An evaluation of Women in Prison's Health Matters Project

AVA
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1. INTRODUCTION

In the summer of 2017, Women in Prison (WIP) commissioned AVA to conduct an independent evaluation of WIP's Health Matters project. AVA is a national charity working to end violence against women and girls that has a strong record of evaluating services designed to support women affected by so-called multiple disadvantage. More information about AVA can be found in Appendix A.

Health Matters was a three-year project, funded by the Big Lottery, which had the overall objective of making a difference to women by delivering improved health and wellbeing through direct health advocacy, advice and information; workshops; and literature designed for women in prison. The biggest difference to women was to come from enabling them to address their own health issues over both the immediate and longer term.

Women make up a small proportion of people involved in the criminal justice system. In 2017, only 15% of people arrested were women and 3803 people in prison were women (Ministry of Justice, 2018), which accounts for 5% of the whole prison population (ibid). It is well documented, however, that women in prison are more likely to report health concerns, including complex physical and mental health conditions, compared to their male counterparts and, above all, compared to the general population. Women in prison have disproportionately higher levels of mental ill-health, suicidal ideation and suicide, self-harm, and problematic substance use compared to both the general population and the male prison population. Chronic poverty, lack of access to medical care before and during sentencing, and often chaotic lifestyles (Covington & Bloom, 2003) feed into both the physical and mental ill-health of women in the prison population, as does evidence of lower health literacy amongst these women (Home Office, 2017). In England and Wales, in female prisoners, rate ratios of suicide are 20 times higher than in the general population (Fazel, Ramesh & Hawton, 2017), whilst the rate of self-harm is ten times higher than that of male prisoners (PHE, 2018). Furthermore, one Government study suggested 49% of female prisoners reported experiencing anxiety and depression (Cunniffe et al., 2012) whilst 26% said they had received treatment for a mental health problem in the year before custody (Prison Reform Trust, 2015).

The fact that 55% of women in prison report having experienced emotional, physical or sexual abuse during childhood (PHE, 2018), one in two women have reported having previously experienced domestic violence (MOJ, 2010), and one in three have reported experiencing sexual abuse and rape (MOJ, 2010), is also suggestive of high levels of mental and physical health needs and concurrent trauma. All of the above is compounded by the fact that these women report multiple barriers to accessing healthcare services including pervasive lack of trust and confusion (Plugge, Fitzpatrick & Douglas, 2008). This evidence underpins the need for the Health Matters service.

The Health Matters service was delivered primarily in two prisons within the women's estate, as well as supporting some women with criminal justice involvement in the community. **Prison A** is a remand/local prison with a more transient population. **Prison B** is a more settled, closed prison with a slightly smaller prison population One of the key

differences between the two prisons is their function, i.e. one being a remand prison and one being settled. Remand prisons, due to their very nature, usually hold women for a short period of time, sometimes only for a few days, whereas other closed prisons have a higher proportion of their population serving medium to longer-term sentences.

The data collated through the independent evaluation conducted by AVA demonstrates how the Health Matters service offered individual advocacy and support in a way that made women feel listened to, cared for and valued. The group workshops were routinely described as engaging and useful. In both instances women were provided with information about their health and the support that is available to them. This in turn has been shown to improve women's confidence and, in the context of the individual advocacy service, increased their feeling of being in control of their health.

The legacy of Health Matters, in terms of systems change, is harder to quantify. Whilst the Health Matters team developed a well-established presence in both prisons and healthcare staff turned to them to take on additional health promotion activities, now that the project has come to an end questions remain about how the positive work the Advocates and Service Manager started can be continued. One avenue for on-going work is through WIP's new health advocacy service, Healthy Foundations, which will provide through the gate support to women with identified health needs. With continued presence in the same two prisons as Health Matters, there will be an opportunity to further strengthen relationships with key staff and to continue advocating for systems change within the women's estate to improve healthcare for women involved in the criminal justice system.

This report provides a review of all the data collected through the duration of the Health Matters project, and is structured around five sections:

- An overview of the service's achievements.
- The Health Matters timeline, which highlights some of the successes and challenges of the service.
- Using feedback from service users to understand the impact the Health Matters service had on women's health through the individual advocacy support and workshops delivered by the Advocates, and the health booklet and health promotion boards that were created.
- Looking at data collected from staff to review the potential impact of the service on systems change.
- Reviewing the challenges associated with delivering a health advocacy service to women in the criminal justice system, particularly to women in custody.

Recommendations for prisons, policymakers and funders are made throughout the report. They can be found in orange boxes and are also summarised on p.43.

Case studies in purple boxes have been included with the report to highlight some of the health needs – often complex – that women accessing Health Matters have needed support around as well as offering examples of the type of work the Health Matters Advocates have undertaken.

N.B. None of the names used in the case studies are the woman's real name.

2. HEALTH MATTERS ACHIEVEMENTS – AN OVERVIEW

281 women received 1:1 advocacy and support

The Health Matters service directly supported 838 women.

Women noted the service was helpful in that they **were listened to** (95%), **provided with information** (81%) and **found out about where to get help/support**

The role of Health Matters advocacy support

"Many women want practical advice and information as well as emotional support. On the whole, they are seeking support they haven't previously had. Stress, depression, feeling like a failure and feeling guilt are major issues. Many Nurses are aware of support needs but don't have time to do anything about it. Instead, being able to refer to Health Matters at an earlier stage, before things escalate, helps. Many women are overwhelmed and have conflicting priorities when they first come in to prison. We can work with and support women holistically and be a point of contact for various issues and queries."
(Health Matters Advocate)

In total **80 workshops** were delivered to 479 women.

On average, the women rated the workshops as **4.14 out of a 1-5 scale** with 1 being very poor and 5 being excellent.

405 women completed **feedback forms** at the end of the workshops.

88.6% of women reported learning something new, and in many cases this was specifically in relation to finding out about how or where to get support (79%).

6,000 copies of the WIP Health Booklet were printed and distributed.

12 recovery team Peer Mentors received 1:1 support from the Service Manager.

59 women were supported through **3 health-screening days**.

7 gym assistants were trained and supported to become stress management **workshop facilitators**.

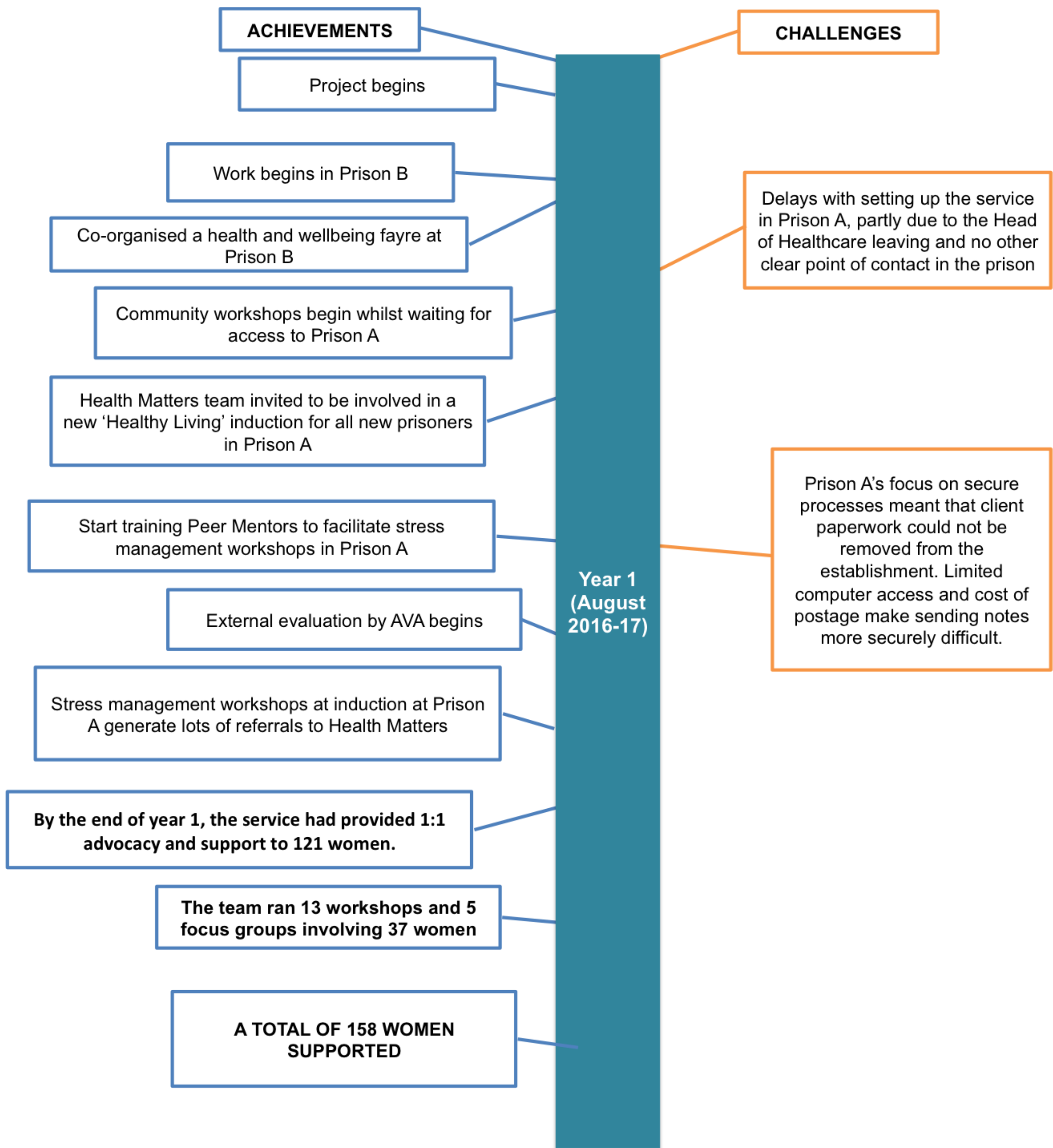
WIP team asked by Prison A to write a health induction booklet for all women coming into custody and to keep the health promotion boards up-to-date.

8 focus groups were held to co-produce and collect feedback about the WIP Health Booklet, WIP magazine and prison health care services.

