



HM Prison &  
Probation Service

# Guidance on Working with Women in Custody and the Community

The Women's Team  
HMPPS

December 2018



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# 1. Executive Summary

- 1.1 This guidance outlines how practitioners working with women in custody and the community can deliver services to them in a way that captures and reflects best practice. To empower women to engage in their own rehabilitation we need a common understanding of what evidence, knowledge and experience have indicated are the best ways forward in our work with them.
- 1.2 Women are a significant minority within the overall offender cohort and need a distinct approach that reflects the significance of gender to their offending behaviour. Otherwise, we risk missing opportunities to properly and meaningfully engage with women in a way that captures the spirit, as well as the letter, of the Public Sector Equality Duty (Equality Act 2010).
- 1.3 The guidance supports the Ministry of Justice's policy on working with women in custody and the community. It will follow their journey from bail/remand, to court, the preparation of a pre-sentence report (PSR) if requested, their management in custody or in the community, 'through the gate' and post release supervision where relevant.

## 2. Who is the guidance for?

- 2.1 The guidance is aimed at colleagues engaging with women at the various stages in their rehabilitation journey. It is structured in a way that enables practitioners to draw from it in its entirety or turn to those parts that are most relevant to them. While the body of the document aims to provide brief gender informed guidance, more detailed background information is included in the annexes.
- 2.2 Staff will want to focus on those aspects of the manual that consider explicitly the significance of gender to those practices and interventions (report preparation, supervision, breach and recall, risk assessment) that they undertake as a matter of course. In doing so, reference should also be made to *Better Outcomes for Women Offenders (September 2015)*, and the *Top Tips* documents attached as annexes to this guidance.
- 2.3 Better Outcomes is based on the best available evidence of ‘what works’ in helping women who offend to live safe, offence-free lives, promoting desistance, managing the effects of domestic violence, and helping women to exit sex work. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/457922/Better\\_Outcomes\\_for\\_Women\\_Offenders\\_September\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457922/Better_Outcomes_for_Women_Offenders_September_2015.pdf). The *Working with Women in custody and the community* guidance articulates the processes, from pre-sentence to post-sentence, of working with women. It focusses on the detail – what needs to happen when, who is involved and what are the relevant prison/probation instructions or statutory obligations at each point. In effect a sort of ‘one-stop-shop’ for people who are working with women, which could help them make sure they are complying with the right processes and instructions at each stage of the woman’s journey.

## 3. What do we know about women in the Criminal Justice System?

3.1 On average, women commit **less serious offences** and present **less risk** to society than men. In 2017:<sup>1</sup>

- Adult female defendants were **less** likely to be prosecuted for indictable or triable-either-way offences (**11%** compared with 23% of adult male defendants).
- **Almost a third (30%)** of adult female defendants were prosecuted for TV license evasion, compared with only 4% of adult male defendants.
- **Shoplifting** accounted for **43%** of sentences given to adult females for indictable or triable-either-way offences and 19% of those given to adult males.
- **Almost three quarters (72%)** of women sentenced to custody, were sentenced to six months or less, in comparison to 56% of men.

3.2 The women who do commit crime often face **complex circumstances** and are some of the most vulnerable and disadvantaged women in society.

- Women in prison are **twice as likely** as men to report needing help for mental health problems.<sup>2</sup>
- **Almost 60%** of women supervised in the community or in custody, who have an assessment, have experienced domestic abuse.<sup>3</sup>
- Women in prison are **more likely** than men in prison to have been taken into care, experienced abuse, and witnessed violence in the home as a child.<sup>4</sup>
- **Almost half (48%)** of women in prison said they committed their offence to support the drug use of someone else compared with 22% of men in prison.<sup>2</sup>
- Imprisoned mothers are **far less likely** than imprisoned fathers to report that their children are living with their partner whilst they are in custody. An

<sup>1</sup> MOJ (2018). Criminal Justice System statistics quarterly: December 2017. <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2017>

<sup>2</sup> MOJ (2014). Gender differences in substance misuse and mental health amongst prisoners. <https://www.gov.uk/government/publications/gender-differences-in-substance-misuse-and-mental-health-amongst-prisoners--2>

<sup>3</sup> MOJ (2018). Supporting data tables: Female offender strategy. Available at: <https://www.gov.uk/government/publications/female-offender-strategy>

<sup>4</sup> MOJ (2014). Prisoners' childhood and family backgrounds. <https://www.gov.uk/government/publications/prisoners-childhood-and-family-backgrounds>

estimated 13% to 19% of women sentenced to immediate custody have one or more dependent children.<sup>4, 5</sup>

- OASys data shows that of offenders (custody and community) with an assessment at 30 June 2017, 38% of women and 25% of men had a disability identified; and 32% of women and 28% of men a learning difficulty/challenge.<sup>6</sup>
- The rate of self-harm incidents in prison is **nearly 5 times higher** for women than men. In 2017, there were **2,366 self-harm incidents per 1,000** women in prison compared with 445 incidents per 1,000 male prisoners.<sup>7</sup>

### 3.3 Outcomes on release from prison are **poor**.

- The proven reoffending rate for adult women is **lower** than for adult men: 23.4% and 30.7% respectively for the October to December 2016 cohort.<sup>8</sup>
- In the 12 months to end June 2018, 57% of women recalled were recalled on release from a sentence of less than 12 months, compared with 38% of men.<sup>9</sup>

### 3.4 The make-up of women in the CJS, such as the overrepresentation of BAME women, means that certain groups experience particular challenges in accessing help and support.

### 3.5 The best available evidence suggests that to reduce reoffending and keep women safe, we should invest in gender-informed (see paragraph 6.6 below) interventions that address seven priority areas of need:

#### **i. Substance misuse**

We should stabilise and address substance misuse issues, in particular drug use, binge drinking and chronic drinking.

#### **ii. Mental health**

We should address mental health needs, in particular anxiety and depression, personality disorder, post-traumatic stress disorder, and other effects of trauma.

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<sup>5</sup> MOJ (2015). Female offenders and child dependents.

<https://www.gov.uk/government/statistics/female-offenders-and-child-dependents>

<sup>6</sup> MOJ (2018). Supporting data tables: Female offender strategy.

<https://www.gov.uk/government/publications/female-offender-strategy>

<sup>7</sup> MOJ (2018). Safety in custody quarterly: update to December 2017

<https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2017>

<sup>8</sup> MOJ (2018). Proven reoffending statistics: April 2016 to June 2016. For adults who were released from custody, received a non-custodial conviction at court, or received a caution in the period April to June 2016.

<sup>9</sup> MOJ (2018) Offender management statistics quarterly: October to December 2017.

<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2017>

**iii. Emotion Management**

We should help women to build skills to better control impulses and to manage emotions, in particular temper control and parenting stress.

**iv. A pro-social identity**

We should encourage and reinforce a positive, non-criminal identity in the women in our care. We should enable women to do good for their community or for others, and use this to help them to change the way they describe themselves.

**v. Being in control of daily life and having goals**

We should help women to believe in their ability to be in control of their life, and to achieve their goals. We should build the confidence of women in their ability to be self-sufficient.

**vi. Improve family contact**

We should help women to build close, healthy and supportive family relationships, and to secure family support.

**vii. Resettle and build social capital**

We should help women to find somewhere safe and secure to live, to learn how to manage their money, build skills for financial independence, access education, and improve their employability. We should help women develop skills to explore and access services available to them that can help to achieve these goals.

**3.6 Further reading that incorporates guidance related to this framework:**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/457922/Better\\_Outcomes\\_for\\_Women\\_Offenders\\_September\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457922/Better_Outcomes_for_Women_Offenders_September_2015.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/462140/Better\\_Outcomes\\_A\\_guide\\_to\\_working\\_with\\_Former\\_Sex\\_Workers\\_and\\_Victims\\_of\\_Domestic\\_Abuse.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462140/Better_Outcomes_A_guide_to_working_with_Former_Sex_Workers_and_Victims_of_Domestic_Abuse.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/468891/NOMS-Working\\_with\\_offenders\\_with\\_personality\\_disorder.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/468891/NOMS-Working_with_offenders_with_personality_disorder.pdf)

<https://www.justice.gov.uk/downloads/publications/noms/2012/guide-working-with-women-offenders.pdf>

## 4. The Legal Framework

### The Equality Act and the Public Sector Equality Duty

- 4.1 The Equality Act 2010 brought together over 100 separate pieces of legislation into one single Act, providing a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act provides protection from unlawful discrimination in relation to the following characteristics: age, disability, gender reassignment, pregnancy & maternity (which includes breastfeeding), race, religion or belief, sex, marriage and civil partnership, and sexual orientation. Summary guidance on the Act can be found at: [https://www.equalityhumanrights.com/sites/default/files/equality\\_act\\_summary\\_guidance\\_on\\_services.pdf](https://www.equalityhumanrights.com/sites/default/files/equality_act_summary_guidance_on_services.pdf)
- 4.2 The Equality Act created the 'Public Sector Equality Duty' (PSED), which requires that public sector employers must, in the exercise of their functions, have 'due regard' to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 4.3 Community Rehabilitation Companies (CRCs) are public authorities to the extent they exercise public functions within the meaning of Section 149(2) of the Equality Act 2010. As such, they are also required to meet and demonstrate compliance with the PSED when undertaking these functions. Further the Amended and Restated Services Agreement between the MoJ and the CRC provides that the CRC must comply with the provisions of Sections 149 and 150 of the Equality Act 2010 on the basis that it is a body which exercises public functions within the meaning of Section 149(2) of the Equality Act 2010.
- 4.4 Compliance with the PSED is a legal obligation, but it also makes good business sense, increasing the likelihood that the organisation provides services that better meet the diverse needs of its users. Further information on the PSED can be accessed at: <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

## The Offender Rehabilitation Act 2014

- 4.5 The Offender Rehabilitation Act 2014 (ORA) came into force fully on 1<sup>st</sup> February 2015. This made a number of changes to the sentencing framework, most notably changing the law so that all offenders released from short prison sentences now receive 12 months of statutory supervision and assistance with their resettlement back in the community.
- 4.6 The National Probation Service (NPS) directly manages offenders who pose a high/very high risk of serious harm to the public, many of whom are subject to Multi Agency Public Protection Arrangements (MAPPA). The NPS is responsible for advising the courts on sentencing and conducting risk assessments at the outset, and determining the allocation of cases between the CRC and NPS. The NPS also manages Approved Premises and delivers victim liaison services and other bespoke interventions.
- 4.7 CRCs manage medium and low risk offenders, including the majority of short sentenced prisoners. Therefore, CRCs manage the majority of women given their low levels of risk. They deliver the sentence of the court for each offender allocated to them and have the freedom to decide the services that they engage to help reduce their reoffending. CRCs also deliver court ordered services for the NPS (including community payback and accredited programmes) and the NPS are able to purchase rehabilitation services from CRCs from the “Rate Card”.
- 4.8 Section 10 of the Offender Rehabilitation Act 2014 (ORA) required the Secretary of State for Justice to ensure that contracts with new providers complied with the Public Sector Equality Duty and identified anything in the arrangements that was intended to meet the particular needs of women. Accordingly, there are three requirements that the CRCs need to meet in relation to the management of women in the CJS. Women in custody should be offered the option of a female Offender Manager/Responsible Officer; when attending meetings with their Offender Manager/Responsible Officer they should be offered the option of being interviewed in a female-only environment; and where practicable, they should be offered the option of not being placed in an all-male work environment as part of an Unpaid Work or Attendance Centre requirement. It would also be good practice for the NPS to meet these requirements wherever practicable.
- 4.9 Further information on ORA 2014 can be found in the National ORA Guidance v1.4 February 2016 on the HMPPS intranet. A copy can be requested from HMPPS’ Women’s Team ([WomensTeam@noms.gsi.gov.uk](mailto:WomensTeam@noms.gsi.gov.uk)).

## HMI Prisons

- 4.10 Her Majesty's Inspectorate of Prisons for England and Wales (HM Inspectorate of Prisons) is an independent inspectorate which reports on conditions for and treatment of those in prison, young offender institutions, secure training centres, immigration detention facilities, police and court custody suites, customs custody facilities and military detention. The role of HM Inspectorate of Prisons is to provide independent scrutiny of the conditions for and treatment of prisoners and other detainees, promoting the concept of 'healthy establishments' in which staff work effectively to support prisoners and detainees to reduce reoffending and achieve positive outcomes for those detained and for the public.
- 4.11 Their regular inspections of women's prisons have identified important areas where the specific needs of women in prison are too often not met, as well as good practice which needs to be embedded and replicated. As for all prisons, the expectations for women in prison are brigaded under their four tests of a healthy prison: safety, respect, purposeful activity and resettlement. Each expectation sets out the outcome expected, is referenced against the relevant human rights standard or norm and is underpinned by a series of 'indicators', which describe the evidence that will normally indicate to inspectors whether the outcome is likely to have been achieved or not. Expectations describe the standards of treatment and conditions they expect an establishment to achieve. Indicators suggest evidence that may indicate whether the expectations have been achieved. The list of indicators is not exhaustive and these do not exclude an establishment demonstrating the expectation has been met in other ways. A full list of the expectations can be found at <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/womens-prison-expectations/>

## HMI Probation

- 4.12 HMI Probation is an independent Inspectorate, funded by the Ministry of Justice and reports directly to the Secretary of State. Its purpose is to report on the effectiveness of work with adults and children and young people who have offended. This is aimed at reducing reoffending, protecting the public, and improving the well-being of children and young people at risk of reoffending, whoever undertakes this work. The Inspectorate inspects the quality and impact of services provided, and makes recommendations designed to assist providers to continually improve the effectiveness of their services.
- 4.13 HMI Probation seeks to be an independent and authoritative source of fair comment on both adult and youth offending work, and on what can be expected of that work and focuses on work where independent inspection adds value.
- 4.14 HMI Probation inspects youth offending and probation services against published standards. These standards are designed to drive improvement in youth offending and probation services. They were developed in consultation with

service providers, based on evidence, and updated when necessary. The services inspected know what the standards are, and their services are rated against them.

- 4.15 Inspectors use the standards to ask the right questions and look for evidence to rate the quality of service delivery across each aspect of a service. All services are rated overall as either outstanding, good, requires improvement, or inadequate as well as being rated at the level of individual standards. This will assist services in targeting their improvement activity. Reports clearly explain why services are given a particular rating. Further information can be found at <https://www.justiceinspectorates.gov.uk/hmiprobation/about-hmi-probation>

## 5. The Female Offender Strategy

- 5.1 The Ministry of Justice is committed to addressing the issues around female offending so we can better protect the public and deliver more effective rehabilitation. On 27 June 2018 we published our strategy for female offenders, which sets out our vision to see fewer women in custody, especially on short-term sentences, with a greater proportion of women managed in the community successfully. It also sets out aims for earlier intervention, to divert women away from the justice system, where appropriate, and for better conditions for those women who do need to be in custody. The strategy launched a programme of work to deliver better outcomes for women, their families and wider society, supported by £5 million of funding over two years to improve and increase community provision for female offenders. We have also committed to work with local and national partners to develop a pilot for ‘residential women’s centres’ in at least five sites across England and Wales.
- 5.2 The Whole System Approach (WSA) work-stream is a key element of the work that HMPPS and MoJ are undertaking to reduce women’s offending. Since the start of 2015, the Ministry of Justice has been piloting the initiative in rural and metropolitan areas and has provided seed funding to Exeter, Greater Manchester, Lancashire, Norfolk, Surrey, Sussex, Wales and West Mercia. The WSA model brings together local agencies (criminal justice, statutory and third sector) to provide joined-up, holistic support for women and improve the chance of successful outcomes. By providing a woman with support from her first contact with the police, we aim to see some women diverted out of the justice system, and fewer women serving short custodial sentences and reoffending. The NPS, CRCs and women’s prisons are key partners, ensuring that women receive targeted, wrap-around support both through the gate and in the community. For more information on the WSA work-stream, please get in touch with the MoJ Female Offender Policy Team ([cjwst@Justice.gov.uk](mailto:cjwst@Justice.gov.uk)).
- 5.3 Early Help services, such as the Troubled Families Programme, also provide high-quality, holistic support for at risk families. The police and criminal justice professionals can recommend families to their local programme who they feel would benefit from whole family support. This could include families where there is a woman offender or a woman who is at risk of offending. The programme emphasises the importance of strong partnership working in order to deliver integrated support to families, with local authorities engaging with a range of partners. It encourages services to consider the overlapping nature of the problems a family is facing, such as involvement in crime, worklessness, substance misuse, truancy or mental health issues; tackling the root causes rather than simply responding to each problem in isolation. For more information on the Troubled Families Programme, please contact the national Troubled Families Team ([families.team@communities.gsi.gov.uk](mailto:families.team@communities.gsi.gov.uk)).

## 6. Engaging with Women in the Community and Custody

- 6.1 The manner and approach of our work with women in custody and the community is crucial to the achievement of reduced re-offending and public safety. The NOMS Service User Engagement Programme (2010 – 2013) made a significant contribution to the understanding of Effective Practice principles that need to be applied when working with individuals who have offended. These principles prioritise the development of an effective working alliance between the practitioner and offender, as well as the selection of individualised methods and activities based on what is known about risks, needs and individual characteristics and learning preferences.
- 6.2 Research shows that reductions in reoffending are more likely when approaches and services are rehabilitative rather than punitive.<sup>10</sup> The process of desistance is distinct for each offender and requires an individualised assessment, which includes identifying contextual and situational factors associated with the offending. As we have seen above, women will often have an individualised and distinct route into offending and will require a gender-informed route to rehabilitation and desistance that considers their other characteristics and needs.
- 6.3 People in custody have complex needs and are in an environment they do not want to be in. We must make an absolute commitment to creating and maintaining a rehabilitative culture in all our ways of working even when we are facing difficulties.

