure that the welfare of dependent children is taken into account when sentencing decisions are made?

¹⁴ Ministry of Justice, 'Statistics on Women and the Criminal Justice System, November 2020. Available at: [Statistics on Women and the Criminal Justice System 2019 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk). [Accessed on 07/06/2021]

¹⁵ Juliet Lyon CBE and Jenny Talbot OBE, 'Effective community sentences and the role treatment requirements can play in preventing deaths in custody: an update', *MAGISTRATE*, (August / September 2020). Available at: <https://static1.squarespace.com/static/5c5ae65ed86cc93b6c1e19a3/t/5f2c0dc9aed380004a350016/1596722636347/Effective+community+sentences+MAGISTRATE+August-September+2020.pdf>. [Accessed on: 20/05/2021]

¹⁶ Ministry of Justice, 'Offender management statistics quarterly: October to December 2020', April 2021. Available at: [Offender management statistics quarterly: October to December 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk). [Accessed on 07/06/2021]

¹⁷ The recent data on the use of PSRs can be found at [Offender management statistics quarterly: October to December 2020 and annual 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk). [Accessed on 07/07/2021].

¹⁸ Written question and answer on RWC tabled on the 11th May 2021. Available at: [Written questions and answers - Written questions, answers and statements - UK Parliament](https://www.parliament.uk). [Accessed on 07/06/2021]

19. See paragraph 15 on the importance of pre-sentence reports. For many women in custody the pain and distress of separation from their children is a significant risk factor in regard to self-harm and suicide attempts. In a similar manner to its guidelines on children and young people, there is scope for the Sentencing Council to place more emphasis on primary care responsibilities as a mitigating factor and for courts to determine what provision has been made for the welfare of children if a custodial sentence is under consideration.

Q5. Since the publication of the Female Offender Strategy, what work has been done to improve conditions for those in custody?

20. Initially efforts were made to implement changes outlined in the strategy notwithstanding very limited resources. Momentum does not appear to have been maintained across the female estate. During the pandemic, conditions for women have deteriorated markedly, ranging from withdrawal of support to severely restricted regimes and from excessive periods behind bars to very limited contact with family and friends.

21. We welcome the planned introduction of the keyworker scheme to the women's estate and an improved version of the system (ACCT) for monitoring, and mitigating, risk of suicide and self-harm.

22. We also welcome the work of the National Women's Prisons Health and Social Care Review, chaired by IAPDC member Jenny Talbot OBE, which was established to improve health and social care outcomes for women in prison and upon their release, to reduce inequalities and ensure equity of access to the full range of health and social care services across the Women's Estate.

Q6. Does the female prison estate take a Whole System Approach (that considers all of the offenders needs) to those in their care? What does this look like in practice?

23. All health and justice services must work holistically in a way that acknowledges and reflects the distinct circumstances, challenges and requirements of women in prison, who are disproportionately associated with trauma, mental health conditions and low levels of literacy. Her Majesty's Inspectorate of Prisons (HMIP) Women's Expectations discusses the criteria for assessing the treatment of, and conditions for, women in prison.¹⁹ The paper highlights the particular needs and vulnerabilities a woman prisoner might have which call for specific services and conditions in the female estate.

24. Access to the highest attainable standard of physical and mental health is a fundamental human right. Prisoners should therefore have the same standard of medical care as people living in the community. These principles form the basis for the World Health Organisation / Europe and its partners' commitment to improve health in prisons.²⁰ To achieve equitable health outcomes, and given the poor physical and mental health of women in prison, a strong case can be made for particularly well-resourced healthcare for those in custody. The health and wellbeing of prisoners is not the sole responsibility of those providing health care in a prison but is also dependent upon the regime and ethos of each establishment.

25. Where there can be no alternative to custody, the prison environment should be used to improve both physical and mental health in a trauma informed way.²¹ Custody should not be seen in isolation from the community. The journey to and from custody is a drearily well-trodden path. Transfer time is when an individual is at high risk. A whole systems approach would mitigate risks by encouraging more joined up communication between services.