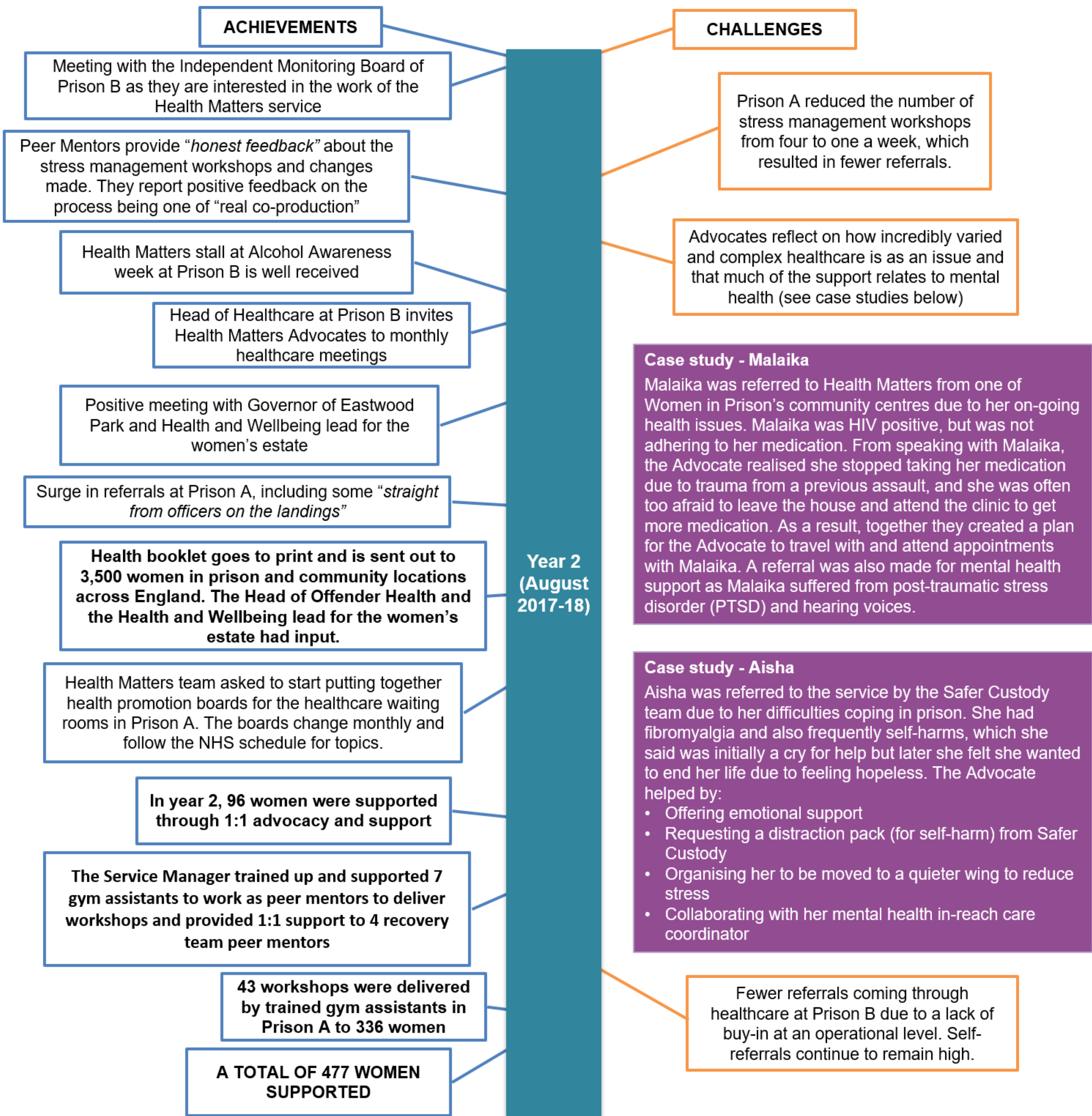
3. HEALTH MATTERS TIMELINE

This section provides a more detailed overview of the achievements and challenges faced during each year of the project.

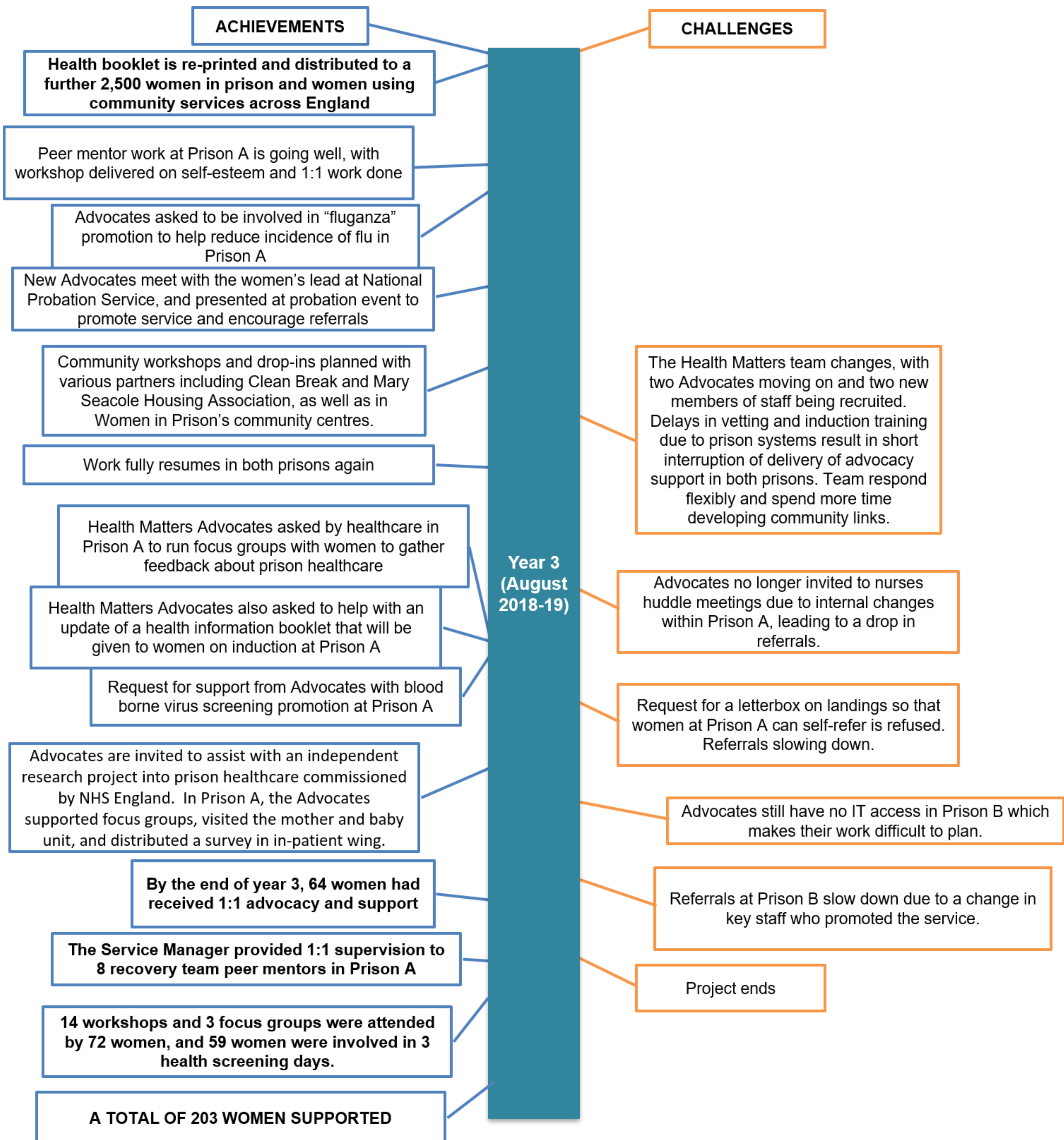
Year 1



Year 2



Year 3



4. IMPACT OF HEALTH MATTERS ON WOMEN'S HEALTH

The Health Matters service focussed primarily on three types of activity:

- Providing **individual health-related advocacy** to women in two prisons and in the community, either as a one-off intervention or longer-term support.
- Delivering **health and wellbeing workshops** to women in prison and to women in the community who have had some involvement with the criminal justice system.
- **Providing health promotion** such as designing a WIP **health booklet and a prison health induction leaflet, running health screenings, health awareness days and health promotion boards** in prison

This section of the report focuses on the first two points.

The overall performance of the service, in terms of the impact it had on women's health and wellbeing, was measured using various methods. These comprised:

- The **Health Matters questionnaire** for women to complete with the Advocate when they enter and leave the service. The aim of this questionnaire was to provide a 'before' and 'after' picture of women's health and healthcare needs to evidence the difference the Health Matters advocacy was making.
- A **service evaluation form** to enable women to feed back about their experience of the service both in terms of what they found useful, their areas of development and the difference it has made to them.
- A **feedback form for the workshops** delivered as part of the project. This form was used to monitor the quality of the workshops as well as evidence the impact they had.
- Additionally, general feedback was collated through **focus groups** halfway through and at end of the project, and an **interview** with a service user at the end of the project.

The information collected through these methods is set out below, providing:

- a review of women's health and views of healthcare in prison when they entered the service;
- an overview of how the long-term and one-off advocacy benefitted them; and
- a summary of the workshop feedback.

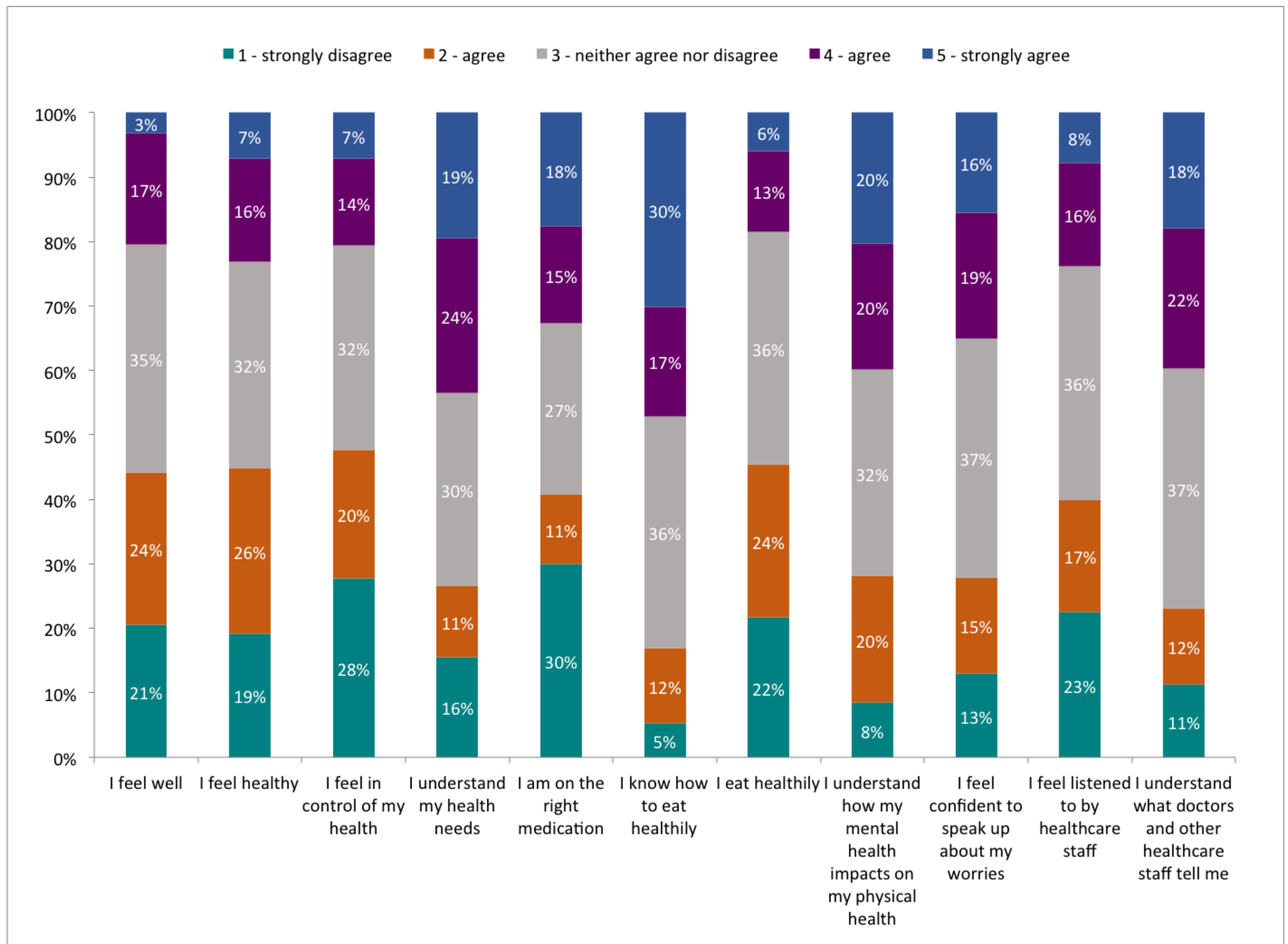
4a. Women's health on entering Health Matters

Throughout the three years the service ran for, 156 women completed a baseline questionnaire, i.e. on first meeting their Health Matters Advocate. The information captured through the baseline questionnaire provides a useful snapshot of the health status and support needs of women in the two prisons where the service was delivered, as well as providing an insight into the types of health-related support women sought from the Health Matters Advocates.

The initial picture that appears is one of women, generally, not feeling well, healthy or in control of their health. As highlighted in Figure 1 (below) and Table 1 (overleaf):

- Very few women (n=32; 21%) stated they felt well, while almost half (n=69; 44%) either disagreed or strongly disagreed with the statement. Just over a third of the women (n=55; 35%) neither agreed nor disagreed.
- Similarly, almost a quarter of the women (n=36; 23%) said they felt healthy, just under half (n=70; 45%) disagreed with the statement to some degree, and slightly under a third of the women (n=50; 32%) neither agreed nor disagreed.
- Finally, again very few women (n=32; 21%) reported having some level of control over their health, while almost half of the women (n=74; 47%) disagreed or strongly disagreed with the statement. Almost a third of the women (n=44; 32%) were indifferent.

