Women in Prison

Response to the Justice Select Committee
Ageing prison population inquiry

1 October 2019

About Women in Prison

Founded in 1983, Women in Prison (WIP) aims to reduce the number of women in prison and prevent the harm caused to women and their families by imprisonment. Women in Prison's proposals are based on experience of delivering gender-specialist trauma-informed support services in prison and the community for women affected by the criminal justice system.

For more information see www.womeninprison.org.uk

About Women in Prison (WIP):

Women in Prison (WIP) is a women-only organisation that provides holistic, gender-specialist and trauma-informed support to women affected by the criminal justice system. We work in prisons, in the community and "through the gate", supporting women leaving prison. We run three women's centres (in Manchester, Woking and Lambeth, London) which include support for diversion schemes for women at early stages of involvement in the criminal justice system, as well as support for women on community sentences and on release from prison. Our combined services provide women with support around advocacy, complex needs, domestic and sexual violence, physical health, mental health, substance misuse, parenting, training and employment.

We advocate for a significant reduction in the numbers of women being sent to prison and for strengthened community support services.

Our policy and campaigns work is informed by our frontline support services for women, delivered at every stage of a woman's journey through the criminal justice system. The experience and knowledge of staff working directly with women affected by the criminal justice system enable us to see first-hand how well policy is implemented in practice. We are currently leading the 2020 Ambition to halve the number of women in prison from around 4,000 to 2,020 (or fewer) by 2020.

About this consultation response:

Our response to this consultation is concerned specifically with women involved in the criminal justice system.

1. **What are the characteristics of older prisoners, what types of offences are they in prison for and how is this demographic likely to change in the future?**

According to prison population projections, the juvenile and female adult sub-populations are projected to remain broadly stable over the projected horizon and do not increase in the longer-term as there are fewer longer sentenced individuals in these cohorts[1]. As stated by the committee, the projected rise in older prisoners partially results from more people aged 50 and over being sent to prison than are being released – driven by increases in sexual offence proceedings since 2012. As sexual offences are more often committed by men, the female prison population is less affected by this increase.

Nevertheless, a proportion of older women are in prison for serious offences which means the offending behaviour of the older prison population can be quite complex. Offences we have come across as an organisation include arson, historic sexual offences against children or manslaughter with intent (through arson). This means the risk factor can be high for a proportion of older prisoners.

However, not all older prisoners are convicted of serious offences and we should be prepared to anticipate higher rates of older people committing acquisitive crime as a result of any intensified austerity. There is a risk that other poverty-related offending such as fine defaulting following non-payment of council tax and non-payment of TV license has a disproportionate impact on older people. Recent changes to the TV licensing whereby older people are no longer exempt, risk resulting in further prosecution of older people, some of which may include custody. Women are disproportionately impacted by such convictions. For example, in 2017 TV licence evasion accounted for 30% of all prosecutions for women, but only 4% for men. 72% of the 136,550 defendants prosecuted for TV license evasion in that year were women[2].

Issues around drugs and alcohol are less pronounced in the older prison population; although older prisoners may have had historic substance misuse issues. As we know, those with serious substance and alcohol misuse problems have a very high mortality rate and low life expectancy and therefore, sadly, tend not to live into retirement age.

It is rarer for older women to be in prison with low-level offending behaviour or on a ‘revolving door’ basis compared to younger cohorts. This does happen though; in some case older prisoners are stuck in the ‘revolving door’ of offending and find it very difficult to break this cycle. We know that reoffending figures are extremely high for the cohort of prison leavers having served a high number of prison sentences: The reoffending rate for women with 11 or more previous custodial sentences is 83%, compared to a 14% reoffending rate for women with no previous custodial sentences[3]

2. **What challenges do older prisoners face, what services do they need and are there barriers to them accessing these?**

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[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827791/prison-population-projections-2019-2024.pdf

[2] Ministry of Justice (2018) Statistics on Women and the Criminal justice System 2017: A Ministry of Justice publication under Section 95 of the Criminal Act 1991. November 2018, London: MoJ

[3] Ministry of Justice (2018) Statistics on Women and the Criminal justice System 2017: A Ministry of Justice publication under Section 95 of the Criminal Act 1991. November 2018, London: MoJ

Women with complex health needs, including older women, struggle to get their health needs met due to a lack of sufficient healthcare services and some issues with attending outside appointments. Older prisoners face huge problems around failing physical health and accessing appropriate specialist healthcare interventions. Specialist interventions cannot be dealt with by prison healthcare but will always require community referrals and therefore involve significant logistical security issues in terms of getting women escorted out of prison to the relevant hospital. We know from our work in prisons with women of all age groups that referrals for outside specialist interventions tend not to take place at the rate they should; instead the process is often delayed until the woman is released from prison. This is the case also with older prisoners who face long waits to be seen and whose outside appointments tend not to happen in a timely manner, creating significant anxiety.