We want to create a rehabilitative culture where people are:

- encouraged to think about their future with hope and optimism
  - supported to plan and prepare for a better lifestyle
  - given opportunities to change their attitudes and habits
  - given the opportunities to address trauma and complex needs
  - rewarded when they do well
- 6.4 The starting point is that women in the criminal justice system should be offered the option of a female Offender Manager/Responsible Officer and the option of being interviewed in a female-only environment. Completion of an Initial Sentence Plan (ISP) promptly, following sentence and a subsequent review of plans across the life of a sentence is vital for ensuring that a rehabilitative

<sup>10</sup> For example, MacKenzie, D., & Farrington, D. (2015). Preventing future offending of delinquents and offenders: what have we learned from experiments and meta-analyses? *Journal of Experimental Criminology*. DOI 10.1007/s11292-015-9244-9.

approach is used in collaboration with the offender. Key desistance themes should be applied and followed:

- Developing a trusting relationship;
- Collaborative assessment and goal setting;
- Building and maintaining motivation; and
- Structured supervision.

6.5 Annex A - *Top Tips for Engaging, Managing and Supervising Women Offenders* provides other specific examples of approaches and measures that you might wish to consider when working with women in the criminal justice system (whilst this may be directed at a community setting they might also be relevant to custodial setting). In view of what we know about women in the criminal justice system (see section 3 above), gender-informed considerations will include: whether the woman has children (or is pregnant – see Annex L) and who is caring for them in her absence; whether she is a victim of sexual or domestic abuse; is family contact a positive or negative influence; does she have physical or mental health issues and is she currently in receipt or in need of treatment; what is her work history and what can be done to help her into employment upon release. As practitioners we should be careful about how we describe the woman and ensure we provide an accurate picture without straying into stereotypes. The appropriate title to use in formal documents is 'Ms', unless indicated otherwise.

## Training for Working with Women in the Criminal Justice System

- 6.6 It is important that HMPPS provides and maintains an informed workforce able to deliver gender-informed assessments and interventions to meet the needs of women in custody, reduce the risk of re-offending and protect the public. HMPPS Women's Team and Learning and Development colleagues are working together to assess and address the training needs of staff, including reviewing and updating existing training and briefing materials, and going forward, the intention is to produce and deliver a single comprehensive training package for all those staff who work with women in custody, be it in custody, the community or both. Areas covered by this training will include the complexities around many women's offending, domestic abuse, managing pregnant offenders and those with children, sex work, and the importance of taking a trauma informed approach.
- 6.7 HMPPS, in conjunction with US trauma expert, Dr Stephanie Covington, has commenced a programme to ensure that staff in women's prisons are trauma informed (i.e. able to understand and respond to behaviours arising from a history of trauma). The events and approach have been well received by Governors and their staff, with all women's prisons investing in a trauma informed approach or making plans to do so. HMPPS are looking at how the key

learning from this approach can best be embedded in training for Probation staff managing women offenders, including what might be delivered in the single training package mentioned above. Details of the trauma informed approach and access to practice materials can be found at <http://www.onesmallthing.org.uk/>

- 6.8 The Higher Education component of the Probation Officer training, PQiP, includes an explicit focus on women in custody. This is covered in the *'Frameworks for Offender Management'* and *'Understanding and Addressing Offending Behaviours'* modules. In the first module, it looks at women in relation to policy responses and Equalities. The second module considers gender in the context of analysing different patterns of offending, including drug-related offending. There is also some attention to female perpetrators of sexual abuse and domestic abuse, and their marginalisation in terms of services, in the *'Working with Violent and Sexual Offenders'* module. The *'Resettlement, Rehabilitation and Desistance'* module includes discussion of the different experiences of women in and post custody and their desistance and recovery journeys.

## Working with Women with a Personality Disorder.

- 6.9 The Women's Offender Personality Disorder strategy is being implemented jointly by HMPPS and NHS England with an aim of introducing an integrated model of psycho-social services to improve offending behaviour and mental wellbeing. It delivers a pathway approach across prisons and the community, increasing availability of, and access to, specialised personality disorder services and supporting staff to develop their knowledge, skills and confidence in working with women in custody and the community with a personality disorder.
- 6.10 To be eligible for the personality disorder pathway, women should be managed by the NPS, be likely to have severe personality disorder, and there should be a link between the personality disorder and her offending. The OASys PD screen may be the tool through which women likely to have a personality disorder can be recognised and referred. In exceptional circumstances, CRC's can refer women into the personality disorder pathway if they fit the eligibility criteria.
- 6.11 It has been recognised that staff working on the personality disorder pathway will require specialist gender-informed training that gives them the skills, knowledge and confidence they need in order to work most effectively, and in a psychologically informed way, with women in custody and the community. Gender-informed versions of the Knowledge & Understanding Framework on Personality Disorder have been developed and are available to HMPPS as both one-day and four-day courses.

- 6.12 For more information, you can read: *Working with Personality Disorder Offenders: A Practitioners Guide*, 2nd edition, 2015: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/468891/NOMS-Working\\_with\\_offenders\\_with\\_personality\\_disorder.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/468891/NOMS-Working_with_offenders_with_personality_disorder.pdf) Please see Chapter 7 in particular, which is about working with women.
- 6.13 A brochure of services available in secure and community settings through the women offender personality disorder pathway is available on the HMPPS intranet: <https://intranet.noms.gsi.gov.uk/support/offender-services/personality-disorder> or on request from [pd@noms.gsi.gov.uk](mailto:pd@noms.gsi.gov.uk).

## Understanding and supporting female foreign nationals

- 6.14 There are wide cultural differences between female foreign nationals, even between those from the same country. Many will be unable to speak or read English and are likely to feel isolated so the need to provide all materials in a translated version must be considered. Some female foreign nationals will have experienced abuse which may be related to their offending, whilst others will have been victims of human trafficking, forced prostitution and other violence and abuse. Prisons and probation providers should always seek to identify and address the individual needs of female foreign nationals where possible.

## Human Trafficking

- 6.15 Human trafficking is the recruitment, movement, harbouring or receiving, of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. While any nationality, including British nationals, may be the victim of trafficking, it is likely that the majority of those in prison who are, or may be, the victim of trafficking, will be foreign nationals.
- 6.16 If an offender indicates that they have been trafficked, or if staff have any reason to believe this may be the case, then staff should contact a 'First Responder'. First Responders are organizations designed to assess individuals to determine whether the person should be formally referred to the National Referral Mechanism (NRM).
- 6.17 A list of First Responders can be found at: <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>
- 6.18 The National Referral Mechanism is a multi-agency framework designed to make it easier for agencies involved in a trafficking case to cooperate, share information about potential victims and to facilitate the individual's access to support.

- 6.19 Victims of trafficking may be reluctant to talk about these issues and staff should ensure any discussions are confidential. If translation is necessary, staff should use only authorized. Other prisoners should not be used in these circumstances as linked prisoners may include traffickers as well as victims of trafficking.

## 7. Diversion - Pre-Court Options

- 7.1 We want to ensure that the appropriate services and support are in place for women as soon as they first come into contact with the CJS. As highlighted by the flow chart at the end of this guidance, the offender journey begins at the point of arrest (or first contact with the police) and part of our focus at this stage must be on ensuring that we divert women with complex needs into treatment and support where appropriate.
- 7.2 As mentioned above, through the Whole System Approach (WSA), we are working with local areas to deliver a holistic, multi-agency approach to address women's needs, from earliest contact with the police and throughout their offender journey. Our aim is to bring together a range of services (statutory and third sector) – from healthcare to housing, from victims' services to employment and training – to help women get the support they need, at the right time and in the right place. Early intervention will help to divert some from the justice system entirely, and divert others from custody into a community sentence.

### A Gender-Informed Police Approach to vulnerable women

- 7.3 Some forces<sup>11</sup> already operate a model of diversion and/or needs assessment for vulnerable women. The scope and approach of these varies widely. Jointly with the National Police Chiefs' Council we have published guidance for police forces in England and Wales on working with vulnerable women.<sup>12</sup> Forces are encouraged to implement a process model that ensures officers take a gender-informed approach to all women with whom they come into contact, whether or not they are arrested. Working with L&D teams, as appropriate, a woman's full range of needs would be assessed and, where appropriate, she will be diverted away from the justice system into support services to address issues that may be a factor in her offending. As with the WSA, where a woman must be prosecuted, the aim is that she is supported to address her complex needs throughout her time in the justice system.
- 7.4 In addition, we are working to reduce the number of women who have not offended, but who spend time in custody as a result of their complex health needs. Through street triage, police and mental health practitioners are working together to reduce the number of women experiencing a mental health crisis who

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<sup>11</sup> E.g. Greater Manchester, Lancashire, Norfolk, Surrey, Sussex, Humberside, Avon & Somerset, Durham, Bury, South Wales, Gwent, Dyfed Powys, and North Wales

<sup>12</sup> MOJ. (2019). Working with Vulnerable Women. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721190/police-guidance-on-working-with-vulnerable-women-web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721190/police-guidance-on-working-with-vulnerable-women-web.pdf)

are held in police cells as a place of safety. In practice this can mean their attending an incident in the same vehicle. Approximately 30 police forces across England already have some form of street triage, with many reporting more effective access to health services and a reduction in the use of police cells as a place of safety. Any expansion of the programme will be determined based on local need.

## Health and mental health concerns

7.5 NHS England's Liaison and Diversion (L&D) services are being rolled out across England to identify and provide early intervention for people with mental health issues, substance misuse problems and other vulnerabilities (including learning disabilities and autistic spectrum disorders) as soon as they come to the attention of the criminal justice system. L&D places clinical staff at police stations and courts to provide assessments and referrals to treatment and support. Decisions and sentences can then be tailored to meet needs. This means that, where appropriate, the woman may be diverted away from the criminal justice system altogether, away from charge, or from a custodial sentence to a community sentence with a treatment requirement.

We are also working to ensure that information identified by L&D services will be forwarded to prison and probation healthcare provider to support effective and early identification of risk and needs during supervision/custody.

L&D services will be available across 82% of England by the end of March 2018, with 100% roll-out expected by 2020/21. There is a separate but similar Criminal Justice Liaison and Diversion Service in Wales, where health is devolved.

## 8. Court Diversion

- 8.1 In light of the issues affecting women in custody and the community, as detailed in section 3, it is particularly important that courts are provided with all relevant information about the circumstances of the offence, the woman, and the services available to them. It is only then that they can make fully informed and appropriate decisions about sentencing options, including diversion away from custody and/or the criminal justice system where appropriate. The *Top Tips for Court and Report Writers* document at Annex B details some of the factors that you will wish to consider at this stage. This section is mostly directed at NPS staff, however, CRCs have a role in ensuring that Report Writers and Sentencers are fully aware of the range of Interventions available and can support increased community sentencing
- 8.2 In the first instance you will wish to consider the options for diversion and/or whether the woman might be suitable for a bail assessment for BASS accommodation or Approved Premises (AP), or for Electronic Monitoring.

### BASS Accommodation

- 8.3 Bail Accommodation and Support Services (BASS) is a well-established national government scheme for people who would normally be living in the community on bail or Home Detention Curfew (HDC) but who do not have a suitable address. Consideration should always be given to this scheme in the first instance when a woman appears in court with no accommodation and is facing a remand in custody as a consequence of being homeless or is unable to return to her home address. Similarly, where a woman in prison wishes to be considered for HDC but is unable to propose an address, or where an address that has been proposed is deemed to be unsuitable, the prison must make the offender aware of the opportunity for release to Bail, Accommodation and Support Service (BASS) accommodation. Enquiries can be made about these services pre- and post-custody.
- 8.4 BASS provides private rented accommodation and women-only houses are normally 2–3 bedrooms for use only by women, all with their own bedroom, shared living areas, kitchen and bathroom. Children can accompany their mother by agreement with Social Services/Bass provider and would be given an individual property designated for their use [family accommodation]. BASS properties must meet the Governments 'Decent Home Standard' and all current safety standards. Support Officers are responsible for advising service users and female Service Users can request a female Support Officer. Service Users have to abide by the BASS accommodation rules or risk losing their accommodation [breach of bail or HDC recall].

- 8.5 If BASS accommodation is not available, or the woman has been assessed as unsuitable for the scheme (e.g. she has been charged with sexual offences or has complex needs), the court may agree to an adjournment for a bail assessment period at an AP with the view to a community sentence being imposed. This can be applied for at the first court appearance by a court duty officer or subsequently by a report writer. A community order or suspended sentence with condition of residence can be considered as a direct and robust alternative to custody.

## Approved Premises

- 8.6 The main purpose of Approved Premises (APs) is to provide intensive supervision for offenders who present a high or very high risk of serious harm. Most of these offenders will have been released from prison on licence, but in very rare circumstances it is possible for women to be considered on bail, community sentences and suspended sentences. High-risk women are relatively rare when compared with men, reflected in the smaller number of APs for women. Where there is capacity and a clearly identified need, medium-risk women can be referred to APs.
- 8.7 There are six women's APs serving England (in Liverpool, Preston, Bedford, Birmingham, Reading and Leeds). Contact details can be found at Annex C - *Approved Premises for Women*, or on EQuIP. The APs in Preston and Birmingham operate as Psychologically Informed Planned Environments (PIPE), which means there is an increased focus on the quality of staff-offender relationships. All six APs are working towards or have already achieved the Royal College of Psychiatrists' Enabling Environments award. Currently none of the APs can accommodate children with their mother (or guardian). Also, as there will be women living in APs with restrictions regarding contact with children, it is not always possible for mothers to even have their children on site for visits. When deciding whether a mother needs an AP, consideration needs therefore to be given to the impact a period of stay could have on her and her children and the proximity of the AP to where the children live.
- 8.8 APs will expect the Referring Officer to have:
- Interviewed the offender and made an assessment around motivation and suitability.
  - Gathered information about the offender and their offending history. This will include pre-convictions, offence summary, previous reports e.g. Pre-Sentence Report (PSR), and Psychiatric Reports.
  - Gathered information regarding risk factors for example drugs, alcohol, violence, arson, mental and physical health, child protection.
  - Gone through the AP National rules with the offender and gained their willingness to comply with them. (These will be provided to the court)

- Discussed with the offender any needs they may have in relation to diet, faith, culture, mobility etc.

- 8.9 As stated above, in very rare circumstances, APs can also offer Bail/Bail Assessment placements to women who find themselves in court charged with criminal offences. This is with a view to preventing, where appropriate, remands into custody and obtaining a community disposal as the final outcome. Referrals of this nature should be discussed in the first instance with the newly established Central Referral Units.
- 8.10 Instructions and guidance on Approved Premises (APs) is contained in Probation Instruction (PSI) 32/2014, *Approved premises*.

## Electronic Monitoring

- 8.11 Electronic Monitoring (EM) is an important part of the Criminal Justice infrastructure, it is a flexible tool that can be used to support and enable the management of offenders and defendants in the community. EM is mostly used to monitor compliance with a curfew requirement as a result of a court order (including bail) and during early release under HDC, a very small number of Global Positioning System (GPS) tags are used to monitor offenders' locations. The restrictions and structure imposed by EM can help to break habits and limit opportunities to offend, which can reinforce positive behaviour when used alongside other interventions or requirements, it also provides the opportunity to retain employment and maintain family and community ties.
- 8.12 Curfew arrangements can be flexible and should take account of personal circumstances and the purpose for which the curfew is being imposed; for women, arrangements should not, for example, preclude them from carrying out parental or caring responsibilities (taking or collecting children from school for example).
- 8.13 Once the order has been made and the EM provider has received the information, they will arrange for a field monitoring officer (FMO) to visit the offender at their residence, normally on the first day of curfew, to install the equipment and fit the tag. Women in custody can only be visited by women FMOs and only women FMOs will fit their tags. Tags are normally fitted to the ankle and the FMO will make sure the tag fits properly, on average a visit to install the equipment takes 40 minutes.

## Women's Centres

- 8.14 Pre-sentence, a number of women may already be involved with the local Women's Centre in their area. If the woman you are working with/completing a report on needs immediate support or advice in the community, you may be able to refer her pre-sentence.

**8.15** Women's Centres are one-stop, women-only spaces offering support and advice to vulnerable women operated by the voluntary sector. There is no single model, and funding arrangements will vary. The services offered and models of delivery vary and have developed according to local need. They range from dedicated centres delivering a range of support and advice services in urban areas, to shared premises and outreach work in rural and semi-rural areas; and "women's hubs" where services for women are provided by a range of organisations brigaded together in one space, for example, in a local community centre or local delivery unit. Probation staff are sometimes co-located in women's centres which brings supportive benefits for helping to rehabilitate women in the community. For example, in the first Women's Pathfinder Whole System Approach pilot site launched in Cardiff in July 2014, there is a co-location of NPS staff from the Safer Wales premises and a dedicated CRC premises which provides a woman only environment for female service users to report to.