Figure 1 – baseline questionnaire responses (*using a scale of 1-5 with 1 being very positive and 5 being very negative*)



The baseline questionnaire highlighted further trends:

- Women stating they are not on the right medication. For many, as in **May's case study** on p.12, they had long-term health condition that they had been managing in the community but struggled to access the medication or treatment they needed once in prison. Compared with the responses to most other statements, women had a clear

understanding of whether or not they were on the right medication; relatively few women reported being undecided or unsure.

- A large discrepancy between women knowing how to eat healthily and being able to do so. Overwhelmingly, women reported knowing how to eat healthily (n=72; 47% agreed or strongly agreed) but only 28 (18%) said they were able to do so. The issue of diet – both in terms of dietary requirements related to medical conditions (see, for example, **Victoria's case study** on p.14) as well as the types of food available in prison leading to weight change, being of poor of quality, and the indirect impact on mental health – was noted numerous times as a specific support need by Health Matters service users on the baseline questionnaire.
- Women reporting that they feel i) reasonably confident to speak up about their worries (n=54; 35% agreed or strongly agreed) and ii) able to understand what healthcare professionals tell them (n=60; 40% agreed or strongly agreed), but feel less that they are listened to by healthcare staff (n=37; 24% agreed or strongly agreed).

Table 1 – baseline questionnaire responses (*using a scale of 1-5 with 1 being strongly disagree and 5 being strongly agree*)

Question (total number of women that replied)	**Mean average**	**Frequency of answers**				
		1	**2**	**3**	**4**	**5**
I feel well (n=156)	2.6	32	37	55	27	5
I feel healthy (n=156)	2.7	30	40	50	25	11
I feel in control of my health (n=155)	2.6	43	31	49	21	11
I understand my healthcare needs (n=154)	3.2	24	17	46	37	30
I am on the right medication (n=147)	2.8	44	16	39	22	26
I know how to eat healthily (n=153)	3.6	8	18	55	26	46
I eat healthily (n=152)	2.6	33	36	55	19	9
I understand how my mental health affects my physical health (n=153)	3.2	13	30	49	30	31
I feel confident to speak up about my worries (n=154)	3.1	20	23	57	30	24
I feel listened to by healthcare staff (n=155)	2.7	35	27	56	25	12
I understand what doctors and other healthcare staff tell me (n=151)	3.2	17	18	56	33	27
TOTAL	**2.7**	**299**	**293**	**567**	**295**	**232**

Some of these themes were replicated in the reasons why women said they needed support from the Health Matters Advocates. Between November 2016 and November 2019, 50 women provided information about their support needs on the baseline questionnaire. These included:

- *a wide range of physical health problems* – toothache, infected bite (see **Melody's case study** on p.13), multiple reports of changes in weight (mainly increases due to a

range of factors including women having more regular meals in prison but also the prison diet being poor quality and not nutritious, as well as women detoxing), sickness from medication, pain levels not being managed, dislocated shoulder, and needing to arrange treatment for hepatitis C on release.

- *a larger proportion of mental health difficulties* – feeling abandoned, overwhelmed, confused, low, depressed, paranoid, fed up, disgruntled, as well as specifically reporting feel as if they were "*going mad*". Fears about being sectioned were also mentioned. Health Advocates were also regularly contacted by women who self-harm and felt suicidal (see **Zena's case study** below).
- *many women dealing with multiple, sometimes complex health problems* – chronic pain, multiple sclerosis, blood disorders
- *problems with healthcare staff* – general distrust of staff, discrepancies between staff (community vs prison doctors, officers vs healthcare staff), actions including referrals not being completed by healthcare staff (see **Melody's case study** on p.13), not feeling listened to, feeling that concerns aren't taken seriously, not having a relationship with health staff.
- *other issues* – support around transitioning and support as pregnant women and new mothers.

Case study - May

May was diagnosed with Multiple Sclerosis (MS) several years ago. For the past two years she has received monthly infusions at hospital, which form a vital part of her treatment and have stopped her MS from relapsing. However since coming in to custody, May had gone two months without treatment due to a delay in her care being transferred. Whilst the healthcare team called the hospital daily to book the treatment for May, the Health Matters Advocate acted as emotional support to May as she had become extremely upset about the situation. Some of her symptoms had worsened and the Advocate was able to get May a social care assessment so adjustments could be made to her cell to help her with daily tasks, including a bar to help her get out of bed and use the toilet. The Advocate was also able to get her a medication review. As a result certain medications could be in her possession so she could take them when needed rather than only being able to collect it at certain times of the day. May finally received her infusion.

Case study - Zena

This was Zena's first time in prison. She was very overwhelmed, stressed and depressed. She felt she was given no information or support when she first came into prison of how everything worked. She felt very isolated and scared. The Health Matters Advocate was able to offer practical and emotional support regarding how the prison system works, how to book appointments, support services, getting involved in activities/ work and the importance of looking after her mental health and wellbeing. The Advocate was able to help Zena through a very unsettling and turbulent time when first coming into prison. Allowing her to find her feet and grow in confidence. This helped prevent Zena's mental health deteriorating further and gave her that extra support she needed to adjust to the new challenges of life in prison.

Case study - Victoria

Victoria has specific dietary needs due to a long-term health condition, which involves following a low fat, no dairy diet. In the community, she was also taking numerous supplements on a daily basis, but felt she wasn't being provided sufficient amounts in custody. The Catering Manager visited her and arranged a more suitable diet plan with her. A couple of weeks later her special diet was temporarily suspended, and the Advocate spoke again with Healthcare staff to ask them to arranged another meeting with Victoria, the GP and the Kitchens Manager. As a result, her dietary requirements were changed to medical diet to ensure it would not be suspended in future.

Case study - Melody

A teacher in the prison education department referred Melody to Health Matters. The teacher thought Melody looked very unwell and was in visible pain. The Advocate went to see Melody, who explained that she had an infected insect bite and had been given painkillers to manage the pain. She said that she was told that the nurses awaited the results of a swab test they had done and they would not be able to administer antibiotics until they received this. At this point she had been in distress for approximately three weeks. The Advocate:

- spoke with the nurse who took the swab. The nurse looked into Melody's case again and found that the initial swab had never actually been sent to the hospital which meant that another one would have to be done. This would be another week to ten days.
- highlighted the nurse's duty of care to the woman and reminded him that she was in this unnecessary condition because of negligence.

The nurse then took another swab and sent it off as an emergency case, which meant he could call the hospital the next day for the results. The woman was then put on a high dose of antibiotics because the infection had gotten worse in the weeks spent waiting. The hospital requested a follow up appointment, which the woman attended, after the first prescription was completed.

The baseline data gathered from women accessing the Health Matters service reflect what is already known about the health of women involved in the criminal justice system, i.e. that women are often in poor physical or mental health (Together for Mental Wellbeing, 2013; Clinks, 2015). The questionnaire data and case studies included also reveal the extent to which women's attempts to manage existing health conditions or get assistance for new complaints is hindered when in prison. Limitations on being able see a healthcare practitioner in prison, referrals to external specialists, samples not being sent for testing, waiting on test results, further add to the high levels of mental distress that women report experiencing. Independent reports such as those from Independent Monitoring Board have highlighted staff shortages in prison healthcare, which are likely to contribute – at least in part – to some of the difficulties women reported to the Health Matters Advocates. More broadly, it is evident that greater investment is needed to better meet the health needs of women in prison.

Recommendations for policy makers

- *The Ministry of Justice and the Department of Health should work together to invest in better healthcare support for women in prison*
- *The Ministry of Justice and the Department of Health should work together to invest in better mental health support for women in prison*

4b. The benefits of having a Health Matters Advocate

The impact of the Health Matters advocacy support was captured in two ways: i) women completing the Health Matters questionnaire on leaving the service, and ii) a service satisfaction survey that was periodically sent out by post by WIP.

Health Matters questionnaires

A total of 45 women completed the Health Matters questionnaire on leaving the service. While this may appear to be a small number compared with the total number of women who filled out the baseline questionnaire, there are two main reasons for this:

- many women who the Health Matters Advocates saw were moved or released with little notice which made it difficult for the Advocates to complete the review questionnaires.
- a large number of women see the Health Matters Advocates on a one-off basis or for only a short period. This made it difficult to ask people to complete a relatively long questionnaire at the beginning and the end of what might be a short intervention.

In response to the latter point, in May 2018 (halfway through the project) the Health Matters team decided to introduce a shorter feedback questionnaire for women coming for a one-off appointment. The feedback gathered from the eight women who completed that questionnaire is also included in this section.

Almost universally women reported a generally positive appraisal of the Health Matters advocacy service. As set out in Figure 2 on p.16 and Table 2 on p.17, the findings largely mirror that found at baseline, namely that:

- women reported feeling better and healthier (n=28; 64% and n=24;55% respectively answered positively or very positively about the statement) and none reported feeling no improvement at all had been made in how they felt. By contrast, a slightly smaller number of women responded positively or very positively (n=21; 48%) to the statement about feeling more in control of their health, and again at the other end of the scale three women (7%) said they felt no improvement at all had been made in this aspect after seeing the Health Matters Advocates. Again, similarly to the baseline data, 'I feel more in control of my health' yielded the second lowest mean average score (3.3 out of 5) with only the ability to eat healthily scoring less.
- Given that most women completing the review questionnaire were still in prison, it is not necessarily surprising that their reported ability to eat more healthily did not change as much as other measures. With the lowest mean average score (2.7 out of 5), more women (n=17; 46%) responded negatively or very negatively than positively or very positively (n=10; 27%) to the question about eating more healthily. Combined with the feedback from the baseline questionnaire that highlighted how women know how to eat healthily but reported very poor quality food and a "*carb-loaded*" diet that

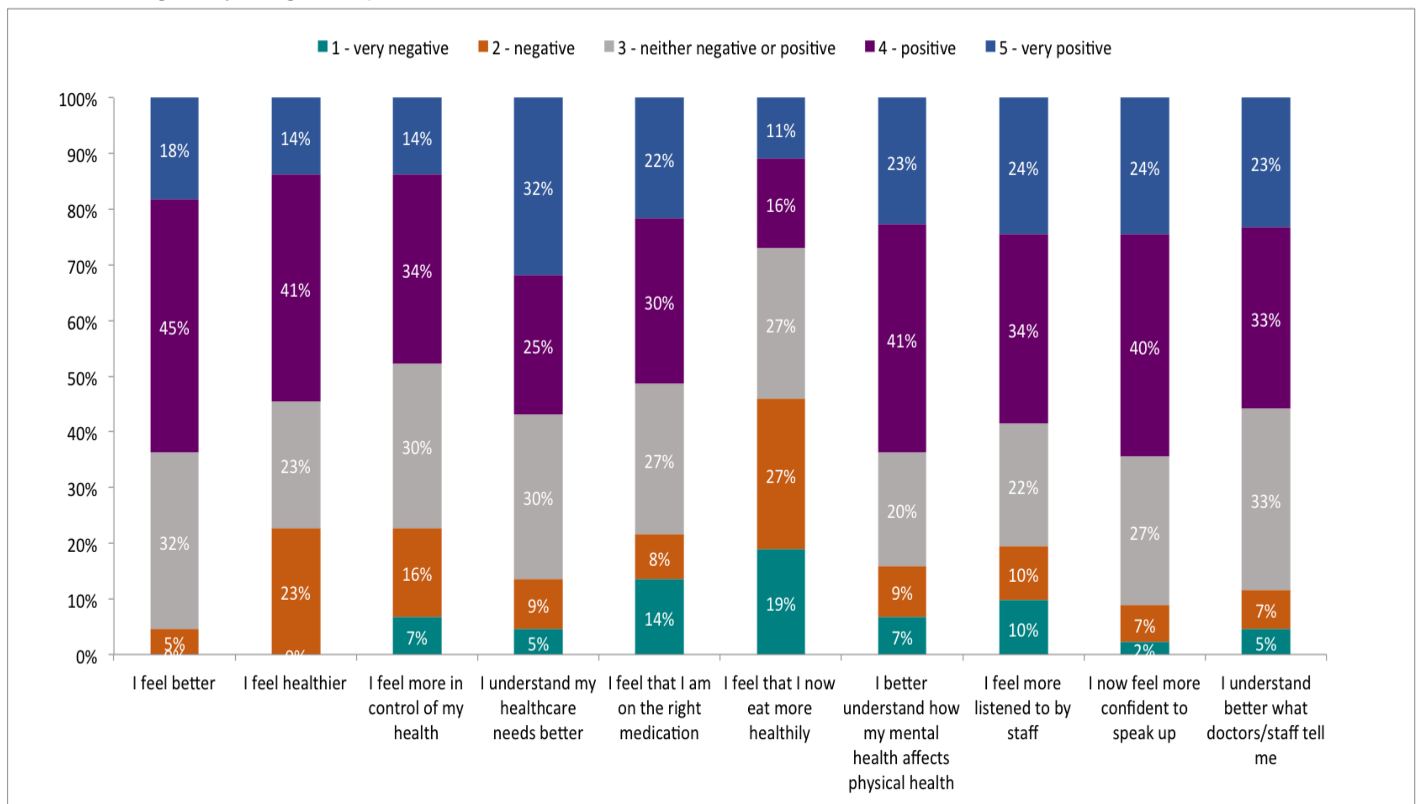
resulted in many complaining of weight gain and the awareness of Health Matters staff that women have access to a disproportionate amount of food compared to the level of exercise they are allowed, this points to a systemic problem within the prison estate that needs to be addressed.

