

June 2021



CLINKS  
RESPONSE

# Department for Health and Social Care's Women's Health Strategy

Call for evidence

## About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our aim is to ensure the sector, and those with whom it works, are informed and engaged in order to transform the lives of people in the CJS and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 600 members, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we have a network of over 13,000 contacts.

Clinks is a member of the Department for Health and Social Care's Voluntary, Community and Social Enterprise Health and Wellbeing Alliance, a partnership between the voluntary sector and the health and care system to provide a voice and improve the health and wellbeing for all communities. We work to promote and support the role of the voluntary sector in improving health and wellbeing outcomes and addressing the health inequalities that people in contact with the criminal justice face.

Clinks supports a network of women's centres and specialist women's services working in the CJS, and has a key role in supporting and representing organisations that work with women in contact with the CJS. As well as supporting the sector with information, resources and events, we sit on the Advisory Board for Female Offenders to share the sector's expertise with the Ministry of Justice (MoJ).

## About this response

This response will focus on the health and care needs and experiences of women in contact with the criminal justice system, and the role of the voluntary sector in addressing these needs. We will draw on evidence collected from our extensive research and ongoing engagement with the voluntary sector working in the criminal justice system, including organisations that deliver health and care services to women. A summary of recommendations included in this response is featured below.

## Summary of recommendations

1. The Ministry of Justice should provide leadership in driving a strong cross-departmental strategy for the long-term financial sustainability of existing holistic services provided by women's centres, and to support the creation of centres in areas where there is no, or inadequate, provision.
2. Continuity of care from prison to the community is essential to ensure that women leaving prison receive the health and care support that they need. Services such as RECONNECT are a strong example of initiatives to support continuity of care, and the voluntary sector should be fully engaged in the programme, both in terms of strategic input into the roll-out of the programme, and delivery of the programme.
3. It is critical that the voluntary sector has an opportunity to be involved in the development and delivery of the next iteration of the National Partnership Agreement for Prison Healthcare in England and adjoining plan, as the voluntary sector is an important partner in delivering health and care services to women in prison.
4. Where it is unavoidable that pregnant women or recent mothers come into custody, it is vital that women are given the opportunity to apply for a place on a Mother Baby Unit (MBU) at the earliest opportunity when coming into prison. Any new policy on MBUs should take into account the significant negative impact that maternal separation has, and should make allowances for women to be able to access MBUs as far as possible across the women's estate. NHSE/I and HMPPS should work together to ensure that the health and care needs of pregnant women, recent mothers, and their babies are met, with the input of specialist voluntary sector organisations.
5. Local maternity systems and individual maternity teams should ensure they have their own specialist pathways for the care of women involved in the criminal justice system, with related training and support. These pathways should include work with specialist perinatal mental health services.
6. We welcome NHS England's new Perinatal Equity Strategy and recommend that there should be a focus on the needs of women in contact with the criminal justice system. Underpinning all of this, the crucial role that the voluntary sector plays in supporting pregnant women and recent mothers in contact with the criminal justice system in the community should be both recognised and supported by stakeholders in health and justice, engaging with voluntary sector organisations as strategic partners in both the delivery and design of services.
7. Pregnant women and new mothers in the community need joined up services with health and criminal justice agencies working together to address their health and care needs from the moment a pregnancy is disclosed, alongside the input of the voluntary sector.
8. It is vital that during and beyond the pandemic, the voluntary sector that delivers health and care services to women in contact with the criminal justice system is sustainably funded, is commissioned with flexible contracts, and voluntary sector organisations are considered key strategic partners to both health and justice statutory agencies.
9. Any programmes or policies intended to improve the health and care of women in contact with the criminal justice system should involve women with lived experience from inception to delivery, to ensure that they are sufficient to meet the needs of women in contact with the criminal justice system.

# Ensuring the health and care system understands and is responsive to women's health and care needs across the life course

## Women in contact with the criminal justice system

As is well documented, women in contact with the criminal justice system face significant and entrenched health inequalities including poor mental health and experiences of substance misuse. Their health needs are often more acute when compared to both women in the general population and men in contact with the criminal justice system.