¹⁹ Her Majesty's Inspectorate of Prisons, *Women's prison Expectations*, April 2021. Available at: [Women's prison Expectations \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/women-prison-expectations/). Accessed on 07/06/2021

²⁰ World Health Organisation, 'Prisons and Health: Partnership for Health in the Criminal Justice System'. Available at: [WHO/Europe | Prisons and health: Partnership for Health in the Criminal Justice System](https://www.who.int/europe/publications-detail/prisons-and-health-partnership-for-health-in-the-criminal-justice-system). [Accessed on 07/06/2021]

²¹ Clinks, 'Trauma-informed work with people in contact with the criminal justice system', September 2020. Available at: [Clinks Evidence Library Trauma-informed work with people in contact with the criminal justice system 2020.pdf](https://www.clinks.org.uk/evidence-library/trauma-informed-work-with-people-in-contact-with-the-criminal-justice-system-2020.pdf). [Accessed on 07/06/2021]

26. Local variation in practice has a significant impact on outcomes. Siloed working between substance misuse treatment, healthcare and security staff, for example, can have serious implications for the identification of risk related to mental health. The IAPDC is aware of cases of missed identification of mental health need where drug misuse was initially taken as the single focus for treatment.²²

Q7. How are women supported to maintain family ties in prison? What progress has been made on improving family ties since the Farmer Review? What effect has Covid-19 had on maintaining family ties for women in custody? What support is available for mothers to maintain contact with dependent children?

27. Some progress has been made in this area. For example, we welcomed the prompt take-up of the IAPDC's recommendation in 2017 for the introduction of PIN phone numbers within the female estate that move with an individual as they move between prisons. This has had tangible impacts on the lives of vulnerable people.

28. For responders to the IAPDC's 2017 consultation the most commonly cited factors leading to risk of self-harm when in prison related to separation from small children and the lasting impact of previous abuse. The report noted that approximately two thirds of women in custody have children under the age of 18 and that prison would be the first time that 85% of the mothers would be away from their children.²³ The Farmer Review highlighted the distance between a prisoner and her children as being especially problematic.²⁴ Plans for having prisons for specific cohorts of female offenders may exacerbate this.

29. During the pandemic, the IAPDC, working with the Prison Radio Association, conducted two consultations with people in prison. The first briefing, 'Keep Talking, Stay Safe', produced in May, to which 135 men and 19 women contributed, and the second, 'Just One Thing', produced in September, to which 36 men and six women contributed, reflected cross-gender themes.²⁵ These ranged from good communication to safeguards against the virus; from contact with family to support from, and for, staff; and from active regimes to response to mental health need. Contributions from women placed particular emphasis on the need for good relationships with staff.

30. The COVID-19 period has demonstrated the positive possibilities posed by digital services, such as in-cell phones and video calling. This 'digital equivalence' should be continued to support prisoners accessing contact with family members, as well as medical professionals, though should not come at the expense of face to face contact and in-person visits.²⁶ We understand that all but one of the closed women's prisons now has access to in-cell telephony.

Q8. What factors contribute to the high levels of self-harm in the female estate? What is being done and what more could be done?

31. The IAPDC's report on women in prison identified the significance of prior experience on current self-harm risk. 53% of women prisoners reported experiencing abuse as a child, compared to 27% of men;

²² The IAPDC and Royal College of Nursing, *Avoidable natural deaths in prison custody: putting things right*, September 2020. Available at: [200929+IAP-RCN+-+prevention+of+natural+deaths+in+custody+-+final+for+publication.pdf \(squarespace.com\)](https://www.squarespace.com/200929+IAP-RCN+-+prevention+of+natural+deaths+in+custody+-+final+for+publication.pdf). [Accessed on: 19/05/2021]

²³ *Ibid.* p.11.

²⁴ Lord Farmer, *The Farmer Review: The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime* (June 2019). Available at: [6.5703 Farmer Review For Women \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/6.5703-Farmer-Review-For-Women). [Accessed on 07/06/2021]

²⁵ IAPDC, *Keep talking, Stay safe: A rapid review of prisoners' experience under COVID-19*, May 2020. Available at: ['Keep Talking, Stay Safe': A Rapid Review of Prisoners' Experience under COVID-19 — Independent Advisory Panel on Deaths in Custody \(iapondeathsincustody.org\)](https://iapondeathsincustody.org/); IAPDC, *Just one thing: Prison safety and COVID-19*, September 2020. Available at: ['Just one thing': People in prison offer essential insights into the future of prison safety following COVID-19 — Independent Advisory Panel on Deaths in Custody \(iapondeathsincustody.org\)](https://iapondeathsincustody.org/)

²⁶ Edge, C., Hayward, A., Whitfield, A. & Hard, J. (2020). COVID-19: digital equivalence of health care in English prisons. *The Lancet Digital Health*, 2(9), pp. 450-452.