One woman we worked with suffered from very impaired hearing and could not hear her family on the in-cell phones. The WIP worker therefore sought special permission from security to make calls from an office phone with her where the support worker could increase the volume on the handset so that the woman could hear her daughter. Without the provision of a specialist advocate, we doubt the woman would have been able to have these phone calls, and this vital family contact. The woman had tried using hearing aids, but due to the extreme acoustics and noise levels in prisons she found the magnification of every sound overwhelming and was unable to continue using the hearing aid.

Lack of family contact is a significant issue for all women prisoners, due to a well-known combination of factors including distance from home and travel costs for visitors (for more detail on this please refer to the Farmer Review). Older women face these same barriers in accessing and maintaining family support and often find it very difficult for to maintain family links as visiting is onerous and often tails off. There is also a huge sense of shame for families around older women being in prison. One of our elderly clients repeatedly told us "My daughter will never forgive me". A lot of older women in prison have grandchildren, some of whom they were the primary carers for, but cannot get the support and interaction a parent would get in relation to these children.

Long sentenced prisoners, including life sentenced prisoners, all risk vitamin deficiencies, including Vitamin D due to a lack of sunlight, This, in turn, can lead to poor health; a particular health need compared to the community population.

Issues such as incontinence can be made even more difficult by lack of support from the prison for older women. One woman we worked with suffered from incontinence and the pads she was provided with were totally inadequate. Her WIP support worker advocated on her behalf but, even so, it was a needlessly difficult process trying to get the right ones provided by healthcare. This is clearly also an issue of dignity for older prisoners, and something which can lead to very unpleasant living conditions in cells.

One woman we work with regularly develops digestive issues and she feels her sensitive stomach is directly related to her age. It has been very trying to support her around her diet; we have had to arrange meetings with healthcare and kitchens regularly but there is no additional support regarding her diet in relation to her age.

Dementia is a serious concern for some older prisoners. One woman we work with was referred to us because she potentially has dementia. However, this has not yet been assessed and neither the healthcare nor the mental health team seems to have the resources to carry out an assessment. The healthcare team wants us to visit and interact with the woman on a regular basis to see if she does indeed have memory problems or just difficulty interacting with people. The woman is very isolated and spends most of her time in her room on her own doing word searches. She doesn't watch TV or use any of the other

facilities in the prison and there are no specific groups or activities on offer for older women in the prison.

3. **Is the design of accommodation for older prisoners appropriate and what could be done to improve this?**

We would suggest the committee looks into the research of Professor Brie Williams at the University of San Francisco, California and the Worldwide Prison Health Research & Engagement Network WEPHREN who have undertaken work in this area.

Prisons are unsuitable environments for anyone with a disability or mobility impairment. Staff do what they can to give ground floor level rooms if prisoners have mobility issues but this is not always a possibility. Lack of appropriate ground floor accommodation leaves many older women having to either live on the wing when they could be settled on a house (depending on the house block set-up of the specific prison) or, if there is not enough ground floor rooms, on a house where they have to go upstairs which they might find difficult. Arrangements such as bunk beds that may work for the younger prison population are wholly unsuitable for older prisoners. An older woman we work with is very frail but her mattress is a standard prison issue mattress which is very thin and unsuitable for someone so frail. The woman could also benefit from a grab rail by the toilet although no such special arrangements are in place.

We know from our work across prisons that where there are staff shortages there are times when women with mobility issues are not able to attend activities if they need to be escorted. There are often issues with accessibility and mobility for older prisoners whereby the way some prisons are laid out often means women have to be escorted to appointments if they are elderly with a stick or wheelchair. In some prisons, if there is a lack of officers, other women are usually asked to take older women with mobility impairment, a completely inappropriate practice.

Across the board, prisons are very limited in their ability to be accommodating to anyone with distinct needs; this includes older prisoners. Although the design of the accommodation for older prisoners could be improved to mitigate for this, it is important to always ask whether prison is indeed the most appropriate sentencing option in the first place or whether a community option is instead possible. Community support is key to help avoid imprisonment of women facing multiple needs, including older women.

4. **How do older prisoners interact with the prison regime and what purposeful activity is available to them?**

Prison can be a very intimidating place for older people, particularly when they are physically frail and they are surrounded by much younger women, all of which can make them feel unsafe. Older women we work with have told us that they struggle being around younger people who “speak a different language” and that as a result they feel marginalised in the prison environment.