- In 2018/19, 21% of the 85,900 adults who engaged with liaison and diversion services were women. Women in contact with the services more often had suspected alcohol misuse and had mental health needs compared to males.<sup>1</sup>
- More than seven in 10 women in prison (71%) reported that they had a mental health problem compared with nearly half of men (47%).<sup>2</sup>
- 14% of women in prison had experienced a psychotic disorder in the past year, compared to 0.7% of women in the general population.<sup>3</sup>
- In the 2019/20 HM Inspectorate of Prisons survey, a higher proportion of women reported self-declared mental health problems, physical disability, and having substance and alcohol misuse problems on arrival to prison than men.<sup>4</sup>
- Women are much more likely than men to harm themselves whilst in prison, accounting for 19% of self-harm incidents despite comprising just 5% of the prison population. Reasons for this include histories of sexual abuse and trauma, guilt and distress at separation from children, and mental illness.<sup>5</sup>

## Equity of care

According to the NHS England Constitution for England's first principle, NHS provides a comprehensive service, available to all, "irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights."<sup>6</sup> Women in contact with the criminal justice system are therefore entitled to receive health and care services that are equitable with what people in the general population would receive.

The Royal College of General Practitioners (RCGP) have a position on equivalence of care in secure environments in the UK.<sup>7</sup> The RCGP's Secure Environments Group state that people in prison should be "afforded provision of or access to appropriate services or treatment," which are "at least consistent in range and quality with that available to the wider community". "Equivalence" in this case means:

*"The principle by which the statutory, strategic and ethical objectives are met by the health and justice organisations (with responsibility for commissioning and delivering services within a secure setting) with the aim of ensuring that people detained in secure environments are afforded provision of or access to appropriate services or treatment (based on assessed need and in line with current national or evidence-based guidelines) and that this is considered*

*to be at least consistent in range and quality (availability, accessibility and acceptability) with that available to the wider community in order to achieve equitable health outcomes.”<sup>8</sup>*

The National Partnership Agreement for Prison Healthcare in England 2018-2021<sup>9</sup> is co-signed by HM Prison and Probation Service, Public Health England, the Ministry of Justice, NHS England, and the Department for Health and Social Care. The agreement commits:

- To improve the health and wellbeing of people in prison and reduce health inequalities
- To reduce re-offending and support rehabilitation by addressing health-related drivers of offending behaviour
- To support access to and continuity of care through the prison estate, pre-custody and post-custody in the community.

Additionally, the agreement commits to understanding the factors that impact on health and social care outcomes for people in prison, including understanding specific needs of particular cohorts, such as women.

Despite the principle of equivalence and the commitments of the National Partnership Agreement for Prison Healthcare in England, we know that women in contact with the criminal justice system are not consistently receiving the health and care services that they need.

The Nuffield Trust's report on prisoners' use of hospital services found that in 2017/18, 3,912 outpatient appointments were attended by women prisoners, out of a total of 6,431 appointments, meaning nearly 40% of appointments were cancelled or missed. In comparison, in the general population, 21% of women's outpatient appointments were either cancelled or missed in 2017/18.<sup>10</sup> Leaving prison for assessment in hospital can be challenging. Frequently, appointments have to be cancelled or rescheduled due to a lack of officers, meaning that it may be several months or even years before women are seen for the initial GP referral.<sup>11</sup> As of today, the restrictions introduced in prisons due to the Covid-19 pandemic have exacerbated these issues. It has been more challenging for women to access healthcare appointments, which often means they are only seen when they reach a crisis point.

Both lack of resource and staff shortages hinder women's access to healthcare in prison. A recent HMIP report from one prison indicated that only 15% of women said it was easy to see a mental health worker.<sup>12</sup> This is concerning given the rate of women in prison who suffer from poor mental health and report self-harm and suicidal ideation.

During a recent consultation event with organisations supporting women in contact with the criminal justice system, organisations told us that in many cases support for mental health is often not provided soon enough. Voluntary organisations report that people can be waiting up to five weeks for an initial assessment, or that support is only being provided once women reach crisis point. Further, organisations stressed that women's concerns about their health are not always taken seriously by prison staff and the importance of having a third party organisation present to advocate on her behalf. They also outlined instances where they had seen mental health problems experienced by women being treated as a disciplinary matter relating to self-control, rather than challenges that require treatment and care. Organisations told us that staff can perceive self-harm as a conscious means of seeking attention, and there is a lack of understanding about the distress and needs that lie behind it. This response serves to further entrench and exacerbate experiences of trauma many women in contact with the criminal justice system have experienced before entering custody.