Almost half (46%) of women in prison had attempted suicide at some point in their lives, more than twice the rate of men (21%) and considerably higher than 6% in the general population. A third of women had had a previous psychiatric admission prior to imprisonment compared to 10% of men.²⁷

32. Factors leading to self-harm in prison are therefore long-term issues, meaning responses within prisons must be joined-up with services in the community. The women's estate must be a trauma informed environment which is supportive and caring, to the degree that this is possible within a custodial setting.
33. The IAPDC-organised 'Keeping Safe' conference in February 2020 built upon the panel's Keeping Safe report from 2017. Professor Seena Fazel, a panel member, presented research findings relating to the most prevalent risk factors for self-inflicted deaths for both genders. This included the use of single cells (which amplified risk by 9x); previous attempts (8x); psychiatric diagnosis (6x) and alcohol problems (3x).²⁸
34. Risk factors associated with self-harm included being of a younger age; having either a life sentence or remaining unsentenced or on remand and being of white ethnicity. For women it was found that an index offense of violence, having a recent bereavement or suffering past abuse were also significant risk factors. Being female also raised the risk of repeating self-harm by eight times.
35. We welcome work to introduce the latest version of the Assessment, Care in Custody and Teamwork (ACCT) process and the development of gender-informed training for staff as the Offender Management in Custody (OMiC) system is rolled out in the female estate.
36. Again, short sentences are damaging and highly disruptive to continuity of care. Investment in preventative work and alternatives that command the confidence of the courts, as well as eradication of the use of prison as a place of safety, are vital.

Q9. Does the custodial estate offer a trauma-informed environment for females? What more could be done?

37. Custodial settings are by their very nature traumatic, an issue exacerbated by the age of many women's prisons, many of which were originally designed for men.
38. As part of the IAPDC's first COVID-19 consultation one woman respondent reflected on the importance of continuity and having people you can trust and turn to: *'There's a few good officers... And also there's a good support worker... They've seen me at my worst and they'll be seeing me at my best and hopefully I know they believe in me. They've worked with me and in the end, after three years it's worked.'*
39. In regard to additional interventions, the Offender Health Research Network at the University of Manchester are looking at ways to address female self-harm which can be carried out in a peer-supportive manner. These include including:
 - Medical Skin Camouflage (MSC): Scarring from self-harm leads to long term psychosocial effects. MSC can be used to cover numerous skin conditions and disfigurements; it can last for three day after being applied and is dispensed through a prescription with products including skin-matched creams and powders. Findings from a 2018 prison study showed that the use of MSC led to fewer incidences of repeat self-harm; increased confidence and self-esteem; reduced

²⁷ Prison Reform Trust, *There's a reason why we're in trouble* (2017). Available at: [Layout 1 \(prisonreformtrust.org.uk\)](https://www.prisonreformtrust.org.uk). [Accessed on: 07/06/2021]

²⁸ Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J. & Fazel, S, 'Risk factors for suicide in prisons: a systematic review and meta-analysis', *The Lancet Public Health*, 6(3), 2021, e164-e174.

embarrassment; improved relationships with staff and fewer feelings of judgement from staff and other prisoners.²⁹ A next step will be to apply for funding for a randomised control trial.

- **Psychodynamic Interpersonal Therapy (PIT):** PIT takes the form of an in-depth conversation between the subject and therapist and helps with new ways of managing emotions. PIT has been shown to reduce suicidal ideation and self-reported self-harm in adults in the community and is particularly effective for people who have experienced childhood trauma. Projects by the University of Manchester showed that it was feasible to run a trial in the use of PIT in women's prisons and that both the therapy and participation in a randomised trial were acceptable to prisoners and staff.³⁰ A follow-up randomised control trial in six prisons is due to start.
- **In-cell digital app:** The app will focus on self-harm prevention, especially when women are alone with limited access to staff or peer support. It will include self-monitoring exercises; advice on coping and distraction mechanisms as well as customisable spaces where women can add and share creative expression, such as art and writing. Similar NHS apps already exist but none are transferable to prison environment. Funding has been sourced to design and a feasibility project for women prisons is scheduled to start.

40. Research to develop effective interventions should be prioritised and facilitated across both the male and female estate.

10. What support is available to ensure that women are successfully resettled into the community upon release and reduce reoffending?