Interaction with the prison regime is a huge struggle for many older prisoners. Many older women do not go to work and are therefore very often left for whole days without any meaningful activity or being able to get outside. Some prisons have specific groups for older women. For example, in one of the prisons we work there was, for a while, a very active Women’s Institute (WI) group which was a highly valued by the retired population. The

chaplaincy team also ran various groups which retired women engaged with well as it gave them association. However, if the particular member of the chaplaincy team was off, there was not enough capacity for cover and the retired members lost out. Also, the WI group stopped for a while and this left a huge hole which was not replaced by the prison. We have seen some examples of good practice in regards to other types of older women's groups. For example, in one prisons the library was accommodating to older women and set aside specific times for older women's groups where older women could avoid the usual high noise levels in the rest of the prison.

In general, staff shortages in prison means women are locked in their cells for longer and have fewer opportunities to engage in meaningful activities such as education, group work or voluntary sector appointments, including support for contact with family. This all has a detrimental effect on women's mental health and well-being and can create boredom. Without a better staff to prisoner ratio, purposeful activity is impossible. This applies also to older women, and can be particularly stark for this group where there are additional needs such as mobility issues.

In regards to purposeful activity and interaction with the regime, it is difficult to apply to the Incentives Framework to older people, many of whom face additional barriers e.g. mobility impairments, chronic pain, dementia or other age-related health conditions and therefore cannot make extra efforts to get involved in the prison regime to obtain enhanced status. Women are required to get three positive IEPs on their record to be eligible for enhanced status. These have to indicate the prisoner going above and beyond. Due to old age and health issues, many older prisoners find it difficult engaging in activities off the wing and therefore have less opportunities to engage with different prison staff and gain these positive IEPs.

The HMPPS publication Model for Operational Delivery: Older prisoners[4] outlines the characteristics of this cohort as well as some regime and activity considerations, although it does not offer any gender-specific considerations.

5. Does the provision of both health and social care, including mental health, meet the needs of older prisoners and how can services be made more effective?

Across the board, access to health services, including mental health services, in prison is inadequate and services need more resourcing. From our experiences of working in prison, we think it should be made standard for older women to be referred to mental health teams as a matter of routine. Older women in prison often have histories of serious mental health issues and there are often concerns in the mental health teams around their particular vulnerability. In our experience of working with prison mental health teams, these women are often referred to us for additional support. However, these same women often find it incredibly hard to engage with generic groups in prison. This can be because of hearing impairments but also because older women simply find the prison environment and age gaps quite intimidating and alienating. Therefore, in our experience, a lot of support for older women has to be one-to-one, which is resource intensive. There is a clear need for an older prisoners group, to be tailored around older women's specific needs. The prisons, e.g. the diversity officers, need to put more work into setting these up to ensure consistency across the prison estate, rather than relying on individual women prisoners. Often older women are

[4] https://www.dementiaaction.org.uk/assets/0004/2423/MOD-for-older-prisoners__2_.pdf

expected to make do, knit and go to the library to entertain themselves which is not always realistic or possible.

Overall, getting social care to assess someone in a prison is difficult although there is provision. In one case we have known a woman who would in the community require a carer (and this was in her social care assessment) but because she was in custody she was only able to get support from her room-mate on the wing to help her do basic tasks like wash dress and get around. It is clearly unacceptable to rely on another prisoner to complete these tasks; it is a potential risk, unsustainable; an issue of dignity for the woman being cared for and unfair on the woman taking on a caring role.

Another woman we work with in another prison does have a social worker from adult social care who visits weekly. She also has a carer that visits her daily to help with small tasks like making tea and coffee and tidying up. She also receives help showering.

6. Do prisons, healthcare providers, local authorities and other organisations involved in the care of older prisoners collaborate effectively?

No. Sadly, this is not unique to the older prisoner cohort but applies across all areas of the criminal justice system. We have experience of local good practice where an individual caseworker is excellent and acts as a lynchpin for co-ordinating through care in and outside the prison but this is extremely onerous and most OMU caseworkers do not have the time. There needs to be more statutory pressure on agencies to collaborate and a clearer strategy in place for how to manage this in a planned and systematic way.