Hibiscus Initiatives, an organisation which works with foreign national and racially minoritised women in the criminal justice system, outline that a lot of the women they support do not feel they are getting the right medication. Often, due to healthcare teams in prison needing to conduct medical checks before prescribing anything, women can go without medication for significant periods of time, or be given a different medication to what they had been taking previously. One woman described to Hibiscus Initiatives how this had affected her:

***"I can only have painkillers in soluble form, but they [the prison] said it's just too expensive, so gave me the normal ones – it had an effect on my blood ... I was put on Tramadol, when I took it I could not move my leg. Sometimes an officer would have to lift me because I was stuck. I told the doctor something was wrong, they just increased the amount. In the end the nurse gave me the leaflet [about the medication], there were 10 different side effects operating in my body."***

The voluntary sector has a vital role to play in delivering health and care services to women in contact with the criminal justice system. According to Clinks' State of the Sector research of voluntary sector organisations working in the criminal justice system conducted in 2019, of those that said they were set up to specifically provide tailored support to a particular group of people, 79% said their main beneficiaries were women. 62% of these organisations provide mental health services, 32% provide physical health services, and 73% provide services relating to emotional support.<sup>13</sup>

Despite the voluntary sector being crucial to supporting women's health and care needs when in contact with the criminal justice system, before the pandemic, organisations providing tailored support to women told us they were seeing service users' needs become more complex due to funding cuts, welfare reform and a reduction in gender specific services.<sup>14</sup>

This all takes place within the context of insecure funding for organisations working with women in contact with the criminal justice system. Evidence collected from our members in our May 2021 Health and Justice Network<sup>15</sup> meeting demonstrated that as organisations are often commissioned on a short-term basis they feel unable to fully meet the needs of their service users and are unable to strategically plan for the future. For women in contact with the criminal justice system who experience multiple and complex disadvantage, it is necessary for their needs to be supported by a vibrant and sustainable voluntary sector.

Women's Centres, as recognised in the Female Offender Strategy, provide essential services and support for women in contact with the criminal justice system. This includes support for their health and wellbeing. Although we recognise that many women's centres have been successful in gaining contracts through the Dynamic Framework, these contracts do not and should not provide all the funding women's centres need to deliver their services. As has been outlined in the strategy, women's centres provide essential services across many different policy areas.

### **Recommendation 1**

**We recommend that the Ministry of Justice provides leadership in driving a strong cross-departmental strategy for the long-term financial sustainability of existing holistic services provided by women's centres, and to support the creation of centres in areas where there is no, or inadequate, provision.**

## Continuity of care

The challenges with continuity of care between prison and the community are well documented and occur both when women enter prisons and are resettled from them. As outlined earlier, when women arrive in prison many do not have continuity with medicine or treatment they were receiving in the community. Our members have also informed us that health appointments external to the prison are often not allowed to be known in advance due to security, and can be delayed as there are heavy staffing resources to take someone to an outside appointment. This can lead to women being extremely anxious and cause unacceptable delays to critical treatment, exacerbating poor mental health for an already vulnerable cohort.

The RECONNECT: Care after Custody service is an example of a health and care intervention designed to address challenges in continuity of care for people in contact with the criminal justice system. The RECONNECT service was first announced in the NHS Long Term Plan (LTP) and is the biggest new investment in Health and Justice services for the past six years. The service starts working with people before they leave prison, where they will have access to a RECONNECT worker, and helps them to make the transition to community-based services that will provide the health and care support that they need. The service provides specific women's pathways, with NHS England noting: "any Care after Custody provision should ensure that the health needs of women are addressed."<sup>16</sup> Clinks sits on the project board for RECONNECT and we are working to facilitate voluntary sector engagement with the service, to ensure that people in prison who would benefit from the service are aware of it and can access it. We welcome the roll-out of this service and hope that statutory agencies view the roll-out as an example of best practice in continuity of care after custody, and call for voluntary sector to be closely involved in the roll-out through engagement and the opportunity to deliver services within the programme.

### Recommendation 2

**Continuity of care from prison to the community is essential to ensure that women leaving prison receive the health and care support that they need. Services such as RECONNECT are a strong example of initiatives to support continuity of care, and the voluntary sector should be fully engaged in the programme, both in terms of strategic input into the roll-out of the programme, and delivery of the programme.**

As noted above, the National Partnership Agreement for Prison Healthcare in England 2018-21 committed to improving the health and wellbeing of people in prison and reducing health inequalities, and supporting access to and continuity of care through the prison estate, pre-custody and post-custody into the community.<sup>17</sup> A refresh of this agreement was postponed due to Covid-19, but a new agreement will be drawn up when the signatories involved are able to do so.