Recommendation for prisons

- *A review of the food and opportunities for exercise available to women in prison is needed.*

- Women continued to report feeling more confident about speaking up (n=29; 65% giving a positive or very positive answer) and having a better understanding of what healthcare staff told them (n=24; 56% responding positively or very positively), but equally felt that healthcare staff listened to them more now (n=24; 59%). This is an improvement from the baseline questionnaire.

Figure 2 – review questionnaire responses (*using a scale of 1-5 with 1 being very positive and 5 being very negative*)



In comparing the responses at baseline and review, it is important to note that a strict 'before/after' comparison cannot be made. The statements in the review questionnaire asked women to rate how much 'better', 'healthier', 'more confident' they felt after receiving support from a Health Matters Advocate, rather than to rate how 'well', 'healthy', 'confident' they felt at the end of the support process. What is nonetheless noticeable before and after, however, is that the most common response at the point of women entering the service was a '3', which indicates a neutral response or 'neither agree nor disagree'. At the review stage, women were more confident in their response,

with ‘4’ being the most frequent answer indicating a generally positive response to the statement or general agreement.

Table 2 – review questionnaire responses (*using a scale of 1-5 with 1 being very positive and 5 being very negative*)

Question (total number of women that replied)	**Mean average**	**Frequency of answers**				
		1	**2**	**3**	**4**	**5**
I feel better (n=44)	3.8	0	2	14	20	8
I feel healthier (n=44)	3.5	0	10	10	18	6
I feel more in control of my health (n=44)	3.3	3	7	13	15	6
I understand my healthcare needs better (n=44)	3.7	2	4	13	11	14
I feel that I am on the right medication (n=37)	3.4	5	3	10	11	8
I now eat more healthily (n=37)	2.7	7	10	10	6	4
I better understand how my mental health affects my physical health (n=44)	3.6	3	4	9	18	10
I feel more listened to by healthcare staff (n=41)	3.5	4	4	9	14	10
I now feel confident to speak up (n=45)	3.8	1	3	12	18	11
I understand better what doctors and other healthcare staff tell me (n=43)	3.6	2	3	14	14	10
TOTAL	**3.5**	**27**	**50**	**114**	**145**	**87**

Whilst these findings only reflect the feelings of 45 women who used the Health Matters service, it provides a snapshot of the achievement of the advocacy element of the Health Matters service. The overall aim of the service as set out in the original bid to the Big Lottery was to improve the health and wellbeing of women in prison, with the “biggest difference to women [coming] from enabling them to address their own health issues”. That the service is meeting this aim is clearly evidenced by the fact that women predominantly reported feeling better, having greater understanding of their health, and feeling more able to engage with healthcare staff in prisons.

Service evaluation survey

Service evaluation surveys were sent out to ex-service users at several points during the project. A total of 77 women completed and returned the form.

The feedback was overwhelmingly positive and strongly complements the findings from the Health Matters questionnaires. The strongest finding from the women who completed the service evaluation forms was that the support they received made a difference to them. On a scale of 1-5 (where 1 is very negative and 5 is very positive), the mean average response was 4.39, which indicates that the women felt that the service had a very positive impact. The women were also asked how the service made a difference. The results are displayed in Figure 3 below.

Figure 3 – how the Health Matters advocacy service made a difference (*mean average using 1-5 scale with 1 being very negative and 5 being very positive*)

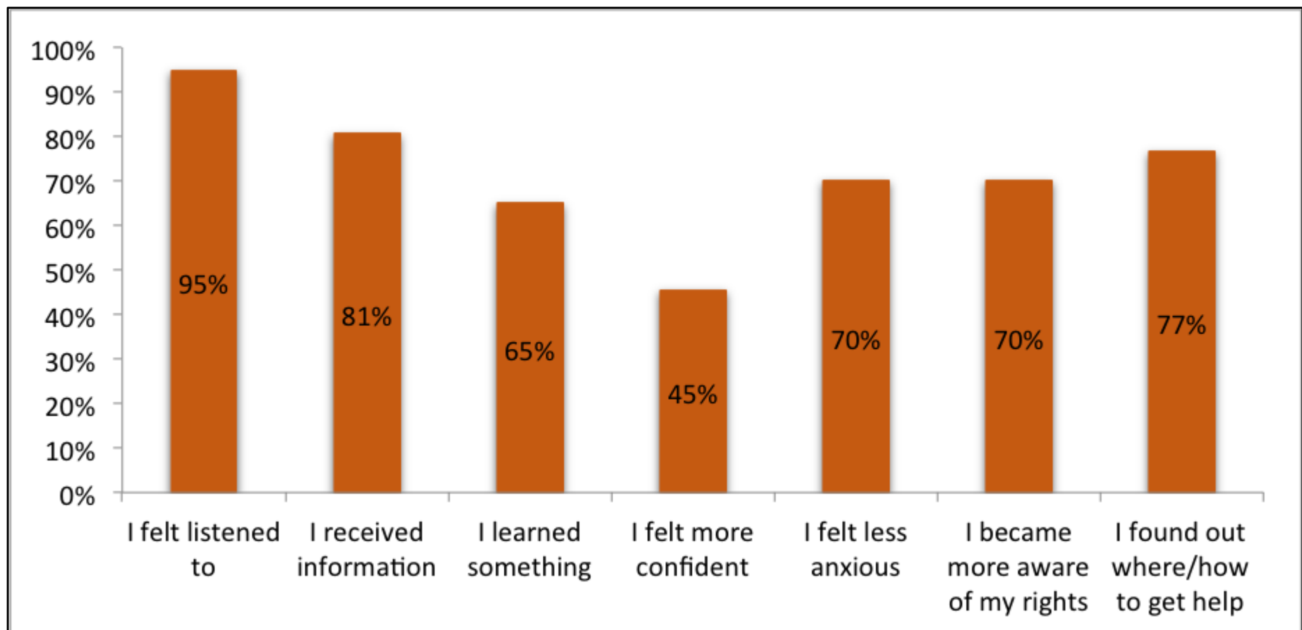
Looking more specifically at how the service helped the women, the feedback is again largely positive. The service evidently helped women understand what healthcare staff tell them, helped them access additional support (such as around pregnancy, domestic violence or substance use) and generally improved their health and wellbeing. The only way in which the service appears to have had slightly less of an impact was women's need to see a healthcare professional. This should not necessarily be taken as a negative finding. One explanation could be that some women who would have otherwise not sought further necessary medical attention – possibly because they did not feel listened to or did not understand what the healthcare staff told them in a previous appointment – may have been supported by the Health Matters Advocates to make another appointment to see a Doctor or Nurse. Moreover, as was highlighted in a stakeholder interview with a member of a prison healthcare team, the Health Matters service was viewed as "*bringing in women who we wouldn't have seen otherwise*". This should be seen as a positive outcome for the service.

One-off support
Eight women completed a shorter feedback form that more closely mirrored the questions in the service satisfaction survey. Seven women, for example, said the one-off support improved their health and wellbeing. Seven women also reported the Advocate having explained something to them, having learnt where or how to get support, and that they felt less anxious or stressed. Five reported increased confidence in asking for help, but only two noted less need for an appointment.

In addition to questions about what difference the service had made to women, the service evaluation survey also aimed to identify what women found helpful about the Health Matters service (see Figure 4 overleaf and Table 4 on p.20). Most commonly, women noted the service was helpful in that they were listened to (95%), provided with

information (81%) and found at out where to get help/support (77%). Given how one of the common problems that women stated they had with healthcare staff in the baseline Health Matters questionnaire was that they did not feel listened to, it is particularly positive that the Advocates overwhelmingly viewed as being people who *do* listen to the women. Equally, the high levels of information being provided, particularly in relation to knowing where to get help/support combined with the reported increase in confidence (68%) suggests again that the service worked effectively towards its aim of supporting women to be able to better manage their own health.

Figure 4 – what women found helpful about the service (% of respondents)



The service evaluation form included three open text questions: i) if you could change anything about the service, what would it be; ii) what did you like best about the service; and iii) what did you like least. The predominant themes that emerged in terms of what women liked best about the service were:

- **being treated with kindness, courtesy and humanity.**
  "You talked to me like a normal person"
  "being listened to + the empathy"
  "The ladies were very kind and patient"
- **the Advocates following up and keeping in touch**, as well as
  "doing their utmost" and
  "going the extra mile".
- **being listened to**.
- **feeling able to be open and honest.**
  "you knew you wouldn't be judged"
- **being provided with useful information.**
  "Staff were well informed, friendly and helped to take the shame away"
  "They listened and I got put on my right medication"
  "How much the lady found out and responded to my issues"

In response to the question about what women liked least about the service, 32 of the 61 answers provided were either nothing (or similar) or N/A. The main issues with the service were i) that the Advocates were hard to find (6 people); ii) that they did not have enough time (5 people); and ii) that there was no follow up (2 people). Unsurprisingly, the key suggestion for changing the service is that the Advocates should be available more often and that accessing their support is easier, for example. women would like to be approached by Advocates during their induction and would like Advocates to spend more time the house blocks.

Table 3 - what women found helpful about the service and how it made a difference

Question	Number of positive responses to statement	Percentage (total respondents = 77)
I felt listened to	73	95%
I received information	62	80%
I learned something	50	65%
I felt more confident	35	68.%
I felt less anxious	54	70%
I became more aware of my rights	54	70%
I found out where/how to get help	59	77%

Feedback from the focus group and interview conducted by AVA as part of the evaluation rendered similar findings. Overall, the view of the Health Matters Advocates was outstanding: *"she met all my needs."* The Advocates were described as being independent, following up on things, and that their presence lead to other staff in the prison being more responsive and kind as the Advocates help the women communicate with staff and stay calm during appointments. Sadly, women in the same focus group stated that they were only treated with respect and taken seriously if the Advocate was with them. The interview with a service user noted that her Advocate was "*proactive, conscientious, reliable*" in a place where "*inconsistency is the only consistency*".

Taken together, the evidence from this evaluation points to the Health Matters service being a positive and valuable intervention in terms of the delivery of individual advocacy to women in prison, where healthcare was viewed as difficult to access effectively. The women who were supported found the service useful, and it had positive outcomes for the majority – in terms of enabling them to access healthcare in a more timely fashion and address outstanding health issues, but also to build their knowledge and confidence to manage their own healthcare more effectively going forward.