Women's centres can be effective at reducing reoffending. Analysis by MOJ's Justice Data Lab (JDL) found the one year proven reoffending rate for women who received support provided by 32 Women's Centres throughout England was between 1 and 9 percentage points lower than the rate for a matched comparison group of similar offenders.<sup>13</sup> JDL analysis for Brighton Women's Centre found, for every 100 participants, a reduction in the frequency of reoffending by between 27 and 79 re-offences compared with a matched comparison group of similar offenders.<sup>14</sup> Other JDL analysis was not statistically significant (Lancashire women's centres; and Nottingham women's centre).<sup>15</sup>

**8.16** Centres work with vulnerable women, who may be at risk of offending, as well as women in custody and the community. Attendance at a women's centre can form part of a community order (for example as part of a rehabilitation activity or attendance centre requirement once they have been sentenced). Women can also be referred by other organisations outside the formal criminal justice system, and can self-refer to centres. Where centres have a contract with a CRC, services provided are specifically designed to meet the needs of the women in custody and the community.

<sup>13</sup> MOJ (2015). Justice Data Lab Re-offending Analysis: Women's Centres throughout England. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/427388/womens-centres-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/427388/womens-centres-report.pdf) MOJ (2017).

<sup>14</sup> MOJ (2017). Justice Data Lab analysis: Re-offending behaviour after participation in the Brighton Women's Centre Inspire programme. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/608283/brighton-womens-centre-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/608283/brighton-womens-centre-report.pdf)

<sup>15</sup> Women's centres/services often only work with small numbers of women which can make it harder to obtain meaningful impact results.

## 9. The Pre-Sentence Report

- 9.1 The purpose of a Pre-Sentence Report (PSR) is to assist the court in determining the most suitable method of dealing with an offender. Advice to court through a PSR, if requested, presented either verbally or in written form, is an important vehicle through which a women journey through the Criminal Justice System can be shaped.
- 9.2 As section 3 above shows, women in custody and the community have a different profile to that of men, with many women having distinct complex and inter-connected needs that may influence and perpetuate their offending behaviour. The more closely the PSR represents the personal circumstances of each woman, the more account can be taken of her individual needs, and the more opportunity there is to avoid or mitigate disproportionate custodial outcomes. For example, sentencers may in some circumstances be influenced to remand a woman in custody or sentence her to a custodial penalty where there are concerns for her safety or well-being, particularly in circumstances of domestic abuse or offending apparently driven by someone else. Such scenarios are more likely for women than men. This is not an appropriate use of custody and staff providing advice to court should be clear about alternatives, such as Aps, Bail Accommodation, or, if appropriate, a Refuge that can offer a woman a place of safety where needed.
- 9.3 Probation Instruction (PI) 04/2016, *Determining Pre-Sentence Reports*, sets out a framework for determining the most appropriate format for providing information to courts, and builds on best practice achieved between the probation service and courts. The specification places increased emphasis on the NPS court officer to exercise direction over report type, based on the purpose of the report and the information needs of the court, without undermining sentencers' independence. This approach has been endorsed by the National Sentencer Probation Forum.
- 9.4 Annex D - *The Pre-Sentence Report and Sentencing Options* provides background information on the approach to be taken in completing these reports, including the availability of the National Court Report Writing Training package, primarily aimed at Probation Service Officers (PSOs) who have little or no experience in producing Short Format Reports (SFRs) in the court setting. The training introduces learners to some of the difficulties faced by women who come into contact with the CJS.
- 9.5 The *Top Tips for Court and Report Writers* document at Annex B further supports report writers' considerations, including those that may be gender-informed, and includes an example from a report arguing for a community option rather than custody under the ORA. If you are writing the PSR on a woman in custody then she will have an offender supervisor who you can speak to about her current situation and circumstances.

It is important to recognise that an individual's circumstances should be the driver for sentencing decisions and with that, the mitigation of sentences. As such, report writers need to be clear about the specific reasons why a particular sentencing proposal is appropriate (e.g. childcare responsibilities, background of sexual abuse, domestic abuse, childhood abuse, mental health issues), and do not solely make recommendations based on gender.

- 9.6 If the offender has children, ensure that the PSR states any additional effects upon the children of their mother being sent to prison such as disruption to their care. Local Children's services will be able to confirm if a Social Worker is involved with the family and of any child safeguarding issues and current interventions. The woman may have not disclosed to her family that she has been arrested or is due in court. If she is the sole parent or carer and looking at a custodial sentence it is imperative to enquire, at PSR stage, what childcare or carer provisions have been put in place. If concerns are raised, a pre-emptive referral to Social Care in your area must be undertaken and concerns noted in the PSR and to court staff.
- 9.7 In order to make sure that you are able to highlight to the court the full range of options that might be appropriate for the offender, you will need to consult pre-sentence with the relevant CRC to establish what interventions are available. The services that can be purchased from CRCs are detailed on individual Rate Cards for each contract package area/CRC (see 11.5 below) but to provide up to date and accurate advice to the sentencer, you will need to have dialogue with the CRC to establish what interventions are available and when they will be accessible to the woman in question. All CRC Rate Card services are mapped out on the NPS Effective Proposal tool for PSR authors to access. The Effective Proposal tool will provide eligible community based options in line with current sentencing guidelines allowing the PSR author to make an assessment in relation to individual suitability'.
- 9.8 As a PSR author, if you are considering proposing a Curfew or Unpaid Work(UPW) option, be aware that there is some flexibility as to the times that this can be imposed or carried out. The requirements could therefore be based around childcare, though will still need to fall within the parameters of the Community Payback Manual. A full discussion and outline of responsibilities can be covered in the report. UPW units often have a number of individual projects where working hours can be flexible around childcare and funding may be available to cover childcare costs (please see PI 10/2016, *Offender Childcare*). It is important that options for UPW are varied enough to cater for women offenders. UPWs are delivered by CRCs, so as per paragraph 9.7 above, you will need to liaise with them to ascertain what UPW opportunities are available and how these might be tailored to take account of the woman's circumstances.

- 9.9 Given the complex issues affecting some women in custody and the community, the timescales for the completion of court reports can make it challenging to provide a comprehensive assessment that reflects offence seriousness and appropriate sentencing proposals. Where a Guilty Anticipated Plea (GAP) is expected you may be able to request that the PSR is deferred. You can request an adjournment for up to 15 working days where any of the following criteria are met: a complex multi-agency assessment is required; there is a diagnosed mental health and/or vulnerability issues; serious sexual or violent offending including high risk domestic abuse/child safeguarding; and a dangerousness assessment.

## The Equality Information Form

- 9.10 NPS Court Team managers must ensure an Equality Information Form is completed on each offender whose hearing is adjourned for a Pre-Sentence Report (including oral reports) at the first point of contact at court. This is mandated through PI 04/2016. The self-declaration form provides a wealth of information that lays the foundations for advice to the court, for example whether the offender is pregnant, a carer or a care leaver, their mental health history, and whether they have a disability as well as all other protected characteristics. It also includes whether the offender is ex-armed service personnel. The information gained through completion of the form serves to provide important detail for the induction and sentence planning for the woman in the event of a community sentence or a custodial sentence. The data is also needed in order for HMPPS to comply with the Equality Act 2010 and will enable outcomes for women to be monitored via the HMPPS Equality Monitoring Tools.

## OASys Assessment

- 9.11 An OASys assessment may be completed at the PSR stage (if a full written report is requested) and informs the NPS' sentencing advice to the courts. It is recognised that CRCs may use alternative assessment tools and therefore any references to OASys in this guidance, include the equivalent assessment tools used by CRCs.
- 9.12 Further guidance on OASys and how this applies to women in custody is at Annex E – *OASys Assessment for Women*.

## 10. Sentencing and Case Allocation

- 10.1 As stated in Section 9 above, it is important that report writers provide sentencers with all relevant information in order to ensure that the appropriate disposal is selected for the woman. The role of the Pre-Sentence Report (PSR), if requested, is paramount in achieving this and report writers should be fully mindful of the guidance provided in:
- Annex B - Top Tips for Court and Report Writers
  - Annex D – The Pre-Sentence Report and Sentencing Options
  - Section 9 above on The Pre-Sentence Report
- 10.2 There is also a national sentence liaison mechanism – the National Sentencer/Probation Forum - which aims to ensure that sentencers are provided with up to date information about what options are available in their jurisdiction and also the effectiveness of what is on offer. Further information on this forum is provided in Annex F – *Sentencer Liaison Arrangements* and in PI 18/2016, *Liaison Arrangements between Sentencers and Providers of Probation Services*.
- 10.3 A breakdown of the basic sentencing options available to courts is provided in Annex D – *The Pre-Sentence Report and Sentencing Options*.
- 10.4 HMPPS are supporting the roll-out of research materials (called ‘Safeguarding Children When Sentencing Mothers’, January 2018) created by Dr Shona Minson, Research Associate at the Centre for Criminology, University of Oxford. Dr Minson’s research highlights the significant negative impact of maternal imprisonment on children, the detrimental effect on a child’s relationship with their mother and the increased likelihood of criminal offending, mental health problems and drug/alcohol addiction. The Magistrates Association has made the film available for all its members. The film was shown at the Judicial College Sentencing Training in March 2018 and will be available on its online system. It has also been distributed to NPS Court Leads nationally to increase their awareness of the issues.

### Case Allocation

- 10.5 The responsibility for the allocation of cases through the Case Allocation System (CAS) to the NPS, CRC or Electronic Monitoring (EM) provider sits with the NPS. Full details around allocation can be found in PI 05/2014, *Case Allocation*. The CAS must be completed either pre-sentence or within two working days of sentence where the offender is in scope for probation services. Allocation must take place at the earliest opportunity so that wherever possible the offender is clear before they leave court where and to whom they need to report. CAS can present tensions around balancing speedy decision-making and having sufficient

information to make a decision concerning the level of risk the woman actually represents. We know that a woman in custody will often present with complex needs and the drivers for her offending may well be related to another person or domestic circumstances, therefore a holistic approach to the CAS alongside that of the PSR may reduce the risk of conflating complexity with risk.

# 11. Community Sentence

- 11.1 Annex D – *The Pre-Sentence Report and Sentencing Options* sets out the 12 requirements that can be made as a condition of a community sentence.
- 11.2 A community sentence option that allows offenders to undertake a rehabilitative programme and work in the community, whilst being supervised, can be particularly advantageous for women who have caring responsibilities, as this will minimise the disruption to their family and childcare arrangements. In addition, addressing offending behaviour whilst the woman remains in her community may lead to greater and more sustainable stability and support networks. Report writers should be mindful of these factors at the Pre-Sentence Report stage, together with any other benefits that community sentence options might have for the woman offender in question (see Section 9).
- 11.3 On the other hand, many women's face challenges, due to issues such as substance misuse, domestic abuse, and mental health problems, and this may make it difficult for them to comply with community sentences. In making decisions about compliance with the requirements of an order therefore, Responsible Officers should consider not only the direct circumstances of any failure but also the wider circumstances of the woman offender.
- 11.4 The Offender Rehabilitation Act 2014 introduced Rehabilitation Activity Requirements (RAR) and the decision to include a RAR within a Community Order (CO) or Suspended Sentence Order (SSO) is at the discretion of the court. The RAR will be the primary mechanism through which probation providers are able to require offenders given COs or SSOs to engage in rehabilitative activity, although activity which takes place under other requirements can also promote rehabilitation. The RAR is designed to allow providers of probation services flexibility to deliver innovative rehabilitative interventions and enable us to tailor these to the offender.
- 11.5 Again, it is important that probation providers are alert both to the woman's specific circumstances and the RAR opportunities available within their areas, so that they are able to make proposals constructive to the court about what options would best enable the woman to address her risks and needs. The offender services that NPS can purchase from CRCs (including costs) are detailed on individual Rate Cards for each contract package area/CRC. The Rate Cards can be accessed via the HMPPS intranet. All CRC Rate Card services are also mapped out on the NPS Effective Proposal tool for PSR authors to access availability and eligibility criteria': <https://intranet.noms.gsi.gov.uk/support/nps-guidance/commissioning-crcs/rate-cards>

- 11.6 Each Rate Card is divided into 2 parts: **Part 1** are offender services that CRCs are mandated to provide and make available to NPS cohort of offenders. These include Unpaid Work, Accredited Programmes and Resettlement services in non-resettlement prisons. **Part 2** are offender services that CRCs can choose to provide and make available to NPS cohort of offenders (referred to as Discretionary services). These services vary and have been grouped under the re-offending pathways (Education, Training and Employment (ETE), Accommodation, Finance & Debt, Drugs & Alcohol, Mental Health, Physical Health, Women's services, Children & Families) and also include other services such as Restorative Justice and Senior Attendance Centres.
- 11.7 You may wish to consider RARs at local Women's Centres that enable the woman to access specific female provision where she will be supported to address those needs related directly to her offending behaviour. In light of what we know about women in custody and the community (see Section 3 above), this may, for example, be to help address financial issues, or to provide specialist support for those who have suffered from domestic abuse or other support to help them in dealing with relationship problems.
- 11.8 There are a number of services available within the community that can help women in the criminal justice system address their offending behaviour, including Early Help Services such as the Troubled Families Programme, which promotes high quality, integrated support for families with multiple complex problems. Many of these services will be available to all (not just women, and not just offenders), so practitioners will need to consider the suitability of individual services carefully before referring. These services include support for offenders with substance misuse problems; health and social care; children's services (and the universal parenting support being developed through children's centres and extended schools); specialist sexual abuse and domestic abuse services; learning and skills, and housing and debt advice. You may wish to develop local community based Directories of Services available to women. Information on *Interventions for Women Offenders* is provided at Annex G.
- 11.9 Offenders who get community sentences can be ordered to carry out between 40 and 300 hours Unpaid Work (UPW). Women can find it extremely daunting reporting for UPW in a male dominated group session and this may have a negative impact upon successful completions. Following the implementation of ORA (under which probation services must make provision for the gender-informed needs of women) one of the contractual requirements is for women to be provided with the option of a (risk-assessed) women only work placement. Women can also be disproportionately affected by UPW orders as they are more likely to have childcare responsibilities. Processes to reimburse women for childcare costs are covered in PI 10/2016 *Offender Childcare*.

11.10 As stated at 9.11, the OASys assessment enables a sentence plan to be prepared and OASys is used in the ongoing management of sentenced offenders, both in custody and in the community. Annex E – *OASys Assessment for Women*, provides more details on OASys and what factors need to be considered when formulating the OASys assessment and sentence plan for women in custody.

## 12. Custodial Sentence

- 12.1 There are 12 women's prisons within the custodial estate and, as women are not categorised in the same way as prisoners in the male estate (see 12.6 below), all prisons hold women aged 18 and over. The women's estate consists currently of 12 resettlement prisons, including 2 open prisons. Annex L – *Women's Prisons Key Facts 2016*, contains detailed information on regime and services provided at each prison and their current operating capacity. There is also a map of the women's estate and further details of all prisons on the HMPPS intranet.
- 12.2 Because there are only twelve prisons in England and none in Wales, women may be held a significant distance from their home area and families. The assisted prison visits scheme (APVS) is available for families on low incomes to help them with the cost of visiting and women's prisons run family days, which are longer, more relaxed visits for women with children. A centralised visits booking system was rolled out across the Women's Estate from January 2018 with the aim of providing a better and more consistent service for families and women.
- 12.3 Services provided at individual prisons vary, as do the women they hold. Eight prisons operate currently as local prisons, accommodating remand prisoners within their populations, and it is at one of these establishments that the prison journey for women will begin, either as a remand prisoner or directly from court following sentencing. On the woman's arrival at the prison there will be a thorough reception process, which will include a medical assessment and induction. A woman will usually be sent to the local prison which is nearest to the court. It is therefore possible that she will be some distance from her home and may have to undertake a long journey. There is a duty to make reasonable adjustments for disability in the Equality Act 2010 which may inform the choice on what prison a woman is sent to, because the prison needs to have the physical environment and the resources that can meet the woman's needs.
- 12.4 This section will be updated once the formal OMiC model has been agreed.

### Offender Management in Custody

- 12.5 This section will be updated once the formal OMiC model has been agreed.

### Healthcare

- 12.6 It is the responsibility of HMPPS and NHS England, as collaborative commissioners of prison healthcare services, to ensure that the healthcare needs of women in prison are met. Women in prison are often even more affected and have disproportionately higher level of mental health, suicide, self-harm, drug

dependence and other health needs compared to men in prison. Women also require often specific health and social care interventions that take account of their gender as well as their circumstances and their needs.

- 12.7 It is an important part of a woman's post release supervision plan that the prison-based case manager links with the prison-based healthcare provider for any continuity of care matters that will need to form part of their supervision and this information is shared with the community-based Offender Manager/Responsible Officer.
- 12.8 Public Health England has recently published *Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England*, setting out evidence-based good practice in addressing the health and wellbeing needs of women in prison. The document detailing these standards, which is for the use of commissioners of services, service providers and all employees who work in the female prison estate, can be found at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/687146/Gender\\_specific\\_standards\\_for\\_women\\_in\\_prison\\_to\\_improve\\_health\\_and\\_wellbeing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687146/Gender_specific_standards_for_women_in_prison_to_improve_health_and_wellbeing.pdf)

## Suicide and self-harm

- 12.9 The rate of self-harm amongst women in prison is almost 5 times that of men.<sup>16</sup> Multi-agency working and in particular identifying and addressing women's experience of trauma (including domestic violence and sexual abuse), substance misuse, mental health and issues relating to separation from and loss of children are particularly important in reducing self-harm and improving settlement back into the community. More information on understanding risk relating to suicide and self-harm can be found on the [Prison Safety Intranet Page](#).
- 12.10 In response to the 12 self-inflicted deaths in women's prisons in 2016, the Independent Advisory Panel (IAP) on Deaths in Custody carried out a rapid information gathering exercise. Published in March 2017, (<http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf>) the report made a series of community and prison-based recommendations to prevent suicide and self-harm and keep women safe. In addition to making improvements to mental health provision, and notably to *develop a gender-aware and trauma informed environment in all women's prisons*, the recommendations also focused on improving the transfer of information about women at risk, maximising family contact and family input where appropriate and safe to do so, and preparing women for release.