### Recommendation 3

**It is critical that the voluntary sector has an opportunity to be involved in the development and delivery of the next iteration of this agreement and adjoining plan, as the voluntary sector is an important partner in delivering health and care services to women in prison.**



## Pregnancy and maternity for women in contact with the criminal justice system

There are just over 3,000 women in prison in England as of October 2020, and it is estimated that approximately 600 pregnancies and 100 births occur annually in prison.<sup>18</sup> Women's imprisonment results in an estimated 17,240 children being separated from their mothers each year.<sup>19</sup>

There have been recent, high-profile cases that demonstrate the serious consequences of not meeting the needs of pregnant women and new mothers in custody. In June 2020, a woman in HMP Styal, who was unaware that she was pregnant but had been complaining of severe stomach pains over several days, gave birth to a stillborn infant.<sup>20</sup> Similarly, in October 2019, a woman in HMP Bronzefield who had been at an advanced stage of pregnancy, gave birth alone in her cell in the early hours of the morning. When prison staff visited the women in her cell in the morning the baby was found unresponsive.<sup>21</sup> Both cases are subject to ongoing investigations.

Both HMPPS and NHSE/I share responsibility for the running of MBUs.<sup>22</sup> In a 2019 review of operational policy on pregnancy, Mother and Baby Units and maternal separation, the Ministry of Justice noted that there were concerns that prison staff required more supervision or support relating to healthcare, and that staff in prisons needed clarity about which agencies were responsible for each element of support for pregnant women and new mothers in prison. The review found that HMPPS, and NHS E/I commissioned services needed to work together more closely to ensure effective coordination between prison management, healthcare processes and local authorities and to improve physical and mental health support for all cohorts of women.

The review commits to publishing a summary of respective responsibilities between HMPPS and NHS E/I in an upcoming policy framework on pregnant women, mothers, and children in prisons.<sup>23</sup> We welcome the commitment to more joined-up working between HMPPS and NHSE/I to support pregnant women, recent mothers and babies' health in prison, in an effort to respond to their health and care needs. It is essential that the role of specialist voluntary sector organisations supporting the health and care needs of women in prison is acknowledged in supporting and facilitating this.

In recognition of the unique needs of pregnant women and new mothers in prison, and how disastrous the consequences of insufficient health and care can be, Birth Companions has developed a Birth Charter for women in prisons in England and Wales. Principles include: equivalence care with the community regarding antenatal care; being told as early as possible whether they have a place on a Mother and Baby Unit (MBU) after arriving in prison; and being accompanied by officers who have had appropriate training and clear guidance.<sup>24</sup>

We fully endorse and support the recommendations made in the Birth Charter and are pleased HMPPS has explicitly stated that they support its principles. Birth Companions published practical guide on implementing the Charter recommendations in 2019.<sup>25</sup>

### Recommendation 4

**Where it is unavoidable that pregnant women or recent mothers come into custody, it is vital that women are given the opportunity to apply for a place on a Mother Baby Unit (MBU) at the earliest opportunity when coming into prison. Any new policy on MBUs should take into account the significant negative impact that maternal separation has, and should make allowances for women to be able to access MBUs as far as possible across the women's estate. NHSE/I and HMPPS should work together to ensure that the health and care needs of pregnant women, recent mothers, and their babies are met, with the input of specialist voluntary sector organisations.**



Clinks and Birth Companions recently conducted research with women with lived experience, specialist safeguarding midwives, and voluntary sector professionals working with pregnant women and recent mothers in the community. Our research found that involvement in the criminal justice system was seen by the majority of midwives as having a significant impact on antenatal and postnatal care needs, partly due to the extra concerns and stresses that women in contact with the criminal justice system face.<sup>26</sup> The vast majority of specialist safeguarding midwives surveyed as part of our research said they wanted a better understanding of the criminal justice system to allow them to feel more confident in supporting women in their care. Our research found that effective partnership work across the criminal justice, health, and social care systems is key to successfully supporting pregnant women and new mother's needs.

### **Recommendation 5**

**We reiterate our recommendation that local maternity systems and individual maternity teams should ensure they have their own specialist pathways for the care of women involved in the criminal justice system, with related training and support. These pathways should include work with specialist perinatal mental health services.**

### **Recommendation 6**

**We welcome NHS England's new Perinatal Equity Strategy and reiterate our recommendation that there should be a focus on the needs of women in contact with the criminal justice system. Underpinning all of this, the crucial role that the voluntary sector plays in supporting pregnant women and recent mothers in contact with the criminal justice system in the community should be both recognised and supported by stakeholders in health and justice, engaging with voluntary sector organisations as strategic partners in both the delivery and design of services.**

### **Recommendation 7**

**Pregnant women and new mothers in the community need joined up services with health and criminal justice agencies working together to address their health and care needs from the moment a pregnancy is disclosed, alongside the input of the voluntary sector.**

## **Understanding and responding to the impacts of COVID-19 on women's health**

The impact of Covid-19 on women's health and care within the criminal justice system has been sustained and severe. In July 2020, Her Majesty's Inspectorate of Prisons *Aggregate report on short scrutiny visits during Covid-19* expressed concern that in one women's prison, inspectors did not feel that wellbeing was being adequately monitored. Furthermore, in an NHS England survey of health care users in two women's prisons in June 2020, 68% of respondents said that their mental health had deteriorated since 23rd March and 71% said their physical health had deteriorated.<sup>28</sup>