Recommendations for prisons

- *Prisons should have provision for independent Health Advocates to act as a bridge between healthcare and women prisoners. Advocates can provide advocacy and support to women and support healthcare staff with work such as health screenings and information to women.*

4c. Health and wellbeing workshops

The final aspect of the objective reviewing the performance of the service was to evaluate the workshops that have been delivered in both prisons and in the community as part of the Health Matters service. Workshops form part of a holistic approach to supporting women. Practical workshops are designed to engage with women who are not ready or able to access 1:1 advocacy and support, and help women to open up. Information is shared in an accessible format with the aim of women being able to utilise their new knowledge independently to support their own health.

In total 80 workshops were delivered between November 2016 and the end of November 2019. These included:

- Twenty-four community-based workshops on stress, diet and nutrition, breast awareness, sleep, and a range of self-care topics including mindfulness and visualising positivity (see **case study** below). Some topics may not seem immediately relevant to a health project, but the holistic model of supporting women who experience multiple disadvantage and complex health needs adopted by WIP includes focusing on activities that promote self-esteem and self-worth as these are seen to be crucial to wider health promotion.
- Forty-five workshops on stress management at Prison A delivered by Peer Mentors in prison who were working as gym assistants.

Case study – Health and wellbeing workshop

This group was delivered in a partner community location where WIP has established links through some of its other services. The Advocate had promoted the Health Matters service to the partner organisation and sought input from the potential service users in advance about what sort of topic they would like to cover in any future workshops. Healthy eating emerged as a popular topic and the Health Advocate therefore prepared this workshop to meet the needs and interest of the women. This workshop had six participants, which is a high number of participants in a community workshop. The workshop covered topics such as weight loss, healthy eating, food groups, sugar, salt and saturated fat and was delivered through fun interactive games and exercises such as matching sugar content with common drinks or determining healthy portion sizing with recommended proportions of categories of carbohydrates, protein and vegetables. The women were also given leaflets with top tips for health eating and booklets with information to take home with them. All the participants reported learning something new, e.g. the difference between saturated and unsaturated fats and many were shocked about the sugar content of certain foods e.g. orange drinks or Mueller corner yogurts.

Participants are asked to complete a feedback form at the end of each workshop and 405 out of the 479 women who attended the workshops did so. The large number of forms completed provides a robust evaluation of this part of the service.

In line with the other aspects of the Health Matters service evaluation, the feedback about the workshops was consistently very positive. General questions about the workshops were asked, again using a 1-5 scale (with 1 being very negative and 5 being very positive), and these found that:

- the women have found the workshops to be a very positive experience (mean average = 4.14).
- the workshops have made a positive difference to the women who attended (mean average = 3.99).

In addition, the participants also highly rated the workshop facilitators (mean average = 4.34), which is particularly positive given that the majority of workshops in Prison A have been delivered by gym assistants trained by the Health Matters Service Manager. This reflects both the ability of the Service Manager to train others to deliver the workshops as well as the ability of the gym assistants themselves.

Supporting gym assistants to be workshop facilitators

A highly successful aspect of the Health Matters service was the training and support delivered to gym assistants to facilitate workshops about stress management as part of a new induction process at Prison A. Using a peer trainer model meant more workshops could be delivered, as well as proving popular with the workshop participants who fed back their appreciation for seeing peers delivering a workshop. As one participant noted: "*Well done! It takes a lot to get up in front of a crowd. Great job.*"

Participation was equally positive for the gym assistants. In addition to the more obvious benefits of increased self-esteem and confidence, each gym assistant received a certificate and "to whom it may concern" letter about their participation as a workshop facilitator. One woman on remand informed the Health Matters team that when she went to court, the judge said the letter(s) genuinely affected their decision about sentencing and directly impacted on her early release.

As such, the Health Matters service has demonstrated that Peer Mentors can effectively be supported to deliver workshops and that this is an approach that should be considered in order to continue regular delivery of health promotion workshops. Among the Health Matters team there was a belief that the healthcare champions could also be used much more widely in the prison, for example in preparing the health promotion boards and supporting screening days. It was felt that prison staff were not used to delegating and/or did not necessarily appreciate the value of making greater use of healthcare assistants and Peer Mentors in wider health promotion activities.

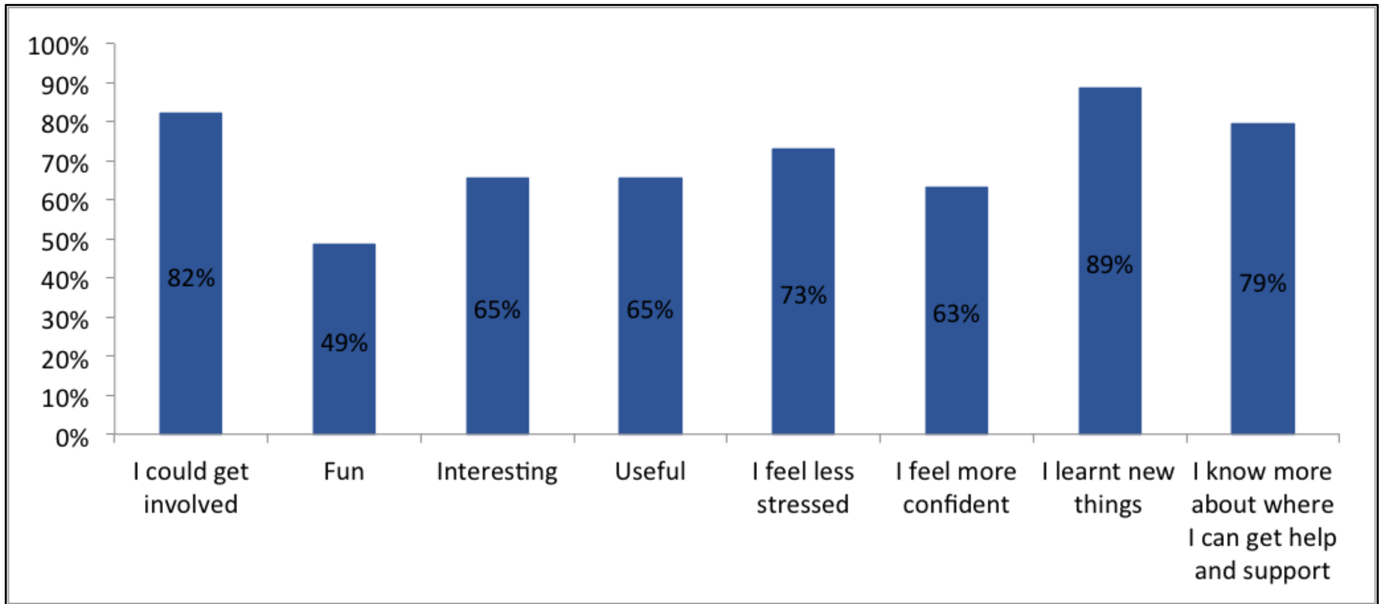
Recommendation for prisons

- *There should be more scope for Healthcare Assistants and Peer Mentors to provide health-related support to women prisoners*

Breaking down the feedback further, overwhelmingly women found the workshops educational. As highlighted in Figure 5 on p.23 women almost universally reported learning something new (n=359; 87%) and in many cases this was specifically in relation to finding out about how or where to get support (n=321; 79%). A large number of women also left the workshops feeling less stressed (n=295; 73%) and more confident (n=256; 63%). Given that over half of the workshops were focussed on stress and

several other discussed topics related to self-care - including mindfulness, making positivity boards, creating own hand creams – means the positive effect on stress was unsurprising. The only anomaly is the number of women reporting the workshops were fun. This figure is lower than expected as the question was not asked in the final year of the project due to consistent feedback in years 1 and 2.

Figure 5 – statements describing workshop (% of respondents that agreed)



Additionally, as shown in Figure 6 on p.23, in the open feedback section all the comments were positive. The feedback clustered around several key themes: usefulness, impact on wellbeing, staff making the workshop accessible and enjoyable, and the need for more workshops/more time.

Finally, in addition to the workshop feedback forms, a focus group was held with women in the community who regularly attended workshops at a partner agency. The focus group provided a richer source of information about the benefit – both immediate and longer-term – of the workshops. In particular, the women valued the opportunity to suggest workshop topics and these suggestions being acted upon. Overall, the topics covered leaned towards mental wellbeing and self-care:

> "*The letter to the self exercise was great, it's the kind of thing people don't actually do and just see in movies, but doing it was a really positive experience*."
>
> *"It reminded me to think of myself in a positive way, and that's not something I do often."*
>
> *"The jewellery [with mindfulness] session, that was so relaxing, that was an amazing session."*

Several women spoke of the workshops being a safe space to talk with other women and helped them feel less isolated and alone. This effect continued after the workshops ended:

"We normally leave the room and a conversation has been started and we sit around, like group therapy, and we don't normally have those conversations otherwise."

As with the other aspects of the Health Matters service, the women in the focus group viewed the workshops positively and had only a few recommendations for future activities. These included having external speakers to talk about strategies for managing mental distress, a focus on fitness, trips out. The latter point runs contrary to the benefits some women saw in the workshops being held in their residential setting as they often found it difficult to leave the building for various reasons. It could be that the women suggesting a field trip were more confident generally or more regular participants in the workshops so would feel more comfortable going out with the group and Advocates.

Figure 6. Open feedback comments about workshops

Being useful/informative

- *"I enjoyed the class today. I learned a lot I did not know"*
- *"Really useful to women in prison & going forward in life after prison"*
- *"Thanks for explaining things I didn't know & getting everyone involved"*
- *"being in prison is really stressful so being taught how to deal with it is great"*
- *"it help me understand things I misunderstood"*

Impact on wellbeing

- *"Thank you I came here in a very bad mood now I feel better"*
- *"It's been helpful, I feel less stress and anxious."*
- *"It has definitely inspired me to focus on my mental health more."*
- *"When you focus on beauty it's good because living here you don't have as much money or as much spending money as maybe you're used to so it's helpful learning the beauty stuff. It actually can make your day."*

Easy to access and enjoyable

- *"I loved the lesson, it was really positive + helpful"*
- *"It was fun and the staff was active"*
- *"It was a lot more fun than I thought it would be & the staff were sound"*
- *"I'm usually shy but I found it very easy to express myself"*
- *"I think the teacher made a big difference to me actually listening to what she had to say & what we learnt."*
- *"Thank you getting to know you over this little time it's been a pleasure"*

More workshops are needed

- *"To be more workshops like this one"*
- *"I think this should be done in all prisons"*
- *"I think we should have had more time, the lesson was quite releasing"*

All the feedback about the Advocates was, as across all aspects of the service, glowing. Two women noted that the staff are crucial to the success of services and activities, and in this case they did a brilliant job. The final activity in the focus group was for women to write a message to the Advocates who ran the workshops. A selection of the messages are shown on the next page.

The Workshops have beem Really interesting & its been Good learning to make our own Lotions.

I like that the sessions gives me the opportunity & space to open up and feel safe. Lisa* has a calming presence that allows everyone to be free.

I'm happy any activitis to have
Wish you the best, come back again.

I especially enjoyed the mindfullness meditation we did before starting jewlery making Great start to a session.

The work shop has brightened My dark days here at this hostel. Thank you Lisa*

*** Please note Lisa is not the Advocate/workshop facilitator's real name***

The women's positivity was echoed in an interview with the manager of the service where the workshops were held. She noted that the success of the workshops was reflected in the fact that "*a very consistent group of women*" attended which rarely happened due to the majority of the women in the service having experienced trauma and managing significant levels of mental distress. The feedback she had received suggested that the workshops were "*really important as these women may have nothing else to do in their day*" and "*leaving the hostel isn't possible for some women*" so running them in-house "*made them accessible*". From her perspective, she also noted that an important aspect of the workshops was "*upskilling women in terms of social aspect; about how to engage with others*." One development the Service Manager hoped to see if the workshops could continue was to shift the focus towards physical health:

> "*Women want to talk more about mental wellbeing rather than physical health. We want people to have better understanding. There's a lot they don't know so they don't reach out...We want to be a place where women can have frank discussions about our bodies.*"

5. THE IMPACT OF HEALTH MATTERS ON HEALTHCARE SYSTEMS FOR WOMEN IN THE CRIMINAL JUSTICE SYSTEM

The Health Matters project was originally designed to focus on the delivery of an individual advocacy service to women in prison and the community, provision of health promotion workshops and a health booklet. As already alluded to in the timeline (pp.5-8), the Health Matters team achieved much more wide-reaching activities over the duration of the project. The team worked to capitalise on opportunities wherever possible and worked flexibly to manage challenges. As such, by midway through the project, the Health Matters Service Manager reflected on how the project had developed and grown from its initial inception to include a much wider range of activities.