41. The point of release from prison is a time of increased risk of suicide and self-harm. In addition, deaths relating to substance misuse occur owing to lower tolerance, a lack of awareness of the strength of drugs recently introduced to the community and an element of 'celebration' of having been released.³¹ A whole systems-approach would go some way to ensuring that care is joined up and equivalent between prison the community. In response to the IAPDC's consultation with women in prison there was a widespread view that a more gradual transition (using Release on Temporary Licences (ROTLs) or semi-supervised housing) would be appropriate.³²

11. What support does the female adult estate offer to girls transitioning from the youth custodial estate?

42. In our consultation with women in prison the need for proper notice of any move and as much information as possible about the receiving prison was emphasised. The introduction of key work in an adult women's prison should help facilitate transition from a YOI.

43. The IAPDC is grateful for this opportunity to submit written evidence to the inquiry and would welcome the opportunity to provide further information or oral evidence if required by the Committee.

²⁹ Guttridge, K., Dunlop, B., Patterson, M., Mitchell, H., Philbin, J., Walker, T., Ranote, S., Robinson, L., & Abel, K. (2018). [An exploratory study of women prisoners' attitudes towards their self-harm and the use of Medical Skin Camouflage](#). *Journal of Forensic Psychiatry and Psychology*, 30(1), 167-184.

³⁰ Walker, T., Shaw, J., Turpin, C., Reid, C., & Abel, K. (2017). The WORSHIP II study: a pilot of psychodynamic interpersonal therapy with women offenders who self-harm, *The Journal of Forensic Psychiatry & Psychology*, 28(2), 158-171.

³¹ Phillips, J., Gelsthorpe, L., Padfield, & Buckingham, S. *Non-natural deaths following prison and police custody*, Manchester: Equality and Human Rights Commission. (December 2016). Available at: [non-natural deaths following prison and police custody 2.pdf \(equalityhumanrights.com\)](#). [Accessed on 07/06/2021]

³² IAPDC, 'Preventing the Deaths of Women in Prison – initial results of a rapid information gathering exercise by the Independent Advisory Panel on Deaths in Custody', March 2017. Available at: [IAP+rapid+evidence+collection+-+v0.3.pdf \(squarespace.com\)](#). [Accessed on: 19/05/2021], pg. 36.

About the Independent Advisory Panel on Deaths in Custody

The Ministerial Council on Deaths in Custody formally commenced operation on 1 April 2009 and is jointly sponsored by the Ministry of Justice, the Department of Health and Social Care and the Home Office. The Council consists of three tiers:

- Ministerial Board on Deaths in Custody (MBDC)
- Independent Advisory Panel (IAPDC)
- Practitioner and Stakeholder Group

The remit of the IAPDC (and overall of the Council) covers deaths, both natural and self-inflicted, which occur in prisons, in or following police custody, immigration detention, the deaths of residents of approved premises and the deaths of those detained under the Mental Health Act (MHA) in hospital. The principles and lessons learned as part of this work also apply to the deaths of those detained under the Mental Capacity Act in hospital.

The role of the IAPDC, a non-departmental public body, is to provide independent advice and expertise to Ministers, senior officials and the Ministerial Board. It provides guidance on policy and best practice across sectors and makes recommendations to Ministers and operational services. It assists Ministers to meet their human rights obligations to protect life. The IAPDC's aim is to bring about a continuing and sustained reduction in the number and rate of deaths in all forms of state custody in England and Wales.

Juliet Lyon CBE chairs the IAPDC.

Members of the IAPDC appointed in July 2018 are:

- Deborah Coles, Director, INQUEST
- Professor Seena Fazel, professor of Forensic Psychiatry, University of Oxford
- Professor Jenny Shaw, professor of Forensic Psychiatry, University of Manchester
- Jenny Talbot OBE, Prison Reform Trust
- John Wadham, Chair, National Preventive Mechanism

Further information on the IAPDC can be found on its website: www.iapondeathsincustody.org

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Annex A: Recommendations from the report by the Independent Advisory Panel on Deaths in Custody on Preventing the Deaths of Women in Prison, 2017

In the community

- Ensure adequate information is provided to the courts including reports covering mental health need, vulnerability and safeguarding concerns.
- Encourage greater use of community sentences by the courts to include treatment orders.
- Coordinate national and local government leadership focus on prevention and the strategic reduction of women's prison numbers.
- Roll-out liaison and diversion services across police stations and courts
- Increase investment in women's services in the community and look to models of local authority pooled budgeting as in Greater Manchester.
- Develop a sustained network of women's centres.
- Co-ordinate a multi-disciplinary response to vulnerable women involving family support and domestic violence services as well as health and justice provision.