<sup>16</sup> MOJ (2018). Safety in custody quarterly: update to December 2017. Available at: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2017>

- 12.11 The rise in women's deaths in 2016 also prompted the PPO to issue a bulletin ([www.ppo.gov.uk/wp-content/uploads/2017/03/PPO-Learning-Lessons-Bulletin-Self-inflicted-deaths-among-female-prisoners-WEBSITE.pdf](http://www.ppo.gov.uk/wp-content/uploads/2017/03/PPO-Learning-Lessons-Bulletin-Self-inflicted-deaths-among-female-prisoners-WEBSITE.pdf)) which drew on a review of 19 of its investigations between 2013 and 2016. From looking at this snapshot of cases, the PPO identified lessons under the themes of identifying, monitoring and acting on risk, the role of mental health, bullying, the ACCT process and emergency response. Most of the findings echoed broadly those made by the IAP, particularly those relating to mental health and drugs misuse service provision and the importance of the exchange of information about risk and care planning.
- 12.12 Governors must ensure that the outcomes set out in PSI 64/2011 Management of prisoners at risk of harm to self, to others and from others (Safer Custody) specification are delivered.
- 12.13 Annex H – *End to End Custody Process* provides details of some of the processes involved in managing a woman through her custodial sentence.

## Categorisation

- 12.14 As stated above, women are not categorised in the same way as men. This is explained in Prison Service Instruction (PSI) 39/2011, *Categorisation and Recategorisation of women prisoners* at <http://www.justice.gov.uk/offenders/psis/prison-service-instructions-2011>. The most dangerous or high-risk women are categorised as Restricted Status (RS) and are held in one of the prisons designated as secure enough to hold such women (currently only Bronzefield, Peterborough and Low Newton).
- 12.15 HMPPS is looking to increase the number of prisons that can hold RS women, to provide greater flexibility in meeting their needs, in particular delivering programmes and interventions to reduce their risk of reoffending. A Restricted Status Strategy Project has been established and will pilot arrangements for locating RS women in another establishment, to assess the feasibility of holding these women in other prisons throughout the estate, in order to access a wider range of interventions and reduce their risk.
- 12.16 In addition to the RS women, HMPPS also has a system for managing some particularly challenging women in custody. Details of the *Centralised Case Supervision System* (CCSS) can be found in PSI 23/2015 at <http://www.justice.gov.uk/offenders/psis/prison-service-instructions-2015>. These women are managed as Complex Needs (CN) women and are located across the estate. The criteria for accepting a woman on the caseload is extensive and often involves many challenging behaviours, personality disorder and risk to self and others. The CCSS system delivers a centralised approach to managing and providing access to interventions and specialist services for women who might otherwise struggle to make any progress during their sentence.

## Discipline

12.17 Women prisoners are charged with offences against discipline at significantly higher rates than men. There is evidence to suggest that their previous experience of trauma and abuse make following rules and orders particularly difficult. Lack of trust in authority and loss of autonomy can make compliance with institutional rules difficult. Staff and managers should be appropriately trained and supported to understand why and how women may act anti-socially and how to manage and de-escalate conflict without excessive use of formal disciplinary processes. The use of formal disciplinary action should only be used as a last resort.

## Indeterminate Sentence Prisoners, Progression and the Parole Process

12.18 Indeterminate sentence prisoners (ISPs) may only be released once they have served the minimum period specified by the sentencing court, and only then if the independent Parole Board decide their identified risks may be safely manageable in the community under probation supervision. A Generic Parole Process (GPP) exists which allows for the management of their individual cases – this is managed by the Public Protection Casework Section (PPCS) at HMPPS Head Quarters. ISPs are entitled to have their parole reviewed at least every 2 years, often sooner. HMPPS staff contribute to ISP progression and the GPP by writing comprehensive reports for consideration by the Parole Board.

12.19 In order to ensure that ISPs stand a reasonable chance of progressing to open conditions or achieving release, they must be allowed opportunities to access interventions designed to address their identified risks. They must also have their security category reviewed to ensure that it remains appropriate and allows them to progress wherever possible.

## Pregnant Prisoners and Mothers with Babies in Prison

12.20 Pregnancy, childbirth and the initial stages of motherhood can be times of vulnerability and that will particularly be so for women who are in prison. Pregnancy can be physically and emotionally challenging, with women experiencing huge changes in their bodies and many feeling anxious and uncertain about what the future holds for them and their baby. Annex L '*Pregnancy in Prison*' sets out some of the issues facing and affecting pregnant women, include some of their more common concerns, and provides guidance to staff on what action they can and should take to meet their needs.

12.21 In light of the huge impact that pregnancy can have on women, their health and their behaviour, it is imperative that staff take steps at the earliest stage to identify women who are pregnant, so that they are afforded the appropriate care

and support. To this end, the Governor/Director must ensure that procedures are in place to ask women on reception or at the earliest opportunity whether they are/could be pregnant or have children under the age of 18 months, as required by Prison Service Instruction (PSI) 49/2014, *Mother and Baby Units*.

- 12.22 Some women's prisons provide places in Mother and Baby Units (MBUs) for women prisoners who give birth whilst in custody or who have children under the age of 18 months. There are currently six MBUs across the estate, at: New Hall, Styal, Askham Grange, Peterborough, Bronzefield and Eastwood Park, providing an overall total capacity of 64 places for women (70 places for babies, to allow for the possibility of twins). The application, admission and separation processes for MBUs are explained in PSI 49/2014.
- 12.23 The decision to provide a place on an MBU is taken by a Board consisting of representatives from the Local Authority, the prison, other interested parties, and an Independent Chair. MBUs provide a comfortable, safe and stimulating environment suitable to the ages and stages of development of children. The best interests and safety of children on the unit are a primary consideration in all matters and the service works for the best prospect of a successful resettlement of the mother and child in the community.

## Foreign National Women Prisoners and Immigration Detainees

- 12.24 Once a female foreign national has been referred to Home Office Criminal Casework (HOCC) following sentencing, and HOCC has advised the offender is of interest and liable to be removed from the country, the offender should normally be transferred to HMP Peterborough (a hub prison for female foreign nationals) unless the offender's individual needs require transfer to a more appropriate prison.
- 12.25 Section 60 of Immigration Act 2016 requires that the detention of a pregnant foreign national woman under immigration powers must not exceed a maximum period of 72 hours (or seven calendar days with Ministerial approval), and upon expiry of these time periods the pregnant woman must be released from immigration detention. It is therefore essential that Criminal Casework (the Home Office team responsible for ensuring compliance with this 72 hour time limit) is made aware of any pregnant immigration detainees at the earliest possible time. However, these provisions do not apply if the woman is to be shortly removed from the United Kingdom or there are exceptional circumstances which justify the detention.

### 12.26 There may be occasions where:

- a pregnant foreign national woman has completed a short custodial sentence in prison but immigration detention papers are served (IS91) requiring her continued detention;
- a pregnant foreign national woman arrives at a prison to be held solely under immigration powers (IS91);
- a pregnant foreign national woman who is being held in prison on remand is given criminal bail but continues to be held under immigration powers (IS91);
- it comes to the attention of prison staff that a foreign national woman being held in that prison solely under immigration powers (IS91) is pregnant (only in cases where there is no evidence that this has previously been notified to Criminal Casework).

In all of the above scenarios there is the potential that Criminal Casework would not be aware of the pregnancy and be at risk of not adhering to the 72 hour time limit.

12.27 To mitigate this risk, Criminal Casework has a designated in-box entitled 'Adults at Risk – Pregnancy Referrals' ([adultatriskpregnancy@homeoffice.gsi.gov.uk](mailto:adultatriskpregnancy@homeoffice.gsi.gov.uk)) and would kindly request that if you encounter a pregnant immigration detainee in any of the above circumstances you immediately email the in-box with their full name, date of birth, nationality, location and prison number, and that you provide appropriate contact details for Criminal Casework to contact you to discuss the case. It is also requested that you place a copy of the email on the detainee's record for audit purposes.

12.28 For other mandatory requirements and general guidance on foreign national offenders, see PSI 52/2011.

## 13. Through the Gate

- 13.1 As practitioners will know, the Through the Gate (TTG) Resettlement Service aims to provide support to offenders in meeting their resettlement needs a) on entry to custody b) later where there is a need through their sentence, and c) in the last twelve weeks prior to release and through the gate. Resettlement is the key focus of TTG, with a clear emphasis on reducing re-offending and public protection.
- 13.2 All women's prisons are designated as resettlement prisons and, in recognition of the geographical challenges presented by a smaller estate and population, have a different operating model for TTG to the men's estate. All women prisons will have a 'host: lead provider', which is usually the one for the area in which the prison is situated or in some cases the CRC with the largest cohort of prisoners within the establishment, where they are different. The Resettlement Service is embedded in the local Women's prison and the TTG Leads are engaged with a wider strategic group.
- 13.3 In most women's prisons, up to three other providers will be given access pre-release as a host CRC to their cohort of prisoners (and remanded prisoners with home addresses in their Contract Package Area - CPA), with this access facilitated by the 'host: lead provider'. The 'host: lead provider' will be responsible for preparing resettlement plans, delivering immediate requirements and engaging in pre-release planning with the home CRC for any women offenders allocated to either their CRC nor any of the host CRCs, or the NPS as appropriate.
- 13.4 To help women return successfully to the community, the planning for this needs to be part of their sentence progression as well as their release planning. Women can be held some distance from home given the small number of prisons within the female estate and we also know that women are more likely to be principal carers of their children or other relatives. Family Engagement Workers are therefore available in all public-sector prisons (there will be a similar service in private prisons), whose role is to help and support women and their families to maintain or develop their relationships during the time they are in custody. It is important to involve health and substance misuse services in prisons to inform community supervision planning.
- 13.5 The value of all women's prisons being resettlement prisons is, in part, the expectation that women may progress through their sentence without having the disruption, and sometimes trauma, of a prison move. As a woman's sentence progresses, Release on Temporary Licence (ROTL) can be used to support relationships with her family (subject to risk assessment) and may allow for employment to begin before her actual release date. Drake Hall also has facilities

that allow for women to have their children for an overnight visit with them in a separate suite.

- 13.6 *Annex A - Top Tips for Engaging, Managing and Supervising Women Offenders* provides details of other issues that you should consider when helping prepare for a woman's release from custody and to support a successful period of Post Sentence Supervision (PSS) or Licence.

## 14. Post Sentence

- 14.1 Annex I – *Post Sentence Supervision (including Breach and Recall)*, provides details of the changes brought about by the Offender Rehabilitation Act 2014 in relation to the supervision of offenders after they have been released from prison custody. The annex sets out the eight requirements that should ordinarily be part of the Post Sentence Supervision (PSS), barring exceptional circumstances.
- 14.2 Where women are living in the community and subject to licence supervision, there may be times when their ability to comply becomes problematic and enforcement action is considered. As stated in paragraph 11.3, in making decisions about compliance with the requirements of an order you should consider not only the direct circumstances of any failure but also the wider circumstances of the woman offender.
- 14.3 Approved Premises (APs) provide an enhanced level of monitoring for women who present a medium, high or very high risk of serious harm and supervision including drug and alcohol testing and wrap-around support. A temporary period of residence in an AP can help a woman to stabilise and get back on track and could be an appropriate alternative to recall (see paragraphs 8.6-8.10 above).
- 14.4 Recall should be considered for cases where the person cannot be safely managed in the community. However, each case must be considered on its merits, and some offenders can and do respond positively to other measures designed to support them in complying with their licence conditions and renouncing an offending lifestyle. Decisions should take into account the situational and contextual factors associated with risk of harm and offending but also the offender's motivation, strengths and any protective factors.
- 14.5 Two decision trees for In Hours and Out of Hours Recall have been designed in EQuiP.<sup>17</sup> Each decision tree outlines what practitioners and managers should take into account when undertaking assessments to inform recall action. Additionally, a range of supporting documents have been attached to the relevant steps. Examples include Probation Instructions, Case Recording Instructions, evidence based guidance and reflective discussion prompts.

When considering potential alternatives to recall a range of option are available but the following approaches have been identified as relevant for women:

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<sup>17</sup> In hours recall decision tree: [https://equip-portal.rocstac.com/CtrlWebIsapi.dll/?\\_id=webDiagram.show&map=0%3AFF2D8D3F16B44268B814F7F8177A16F7&dgm=6D28A235BE614FD49AF88280E20366CB](https://equip-portal.rocstac.com/CtrlWebIsapi.dll/?_id=webDiagram.show&map=0%3AFF2D8D3F16B44268B814F7F8177A16F7&dgm=6D28A235BE614FD49AF88280E20366CB)

In hours recall decision tree: [https://equip-portal.rocstac.com/CtrlWebIsapi.dll/?\\_id=webDiagram.show&map=0%3AFF2D8D3F16B44268B814F7F8177A16F7&dgm=81DA2DDA2A294D82BE17E8624C817138](https://equip-portal.rocstac.com/CtrlWebIsapi.dll/?_id=webDiagram.show&map=0%3AFF2D8D3F16B44268B814F7F8177A16F7&dgm=81DA2DDA2A294D82BE17E8624C817138)

- Help build healthy and supportive relationships with family and children
- Increased employability to develop financial independence and reduce engagement in exploitative relationships or sex work
- Psychiatric assessments
- Advocacy services – legal as well as identity and personal goal setting
- Integrated response to managing substance misuse and trauma to reduce risky sexual behaviours and increase physical and mental health
- Activities to develop pro-social peers and encourage them to engage with the local community
- Anti-bullying and healthy relationship work
- Developing self-efficacy – AP and OM to help women to recognise that they can cope with challenges, take control and build resilience - pro-social modelling and building pro-social support networks
- Assessment of vulnerability and service provision to manage this e.g. sex working
- Female specific services for supported housing, refuges, job centre appointments, substance misuse – particularly Class A and alcohol misuse.
- Safety planning and sign post to services. Can also refer to MARAC.

Specific guidance on alternatives to recall is available at: [https://equip-portal.rocstac.com/CtrlWebIsapi.dll/?\\_id=docDetails.showDoc&doc=F7BF036D57AC4016B3751FE80D1BF9A8](https://equip-portal.rocstac.com/CtrlWebIsapi.dll/?_id=docDetails.showDoc&doc=F7BF036D57AC4016B3751FE80D1BF9A8)

## 15. Women with protected characteristics

- 15.1 The Equality Act 2010 provides protection from unlawful discrimination in relation to the following characteristics: age, disability, gender reassignment, pregnancy & maternity (which includes breastfeeding), race, religion or belief, sex, marriage and civil partnership, and sexual orientation. Summary guidance on the Act can be found at: [https://www.equalityhumanrights.com/sites/default/files/equality\\_act\\_summary\\_guidance\\_on\\_services.pdf](https://www.equalityhumanrights.com/sites/default/files/equality_act_summary_guidance_on_services.pdf)
- 15.2 PSI 32/2011, *Ensuring Equality*, sets out the framework for the management of equalities issues in prison establishments. Governors should refer to this in order to make sure that offenders with a protected characteristic in custody are fairly managed. The mandatory equality action plan should set out steps how information about a person's needs in relation to their protected characteristic is collected, how actions are put in place to meet these needs and mitigate potential discrimination. Finally the plan needs to set out arrangements to monitor the outcomes of these actions and how these are followed up.
- 15.3 Specific guidance exists regarding transgender women in custody and the community and those women undergoing gender reassignment. The Equality Act 2010 recognises *Gender Reassignment* as a distinct protected characteristic and it would not be appropriate to incorporate this into a document that aims to provide guidance specifically on working with women offenders. A transgender woman who has received a Gender Recognition Certificate (GRC) and gained legal recognition of her gender identity must be treated in all respects in the gender she has acquired.<sup>18</sup> Guidance is covered in Probation Instruction PI 16/2016 to cover *The Care and Management of Transgender Offenders* and is supported by the provision of further detailed guidance.