As such, this section reflects on the additional work the Health Matters team took on, much of which had a wider impact that could potentially have a long-term legacy. The activities included are:

- the healthcare booklets produced as part of the project
- health promotion boards at Prison A
- screening days at Prison A
- Peer Mentor supervision at Prison A

5a. Health promotion booklets

The health booklet was an integral part of the Health Matters project. In a reflection of the considerable time and effort the Health Matters team put into co-producing the booklet with women, by the halfway point in the project, the booklet was deemed to be one of the key successes of the Health Matters overall and the aspect of the project the team were most proud of that year. The booklet was printed and distributed to 3,500 women held in custody or who use community services across England in year 1 and a further 2,500 reprints were distributed in year 2. In addition to women's contributions, the Health and Wellbeing lead for the women's estate wrote a piece and the Women's Health Lead at NHS England provided feedback. As such, the booklet was high profile and had a wide impact. Undoubtedly, the health booklet is part of the Health Matters legacy as the hard copies will remain in circulation for some time. Moreover, more copies can be printed and distributed when funding allows.

Feedback was gathered across prisons through a feedback form in the WIP magazine and through feedback forms in the library, and the feedback submitted by women was overwhelmingly positive (see Table 4 overleaf). No specifically negative feedback was received at all, with all the survey questions almost exclusively scoring 3 (neutral), 4 (positive) or 5 (very positive). Overall, the majority of women scored the booklet 5 in response to each question. Of note, the booklet was particularly helpful in enabling women to have a better understanding of what healthcare can do (n=12; 67%). Some of the difficulties women have experienced with healthcare in prisons related to having different expectations of what was possible compared with the reality of the service provision. As such, women having a better understanding could improve their experience of healthcare.

Table 4 – feedback about health booklet *(on a scale of 1-5 with 1 being very negative and 5 being very positive)*

Question (total number of women that replied)	**Number of positive responses to statement**				
	1	2	3	4	5
Overall, how would you rate the health booklet? (n=34)	0	0	1	12	21
Was it informative? (n=18)	0	0	1	8	9
Did you learn anything new about your health? (n=26)	0	0	2	9	15
Did you find out how/where to get help? (n=27)	0	0	4	8	15
Did it increase your understanding of healthcare and the work they do? (n=18)	0	1	1	3	13
Did it make you feel empowered about your health? (n=27)	0	0	5	6	16
Do you feel you know more about how mental and physical health are linked? (n=16)	0	0	0	6	10
Did it make you feel better reading it? (n=16)	0	1	0	1	14

In the open comment section, women praised the booklet in terms of content and design:

"It was important to read"

"I thought it was very useful and helped me to understand a lot about my health and services I can access"

"This booklet helps to build confidence massively. Thank you."

"I think this booklet is the nuts. Very helpful + positive!!"

"This is a brilliant booklet. I love the title trauma addiction it's a brilliant title it's so relevant and very true but real."

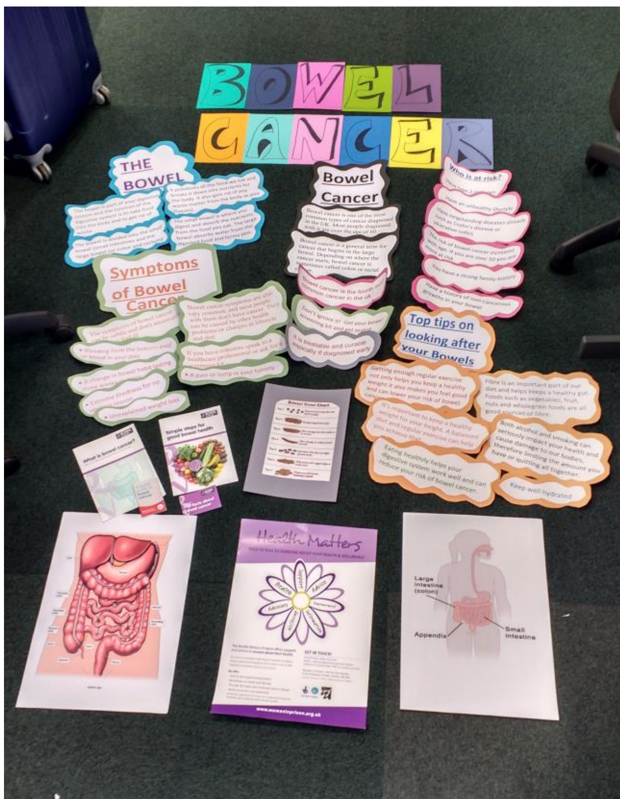
"Very helpful and colourful that makes it inviting to read, covers a lot of information and puts minds at ease."

Only a few suggestions were made for improvements, generally relating to the specific difficulties individual women were dealing with. In total, these tended towards dealing with various mental health problems such as depression and ways to manage after receiving post from loved ones.

In response to concerns about women being overloaded with information at induction that they could not retain, at Prison A the Health Matters Advocates were approached to update and expand the health information booklet women receive from the prison healthcare on entering the prison. This was completed by the end of the project and will again add to the legacy of the Health Matters project for the foreseeable future. Providing information in an accessible format is crucial for women to feel more empowered and confident to access healthcare for assistance, particularly in their early days in prison when many women can feel very stressed and anxious.

5b. Health promotion boards and screening days

In the second year of the project, Advocates were asked to support the healthcare staff in Prison A to maintain the health promotion boards located in the healthcare waiting area. It appears testament to the perceived ability/knowledge of the Health Matters team and their integration into healthcare in the prison that they were given this responsibility. The health promotion boards were updated monthly in line with NHS England's promoted topics and included bowel and ovarian cancer (pictures of materials used are below).



Towards the end of the project, a request was made for the Health Matters Advocates to assist with the delivery of:

- **a health promotion campaign aimed at reducing the incidence of flu in the prison.** After liaising with the Head of Healthcare and the council for peer supporters within the prison, it was agreed for health promotion materials to be shared on each landing. The peer supporter council decided to create displays themselves and together with the promotion stand run by the Advocates in the main building, 19 women were signed up for their flu vaccination.
- **screening days to provide women with testing for blood borne viruses (BBV).** Testing for BBVs (hepatitis B&C, HIV and syphilis) in prison is much lower than in the general population, despite prevalence rates being higher. The BBV nurse at Prison A asked for the Advocates support to run a health promotion stand in the main building to disseminate information about BBVs and encourage women to be tested. The Advocates were able to arrange for women to be tested immediately. When the number of women coming through the main building slowed down, the team moved to one of the house blocks (where women reside) and were inundated with interest,

particularly as they did not have to wait weeks for an appointment and it was a finger prick test rather than a full blood test. By the end of the day they had signed up 30 women, with 17 of them actually going ahead with the test. The day was judged to be a success by healthcare staff and more regular testing days were requested. It also led to further discussion within the team about the need for more routine screening in prisons and the recommendations below.

Recommendation for prisons

- *Prisons should have in place various routine screenings on arrival to prison. For example, certain prisons have opt-out BBV testing on immediate arrival, with all women being tested on the first day, unless they specifically opt out. This example of best practice should be rolled out across the prison estate. The BBV screening is a simple finger prick and tests for Hepatitis B, C, HIV and Syphilis.*
- *Sexual health screenings could also be incorporated into a roll-out of routine screenings, particularly those, e.g. chlamydia and TV, which only require a urine or self-swab sample. These infections can be missed due to being symptom-less, but can have serious health implications for women*

The health promotion boards, along with the workshops and screening days, all contributed to the project's ability to empower women by providing information with women about different health conditions. As noted by the team, "*healthcare have acknowledged…nurses don't have time to talk to women about conditions and symptoms*". A lack of information is often associated with increased anxiety about health problems, and for women in prison who have even less access to information than women in the community, the additional health promotion activities undertaken by the Health Matters team had the potential to have a very positive impact.

Additionally, supporting women to have flu vaccinations and to be tested/treated for BBVs is hugely beneficial. Women who may leave prison during flu season and find themselves homeless on release, for example, and being vaccinated against flu could prevent them from becoming very seriously ill. As such, the impact of the Health Matters project may last much longer.

5c. Peer Mentor supervision

Towards the end of the second year of the project, the Health Matters Service Manager started to support women in Prison A who were Recovery Peer Mentors within the prison. As part of the Peer Mentors' roles, the mentors listen to and support their peers with drug and alcohol misuse issues, offering practical advice and emotional support. The Health Matters team became aware that the Peer Mentors were not receiving enough support themselves from the prison; they were listening to experiences of trauma on a daily basis, yet did not have a safe space where they could process what they were hearing or talk about what impact this had on them. Furthermore, a Peer Mentor role in a prison is especially difficult as there is no clear distinction between when the role ends and their personal lives begin. The Health Matters Service Manager liaised with the Recovery team and agreed to provide a 1:1 50-minute session a month to each Peer Mentor.

By the end of the project only one Peer Mentor was still at Prison A, with the others who had been supported either being released or moved within the women's estate and new mentors were in the process of being trained up. In a short individual interview, however, the remaining Peer Mentor spoke exceptionally highly of the Service Manager and the support she received. In particularly, she noted that the role triggers a lot of feelings for the mentors as often the women they are supporting have similar life experiences, for example having children removed, to the mentors themselves. As such it was crucial for them to have a "*a safe space to talk…a place to offload*". In addition to the Service Manager's personal qualities – "*she's such a warm person, she makes me feel worthy of living*", the Peer Mentor also noted the importance of her being external to the prison:

> "*The Recovery Team is external but they work full time in prison. Some were Prison Officers before and this has an impact. It's comforting to know xxx isn't part of that."*

Ultimately, the support the Peer Mentor received from the Health Matters Service Manager enabled her to stay in the role. She explained that she had thought about leaving the role because of how demanding it is, but knowing the additional support was available influenced her decision to stay. She also noted that the other Peer Mentors were very happy they received support through Health Matters. WIP is currently looking at avenues to continue this support through their existing and future work in Prison A with conversations taking place about whether this is something the prisons can implement themselves.

5d. Consultation activities

Finally, a highly positive aspect of the Health Matters project was the involvement of the team in two consultations with women. Firstly, the Advocates were asked by the Head of Healthcare to run focus groups in Prison A to gather feedback about women's experiences of healthcare in the prison. The independence of the Health Matters team was undoubtedly important in allowing women to feel free to voice their opinions, and as such this move was very welcomed by the Health Matters Advocates and WIP more generally. The final report of the findings was positively received by the Head of Healthcare.

In the final months of the project, the Advocates were also invited to participate in an independent consultation commissioned by NHS England. Whilst not leading the consultation, the Advocates helped organise and facilitate focus groups with women, conducted a pop-up visit to the mother and baby unit, and conducted a survey of women in the in-patient wing.

This final activity proved informative but also concerning for the Advocates. Women on healthcare wings do not meet the threshold for transfer to secure mental health units but are deemed too unwell to be integrated with the general population. Due to increased security, women are locked up for 23 hours per day and not allowed association time on the landings, hence being in de facto segregation. Healthcare wings are not staffed by specialist health care staff but Prison Officers, meaning that women with the most severe mental ill health are getting the least support. This is an issue that the team note needs urgent attention.

