



Ministry
of Justice



Home Office



Department
of Health &
Social Care

Independent Advisory Panel on Deaths in Custody

Chair: Juliet Lyon CBE
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Alex Chalk MP
Parliamentary Under Secretary of State, Ministry of Justice

Dear Minister,

I am writing to request an update, and the opportunity to discuss progress made, on the recommendations put forward in ['Preventing the deaths of women in prison'](#), a report published by the Independent Advisory Panel on Deaths in Custody (IAPDC) in March 2017.

As you know, the IAPDC has the sole objective of preventing deaths in custody by advising you, your ministerial team, officials and agencies on how to comply with Article 2 of the Human Rights Act and to take positive steps to protect the lives of people detained in your care. In response to twelve self-inflicted deaths in women's prisons in England in 2016, and in order to prevent future deaths, the IAPDC brought together the views of 60 women in prison, as well as insight from 40 members of the Ministerial Council on Deaths in Custody, the Advisory Board on Female Offenders (ABFO) and other IAPDC partners, to identify how to keep women safe.

The report's recommendations (annex) – which covered prison, the community, mental health, information transfer, family contact and preparation for release – were accepted by the Advisory Board and incorporated as part of the Ministry of Justice's Female Offenders Strategy, published in June 2018. I was grateful to your officials for an update on progress in January 2020, and pleased with the impact of some implemented recommendations which have made a tangible difference to the lives of women in prison, such as the retention of PIN phone numbers following transfers, improvements to first night procedures and cross-agency information sharing.

As you are aware, women in the penal system face particular challenges and vulnerabilities that can compromise their safety. Between December 2015 and December 2020 there have been a total of 56 deaths in the women's estate, of which 24 are recorded as being self-inflicted. In the year ending September 2020 there were 12,443 incidences of self-harm – the highest yearly figure recorded. Their circumstances require careful consideration. To this end I am pleased that IAPDC member Jenny Talbot has recently taken up a role as independent chair of the cross-agency National Women's Prisons Environment, Health and Social Care Review Group. I was also pleased recently to contribute evidence at the launch of the All-

Party Parliamentary Group on Women in the Penal System's new inquiry into women's health and wellbeing in prisons. Once the IAPDC has reviewed the audit of outcomes from our findings and recommendations, I should welcome the opportunity to present and discuss these with you and ABFO members.

There are three key pieces of context which add additional urgency to our request. Firstly, and most immediately, the tragic death of Sarah Everard and the public shock and outcry in response. This will have put many women prisoners in mind of prior abuse and violence they have experienced. MoJ figures show that 53% of women in prison report experiencing emotional, physical or sexual abuse as a child compared to 27% of men in custody. Most have experienced domestic violence and assault. The IAPDC recommends expediting the introduction of the keyworker scheme in the women's estate; increasing mental health support; strengthening and supporting the work of Samaritan Listeners; increasing opportunities for socially-distanced small group discussion; ensuring phone, and video where possible, access to family and friends and contact with the national domestic violence hotline and other relevant free helplines. We received in the most recent update, examples of good practice at HMP Low Newton.

Secondly, the challenges women face in prison have been sharply exposed by the current pandemic. The most marked indicator of this is the rise in self-harm in the women's estate, which between March and September 2020 increased by approximately 24%. This timeframe correlates with the imposition of the restrictive regimes used to combat the pandemic together with closure of family visits and significant withdrawal of staff and volunteer contact and support. We note the important mitigating work of the HMPPS female self-harm taskforce set-up in response. Expert evidence, including that provided in our report, demonstrates that structural changes must be considered alongside any necessary short-term reactive responses to the pandemic.

Thirdly the Ministry of Justice's recent, unexpected announcement to fund the construction of an additional 500 women's prison places – a decision, as key sector voices from the Prison Governors' Association to the charity Women in Prison have made clear, which defies expert consensus as well as the Government's own commitments and published strategy. 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.

The IAPDC's 2017 report's findings and recommendations remain relevant in the context of the challenges to protect life during COVID-19 and your Ministry's ongoing efforts to keep vulnerable women safe in your care. I would value an update on implementation of our recommendations to enable us to support you and your officials to achieve these vital aims.

As ever,

A handwritten signature in blue ink, appearing to read 'Juliet Lyon', with a stylized flourish at the end.

Juliet Lyon CBE
Chair, Independent Advisory Panel on Deaths in Custody
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Annex: 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.