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<sup>18</sup> See Section 9 of the Gender Recognition Act 2004

## 16. Other Useful Information

16.1 It is recognised that considering the complex circumstances and differing issues affecting many women offenders, this guidance can only be considered a starting point and will not cover all issues that practitioners come across. Links to further information are therefore provided below, to enable practitioners to source guidance relating to subjects such as:

- Domestic Abuse: <https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome> - National Domestic Abuse Guidance 2016 Final  
<https://www.gov.uk/guidance/domestic-violence-and-abuse>
- Honour-Based Violence and Forced Marriage:  
[http://www.cps.gov.uk/legal/h to k/honour based violence and forced marriage/#a20](http://www.cps.gov.uk/legal/h%20to%20k/honour-based-violence-and-forced-marriage/#a20);  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/70194/forced\\_marriage-right-to-choose.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70194/forced_marriage-right-to-choose.pdf)
- Female Genital Mutilation:  
[http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga\\_20150009\\_en.pdf](http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf)
- Safeguarding children and vulnerable adults:  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>; <https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-opgs-safeguarding-policy>;  
<https://www.gov.uk/government/collections/prison-probation-and-rehabilitation-public-protection-manual>
- Modern slavery: <https://www.gov.uk/government/collections/modern-slavery>
- Sexual abuse: <https://www.gov.uk/report-rape-sexual-assault>

# Annex A: Top Tips for Understanding and Engaging Women Offenders

## Offender Management

### First impressions

- From the first contact you have with the offender, ensure you consider whether English is her first language, and what her level of reading and learning ability is. Ensure your communication is clear.
- Women's communication styles and learning patterns may be different to those of men, as are their self-identified needs. It is important to take account of individuals' priorities and values, while also focussing on those things that are most likely to make a difference to risk of reoffending.
- Investment at the first point of contact will pay dividends. Remember, as with all offenders' pre-sentence, there will be a strong pull for them to agree to anything to avoid custody so be clear about expectations and requirements.
- Many of the women with whom practitioners will work are currently, or have been, subject to physical or sexual abuse. It is possible that they will not have accessed victim support services. This may have had a significant impact on their self-esteem and confidence. Women offenders may well have difficulties in accessing services, and may feel isolated from community support because of their personal and social problems. Sign-posting services alone is unlikely to work without providing other support. Third sector organisations can play a key role in helping women to access services and in providing mentoring and other support.
- Many women in custody and the community will have been victims of abuse by men. For some women, this may make it difficult to work with a male Offender Manager/Responsible Officer. To overcome this, all women offenders should be offered the option of a female Offender Manager/Responsible Officer from the outset. The woman may feel more able to disclose abuse and how it has affected her behaviour, physical health and mental health. Some women, including those from particular cultural and religious backgrounds, may find difficulties in being alone with a man. On the other hand, some women may find it beneficial to have positive and safe contact with male practitioners. This decision will need to form part of the practitioner's initial assessment.

### Induction

Inductions should be carried out in a women centred environment. If this is currently not possible, think creatively.

- Is there somewhere else that is safe for you both to meet?
- Can you use any community Women's Centres?

- If it must be at the Probation Office, is there a separate entrance and waiting area she could use?
- Can you arrange it so that you will be in reception waiting for her so that she doesn't have to hang around?
- Can busy times be avoided, such as the start of programmes when waiting rooms fill up, or when UPW groups are leaving or returning?
- Can you do home visits in the future?

### **Explore with her how to remove potential obstacles to increase chances of success**

- Help her to come up with contingency plans if problems like a breakdown in childcare arise at short notice.
- If the woman has childcare responsibilities and, for example, must take a child or children to school, attending the Probation Office could potentially be difficult and morning appointments might be unrealistic.
- If she is cautious with you, don't assume it is an unwillingness to engage. Remember, women in custody are proportionately more likely to have experienced domestic abuse and sexual violence than the general population. She may be holding back for good reason until she knows you can be trusted
- Remember that relationships are key for women so building a rapport is extremely important if she is to succeed.
- If she is experiencing domestic abuse, help her to draw up a safety plan (with professional support from an appropriately trained person). Signpost her and help her to access appropriate services, including advocacy, and think about sequencing of work if she is in crisis.

### **Enforcement**

- There are various reasons why women breach and these will need to be explored in supervision and barriers removed.
- Consider any local mentoring provision which can be offered to support women and assist in accessing community provision.

Other issues to be considered, particularly when you are helping a woman to prepare for release from custody, include:

### **Home**

- Assess the woman's home life - is she receiving support from home whilst in custody? Does she have children, who is caring for them? Does the woman have a suitable release address or will she likely be made homeless? Has the woman suffered domestic abuse? Is family contact a positive influence? Does a safety plan need to be completed?

## Health – physical and mental health

- Does the woman have physical health issues? Are they being treated by healthcare in custody? Will they need assistance registering with a GP in the community? Are there mental health issues? Women prisoners account for a disproportionately high number of intentional self-injury incidents in custody and many occur within the first month in custody. Are there any concerns about intentional self injury or suicide? Are prison in-reach involved? What support will be needed on release? Is there a history of substance misuse? What support or treatment have they accessed in the past? What has worked for them? What is their current level of motivation to address any substance misuse problems? What support will they need in the community? Is binge drinking an issue relevant to her offending? Does she screen in to the personality disorder pathway?

## Work

- Women are less likely to be in work prior to custody or to gain employment on release. Is the woman engaged in work in custody? Is this going well and can it be built upon in the community? What is her work history, both paid and voluntary? What support will be needed to return to work or to gain employment in the community? Is the woman restricted or unable to work, what meaningful activities could she become involved with in the community? Will this fit around the woman's childcare responsibilities?

## Social exclusion/inclusion

- As stated above women in custody and the community may feel isolated from community support because of their personal and social problems. What have the woman's experiences of social exclusion or inclusion been in the past? Will she be returning to a familiar or new community? What positive networks does she have or that could be built? What support will she need to increase her social inclusion?

## Relationships

- What has the woman's experience been of intimate and family relationships? Identify positive and negative influences. Has the woman suffered domestic abuse? What has her relationship with professionals been like in the past? What can you do to overcome barriers to working with the woman if necessary?

## Domestic and sexual abuse

- Are you aware of previous abuse? Build trust with the woman and use open enquiry techniques to elicit disclosure. Consider the support needed to ensure safety on release, whether the woman would like to report the abuse to the police, ongoing support and specialised counselling as required. There are some useful contacts in Annex J – *Useful Contacts*.
- Consider referring to the Multi-Agency Risk Assessment Conference (MARAC), if there is evidence of domestic abuse meeting the criteria for MARAC management. Discuss this with your manager. Ensure multi agency working takes places regardless of whether they are heard at MARAC or not. Work with partner agencies to ensure the service user has a safe place to go upon release and that support services are in place as required.

# Annex B: Top Tips for Court and Report Writers

The Equality Act 2010 introduced the protected characteristic of sex alongside eight other protected characteristics. In the spirit of the Equality Act, our work with women should be developed and delivered in a gender-informed way to ensure equality of outcomes. In practical terms this could mean:

- **Bail** - Consider whether the woman might be suitable for a bail assessment for Approved Premises or BASS (female provision)
- **Reports** - Offer a female report writer and/or allocate to a 'female champion' report writer wherever possible
- Be vigilant in making sure you do not inadvertently stray into negative stereotyping associated with gender. Always use the title 'Ms' (unless indicated otherwise) in formal documents. Check your draft advice to the court to ensure it does not imply a judgment associated with the women and her lifestyle (but that it does properly reflect risk).
- On the day report requests – be prepared and confident to ask for an adjournment if required and provide the rationale. Consider impact of custody, circumstances, complex needs...is extra time for a full assessment required?
- More women get short sentences than men, so robust arguments need to be made for effective community options
- Be aware of Sentencing Guidelines Council guidance - are there mitigating factors/circumstances that would support a Community Order or Suspended Sentence Order (SSO) rather than imposition of a custodial sentence?
- Whilst the woman in the criminal justice system may be a victim herself, always remember to consider the victim's perspective and safeguarding
- Consider options for diversion
- Consider options for requesting a deferred sentence to test commitment
- **Impact of Custody** – limitations of custodial estate for women – distance from home, impact on self-confidence, self-esteem, emotional wellbeing;
  - Women are 36 times more likely to take their own lives upon release from custody
  - 38% of women leave prison without suitable accommodation
  - 54% of women in custody have children under 18; the social impact is that children of prisoners have three times the risk of anti-social behaviour compared to their peers; 1/3 of women in prison are lone parents

### **Other factors to consider;**

- Will there be a loss of accommodation? Are there rent arrears now where the offender may be involved in a repayment scheme that would be lost if a custodial sentence were to be imposed thus causing problems with remaining in that accommodation?
- Will there be loss of employment through a short term custodial period or pause in benefits? (reinstatement likely to take time which could impact negatively upon the ability to cope upon release and likelihood of re-offending for that woman and/or the woman and her dependents)
- If a sole parent, consider issues for the children - where will they stay? Disruption to their schooling or other activities? Relationship with the person they may be moved to – is it supportive/close to schooling/familiar environment? Is the proposed accommodation suitable?
- Consider benefits of tackling needs/issues in the community. Offer immediate access to support available within that offender's own community e.g. attendance at a local women's centre; immediate referrals to individual support/counselling services or programmes such as the Freedom programme, continuity of any interventions already in place.
- Consider a history of trauma and victimisation, especially regarding domestic abuse

### **Example from a report arguing for a community option rather than custody under the ORA:**

"In considering the above circumstances it is my assessment that the most suitable disposal today would be for Ms X to be sentenced to a Community Order of twelve months with a Rehabilitation Activity Requirement of twenty-five days length. This would offer Ms X immediate access to the local Women's Resource Centre/specific female provision where she will be supported to address those needs directly related to her offending behaviour; in this case Ms X's dependency upon alcohol and associated financial issues.

I am aware that the court is considering a short custodial sentence and whilst this would offer a supervision period upon release under the ORA 2014 it would cause significant disruption to Ms X and her children. Ms X's children would be moved to a family member's home away from their familiar routine, their schooling and current support from local agencies. Ms X has significant debts with a pause in payment of benefits due to a custodial period likely to increase the financial issues Ms X currently finds herself in thus increasing the likelihood of re-offending upon release from custody. Should Ms X be sentenced to a community penalty today immediate work would begin with Ms X in addressing her financial needs and alcohol issues whilst supporting her to remain at her current address and thus keeping stability for Ms X and for her children who reside with her".

## Annex C: Approved premises for women

Adelaide House

115 Edge Lane

LIVERPOOL

L7 2PF

Tel: 0151 263 1290 Fax: 0151 260 4205

Edith Rigby House,

6 East Cliff,

Preston,

Lancashire,

PR1 3JE

Tel: 01772 270750 Fax: 01772 270751

Bedford Approved Premises for Women

80 Chaucer Road

BEDFORD

MK40 2AP

Tel: 01234 340501 Fax: 01234 351715

Crowley House (West Midlands)

31 Weoley Park Road

Selly Oak

Birmingham

B29 6QY

Tel: 0121 472 7111 Fax: 0121 415 4072

Elizabeth Fry (Thames Valley)

6 Coley Avenue

READING

RG1 6LQ

Tel: 0118 957 2385 Fax: 0118 951 0340

Ripon House Approved Premises

63 Clarendon Road

LEEDS

LS2 9NZ

Tel: 0113 245 5488 Fax: 0113 242 3675

# Annex D: The Pre-Sentence Report and Sentencing Options

## Pre-Sentence Report

The approach to report writing is informed by the framework of assessment involving reference to Sentencing Guidelines, offence seriousness, previous convictions, likelihood of re-offending, OASys Risk of Serious Harm (RoSH) screening and full analysis, when required, together with Risk of Serious Recidivism (RSR), Offender Group Reconviction Scale (OGRS), Sexual Assault Risk Assessment (SARA) and other specialist assessment tools, offender's risk factors and responsivity issues.

The Probation Instruction, PI 04/2016 Determining Pre- Sentence Reports replaces the previous PI (05/2011 Determining Pre- Sentence Reports), following Transforming Rehabilitation and reflects developments including Transforming Summary Justice, Better Case Management and Digital courts. The PI also provides guidance on assessments to be completed at court following TR and introduces the Equalities Form.

Following the introduction of the E3 model, significant changes were envisaged in both the level of demand for Short Format Reports (SFRs) as well as the roles and responsibilities of Probation Service Officers (PSOs) working within NPS court teams across England and Wales. There is a range of advice to support staff from first meeting the offender to writing the PSR. The Practice Guide for National Short Format Report (February 2016) is a useful guide and explains how to prepare for writing the Pre-Sentence Report (PSR), what to cover in the interview and details of the Short Format Report and advice on using the templates and other relevant guidance and Instructions are listed at the end of this section.

Also available is the National Court Report Writing Training package, it is primarily aimed at PSOs who have little or no experience in producing SFRs in the court setting and is also available to current, experienced court PSOs.

The two-day face to face training introduces learners to some of the difficulties faced by women who are subject to the criminal justice system process particularly in relation to support during the interview for the SFR, potential complications during applications for bail as well as diversity considerations when making sentencing recommendations to the court. The training includes a group work exercise which asks learners to specifically consider the difficulties faced by women in the criminal justice system and for whom they might be completing SFRs.

Following completion of the training, guided learning is offered around the NOMS specification on 'Assessment and Reports Pre-Sentence' and the mandatory outputs

which are directly relevant to working with women in custody to ensure that we achieve the aim of equality of outcomes, including:

- Statistics on how women are disadvantaged by contact with the criminal justice system;
- How women's formative experiences may have led them into an offending lifestyle.
- The implications for our practice of the Equality Act 2010 and the Public-Sector Equality Duty; this legislation as well as the relevant clauses in the Offender Rehabilitation Act 2014 should inform and backdrop our work with women.
- The potential for Court Duty Officers (CDOs) to ask for separate listings for women to appear in front of a magistrate who has been trained in diversity issues faced by women in custody;
- the right of women to ask to be interviewed for the SFR by a female PSO, where possible, and how to request an adjournment from the court to facilitate that request;
- the right of women to ask to be interviewed in a 'women only space', where possible, and how to request an adjournment from the court to facilitate that request;
- the disproportionate caring responsibilities of women in relation to children and adults and how sentencing may disadvantage those filling that role;
- the potential for certain sentencing proposals to increase the risk faced by vulnerable women, particularly in relation to domestic violence or other abusive behaviours; and
- consider the limited bail estate for women, the disproportionate impact of custodial sentences on women and the impact on wider family structures of women in custody.

This training is available all over England and Wales (at local Learning Centres attached to the prison estate and some probation offices) as part of the national training schedule and Court Seniors can book relevant PSOs onto the training through the OLM catalogue. They run on a regular basis with one, two or three courses available per month in each of the regions.

## Sentencing Options

The National Probation Service (NPS) has been given the powers to assist in sentencing, assessment, management and enforcement of sentences imposed by the courts by the imposition of a number Acts of Parliament since 1991:

- Criminal Justice Act 1991 (Section 65)
- Criminal Courts and Sentencing Act 2000
- Criminal Justice Act 2003 (CJA 2003)
- Offender Management Act 2007
- Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO)
- Offender Rehabilitation Act 2014 (ORA).

Some of the Acts have been repealed but still might have sections that are relevant to the work in managing offenders.

The Acts created the following sentences that probation services manage today:

- A Community Order (CO)
- A Suspended Sentence Order (SSO)
- ORA Youth and Adult Custody with Post Sentence Supervision (PSS) - <24 Months
- ORA Adult Custody without PSS - >24 Months
- Deferred Sentences
- Licences (Automatic Conditional Release – ACR, Extended Determinate Sentences – EDS and Life)

## Community Sentences

### Community Order (CO)

A sentence served wholly in the community that can be imposed for offences that are serious but not so serious as to warrant custody. A CO is made up of one or more 'requirements' (below) that the court can order an offender to meet and if they do not comply with the order they can be sent to prison.

- Unpaid Work (UPW or Community Payback)
- Programme (a course addressing specific offending behaviour)
- Drug Rehabilitation
- Alcohol Treatment
- a CO or SSO must seek permission from their Responsible Officer to change address)
- Rehabilitation Activity Requirement (RAR)\*
- Prohibited Activity Requirement (e.g. being banned from entering a licenced premises)
- Exclusion (being banned from entering a specific place)
- Curfew
- Attendance Centre (under 25s only)
- Mental Health Requirement
- Foreign Travel Prohibition.

\* A RAR is only available for offences committed on or after 1 February 2015 and must be expressed in days.

## Community Sentence Treatment Requirements

Analysis of the caseload shows that women have particular needs around mental health, drugs and alcohol. The emerging PSR tool will help ensure report writers consider all relevant proposals to address offenders' range of risks and needs.

The role for probation practitioners in supporting Community Sentence Treatment Requirements are as follows:

- Understanding current treatment provision in the local area;
- Arranging placement for treatment with a treatment provider prior to completing the PSR;
- Providing advice to the court through the PSR of eligibility and appropriateness of a DRR, ATR or MHTR;
- Assessing risk level of offender for case allocation;
- Funding and delivering offender management of DRR, ATR or MHTR cases;
- Exchanging information with treatment providers;
- Providing reports to courts to inform reviews of DRR progress;
- Considering breach for failure to comply with DRR, ATR and MHTR; and
- Contributing information about the treatment needs of offenders to local authority and health commissioners

Guidance on Community Sentence Treatment Requirements can be found on the HMPPS Intranet at: [https://intranet.noms.gsi.gov.uk/data/assets/pdf\\_file/0004/308614/Supporting\\_Community\\_Order\\_Treatment\\_Requirements.pdf](https://intranet.noms.gsi.gov.uk/data/assets/pdf_file/0004/308614/Supporting_Community_Order_Treatment_Requirements.pdf) A copy will also be circulated with this document and can be requested from HMPPS' Women's Team ([WomensTeam@noms.gsi.gov.uk](mailto:WomensTeam@noms.gsi.gov.uk)).

The maximum length of a CO is 36 months (3 years).