Recommendation for prisons

- *Healthcare wings need reviewing: although healthcare wings are intended for women with either physical or mental ill health, in reality they primarily house women with high mental health needs.*

6. THE CHALLENGES OF DELIVERING A HEALTH ADVOCACY SERVICE TO WOMEN IN THE CRIMINAL JUSTICE SYSTEM

In December 2017, when the Health Matters service was still in its relative infancy, the team were asked to reflect on the potential institutional or political motivation for improving healthcare for women in or leaving prison. At the time there was a sense that "*something bigger [was] going on in prisons*". There was a perceived drive to "*do health, mental health*" that came from the Government, with a key example being the smoking ban and how that had brought about a focus on health, alongside prisons "want[ing] to get more services in." However, as the Health Matters service established itself in Prison B, then later in Prison A and the community, challenges presented themselves. This final section of the report summarises some of the key challenges that the Health Matters team encountered. Many were an on-going issue that had to be managed throughout the project, rather than being able to be resolved, and serve to highlight some of the systemic difficulties that continue to exist for organisations wanting to work with women in the criminal justice system, and in particularly with women in custody.

6a. Gaining access to prisons

Vetting processes for working in prison are understandably thorough, as is the induction training. Both at the beginning of the project and in year 3, when there was a change in staff, delays in vetting and induction training disrupted the delivery of the Health Matters service in both prisons. Difficulties arose from struggling to identify a relevant contact within the prison, changes in prison staff that meant key contacts left and limited training openings such as for key training. At the beginning of the project, this resulted in a seven month delay in setting the service up in one prison due to problems with the vetting process plus a further five month delay in being able to access I.T. Later in the project, when new Advocates joined, it took a further four months before they had access to both prisons.

Whilst the Health Matters team responded flexibly in this situation, and were afforded more time to develop and deliver health promotion workshops and provide 1:1 advocacy in the community, the lengthy delays in the Advocates being vetted and then being able to complete the necessary induction training was problematic. For this project changes in staff were particularly disruptive: the Head of Healthcare, who was the key contact in Prison A left in Year 1 and both of the WIP Advocates moved on in Year 2. As highlighted in section 6b below, the change in staff and a relatively short hiatus in service delivery meant needing to re-establish or build new relationships to promote the service and encourage healthcare staff to refer women.

Recommendation for prisons

- *Prisons should have a designated point of contact who can liaise with the external agencies working in the prison and help with key training, IT set-up, introductions, referrals pathways, etc.*

6b. Lack of systems in prisons

One of the earliest reflections the Health Matters team made about working on the project was that each prison is very different. The early experience of working in the two prisons highlighted how you can do one thing in one prion and not in another, from high-level processes down to whether or how you are allowed to put up health promotion materials on a wall. Even for an organisation such as WIP that has a long history of working within the women's estate, this continues to cause frustration. As was noted in an early team meeting: "*for a system that's meant to be uniform and regimented, it's not!*"

Strongly tied in with this issue is the lack of systems in prisons. Across the Health Matters team a clear message emerged that it "*all depends on who you know…because there are no clear points of contact.*" In each prison staff felt it was "*crucial to be friendly and to make an effort*" to build relationships in order to become well established as part of the broader healthcare provision. The Health Matters team were proactive in reaching out to the Head of Healthcare in both prisons, and were largely successful, but the lack of a systematic approach to involving external organisations in the delivery of healthcare meant a piecemeal approach to engaging with the Health Matters team. One of the Advocates gave the example of only being invited to the healthcare team's monthly meeting as she happened to bump into the Head of Healthcare in one prison who asked why she was not present at the previous month's meeting. This links back to the recommendation under 6a and the need for clear point of contact for external agencies not only within each prison generally, but also within the department where an externally run project or service will be based.

6c. Poor communication

Linking to the previous point, the Advocates reflected that "*prisons are a world of chaos, of not knowing what's going on*". This was felt more keenly at Prison A due to women being held there for shorter periods and thus a higher turnover of prisoners who would often leave before Advocates could see them. The problem existed, however, in both prisons where the project was based.

Women and the Advocates all highlighted that communication was the biggest problem they faced – be it lack of communication or miscommunication. The Advocates provided multiple examples of communication difficulties such as:

> "*Women are told the blood tests have come back not entirely right but not given the full information which then gives rise to anxiety*."
>
> "*You're able to book appointments – not faster, but at least you can say you've put someone on the waiting list. It helps us find out information, where there's a miscommunication, women think they are on a waiting list so are just waiting, don't ask what's happening*."
>
> *"There should be better prison inductions for women; there is currently too much information in the induction that women can't retain – this needs to be reinforced, and very practical information about prison life needs to be given."*

"Communication is a very important function of Health Matters. (…) We help women by being a soundboard or suggesting more diplomatic ways of speaking to officers."

In relation to the final comment, one of the Advocates reflected that an unexpected aspect of her role was to "*Advocate on behalf of staff*." By this she meant, supporting women – whose behaviour was often challenging and misunderstood by Prison Officers and healthcare staff – to communicate more effectively with staff. A very proactive example of helping to improve communication involved the Advocates introducing a coloured card system in Prison A whereby if they do not want to talk to prison staff (for example, if they are feeling mentally unwell), they put a red card out as means of asking people to give them some space. This kind of initiative can help reduce conflict and thus improve relationships between women and prison staff.

Women also fed back the difficulties about simply finding out about the Health Matters service existing, with Prison Officers often not being aware. Many women happened to learn about the service coincidentally, often by bumping into one of the Advocates on the landing or in healthcare waiting rooms. Similarly, the Advocates often struggled to keep up-to-date about what other support services were available to women. This is partly due to frequent changes in provision – particularly as a result of voluntary sector run projects often only being funded for 2-3 years – as well as a lack of communication.

Recommendation for prisons

- *Prisons should be better at coordinating which support services are provided within their prisons so that all staff (prison staff as well as external staff) can find appropriate services for women*

6d. Friction between prison staff and women on the project

Unfortunately, a theme that ran through the reflective practice exercises with the Health Matters staff, as well as coming up in consultation with women, was the difficult relationships some women had with prison staff. Many women noted that staff had little time for them and that communication was not optimal, which had a negative impact on their wellbeing. Among the Health Matters team, there was a clear understanding that staff shortages made it difficult for staff to do their jobs as well as they wanted. The nature of remand prisons, as well as working with women on typically short sentences (discussed further in section 6e below), was viewed as increasing negativity and hopelessness among prison staff as any support put in place, or even routine screenings, were often seen as pointless because women might be released or moved on before results came through or any progress made.

Additionally, it was evident to the team that prison staff can be in receipt of "*a lot of abuse, including physical*", which undoubtedly has an impact on their relationship with women and can erode respect and trust. Both the Advocates and women also recognised that prison staff had limited understanding of - or had limited time to understand - the behaviour women displayed which is often described as challenging.

The service user who was interviewed at the end of the project further highlighted that prison staff don't have any "*understanding of trauma and women's experiences. I mean, do you see how many men there are here? They don't listen to us. They don't understand us."*

Given the extensive levels of trauma, and specifically abuse as both children and adults, that women involved in the criminal justice system are known to have experienced (PHE, 2018), there is sufficient evidence that points towards the need for the women's estate to explore a model of becoming trauma-informed. Models exist in the U.K. for trauma-informed mental health, homelessness and substance use services, and in the U.S. there are models for working with women in the criminal justice system (e.g. Calhoun, Messina, Cartier & Torres, 2010). The latter work informed the introduction of training on becoming trauma-informed in prisons that has been delivered by One Small Thing[1]. Whilst this training has been delivered across the women's prison estate further trauma-informed training needs rolling out and, crucially, trauma-informed practice needs to become fully embedded into the way prisons function. If prisons become wholly trauma-informed it would be highly beneficial in helping staff understand and respond to women's so-called challenging behaviour.

Recommendation for policymakers

- *The Ministry of Justice and Department of Health should work together to look at ways to develop trauma-informed ways of working in prisons within the women's estate.*

On a more operational note, the Health Matters team also highlighted that the understandable focus on security resulted in some possible 'unintended consequences' such as prison staff sometimes appearing suspicious of or lacking trust in staff from external agencies, which impacted on referrals and information sharing. This was seen as being compounded by staff not always knowing about, or understanding the value of, services delivered by external partners. Finally, as an outside agency, the Advocates perceived this as resulting in prison staff respecting outside agencies less and being less accommodating.

6e. The impact of short sentences

As already noted, the Health Matters team worked in two prisons where a high proportion of women were either on remand or serving very short sentences, which meant engagement in the advocacy service was challenging. As one Advocate noted: "*By the time we go to see them, we go back to check up on them and they've gone."* This can have a highly detrimental impact on the support offered, as highlighted by the Health Matters Service Manager:

> "*Women might only just start getting health sorted but it all falls apart on release. Any work that has been done in prison can get lost. And on release, health always seems to be at the bottom of the list – obviously housing is usually at the top."*

[1] For more information, please visit: https://onesmallthing.org.uk

As the Health Matters project evolved, this was the increasingly predominant view held by the team, with a focus on the need for Through the Gate (TTGs) support specifically to help women around their health being called for. The complexity of some women's health conditions, quite often including a combination of multiple mental health problems alongside physical complaints, that have been in the case studies (including Rita's case study below) throughout this report point to the need for greater TTGs support so that work with women while they are in prison is not rendered futile on their release. WIP's new TTG health advocacy service, Healthy Foundations, will fill this gap and address the aforementioned issues. In doing so, it will build on the learning of the Health Matters service.

Case study - Rita

Rita had been working with Women in Prison (WIP) over a number of months. As Rita has detoxed in prison, residential rehab had been arranged with a substance treatment service on her release. On her day of release, however, some last minute changes meant the planned TTG support was no longer available. Luckily, Rita's Health Matters Advocate was able to step in, liaise with the substance use service and arrange to meet Rita at the gate when she was released. On release, Rita had to attend an appointment with probation. This became problematic when it appeared that her appointment was at the probation office in her previous local area rather than her new resettlement area. Not only would it be logistically difficult for Rita to travel to this area, which was on the other side of London to her new residence but, more importantly, it would have meant her re-entering an area in which she has been using illegal substances, potentially coming across old acquaintances and trigger her substance misuse. With the help of her Advocate, who was able to liaise and negotiate with probation from a professional's point of view and Advocate for Rita, the appointment was re-scheduled to a probation office close to her new location.

In an interview with a senior member of the National Probation Service, the value of the Health Matters advocacy support was raised. Given the levels of understaffing within the probation service, she valued the ability of Advocates to accompany women in the community to appointments that Probation Officers do not have capacity to attend. Equally, the Manager of another community-based WIP service described Health Matters as "*invaluable*" specifically due to the level of complex physical and mental health problems that many women who have contact with the criminal justice system are trying to manage. Generic Advocates often end up having to prioritise housing and benefits which can result in health issues being neglected, despite the fact that health issues can have a significant negative impact on women's lives, and can be barriers to accessing further support As such, the opportunity for Advocates with different specialisms to work together to support women holistically was praised but it was also noted that unfortunately such work is underfunded.

Recommendation for prisons

- *Prisons should make any attempts to work with voluntary sector agencies delivering Through The Gates (TTGs) to ease the transition between prison and community*

Recommendation for policymakers

- *The Ministry of Justice needs to ensure Through the Gate support for women is properly funded so that women get the resettlement support they need*
- *The Ministry of Justice and the Department of Health need to work together to invest in better healthcare and mental health support for women with multiple needs in the community*
- *The Government should adopt a presumption against short sentencing of women*
- *The Government should adopt a presumption against the use of remand for women*

6f. Time-limited funding

Healthcare in prison is insufficient, and does not meet the requirement to be the equivalent of what is available in the community. This is made plainly clear by the number of women who were successfully managing long-term health conditions in the community and then suffering with a deterioration in health once in prison due to difficulties in getting/attending appointments and delays in accessing treatment. In a very stark assessment of the current state of healthcare in prisons, two interviewees described it as "*just a shambles*" that results in "*additional punishment for women*".

Despite some of the challenges outlined in this section, in principle prisons have largely welcomed external agencies delivering project-based interventions as they are recognised as filling gaps in the prisons' own service provision. This has been the experience of the Health Matters project, with women consistently providing positive feedback about the support they have been provided as well as the only regular point of improvement being a desire for the service to be expanded. Repeatedly women noted how they wanted to see their Advocate more often, to spend more time with them, and that more Advocates were needed to be able to support all the women who needed health-related advocacy. The Health Matters team calculated earlier on in the project when they received large numbers of referrals through healthcare and the stress workshops run by the gym assistants that "*each prison could do with twice as many Advocates*" to meet the demand.