Her Majesty's Inspectorate of *Prisons Aggregate report on short scrutiny visits during Covid-19* also noted that "in the women's estate, there are some exceptionally vulnerable individuals who usually benefit from a range of specialist support services provided by external providers; their absence was extremely damaging. For these women, the long hours of lock up were compounded by the sudden withdrawal of services on which they depended, and self-harm among prisoners in prisons holding women has remained consistently high throughout the lockdown period."<sup>29</sup>

As voluntary organisations have largely not been present in custody it has been challenging for them to gauge conditions experienced by women. Voluntary organisations are particularly concerned for example that due to the lockdown in prisons it has been challenging to determine and accurately record a true picture of suicide and self-harm rates by women in prison. This is done through Assessment, Care in Custody Teamwork (ACCT) processes in prisons but as voluntary organisations have not been present in establishments due to the pandemic they have not been able to report concerns they might have. Given this, it is concerning that the most recent safety in custody statistics demonstrating that taking in to account the fall in the prison population recently, the rate of self-harm incidents per 1,000 prisoners decreased by 13% in male establishments but increased by 13% in female establishments in 2020.<sup>30</sup> It is critical to note that rates self-harm in women's prisons have been dramatically increasing prior to the pandemic. In safety in custody quarterly statistics published in December 2019 it was found that self-harm incidents in women's prisons had risen 16% compared to the previous 12 months, and that self-harm incidents requiring hospital treatment in women's prisons had increased 20%.<sup>31</sup>

Clinks conducted research to determine the impact the pandemic was having on the voluntary sector and the people it supports. We ran six surveys over a six-month period between March 2020 and August 2020 that had an average response rate of 118.<sup>32</sup> Voluntary sector organisations raised concerns that the isolation and anxiety created by the pandemic and the restrictions put in place has had a severe impact on the mental health and wellbeing of people in the criminal justice system. We are concerned about the capacity for services to respond and deliver within the 'new normal', with the increased mental health needs of women in contact with the criminal justice system that has arisen during the pandemic.

Although lockdown restrictions are easing, it is important to note that it will take some time to get all prisons back to full regime provision, easing restrictions will take place at a far slower rate than in the community.<sup>33</sup> The RR3 is a formal voluntary sector advisory group to the Ministry of Justice and HMPPS consisting of 16 senior voluntary sector leaders. The group is chaired and coordinated by Clinks. The RR3 published two papers recently, focusing on recovery from the pandemic for the voluntary sector working in criminal justice, and the impact of Covid-19 on the sustainability of organisations. The papers noted that the impact of the pandemic on the criminal justice voluntary sector has been profound, with organisations struggling to sustain service delivery in a remote environment and many organisations finding themselves ineligible for financial support from the government.<sup>34 35</sup> We reiterate the key principles and recommendations made in each paper, including the importance of a holistic approach across government departments and sectors, particularly around issues relating to physical and mental health and the need for greater use of discretionary public sector grants as low bureaucracy tools to provide sustainable grant funding for organisations' core costs.



### **Recommendation 8**

**It is vital that during and beyond the pandemic, the voluntary sector that delivers health and care services to women in contact with the criminal justice system is sustainably funded, is commissioned with flexible contracts, and voluntary sector organisations are considered key strategic partners to both health and justice statutory agencies.**

## **Placing women's voices at the centre of their health and care**

The people and families who have experience of the criminal justice system are a vital source of intelligence about how to improve services. Listening to and involving people with direct experience of services is widely recognised as an effective way to improve both policy and practice. Involving these experts by experience is key to the difference we can make in the lives of people in the justice system, both improving the quality and impact of the services on offer and enabling individuals to build a new identity which supports their journey to desistance from crime. As well as contributing to the design and delivery of services, it is important that people with lived experience of the criminal justice system are able to be involved in strategic decision making.

Voluntary organisations have a long history of pioneering the involvement of people with direct experience of the criminal justice system. One example of this is Revolving Doors Agency's Lived Experience team, who have been key to the development and delivery of key health and justice initiatives such as the RECONNECT: Care after Custody service.

### **Recommendation 9**

**Any programmes or policies intended to improve the health and care of women in contact with the criminal justice system should involve women with lived experience from inception to delivery, to ensure that they are sufficient to meet the needs of women in contact with the criminal justice system.**



## End notes

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**Clinks supports, represents and advocates for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.**

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