

Prison Reform Trust response to Women in the Criminal Justice System in London: A Health Strategy–September 2016

The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. The Prison Reform Trust provides the secretariat to the All Party Parliamentary Penal Affairs Group and has an advice and information service for people in prison.

The Prison Reform Trust's main objectives are:

- reducing unnecessary imprisonment and promoting community solutions to crime
- improving treatment and conditions for prisoners and their families.

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1. We are interested in your views on barriers to implementation and opportunities.

The multi-disciplinary, multi agency approach of this strategy is important. Placing women at the centre of the strategy means addressing their health *and* wider social wellbeing needs. The need, therefore, for strategic partnerships with local authorities, via Health and Well Being Boards and Community Safety Partnerships, should be made earlier on in the strategy to help ensure 'buy in' and ownership at an early stage.

2. Are there any parts of strategy that are unclear or need strengthening

The strategy is clear. Elements that perhaps need strengthening are:

- Prevention and access to provision prior to pre-determined thresholds being reached in order to avoid more costly interventions at a later date. Many women experience a multiplicity of support needs, none of which may reach pre-determined thresholds for support but which, collectively, represent significant difficulties for the individual concerned. How might women with multiple needs be identified and supported at an earlier stage (pre-threshold) to that their needs can be met, helping to prevent escalation and more costly service intervention?

- Making every contact count: ensuring that any contact that a woman has with health and social care services, and related services such as housing and employment, seeks to cover healthcare (including public health and social care needs). For example, a woman being interviewed about rent arrears can also provide an opportunity to enquire about and/or provide information about health promotion, domestic violence, supporting for parenting (see 'investigative enquiry', below)
- Investigative enquiry: multi-agency/multi-disciplinary set of questions (and information sharing protocols) to enquire about the support needs of women, in order to make referrals and/or provide information
- We agree that women should be encouraged to take responsibility for improving their health and wellbeing, and that of their children. However, much more needs to be said in the strategy about the need to work with women to build confidence, self esteem and resilience in order that they might take on this responsibility. Signposting and packages of information alone are unlikely to be sufficient for many women.
- Training and workforce development: many women have had poor prior experience of contact with public services, including healthcare, and may be reluctant to engage with services. Front line workers and professionals therefore need to be able to engage with and build trust quickly. Training could be undertaken by key workers known to be effective at engaging with women, and should include women with direct experience of particular needs and contact with criminal justice services.

3. In your view, could we demonstrate improve outcomes if we implement strategy?

Assuming elements of the strategy are strengthened, as described above, intuitively, yes. Improvement should be demonstrated by a clear and measurable set of baselines that need to be articulated.

4. What are the top 3 priorities for implementation?

- Placing women at the centre of the strategy and ensuring adequate referral routes to support a range a health and social care needs, including needs relating to women's children. Referrals should be 'sticky' – meaning support to attend an initial appointment and an actual service, rather than being added to a waiting list.
- Recognising the importance of prevention: intervening early to prevent needs from escalating by providing early, 'pre-threshold' support in 'one-stop-shop' locations that women feel comfortable in using
- Cooperative, multi agency working at both the strategic and operational levels, and adequate support for front line workers and professionals.

5. Do you agree with the strategy?

Yes.

6. Do you have any other comments?

- There could be more emphasis on women's physical health care needs especially around menstrual health and the impact of menopause.
- The relevance of a healthy diet to improved health outcomes for women could be highlighted – noting the findings of the recent HMIP report on Food in Prisons, and anecdotal evidence from a former prisoner in HMP Holloway and HMP Eastwood Park that laxatives are handed out routinely to compensate for diet deficiencies.
- It is really important to ensure 'buy in' across health, social care and justice agencies. This will require a clear communications strategy outlining purpose and vision; support for frontline workers and professionals, especially concerning multi-agency working and referrals across and between different services; and multi-agency training/workforce development.
- The link to the preventative element of the Care Act should be made.
- The links with liaison and diversion services could be more robustly made; and note: liaison and diversion services address a wider range of needs than mental health (the term used should be 'liaison and diversion services' not 'mental health liaison and diversion services').