## Suspended Sentence Orders (SSO)

A custodial sentence of up to two years, suspended for between six months and two years. It may include the same requirements as those available for the CO but, unlike the CO, an SSO can be imposed with no requirements attached to it. A breach of the order would result in a return to court for all or part of the original prison sentence to be imposed or, in some cases, for the order to continue but the requirements made more onerous.

Proposals for an SSO are in effect a proposal for a custodial sentence. Any breach of the order will result in the prison sentence being activated. Therefore, this option needs very careful consideration.

The March 2018 Sentencing and proposals Guidance on SSOs makes it clear that Court/Report writers should not propose SSOs.

## Prison Sentences

Prison sentences are given when an offence is so serious that it is the only suitable punishment. A prison sentence will also be given when the court believes the public must be protected from the offender. There are three types of prison sentences: Suspended Sentences, Determinate Sentences and Indeterminate Sentences (including Life Sentences).

- **Suspended sentences:** A court may give an offender a ‘suspended’ prison sentence if the time they would otherwise spend in prison is up to 2 years. With a suspended sentence, the offender doesn’t go directly to prison, but they do have to meet conditions in the community set by the court.
- **Determinate Sentences:** This is when the court hands down a prison sentence for a fixed length of time. For example, a Judge may say an offender is sentenced to six years. When an offender is given a determinate sentence half of the sentence is served in prison and half of the sentence in the community. The second half is on licence, managed by probation and includes conditions that an offender must meet. If the offender does not meet the terms of their licence, they might have to go back to prison for the rest of their sentence. This is recall. Also, if an offender commits another offence whilst they are serving the second half of the sentence, they may be recalled to prison.
- **Indeterminate Sentences:** Offenders given indeterminate sentences have no automatic right to be released and will always serve the ‘minimum tariff’ set by the Court. Once prisoners’ tariffs expire, the independent Parole Board will decide if the offender can be safely managed in the community on license, supervised by the NPS. If the Parole Board thinks an offender continues to pose a risk to the public, they will remain in prison. If release, indeterminate offenders are liable to be recalled to prison if they breach the terms of their licence. There are two types of indeterminate sentence:
  - **Imprisonment for Public Protection (IPP):** this sentence is no longer available to the Courts to impose, however there remain women in prisons still serving these sentences. An IPP sentence is indeterminate which means that while a minimum period, set by the sentencing judge and known as the ‘tariff’, must be served, there is no fixed release date. These sentences were given for violent or sexual offences. Once released, IPP offenders may be supervised on licence for the rest of their life, however they may apply for their licence to be cancelled after 10 clear years in the community.
  - **Life Sentences:** as with IPP sentences, anyone sentenced to life will serve the tariff set by the Court before they are eligible for consideration for release by the Parole Board. The courts impose a mandatory life sentence where offenders are convicted of murder. A discretionary life sentence is the maximum sentence available to the Courts to impose for other serious offences, including manslaughter, rape, sexual assault of a child, armed robbery etc. Those serving life sentences will do so for the rest of their life – once released they will be subject to specific conditions for the rest of their natural life. In some very serious cases, a Judge may give an offender a ‘Whole life’ Term, which means they will not access the parole process and never be released from prison.

## Post Sentence Supervision

Section 20 of the ORA introduced a period of Post-Sentence Supervision (PSS) that follows on from the licence for any custodial sentence of less than 2 years where the offence was committed on or after 1 February 2015. The licence period and the PSS period together will always equal 12 months, allowing for a total of 12 months of one form of supervision or another in the community.

## Annex E: OASys Assessment for Women

As practitioners will be aware, OASys assesses the likelihood of reconviction, risk of harm and offending related needs (or “criminogenic factors”), such as poor educational and employment skills, substance misuse, relationship problems and problems with thinking and attitudes. The OASys assessment, used predominantly by NPS, enables a sentence plan to be prepared and may be completed at the Pre-Sentence Report stage, informing the NPS’ sentencing advice to the courts.

OASys is used in the ongoing management of sentenced offenders, both in custody and in the community. It helps practitioners make sound and defensible decisions about managing risk and tackling need. OASys enables better targeting to programmes and other interventions increasing the chances of these having a beneficial impact. After an initial assessment, OASys is revisited and reviewed throughout an offender’s sentence.

OASys examines offending history and current offence, alongside social and economic factors, such as accommodation, education/employability, financial management, relationships, lifestyle/associates, drug misuse, alcohol misuse and personal factors such as emotional, thinking and behaviour and attitudes.

OASys is used with the following groups:

- Offenders subject to court ordered Standard Delivery PSRs;
- Offenders on community orders;
- Offenders on licence from prison;
- Hostel residents who are subject to an order, licence or on bail;
- Young offenders serving one month or more in custody and adults serving 1 year or more in custody.

The following is a link to OASys help, support & guidance pages on the HMPPS Intranet: <https://intranet.noms.gsi.gov.uk/support/offender-management-and-public-protection-group/offender-management/oasys-and-assessment> and the next five pages provide tips on the completion of OASys for women in custody and the community.

## What should we consider when completing an OASys assessment with women?

Consider the following when formulating the OASys sentence plan (taken directly from “*The Offender Management Guide to Working with Women Offenders (2008)*” and “*The National Service Framework: Improving Services for Women Offenders*”):

### Offence Analysis:

Offender Managers/Responsible Officers should consider that women and men’s motivations for offending are often different, for example:

- Women are less likely to offend due to peer pressure, for status or for thrill seeking, than men.
- Women are more likely to identify offending as a means for resolving practical difficulties.
- OM’s should consider whether there is any evidence of manipulation, coercion or control by an abusive partner which contributes to the offending.
- Women generally have fewer convictions and less serious patterns of previous offending, although there are often many complex issues which have developed over a period of time which have led to the offending.

### Accommodation - a critical issue:

Local authorities have a requirement to house homeless people who are in certain priority groups which include:

- Pregnant women,
- A person with dependent children (Research in 2005 showed that approximately 2/3 of women in prison had dependent children under 18 and 1/3 of mothers were lone parents before imprisonment)

In addition, under section 10 of the Homelessness Reduction Act 2017, the Governor or Director of a prison and providers of probation services as public authorities have a duty to refer anyone who is homeless or at risk of being homeless within 56 days to a local housing authority provided HMPPS has the person’s consent and the person has identified the local housing authority they wish to be referred to.

OMs should also ensure that schemes for women such as Approved Premises for women and BASS services are considered where appropriate.

### Education Training and Employment (ETE):

Issues for women including low self-efficacy and dependent care responsibilities may mean that they could need additional support to engage with ETE. Any interventions would need to fit around dependent care responsibilities.

## Debt & Finance

More women than men justify offending behaviour due to a lack of money and to repay debts. Contributory factors to this may include:

- Loan sharks – long term poverty is a reality for many women trapped on benefits
- Benefits stop when you are in custody and take time to reactivate on release
- Implications of sex working
- Dependent care issues which keep some women reliant on benefits,
- Women not being in control of finances if family finances are managed by a partner.
- Debts and loans with high interest are more likely to have been taken on by women.
- Has the woman got her own bank account?
- Would they benefit from referral to debt management agencies or ETE Officer for support with managing their finances?
- Are they claiming all the benefits they are entitled to?

Building social capital is important in helping women to integrate into their community, and is implicated in helping women to desist from sex work and offending.

## Relationships

Research suggests that having contact with close family (where appropriate) is a protective factor for women. It is important to explore what the term 'family' means to the woman. A family tree is a helpful way to achieve this. Caution should be taken in domestic abuse situations, where the protection and wellbeing of the woman and any children should take precedence.

A higher proportion of women in custody are single parents of dependent children and women's relationships are less likely to survive a period of imprisonment than men's (further abandonment).

Research shows that around over 60% of women in custody have been victims of domestic abuse at some point. This is relevant, as offending behaviour, and a lack of motivation to change, could be linked to abusive relationships, and this needs to be considered in any assessment.

Offender Managers/Responsible Officers should consider the impact of supervision on any children present and consider any needs of these children, such as:

- Impact of home visits
- Need for safeguarding
- Impact of DV/sexual offending on children
- Impact of drug use on children
- Interagency co-operation is a statutory duty on us (Section 10 of the Children's Act 2004)

## **Lifestyle & associates**

In general, women in custody and the community identify less areas of need in this section than men. However, one issue which is significant for women in this area is the need to find a route out of prostitution. Developing and maintaining a pro-social identity is associated with existing sex work and desistance from crime among women. One of the ways in which to support this is through development of pro-social networks and associates who view desistance positively, and who can provide support.

## **Drug misuse**

Women may underreport substance misuse due to worry about losing their children. OM's need to be mindful of the impact of a drug misusing parent on a child. OM's also needing to consider particular support for pregnant drug misusing offenders.

Pathways into drug use may be different for women then for men and maybe associated with sex working, traumatic experiences of abuse, self-harm and mental health needs.

Accessibility of drug services also needs to be considered if a woman has caring responsibilities, to ensure that she is able to access those services.

## **Alcohol**

Latest findings from OASys highlight that binge drinking is a strong predictor of both general and violent reoffending among women. Women have been shown to have different drinking histories than men, generally starting to drink later, and they respond more positively to treatment. Women may also have higher levels of motivation to change their drinking behaviour due to the stigma surrounding problematic drinking in women.

Factors identified as being associated with triggering problematic drinking in women in custody and the community can include:

- A history of drinking in the family
- Depression
- Sexual problems
- Poor coping strategies in stressful situations
- Low self-esteem
- A history of abuse
- Childhood problematic behaviour related to poor impulse control and early use of smoking, alcohol and poly-drug use.

Most women on supervision will have alcohol needs which score below the threshold for an Alcohol Treatment Requirement (ATR). Brief Intervention should be considered, particularly as research shows that women respond well to less intensive treatment in this area.

## **Emotional well-being**

Women tend to have higher levels of need in this area than men. While psychological problems generally are not linked to risk of reoffending, these are likely to be important responsibility needs – something that can interfere with access to, engagement with and successful outcomes from activities, services and interventions.

Problems with self-efficacy, feeling powerless and lacking control, can be a result of abuse and victimisation, and short-term trauma-focused counselling and practical help can assist in addressing these issues, which can lead to difficulties in accessing services. Sign-posting to services is less likely to be effective without other support (i.e. mentoring or advocacy) to assist the women to engage with community agencies. More generally, self-efficacy has been linked to better recovery from trauma, including domestic violence, and is associated with desistance from sex work and crime. Self-efficacy is the belief that one is able to achieve one's goals, and to have control over one's life, and is different to self-esteem which is more about a general sense of self-worth.

Self-harm is more prevalent in women than men, and referrals to GP for ongoing referral to a psychiatrist or Community Mental Health Team should be considered. There are likely to be more long-term complex emotional issues involving trauma and loss.

## **Thinking & Behaviour**

Research has shown that impulsivity and temper control are significant risk factors for women on the community caseload. OMs will want to consider the social context of each woman's offending behaviour (i.e. was she in control of her situation or subject to pressure from others to offend.)

In terms of accredited programmes OMs need to consider:

- Accessibility - ensuring that the programmes are arranged at a time and location that enables attendance and that any childcare is facilitated.
- Mixed/single sex groups - for some women a mixed group may not be suitable and alternatives or one to one work should be considered instead. There is limited evidence on whether women do better in single sex groups than in mixed sex groups. It is not acceptable practice, however, to have a lone woman in an otherwise all male group.

## **Attitudes**

It is important to build good working relationships and engagement with women in custody and the community.

## **Health and other considerations**

Women generally have higher levels of mental health needs and physical health needs than men. For OM's it is important to ensure that all women in custody are registered with a GP and have access to mainstream services.

Electronic monitoring is not suitable for a woman in a household where there is violence which could place her at additional risk of harm. Curfews should also be considered carefully where there are dependent care responsibilities which the woman might have to respond to and which could lead to a violation of the curfew.

### **Risk Assessment**

Analysis of risk should consider the woman's own victim issues as well.

## **Other Tips**

OASys can provide support in determining offending-related risk and needs and there are specific elements within the tool that are gender relevant or specific and can be found within the online Help-text on EQuIP.

- **Responsivity:** The responsivity principle states that people will only benefit from interventions that are meaningful to them and are delivered in a way which is appropriate to their individual learning style. The needs of particular groups, for example, women, ethnic minorities, and those with learning difficulties, must be considered in delivery of interventions. Interventions should be appropriately paced, and participants should be given the opportunity to practise new skills / attitudes and behaviour. Programmes need to address issues of motivation.
- **Alcohol Criminogenic need section:** This section defines UK Chief Medical officer's alcohol unit intake for women.
- **Special Groups:** The samples on which OASys have been validated do not suggest that OGP and OVP scores operate differently for women and those from different minority ethnic groups. However, research on this topic will continue. OGRS3 (Offender Group Reconviction Scale), OGP and OVP all consider the sex of the offender by reducing the score of women in custody.
- **Risk Management Plan:** Where applicable, the Women's Safety Worker should not be directly named in the Risk Management Plan

OASys Online Helptext: Remember to access the Helptext for OASys help, support & guidance. Click on the 'Help' button in the main toolbar

<https://intranet.noms.gsi.gov.uk/groups/nps-midlands/oasys-practice-guidance-timeliness-and-ownership>

## Annex F: Sentencer Liaison Arrangements

At a national level the National Sentencer/Probation Forum was set up in 2002 as a sentencer consultation group to provide a place for probation leads and sentencers to discuss challenges and developments in the provision of services by probation. Its primary aim is to encourage and facilitate engagement between sentencers, HMPPS, the National Probation Service, providers of probation services and the Ministry of Justice at a national level, to discuss issues and trends emerging locally or nationally which are relevant to sentencing and the provision of probation services. The Forum remains consultative in nature.

At a local level each court will have regular sentencer liaison meetings, arranged by NPS, between judges, magistrates and providers of probation services. The purpose of this is to provide sentencers with up to date information regarding the options that are available to them in their jurisdiction. These meetings are critical to building the confidence of sentencers in the non-custodial options that are available to them and it is important that all key partners, NPS and CRC representatives attend regularly.

These meetings will provide information including, but not limited to, the following:

- Programmes and requirements available locally as part of a community order, suspended sentence order, top-up supervision, or other probation measure, such as bail conditions;
- Any available information about compliance with local programmes, including completion rates, information on enforcement, sanctions and breaches; and feedback on unpaid work;
- Local re-offending data;
- The availability of local accommodation provision for those on bail.

This is an opportunity to demonstrate the effectiveness of what is on offer, particularly through the information on compliance and local re-offending data. We know that women are particularly successful on completing community sentences and we know what works best for women in custody, identifying the women specific services and outcomes may support a change to the disproportionate use of short custodial sentences for women.

Good practice will see these meetings as being part of the governance, quality assurance and response to local need that the Service Integration Group (SIG) also represents.

Further information about the arrangements for these meetings can be found in PI 18/2016, *Liaison Arrangements between Sentencers and Providers of Probation Services*.

# Annex G: Interventions for Women in the Criminal Justice System

In 2015 NOMS published the findings from a review it commissioned to assist it in designing an evidence-based commissioning strategy.<sup>19</sup> The review found that successful interventions to reduce women's reoffending are:

- strengths based;
- help women build skills;
- gender-informed;
- cognitive-behavioral;
- based on Risk, Need and Responsivity principles;
- trauma informed; and
- provide post-programme support into the community.

While there is evidence that such 'non-gender informed' interventions can successfully reduce reoffending among women, and can be experienced as responsive to women's needs, there is some evidence to suggest that gender-informed approaches are more effective.<sup>20</sup>

The review also found that substance abuse treatments can help while women remain in treatment. Interventions that use motivational, solution-focused techniques, encouraging women to seek their own meaningful 'hooks' for lifestyle change, could promote desistance.

Women's offending is usually the result of a complex set of underlying factors that have developed over time, some of which are similar to those of men but others of which are different. Based on a review of the best available evidence NOMS (2015) Better Outcomes for Women' identified seven key targets for interventions aimed at reducing reoffending among women:

## i. Substance misuse

We should stabilise and address substance misuse issues, in particular class A drug use, binge drinking and chronic drinking.

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<sup>19</sup> NOMS (2015). Effective interventions for Women offenders: A Rapid Evidence Assessment. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/448859/effective-interventions-for-women-offenders.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/448859/effective-interventions-for-women-offenders.pdf)

<sup>20</sup> Ibid.

## **ii. Mental health**

We should address mental health needs, in particular anxiety and depression, personality disorder, post-traumatic stress disorder, and other effects of trauma.

## **iii. Emotion Management**

We should help women to build skills to better control impulses and to manage emotions, in particular temper control and parenting stress.

## **iv. A pro-social identity**

We should encourage and reinforce a positive, non-criminal identity in the women in our care. We should enable women to do good for their community or for others, and use this to help them to change the way they describe themselves.

## **v. Being in control of daily life and having goals**

We should help women to believe in their ability to be in control of their life, and to achieve their goals. We should build the confidence of women in their ability to be self-sufficient.

## **vi. Improve family contact**

We should help women to build close, healthy and supportive family relationships, and to secure family support.

## **vii. Resettle and build social capital**

We should help women to find somewhere safe and secure to live, to learn how to manage their money, build skills for financial independence, access education, and improve their employability. We should help women develop skills to explore and access services available to them that can help them to achieve these goals, and live a life free of abuse.