Moreover, the funding landscape makes consistency and impact difficult. Third sector interventions are largely funded by grant making bodies and charitable trusts, rather than ring-fenced statutory funding. This means that, across the charity sector, support services for women are time-limited and short-term. This is a significant cause of frustration for frontline service providers who, despite delivering valuable services, are forced to cease service delivery after a set number of years, and subsequently find it difficult to evidence long-term impact and leave a lasting legacy. The National Lottery Community Fund has set an excellent example to other funders by granting WIP funding to deliver another health project, building on the learning from Health Matters. As a

funder they have also created its Fulfilling Lives programme that supports programmes across local areas for eight years.

Recommendations for funders

- *Funders should make sure projects are long-term enough to be able to influence systemic and institutional changes.*
- *Funders should build on work already undertaken by extending successful projects rather than prioritizing innovation*
- *Funders should fund gender-specific, trauma-informed services for women in the criminal justice system*

6g. Systems change is inherently slow

Having a broader impact on the provision of healthcare services across the women's estate was the final outcome for the Health Matters project. Systems change is inherently complex and requires a long-term approach. What is evident from the Health Matters project, however, is that systems change in women's prisons requires not only taking a national view (i.e. the whole estate) but also viewing each prison as an individual system. This adds another layer of complexity to promoting systems change.

Nonetheless, evidence from the team meeting minutes and staff reflections throughout the project demonstrates that the Health Matters Advocates and Service Manager made every effort to become a well-established presence in both prisons where the project was based and developed very positive working relationships with the healthcare staff. Opportunities to become more integrated into the healthcare service in both prisons were capitalised upon, with Advocates attending monthly meetings, nurse 'huddles', and taking on extra work when approached to do so. The presence of the Health Matters team in the prisons, particularly Prison A, and the influence they had resulted in new provision such as supervision for peer mentors and the health induction booklet, which will continue to be a valuable resource for women entering the prison.

Health Matters has contributed significantly to building the evidence base of the health needs of women involved in the criminal justice system as well as the challenges of working within prisons. The project has demonstrated a clear need for, and benefit of, women in prison being able to access an independent health advocacy service. This evidence has fed into WIP's parliamentary work, where the organisation has a strong voice and is a leading figure in advocating for improved responses to women who become involved, or are at risk of involvement, with the criminal justice system. Most notably, during the time Health Matters ran, WIP used the knowledge and expertise stemming from all of its project to influence the direction of the Government's Female Offender Strategy (see WIP's consultation response here). Other consultations that WIP have responded to during the life of Health Matters include:

- Health in Justice and Other Vulnerable Adults Consultation on *Women in the criminal justice system in London: a health strategy – recommendations for action*
- NICE quality standards on the physical health of people in prisons
- London Assembly Police and Crime Committee investigation into Women Offenders
- London Assembly Health Committee Offender Mental Health

- Joint Committee on Human Rights Inquiry on Mental Health and Deaths in Prison
- Welsh Affairs Select Committee Inquiry into prison provision in Wales

WIP also organised a Mass lobby of Parliament in June 2019 and launched a manifesto with recommendations drawn from the service delivery work, including that of Health Matters. WIP involved women in the lobby day, with Health Matters staff supporting women to attend the day and meet their MP, hence directly influencing parliamentarians and change makers.

In summary, WIP has consistently called for increased joint working between central Government departments to address the many factors that have a negative impact on women offenders' health. Diverting women away from the criminal justice system – and particularly prison – is central to this. Whilst healthcare in prisons is meant to be on a par with provision in the community, this project has highlighted that in many instances it is not. Moreover, a review of very short sentences for women who have committed low-level and non-violent offences have repeatedly been raised. Again, in Health Matters, the very short sentences women were on (mainly but not exclusively in Prison A) disrupted the existing healthcare many women had arranged for themselves in the community and also limited the ability of Advocates to support women. Conditions within prisons have also been raised, in Health Matters and other projects, with overcrowding and staff shortages being cited as key barriers to women being able to access timely healthcare support. The impact of the conditions in prisons on women's mental health along with a lack of specific support is a further issue that has repeatedly been addressed by WIP. Overall, a move towards community solutions, with women having easy access to women's centres where they are offered holistic support, is highlighted as a key step towards addressing the health needs of women involved in the criminal justice system.

As Health Matters has now ended, it will be through its successor (the TTG health advocacy service Healthy Foundations), the resources produced as part of the project (most importantly the WIP Health Booklet and the health induction booklet written for Prison A) as well as WIP's on-going policy work that the legacy of Health Matters can be secured. In time, the Health Matters team hope that the understanding of the need for and benefit of health advocacy for women in the criminal justice system will grow and with it, more sustainable funding for such activities will emerge.

7. CONCLUSION

Providing healthcare services in prisons is undeniably challenging. Across both the men's and women's estates, there are logistical challenges to ensuring prisoners have timely access to the healthcare they need, particularly if it requires testing or treatment outside the prison.

Within women's prisons, the challenges facing healthcare staff are compounded by the complexity of women's healthcare needs: too often women have faced violence and abuse, exploitation, poverty, trauma and disrupted healthcare related to the criminal justice process. As a result when women enter the prison population they display disproportionately higher levels of mental ill-health, suicidal ideation and suicide, self-harm, and problematic substance than their male counterparts. Moreover, women are more likely than men to be held on shorter sentences, which further hinders the ability of healthcare staff to arrange the care needed in the short time many women are held in custody.

As such, women can find navigating the prison healthcare system confusing and re-traumatising, whilst staff struggle to engage with women and address their health needs. This evaluation has clearly demonstrated that independent health advocacy works in bridging the gap. Health Matters was shown to increase women's health literacy, to enable women to physically access healthcare in prison and the community, to facilitate more effective communication between women and healthcare professionals, and to build women's confidence in advocating for themselves in future. Overall, women reported feeling more in control of their health, which was the underpinning aim of the project.

Healthcare in prisons is meant to be on a par with that available in the community. The evidence from this project has certainly shown that has not yet been achieved. In many instances, sadly, women reported a deterioration in their health whilst being detained. Health Matters provides a model that works to safeguard against such risks. In a system that is hard to successfully navigate, Health Matters gave women a sense of control over their health, enabled them to access healthcare in a more timely fashion, to deal with physical health conditions, as well as starting to address the trauma and mental distress they often experience. As such, independent health advocacy has been shown to be both a critical and transformative addition to existing healthcare provision in prisons and should be replicated across the women's estate as standard.

8. SUMMARY OF RECOMMENDATIONS

Recommendations for prisons

- *Prisons should have provision for independent Health Advocates to act as a bridge between healthcare and women prisoners. Advocates can provide advocacy and support to women and support healthcare staff with work such as health screenings and information to women.*
- *There should be more scope for healthcare assistants to provide health-related support to women prisoners*
- *Prisons should have in place various routine screenings on arrival to prison. For example, certain prisons have opt-out BBV testing on immediate arrival, with all women being tested on the first day, unless they specifically opt out. This example of best practice should be rolled out across the prison estate. The BBV screening is a simple finger prick and tests for Hep B, C, HIV and Syphilis.*
- *A review of the food and opportunities for exercise available to women in prison is needed.*
- *Prisons should have a designated point of contact who can liaise with the external agencies working in the prison and help with key training, IT set-up, introductions, referrals pathways etc.*
- *Sexual health screenings could also be incorporated into a roll-out of routine screenings, particularly those, e.g. chlamydia and TV, which only require a urine or self-swab sample. These infections can be missed due to being symptom-less, but can have serious health implications for women*
- *Prisons should be better at coordinating which support services are provided within their prisons so that all staff (prison staff as well as external staff) can find appropriate services for women*
- *Prisons should make any attempts to work with voluntary sector agencies delivering Through The Gates (TTGs) to ease the transition between prison and community*
- *Healthcare wings need reviewing: although healthcare wings are intended for women with either physical or mental ill health, in reality they primarily house women with high mental health needs.*

Recommendations for funders

- *Funders should make sure projects are long-term enough to be able to influence systemic and institutional changes.*
- *Funders should build on work already undertaken by extending successful projects rather than prioritizing innovation*

Recommendations for policy makers

- *The Ministry of Justice and the Department of Health should work together to invest in better healthcare support for women in prison*
- *The Ministry of Justice and the Department of Health should work together to invest in better mental health support for women in prison*

- *The Ministry of Justice and Department of Health should work together to look at ways to develop trauma-informed ways of working in prisons within the women's estate.*
- *The Ministry of Justice needs to ensure Through the Gate support for women is properly funded so that women get the resettlement support they need.*
- *The Ministry of Justice and the Department of Health need to work together to invest in better healthcare and mental health support for women with multiple needs in the community.*
- *The Government should adopt a presumption against short sentencing of women.*
- *The Government should adopt a presumption against the use of remand for women.*

9. APPENDIX A – Information about AVA

AVA is a national charity that works towards ending violence against women and girls. Established in 2010 to take forward the work of the Greater London Domestic Violence Project (GLDVP), AVA's work is focused around those areas where we can make the best contribution to ending violence and abuse. We do this by:

- Making sure that survivors get the help and support they need in the here and now, through:
    - providing innovative training that has a proven direct impact on the professional practice of people supporting survivors of violence and abuse
    - developing a range of toolkits, e-learning and other material that supports professionals to provide effective and appropriate support to survivors of violence and abuse
    - using our influence and networks to ensure survivors voices are heard.
- Working towards a future where the lives of women and girls are not blighted by gender based violence and abuse by:
    - working with children and young people to play our part in raising a generation against violence and abuse
    - innovative and award winning work on prevention – because violence against women and girls, although widespread, is not inevitable
    - enhancing society's ability to end violence and abuse by carrying out innovative and practical research that fills the gaps in our understanding.

A specific focus of the organisations work is improving how policymakers and service providers meet the needs of women affected by multiple disadvantage, i.e. experiencing abuse, mental distress, problematic substance use, homelessness, and involvement in the criminal justice system. Some of AVA's key publications include Breaking Down the Barriers which reports the findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage for which AVA was the secretariat, and Mapping the Maze which provides an overview of services specifically for women affected by multiple disadvantage in England and Wales as well as reviewing the evidence for 'what works' in supporting women affected by these types of issues.

More information about the organisation can be found on the AVA website: www.avaproject.org.uk.

9. APPENDIX B - Methodology

The final methodology for this independent evaluation of the Health Matters advocacy service had three main objectives:

1. To independently assess the overall performance of the project.
2. To identify what differences the project made and why.
3. To make recommendations for the external distribution of the findings.

The activities for each of the objectives completed so far and that are the basis for the findings set out in this report are outlined below.

Objective 1. To independently assess the overall performance of the project.

This will be achieved by:

a) undertaking an initial secondary analysis of the data already collected and identify any gaps in the dataset needed to assess the project's performance. As a result of this secondary analysis, changes to the forms used by the Health Matters teams were recommended. The revised forms have been introduced over the last nine months and the new forms are all now in use.

b) at the mid-point of the project, undertake an analysis of the data collected by the Health Matters team. This comprises reviewing the data collected using the Health Matters baseline and review questionnaire, the service evaluation forms, and the workshop feedback forms.

Objective 2. To identify what differences the project made and why.

There are three activities involved in evaluating this objective.

a) Analysing monthly reflective logs completed by Health Matters Advocates.

b) Analysing relevant meeting minutes (of project team, project steering group, service user steering groups meetings) for the duration of the project.

c) Interviews and focus groups with Health Matters service users.

d) Individual interviews with key stakeholders.

In a change to the original proposal, WIP created a theory of change model for the project after attending a workshop organised by WIP, which meant AVA did not develop the model as initially agreed.

Objective 3. To make recommendations for the external distribution of the findings.

After reviewing the content of the final evaluation, an influencing map will be created.

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