In prison

- End delays in receiving prescribed medication on arrival and improve contact between GPs and prison healthcare.
- Improve arrangements for first night in custody.
- Conduct transfers in a longer-term planned manner, with more information provided to the women being moved.
- Improve drug and alcohol treatment in custody linked to treatment in the community.
- Encourage and support self-help groups and peer support, in particular sustaining a team of Samaritan Listeners and Insiders.
- Improve physical environment and remove ligature points from women's cells/rooms.
- Ensure multi-disciplinary ACCT reviews, specifically including mental health staff.
- Provide mandatory mental health awareness training for staff and establish a system of staff support and supervision.
- Enable and support women to maintain family contact (see section on family contact).
- Focus the whole prison environment on promoting the mental and physical health and wellbeing of all prisoners in a trauma-informed way (see section on mental health).

Mental health

- Develop a gender-aware and trauma-informed environment in all women's prisons including staff training on the impact of separation and loss, and awareness of perinatal mental health and support for women at risk.
- Roll out higher level of emergency response training for all staff.
- Ensure every Mental Health Trust has a clinical lead for women's mental health.
- Provide a greater range of mental health and substance misuse treatments, including the provision of counselling services and talking therapies, in the community.
- Provide counselling services to all women prisoners. Each women's prison should employ a counsellor with placements for trainees routinely, and a national lead for counselling services should be instituted.
- Establish thorough-going mental health assessments for all within first 24 hours of arrival in custody.
- Review implementation of the Care Act 2014 which placed preventative duties on local authorities and required them to meet social care needs
- Ensure access to secure mental health accommodation is available in a timely manner to those who need it, prisons should not be used as places of safety.

Transfer of information

- Ensure healthcare staff routinely share matters of risk of suicide with prison staff, in accordance with the IAP's Information Sharing Statement.
- Develop a shared care plan for each woman to which she can contribute.
- Plan the transfers of women between prisons carefully with a standard form/template developed for handover and information regarding risk of suicide and self-harm.
- Ensure that women can retain their own information on transfer including their pin phone numbers.
- Learn and embed lessons set out by coroners, the Prison and Probation Ombudsman and the IPCC in improved transfer of information between agencies and establishments to keep women safe.
- Achieve compatibility between health information systems in England and Wales
- Put in place local information sharing protocols between all relevant health and justice, including liaison and diversion, services.
- Adopt nationally the updated Person Escort Record (PER) form with space to add information about risk as endorsed by the National Police Chief's Council.
- Improve communication and information transfer between GP's, midwives and prison healthcare.
- Improve communication between agencies during preparation for release.

Family contact

- Impose community sentences, with family and domestic violence support where necessary, unless the offending is so serious or dangerous that only a custodial penalty will suffice.

- Create a custodial system closer to homes in smaller more residential accommodation linked to health and other local agencies.
- Implement in-cell telephones in all women's prisons, and enable women to make free emergency telephone calls where necessary.
- Maximise family contact through better technology, to include use of videoconferencing and visiting arrangements.
- Consider and extend the use of release on temporary license (RoTL).
- Train and support staff for work with families and appoint family support/liaison officers in all establishments.
- Establish and maintain sustained partnerships with voluntary organisations offering family support.
- Provide and make accessible to women in prison the 24 hour Freephone, National Domestic Violence Hotline, run in partnership between Woman's Aid and Refuge.
- Encourage family engagement in ACCT reviews.

Preparation for release

- Ensure preparation for release is ongoing, forming part of a regularly reviewed sentence plan and engendering hope and a sense of future important to suicide prevention.
- Increase use of release on temporary license (ROTL) to enable women to resume contact with family and caring responsibilities and to undertake voluntary or paid work and training in the community.
- Oblige local authorities to provide safe housing for women prisoners who would otherwise become homeless at the point of release.
- Continue on release, if started in prison, mental healthcare and treatment for addictions.
- Provide social care support and mentoring on release for women with learning disabilities or learning difficulties.
- Review, and reinforce, compliance with Section 10 of the Offender Rehabilitation Act which requires commissioners and providers to take account of the particular needs of women in making supervision and rehabilitation arrangements.
- End recall to custody for most forms of technical breach of license and strengthen supervision arrangements instead.

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