Within HMPPS there is the option for women to access both gender neutral and gender informed programmes. Gender neutral programmes, accredited by the Correctional Services Advisory and Accreditation Panel (CSAAP), are the Thinking Skills Programme, the Building Skills for Recovery Programme and the Drink Impaired Drivers Programme (DIDP - only available in the Community). These programmes are delivered by Community Rehabilitation Centres (CRC's) in the community or by programme teams in prisons.

HMPPS has one accredited programme that is specific to women, the Choices, Actions, Relationships and Emotions (CARE) programme. CARE is available in custody only and

is currently delivered at HMPs Foston Hall and New Hall. CARE is a gender sensitive and trauma informed programme developed specifically for women in custody who have a history of violence, present a medium-high risk of further violent offending and have complex needs. The Democratic Therapeutic Community (DTC) offers a daily programme of group therapy and other activities addressing women's criminogenic risks and psychological needs, and helping women learn new and more positive ways to manage their lives.

In addition to accredited programmes HMPPS also has a number of non-accredited, gender neutral products, accessible to women. The Healthy Identity Intervention (HII) and Developing Dialogues (DD), are delivered by the NPS or in custody. HII is a one to one programme that targets the social and psychological drivers of extremist offending. DD is a toolkit to assist practitioners in either working constructively with those offenders who appear to be showing interest in or are engaged with extremist ideas, groups or causes; or as a lighter touch approach for those who have been convicted of extremist offences, but are either not ready or unable to engage with HII. There are also two programmes that aim to increase motivation and therefore overcome barriers affecting engagement in rehabilitative activity; A > Z and Motivation and Engagement (M&E). The latter is available in custody only.

The environment within which we work with women is also important to the outcome of interventions. For example, when working with mixed gender groups, single placements of a woman in a group of men should be avoided. Protective factors should also be considered relating to issues around domestic violence perpetrators, drug dealers and men who manage prostitutes.

Details for interventions for a community or custodial sentence can be found on the HMPPS intranet at <https://intranet.noms.gsi.gov.uk/support/NOMS-Interventions-Directory>

Guidance for referral for Interventions is available on the HMPPS intranet at <https://intranet.noms.gsi.gov.uk/groups/nps-development-and-business-change/user-guidance-for-interventions-manager-replacement-to-iaps>

Details of interventions available through the personality disorder pathway are available in the Brochure of WOPD services, available on the HMPPS intranet at <https://intranet.noms.gsi.gov.uk/support/offender-services/personality-disorder> or on request from [pd@noms.gsi.gov.uk](mailto:pd@noms.gsi.gov.uk).

# Annex H: End to End Custody Process

Within days of a woman's arrival into prison work will commence on planning for her release. Through the Gate (TTG) is the resettlement service that Community Rehabilitation Companies (CRCs) provide for all those received into custody to prepare offenders for release and to reduce their risk of re-offending.

TTG begins with the Basic Custody Screening Tool (BCST) which is in two parts. Part 1 is a needs assessment and will be completed by prison staff within 72 hours of reception. Questions in the BCST link to the seven resettlement pathways (Accommodation; Education Training & Employment; Health; Drugs & Alcohol; Finance, Benefit and Debt; Children and Families of Offenders; and Attitudes, Thinking and Behaviour). There are also questions relating to sex working and being a victim of domestic abuse.

BCST Part 2 is the resettlement plan and is completed by CRC staff for all prisoners (including those allocated to the NPS) within 5 days of receiving BCST Part 1. The CRC then know what resettlement needs a prisoner has, and decide how best to meet that need. There is a suite of resettlement services that the CRC are contractually obliged to deliver to all offenders, and they will be paid for this on a fee for service (FFS) basis. These are:

- Managing immediate resettlement needs on reception to custody,
- Accommodation & employment brokerage,
- Finance and debt advice,
- Support services for sex workers,
- Support services for victims of domestic abuse and
- Pre-release coordination.

In addition to this, the CRC will provide additional rehabilitative services that they believe will reduce re-offending, and if successful they will gain payment on a Payment by Results (PbR) basis. These services are available to the NPS on an 'elective' basis, via the Rate Card, where it is an appropriate and cost-effective response to tackling specific offender needs. Not all services are available or suitable for women and you may wish to refer to Annex G on interventions that gives some guidance on choosing interventions for women.

## Release on Temporary Licence (ROTL)

Temporary release is a valuable tool in the rehabilitation of offenders and is available to those who have a legitimate purpose for release and who can be released without putting the public at risk. ROTL can be of particular benefit to women, providing them with opportunities to build, maintain or restore links with their families and their children, and to pursue options for employment and accommodation on release. We therefore fully support women using ROTL to take work, training and educational opportunities that can't be provided in prison, as well as maintaining ties with their families. These are all positive factors that should help reduce re-offending.

Full details on ROTL can be found in PSI 13/2015, *Release on Temporary Licence* at <https://www.justice.gov.uk/offenders/psis/prison-service-instructions-2015>

## Release on Licence

An offender serving a determinate custodial sentence will usually be released on licence at the half way point in their sentence. Those serving at least 12 weeks but less than 4 years may be released on Home Detention Curfew (HDC) up to 135 days earlier. The expectation is that most eligible offenders should be released on HDC and release planning should proceed with that in mind; i.e. for the earlier release point. For offenders on licence including HDC, the prison Governor/Controller will set the licence conditions, and these will be designed to manage risk and support rehabilitation.

For women, with their likely drivers for offending, accommodation can be a particular issue and Approved Premises may be an option to consider (please see Section 8 of the guidance). It is essential that admissions to an AP are agreed well in advance. Preparation for a woman's admission should be at least six months in advance and admission should be secured at least three months in advance of release. The better the planning and communication is between the AP, the OM and the woman, the better the outcome is likely to be. Consideration should be given to periods of ROTL to reduce any anxieties the woman may have about staying in the AP.

## Offender Released

Any services (TTG and additional services) provided to the offender that are not completed during the 12 weeks prior to release should continue into the community at no additional cost. If there are any concerns regarding TTG services and whether they have been fully delivered then these should be referred to the Service Integration Group.

## Useful information

Please see TTG manual and process map available on EQuIP (*Manage in Custody – prepare for release*).

Process maps for the 'End to End' process for NPS offenders available on EQuIP.

The following guidance documents are now available to support users of NPS EQuIP:

- National Standards for Offender Management
- NPS EQuIP Management Guide V4
- NPS EQuIP Quick Guide V4
- NPS EQuIP User Guide V4
- NPS EQuIP FAQ's

# Annex I: Post Sentence Supervision (including Breach and Recall)

The Offender Rehabilitation Act 2014 brought in changes to probation services which mean that for offenders sentenced to custody for an offence committed on or after 1 February 2015, they will now have at least 12 months supervision in the community. Whatever the length of sentence (excepting Indeterminate Public Protection sentences), offenders will be released from prison at the halfway point and the second half of the sentence will be served on licence in the community during which period the offender could be recalled back to prison for breach of any sentence conditions. If the licence is less than 12 months, offenders receive a 'top up' supervision period (without licence) to ensure that the full 12-month supervision service is carried out. During this period of supervision (not licence), offenders who do not comply with supervision can be returned to the magistrate's court and may receive a fine, a curfew, an unpaid work sentence or up to 14 days in prison.

Post Sentence Supervision should ordinarily contain the following eight requirements, unless there are exceptional circumstances where one or more of the requirements would not be suitable, or is not necessary or proportionate to aiding the rehabilitation of the offender in the community:

- To be of good behaviour and not behave in a way that undermines the rehabilitative purpose of the supervision period;
- Not to commit any offence;
- To keep in touch with your supervisor in accordance with instructions given by your supervisor;
- To receive visits from your supervisor in accordance with instructions given by your supervisor;
- To reside permanently at an address approved by your supervisor and obtain the prior permission of the supervisor for any stay of one or more nights at a different address;
- Not to undertake work, or a particular type of work, unless it is approved by your supervisor and to notify your supervisor in advance of any proposal to undertake work or a particular type of work;
- Not to travel outside the United Kingdom and Islands except with the prior permission of your supervisor or to comply with a legal obligation (whether or not arising under the law of any part of the United Kingdom and Islands);
- To participate in activities in accordance with any instructions given by your supervisor.

There are two additional Drug-Related Supervision requirements that can be added if needed:

- The Drug Appointment Requirement;
- The Drug Testing Requirement.

There are some mandatory requirements of the post sentence period and Heads of NPS regional delivery units and CRCs must ensure that all relevant staff are aware of and comply with the mandatory requirements which are summarised below:

- Supervision requirements, and the consequences of breach, must be explained at the outset of the licence period, and again at the start of the supervision period depending on the time elapsed.
- Supervision requirements must be taken from the list provided at paragraph 2.3 of PSI 31/2014 - *Post sentence supervision requirement*.
- The supervisor must propose requirements for the supervision period prior to release, at the same time as licence conditions; it is for the Governor of the releasing prison to set the licence conditions and the post-sentence supervision requirements.
- The supervisor must consider any judicially recommended amendments to the supervision requirements following a court appearance for breach. Should they disagree with the proposed requirement, they must contact the Public Protection Casework Section in HMPPS HQ for further advice.
- Post-sentence supervision requirements must be necessary and proportionate, and only included for the purpose of rehabilitation.
- The wording of any requirement must not be modified except where allowed using square brackets.

## Breach

Information about the enforcement of Post Sentence Supervision requirements and about breach of those requirements is contained in PSI 31/2014:

(<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-31-2014-post-sentence-supervision-requirements.pdf>) and is also covered in the National ORA

Guidance v1.4 February 2016. While CRCs have the discretion to warn an offender (and can do so more than once) or to refer an alleged breach to the NPS, only the NPS can decide whether to commence enforcement proceedings with the magistrates' court and, if so, will present the case to the court. This process will also apply in relation to breaches of the supervision default order (the order issued by a court to impose unpaid work or a curfew as a sanction following a breach of the supervision period).

## Recall

Recalled prisoners are a large part of the prison population and this includes women (2016) For women, the period immediately before and after their initial release emerged as the time of vulnerability. Research in to this area is ongoing and to date the profile of recalled prisoners indicates that individuals recalled to custody have particularly high levels of risk and need. Compared with the sentenced prison population as a whole, recalled prisoners have a higher likelihood of reconviction (for any offence, a violent, sexual or serious offence) and they are more likely to be classed as posing a high Risk of Serious Harm. Recalled prisoners have a high level of criminogenic need, presenting with significantly higher levels of need in all but the drug misuse domain, than the sentenced prison population as a whole. More serious levels of need are seen for poor problem solving, poor temper control, impulsivity, problematic drinking and domestic violence.

To improve outcomes for women who are recalled, research is suggesting that it is helpful to:

- Improve the offender's knowledge and understanding on recall and re-release;
- Be clear in communications and practice collaborative working;
- Proactively review cases to identify opportunities for progression and safe re-release;
- Tackle barriers to re-release, create opportunities to progress and recognise success;
- Acknowledge the prisoner's experience of being recalled and work to instil hope.

Training is now available for parole reports, recalls and Parole Board oral hearings for NPS staff working with offenders in the community. Details can be found at:

<https://intranet.noms.gsi.gov.uk/news-and-updates/notices/nps-training-for-parole-reports,-recalls-and-parole-board-oral-hearings>

## Annex J: Useful Contacts

<http://www.clinks.org>

The Clinks website provides a directory of endorsed services and sources of support. Clinks' **Directory of Offender Services** is an online database listing hundreds of voluntary and community organisations working with offenders and their families.

Clinks supports, represents and campaigns for the voluntary sector working with offenders. Clinks aims to ensure the sector and all those with whom they work, are informed and engaged to transform the lives of offenders and their communities.

# Annex K: Women's Estate Key Facts

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
<b>HMP/YOI Askham Grange (Open)</b>	<p>Askham Richard YORK, YO23 3FT Telephone: 01904 772000</p> <p><b>Yorkshire &amp; Humberside</b></p> <p>Nearest railway station is York, which is served by Kings Cross (London). Journey time approx. 2 hrs.</p> <p><b>Car or Taxi from York station - 6.3miles</b></p>	128	<p>Askham Grange is an open prison aiming to successfully resettle women into their communities.</p> <p>We have strong partner links with Barnardo's, Inclusion DARS service, IDAS, Care UK health providers, Together Women Project, Shelter CRC &amp; NOVUS to provide support for women and engage with over 50 community employers to provide opportunities in Community work placements and paid employment across a diverse range of fields.</p> <p>Internally we run Foundation in Professional Cookery, Health and Beauty, a trained Barista Coffee shop and a Garden Centre and a range of educational courses.</p> <p>Askham Grange utilises ROTL to provide structured opportunities for women, averaging over 900 ROTL's per month to enable community integration and resettlement.</p> <p>Askham Grange has a Mother &amp; Baby Unit which offers opportunity for up to 10 mothers to maintain full-time care of their child or children whilst in prison.</p> <p>Askham Grange also has the Acorn House facility where women not yet ROTL eligible can spend time with their children in a house within the prison grounds for overnight visits to strengthen and rebuild those key relationships prior to release.</p>
<b>HMP/YOI Bronzefield (Local Resettlement)</b>	<p>Woodthorpe Road Ashford, Surrey, TW15 3JZ Telephone: 01784 425690</p> <p><b>Greater London</b></p> <p>Nearest train station is Ashford (Surrey) and a 10mins walk to the prison.</p> <p><b>Car or Taxi from Ashford station - 2.2miles</b></p>	572	<ul style="list-style-type: none"> <li>• Bronzefield is a private prison run by Sodexo Justice Services and accepts prisoners direct from courts within the catchment area. The offender population is complex and diverse, including: young offenders, Lifers and Restricted Status prisoners.</li> <li>• Bronzefield has a Mother and Baby Unit with capacity for 12 women.</li> <li>• Bronzefield has a healthcare in-patient facility for 16 women.</li> <li>• The prison offers full time education in different subject areas e.g. Arts, IT, Barista Training and a call centre.</li> <li>• The prison provides domestic violence support Alcohol &amp; drug service, restorative justice practices and parenting classes and family support.</li> </ul>

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
<b>HMP/YOI Drake Hall (Resettlement)</b>	<p>Eccleshall Staffordshire, ST21 6LQ Telephone: 01785 774100</p> <p><b>West Midlands</b></p> <p>Nearest train stations are Stafford &amp; Stoke on Trent and a taxi to complete the journey.</p> <p><b>Car or Taxi from Stoke on Trent station - 9miles</b></p> <p><b>From Stafford - 7.1miles</b></p>	340	<p>Drake Hall is a female closed resettlement prison with an open prison ethos.</p> <p>There is a 25 bed Open Unit outside the perimeter fence, also an overnight children's visits facility. The prison is a fully accredited Enabling Environment. There are 96% of Prisoners in employment, 9% of Prisoners in Outwork schemes and 42% of Prisoners in Education and Training. The prison has the following partners working within it:</p> <ul style="list-style-type: none"> <li>• Milton Keynes college - Educational courses</li> <li>• Halfords Academy</li> <li>• Census Data - call centre</li> <li>• Job centre plus</li> <li>• Ingeus</li> <li>• Women in Prison</li> <li>• Staffordshire Women's Aid</li> <li>• DHL</li> <li>• Staffordshire Chamber of Commerce</li> <li>• PACT</li> <li>• Brain Injuries Trust</li> <li>• Katharine House Hospice (Charity Shop within the prison)</li> </ul>
<b>HMP/YOI East Sutton Park (Open)</b>	<p>Sutton Valence Maidstone, Kent ME17 3DF</p> <p>Telephone: 01622 785000</p> <p><b>Kent &amp; Sussex</b></p> <p>Nearest railway stations are Maidstone East and Headcorn. To complete the journey, you will require a taxi.</p> <p><b>Car or Taxi from Maidstone East station - 5.8miles</b></p> <p><b>From Headcorn - 3.5miles</b></p>	100	<p>Situated in the Kent countryside East Sutton Park (ESP) open prison develops comprehensive resettlement plans to assist residents' reintegration into the community. For this to succeed, we provide many onsite educational and training opportunities. We continue to progressively prepare residents for their eventual release by seeking and obtaining sustainable employment opportunities with local and national employers, including voluntary work in the charitable sector. We rebuild supportive links in the community by re-establishing family and community links and empower our women to take control of their lives providing a positive contribution to their communities and society.</p> <p>ESP offers a comprehensive regime that enables all residents to participate in a wide range of meaningful activities and opportunities relating to each resettlement pathway. The activity base includes:</p> <ul style="list-style-type: none"> <li>• A full education curriculum e.g. functional skills – literacy, numeracy and ICT; business administration; customer services and independent living.</li> <li>• Horticulture and Animal Husbandry</li> <li>• Professional catering, including Barista training</li> </ul>