7. Are the arrangements for the resettlement of older prisoners effective?

No, although, as above, this is sadly not exclusive to older prisoners. However, older prisoners are extremely difficult to resettle. Appropriate housing is a vital component in resettlement and preventing reoffending. For older women, supported housing options or local authority housing tend to be two of the most suitable housing options. However, some older women can be high risk, which means finding a suitable placement for them through the Local Authority is complex and time consuming. Older women are also often profoundly institutionalised. The modern world can be completely overwhelming to long-sentenced older prisoners and they lack some of the building blocks that younger prisoners might have such as looking for training, employment, volunteering or being carers.

On release, some women experience issues with medication. Older women will be disproportionally affected by this issue. Women should be discharged with a 7-day supply of medication (where applicable). However, far too often women are released without any medication at all or with the wrong medication. This is particularly concerning where women are released from prison without correct medication on a Friday afternoon, without any possibility of visiting a GP until the following week. Transfer of medical records can also take a very long time due to the usage of different systems across various health settings. We would suggest that women leaving prisons have healthcare exit appointments in advance of discharge rather than on the same morning as is often the case. It can be difficult to plan ahead for releases in prison as women are sometime released relatively suddenly on Home Detention Curfews or after parole hearings. However, more forward planning would enable healthcare staff to prescribe accurate medication, supply women with medical notes and ensure transfer to

a GP in the community. Far too many women leave prison without having a named GP in the community, not knowing how to register with a GP and without the required forms of ID to do so.

Women who are under the care of the mental health in-reach team in prison will be transferred to community support by the CMHT on release. However, such support tends to be rather limited. For those women who are not on the in-reach caseload, their *lack* of care will continue into the community on release.

For women leaving prison, effective through the gate (TTG) support is paramount in achieving a smooth transition back in to the community. However, as has been extensively researched, the through-the-gate service put in place under Transforming Rehabilitation has failed and this service is limited. Where it exists, it is often operated by third sector organisations who are underfunded and can only perform a partial service.

Where women are transferred between prisons, this can be a very sudden process with women required to pack up quickly to go to another establishment. This can be particularly difficult for older women who may have difficulties moving or climbing stairs to get belongings down and are not always being given extra help by staff.

8. Does the treatment of older prisoners comply with equality legislation and human rights standards?

In regards to equality legislation, age is a protected characteristic. However, due to a lack of a specific strategy around the treatment of older prisoners, older women clearly do not receive any specialist interventions.

We are aware of at least two cases where women who have been suitable for transfer to open conditions were unable to move due to the open prison in question not being able to accommodate their specific needs. In one of the cases there was only space for one wheelchair user and in the other case there was an issue with storing medication. Regardless of whether these specific instances referred to older women, this are clear breaches of the equality duty which were brought to Judicial Review.

We do not have any specialist knowledge around human rights standards.

9. Whether a national strategy for the treatment of older prisoners should be established; and if so what it should contain?

We agree that a national strategy for the treatment of older prisoners should be established. We would also suggest there should be an older prisoners co-ordinator in every prison who understands the needs and champions the rights of older prisoners. This role should involve looking at reasonable adjustments for elderly prisoners in terms of visiting rooms (e.g. quieter areas so they can hear), maintaining family contact, placement in the prison for those with mobility impairments, providing meaningful activity and tailored support groups.

Conclusion and notes on non-custodial options for women, including older women

It is important to note the prison estate is unfit for everyone, not just older prisoners. The same points made in regards to services, including the adequacy of accommodation, purposeful activity, provision of health and social care and resettlement apply to all prisoners, not just older prisoners.

Community support is key to help avoid imprisonment of vulnerable women, including older women. For women in the criminal justice system we advocate the use of women's centres for support and to link to sentencing options. The right support, at the right time, can prevent women slipping into the criminal justice system in the first place, thus avoiding prison altogether.

For those who are already caught up in the criminal justice system, women's centres provide an effective sentencing option, for example where they are used to deliver liaison and diversion schemes. There are several examples of liaison and diversion schemes being successfully rolled out across the country. However, not all magistrates' courts, police stations, prison or probation offices have effective access to these. In addition, in order to work effectively, partnerships need to be established between liaison and diversion services and local authorities and other local services (including those specifically aimed at women).

It is also vital that community mental health and other services are sufficiently secure in terms of commissioning and funding to ensure they remain a real sentencing alternative and can be properly accessed by individuals at all stages in the criminal justice system. Mental health diversion schemes, where they exist, are an excellent intervention and should be extended across the country and properly resourced. Any mental health liaison and diversion scheme for women must include specialist understanding of women's mental health and women-specific support, including the prevalence of domestic violence among women in contact with the criminal justice system. Unfortunately, not all local areas have dedicated provision for women and this is something we would like to see improved.

Women's centres also provide support to women post-release, thus supporting resettlement and helping to prevent re-offending.

Further Information

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