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
<p><b>HMP/YOI Eastwood Park (Local Resettlement)</b></p>	<p>Falfield Wotton-under-Edge Gloucestershire GL12 8DB Telephone: 01454 382100 <b>South West</b> Nearest train station is Bristol Temple Meads and to complete the journey you will require a bus or taxi. <b>Car or Taxi from Bristol Temple Meads station – 17miles</b></p>	<p>442</p>	<ul style="list-style-type: none"> <li>• PE courses (First Aid, Manual Handling, Health and Nutrition, Gym Instructor and Personal Trainer)</li> <li>• Timpsons Academy (for those eligible for ROTL)</li> <li>• Penoptical – optometry training (for those eligible for ROTL), leading to employment in the optometry business.</li> <li>• Freedom Programme</li> <li>• Living with Loss</li> </ul> <p>Key community based partners include:</p> <ul style="list-style-type: none"> <li>• PACT</li> <li>• Women in Prison</li> <li>• Maidstone Borough Council</li> <li>• Bombardier</li> <li>• Sainsbury's</li> <li>• Greggs</li> <li>• Boots</li> <li>• Hadlow College</li> <li>• Kenward Trust</li> <li>• Sue Ryder</li> <li>• Heart of Kent Hospice</li> <li>• Age UK</li> </ul>
			<p>Eastwood Park is a female closed resettlement prison. It has a Mother &amp; Baby Unit with capacity for 12 women. There is the Nexus PD treatment and Provision PIPE that supports up to women on both a residential and daycare basis. There is no Segregation/Separation &amp; Care Unit and prisoners on Good Order or Discipline (GOOD) are located in their cells on the wings.</p> <p>Eastwood Park runs various activities to support women in custody which include:</p> <ul style="list-style-type: none"> <li>• Stepping Stones (a day centre facility for prisoners who are struggling to cope with prison life, those with mental health issues or who are generally vulnerable)</li> <li>• Family support – PACT Pilot and Support for women who have been involved in prostitution.</li> <li>• Rubies – a support and activity group for women over 50</li> </ul> <p>There are numerous opportunities for work inside and on temporary release and a variety of education courses to support skills and employment.</p>

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
<b>HMP/YOI Foston Hall (Local Resettlement)</b>	Foston, Derby Derbyshire, DE65 5DN Telephone: 01283 584300 <b>East Midland</b> Nearest mainline railway station Derby stations are situated at Derby to the east or Stoke on Trent to the west. Taxis are available from the railway stations. <b>Trains from Derby stops at Hatton/Tutbury – 3miles</b> <b>Car or Taxi from Uttoxeter – 5.50miles</b> <b>Car or Taxi from Burton on Trent – 6.50miles</b>	345	Foston Hall is a closed local prison and accepts all adult and young offenders remanded or sentenced by the courts, with the exception of Restricted Status Prisoners. The prison runs both accredited and non-accredited offending behaviour programmes, such as: <ul style="list-style-type: none"> <li>• Thinking Skills Programme (TSP)</li> <li>• CARE (Choices, Actions, Relationships and Emotions)</li> <li>• Substance Misuse Service (SMS)</li> <li>• CAMEO Service (Personality Disorder service for women in prison who have complex needs arising from pervasive psychological difficulties).</li> </ul>
<b>HMP/YOI Downview (Resettlement)</b>	Sutton Lane Sutton Surrey SM2 5PD Telephone – 020 8196 6300 <b>Greater London</b> Nearest railway station is Sutton (Surrey). There is a bus stop just outside the main entrance of the station where you can get the number 80 bus, which will bring you to just opposite the entrance of the establishment. Alternatively, there is a black taxi rank also outside the main entrance or if you prefer to	366 (300 until April 2017)	Downview re-opened as a female closed resettlement prison in May 2016. From January 2017 Downview will have a Resettlement Unit for 40 women and plans are being developed for a dedicated health facility, including 16 places for women with mental health needs. The prison will also offer a 'Recovery Wing' for women addressing substance misuse issues. By April 2017 Downview plans to deliver a comprehensive regime that will enable all women to participate in a wide range of meaningful activities and opportunities along every resettlement pathway. The activity base will include: <ul style="list-style-type: none"> <li>• A full education curriculum e.g. literacy and numeracy; business administration; hair &amp; beauty and customer services</li> <li>• Horticulture</li> <li>• Professional catering, including Barista training</li> <li>• Max Spielmann Academy (photo shop)</li> <li>• London College of Fashion</li> <li>• PE courses (first aid, manual handling, smoking cessation, health and nutrition and gym instructor)</li> </ul>

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
	walk this will take approximately 20 minutes.		<ul style="list-style-type: none"> <li>• Domestic Maintenance.</li> </ul> <p>The prison also offers a range of interventions for women with mental health needs and personality disorder, including the Options Modified DBT programme</p>
<b>HMP/YOI Low Newton (Local Resettlement)</b>	<p>Brasside Durham DH1 5YA  <b>Telephone: 0191 3764000</b>  <b>North East</b>            Nearest train station is Durham City and is the main East Coast line intercity station. Taxis are available outside the station.  <b>Car or Taxi from Durham – 2.1miles</b></p>	344	<p>Low Newton is a closed local prison and accepts all adult and young offenders remanded or sentenced by the courts including lifers and Restricted Status prisoners. The establishment provides purposeful activity for prisoners which ensured a full range of employment opportunities and a variety of vocation training</p> <p>There is a Mandatory random drug testing in operation and the Alcohol service team offers a one to one counselling and relapse prevention course for prisoners with drug problems.</p> <p>The prison runs both accredited and non-accredited offending behaviour programmes, such as:</p> <ul style="list-style-type: none"> <li>• Thinking Skills Programme</li> <li>• Relapse Prevention</li> <li>• Life Skills Development</li> <li>• Mental Health Trauma Service.</li> </ul> <p>The Primrose Service which forms a key component of the Offender Personality Disorder Strategy for women and aims to help women reduce the risk they pose to others.</p>
<b>HMP/YOI New Hall (Local Resettlement)</b>	<p>Dial Wood Flockton Wakefield West Yorkshire WF4 4XX  <b>Tel: 01924 803 000</b>  <b>Yorkshire &amp; Humber side</b>            Nearest railway stations are Huddersfield and Wakefield (which has two railway stations, Westgate &amp; Kirkgate)</p>	425	<p>New Hall is a closed prison. It accommodates women from point of remand through to resettlement. New Hall has a 9 bed Mother and Baby Unit facility, Health Care Centre and a Separation &amp; Care Unit. The establishment also has a treatment service providing 16 residential places called the Rivendell Service for Women with complex needs, which supports women with Personality Disorders. This is a co-commissioned service provided in partnership with NHS England. The establishment also offers employment with both vocational &amp; Learning skills opportunities available.</p> <p>The prison runs both accredited and non-accredited offending behaviour programmes, such as:</p> <ul style="list-style-type: none"> <li>• Victim Awareness</li> <li>• Thinking Skills Programme</li> <li>• A-Z Service</li> <li>• Anger Management</li> </ul>

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
<b>HMP/YOI Peterborough (Local Resettlement)</b>	<p><b>Car or Taxi from Huddersfield – 7.2 miles</b>  <b>Westgate – 5.2miles</b>  <b>Kirkgate – 5.9miles</b></p> <p>Saville Road  Westfield  Peterborough  PE3 7PD  <b>Telephone: 01733 217500</b></p> <p><b>East of England</b>  Nearest railway station is Peterborough and is a 10 mins taxi ride to prison.  <b>Car or Taxi from Peterborough - 0.7miles</b></p>	396	<ul style="list-style-type: none"> <li>• Power to Change (Domestic Violence)</li> <li>• The Jericho Project - victim of trafficking and sex workers.</li> <li>• CARE (Choices, Actions, Relationships and Emotions)</li> <li>• Restorative Justice</li> </ul> <p>Peterborough is a private prison run by Sodexo Justice Services and accepts prisoners direct from courts within the catchment area.</p> <p>There is a 12 bed Mother and Baby Unit facility.</p> <p>The establishment holds women on remand and sentenced YOI'S, Lifers and IPP's. There is a Separation and Care unit and healthcare facility.</p> <ul style="list-style-type: none"> <li>• The establishment offers a variety of educational and training workshops. It also offers a range of accredited and non-accredited programmes including: Building Skills for Recovery</li> <li>• Freedom Programme (Domestic violence)</li> <li>• Thinking Skills Programme.</li> <li>• COVAID</li> <li>• GR8 (Motivational Programme)</li> <li>• RESTORE (Victim awareness)</li> <li>• Anger Management</li> <li>• Parenting in Action</li> <li>• Get Ready</li> </ul> <p>Peterborough have developed a hub for female foreign national offenders (FNOs) who may be subject to deportation proceedings. All sentenced adult female FNOs who have between three months and 27 months to their conditional release date are expected to be considered for allocation to the Peterborough hub at the earliest opportunity.</p>
<b>HMP Send (Resettlement)</b>	<p>Ripley Road  Woking  Surrey  GU23 7LJ  <b>Telephone: 01483 471000</b>  <b>London</b></p>	282	<p>Send is an adult female closed resettlement prison.</p> <p>It has a Democratic Therapeutic Community a Preparation PIPE and a Progression PIPE (Psychologically informed planned environment). Send also has a range of support for women with substance misuse, including the Footsteps to Recovery abstinence based programme. Women in Prison provide support for women who have experienced Domestic Violence.</p>

Prisons	Location and accessibility	Operational capacity	Key facts/areas of interests
	<p>Nearest railway station is 6 miles away in Woking. A taxi is required for the remainder of the journey.</p> <p><b>Car or Taxi from Woking - 6 miles</b></p> <p><b>A free minibus service from Woking Station is provided for domestic visits sessions</b></p>		<p>Send delivers an integrated regime that enables all prisoners to work, partake in education and recreational physical activity. Send has an extensive Education curriculum that includes adult literacy and numeracy, employability skills, and vocational qualifications in Business Administration, Hairdressing, Customer Services, Horticulture, Professional Catering, Information Advice and Guidance, Gym instructor and Beauty. HMP Send has opportunities for prisoners to undertake Distance Learning courses up to degree level.</p> <p>Employment areas include Gardens, Horticulture, The Clink, Grounds Maintenance, BICS (British Institute of Cleaning Science), Hair and Beauty Salon, Waste Management, Wing Cleaners, Kitchen Workers, light assembly workshop, Peer Mentors, Orderlies, KeepOut, St Giles call centre, Community Release on Temporary Licence placements</p> <p>In 2014 Send achieved the highest grading for HMIP outcomes across all four healthy prison tests: safety, respect, purposeful activity and resettlement.</p>
<p><b>HMP/YOI Styal (Local Resettlement)</b></p>	<p>Wilmslow Cheshire SK9 4HR <b>Telephone: 01625 553000</b></p> <p><b>North West</b></p> <p>Nearest railway station is Manchester Piccadilly, then local train to Wilmslow and taxi to for the remainder of the journey.</p> <p><b>Car or Taxi from Manchester Piccadilly station – 9.4miles</b></p>	<p>486</p>	<p>Styal is a closed local prison and accepts all adult and young offenders remanded or sentenced by the courts including lifers. We also have an open unit for 25 women.</p> <p>There is a 9 bed Mother and Baby Unit facility which is supported by Action for Children</p> <p>Styal offers a variety of programmes that focus on addressing offender behaviour and equipping women to deal with the challenges of life outside prison. The ADAPT service supports women with personality disorder via a non-residential model.</p> <p>The establishment offers a Drug and Alcohol intervention programmes and there is a drug free house, in which women partake in a constructive regime, aimed to reduce the risk of reoffending through drugs and alcohol.</p> <p>The establishment has a Mental Health in-reach facility and a small residential unit for our more complex women (Dove Unit).</p> <p>The Clink Restaurant is situated outside of the prison providing approximately 26 training places for women which are supported with employment opportunities post release.</p> <p>In 2016 we opened a Recycling Lives workshop within the prison which is also specifically supporting women gaining employment in this industry post release.</p>

October 2016

# Annex L: Caring for Perinatal Women in Prison

## 1. Introduction

- 1.1 A key aim of the '*Female Offender Strategy 2018*' is to divert women, including those who have young children or who are pregnant, out of the criminal justice system (CJS), so that their needs can be addressed in a community setting wherever appropriate. However, not all women who are pregnant or new mothers are suitable for a community alternative to custody. Staff therefore need to be aware of the issues that affect women during pregnancy, birth and early motherhood so that they can provide appropriate care and support, including referral to healthcare professionals or other services where necessary.
- 1.2 It is essential that all appropriate steps are taken to care for and support women in prison throughout their pregnancy, birth and early motherhood in a way that recognises and responds to the challenges presented by the factors outlined in this document. To this end, prisons should have a perinatal pathway in place, detailing how they manage and care for pregnant women in their custody, which may include protocols such as: an initial multi-disciplinary meeting to discuss the woman's care and support; weekly review meetings; identifying a key co-ordinator to ensure consistency of care; development of a separation support plan for women who don't move to an MBU.
- 1.3 Low Newton published its pathway in January 2017 and this document is available from the Women's Team ([WomensTeam@noms.gsi.gov.uk](mailto:WomensTeam@noms.gsi.gov.uk)) as a good practice example of what such a document should include. There are two other publications which staff should be aware of and make use of:
- 1.4 In March 2016, the charity Birth Companions published its '*Birth Charter for women in prisons in England and Wales*', detailing the services that it believes should be provided for perinatal women in prison. The principles outlined in the Birth Charter are supported by HMPPS and should be viewed as an accompaniment to this document, with staff encouraged to ensure that they are applied to women in our care wherever possible. Hard copies of the Birth Charter are available from Birth Companions on request by emailing [info@birthcompanions.org.uk](mailto:info@birthcompanions.org.uk) or it can be found at: [http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth\\_Charter\\_Online\\_copy.pdf](http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf).
- 1.5 Similarly, HMPPS has signed up to Public Health England's '*Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England*' – which carry the shared objective for HMPPS, NHS England and PHE of improving the quality of health services, reducing health inequalities and improving the health and wellbeing of women in prison. PHE's document

contains a chapter on ‘*Pregnancy and Families*’ and the standards it sets out for pregnant women are indicated below in boxes.<sup>21 22</sup>

- 1.6 The ‘*Top Tips*’ sheet at Section 11 of this document gives some useful pointers that staff should consider when working with this group of women and their babies.

## 2. Holistic care across the perinatal<sup>23</sup> period

### 2.1 (Standard 6.7) Prisons should ensure perinatal care services are in place to support women

*Prisons should ensure there is a perinatal pathway with care services in place to support women during this time. There should be multi-disciplinary membership of the pathway and it should include efforts to improve conditions or care for pregnant women, support during birth, co-residence after births and mental health service provision.*

#### Further Information

- 2.2 Women included on this pathway should include pregnant women, women caring for babies under the age of 18 months on Mother and Baby Units, women who have separated from their babies up to age of one year, women who want to access abortion services whilst in custody and women who experience ectopic pregnancy, miscarriage or stillbirth whilst in custody.
- 2.3 Stakeholders involved in the care of perinatal women in custody might include prison staff, healthcare staff, mental health services, midwifery and other obstetric staff members (whose services are usually commissioned through a local hospital), local GPs (who might provide services for babies), voluntary sector agencies, Mother and Baby Unit staff including nursery nurses. It is recommended that stakeholders meet regularly to exchange information and address the challenges that can arise in the care of perinatal women and babies in custody.

<sup>21</sup> This list does not include all of the Standards in the ‘Pregnancy and Families’ chapter, only those that are relevant to this guidance.

<sup>22</sup> All italicised information in these boxes is directly quoted from these Standards. Non-italicised information in these boxes is to assist with phraseology and/or is HMPPS guidance on how the standards might be implemented in women’s prisons.

<sup>23</sup> Perinatal is a term usually used in reference to pregnancy, birth and early motherhood. However, in this document it should be seen as applicable to women who are pregnant and mothers who have been separated from children up to the age of one year and women who are caring for their children on Mother and Baby Units up to the age of 18 months.

- 2.4 As mentioned in paragraph 1.2, some prisons have perinatal pathways in place. For example, stakeholders at Low Newton (which does not have a Mother and Baby Unit) have developed a comprehensive pathway for pregnant women and new mothers who have been separated from their babies for up to year after the birth. Information about this pathway and the protocols/provisions that it includes is available from the HMPPS Women's Team.

### 3. Arrival in prison

#### Processes on arrival

- 3.1 Upon a woman's arrival in prison, it is important that staff are alerted to her specific needs and risks at the earliest possible stage and to this end, Governors/Directors are required to ensure that procedures are in place to ask them on reception or at the earliest opportunity whether they are pregnant or have children under the age of 18 months<sup>24</sup>. It is imperative that this question is asked because if it is not and details of a woman's pregnancy/perinatal status are not recorded, there is a possibility that the woman's risks and needs will not be recognised or addressed.
- 3.2 Many women find out they are pregnant when given a pregnancy test on arrival and some will find it challenging to process this information, as well as all the other issues around arrival to prison. Staff should recognise the need to give information and support, not just in the first few days but consistently throughout women's perinatal journey. Some prisons have specialist trained peer supporters who can augment the work of prison, health and midwifery staff in this area by providing information and emotional support to women when it is most needed. A list of pregnant women and women separated from a baby under 12 months should be made available to midwives, health visitors and other health professionals and organisations working with these groups in the prison, so that appropriate healthcare can be offered as soon as possible. This information may also be shared more widely with those individuals who provide support (such as peer supporters) but this must only be done with the woman's consent, unless there are specific areas of risk identified.
- 3.3 All people coming into prison will have a full health screen following their arrival. Any pregnant women will be placed on a maternity pathway and their care will follow that pathway, including priority appointments with medical health professionals and counselling support services to enable them to discuss and address their physical and psychological needs as quickly as possible. Any women who have recently been separated from their baby will have a screen that similarly identifies any specific need that they have, so that this may be addressed accordingly.

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<sup>24</sup> This is a requirement of Prison Service Instruction 49/2014, Mother and Baby Units (paragraph 2.1).

## MBU Applications

- 3.4 Any woman who states she is pregnant or who has children under the age of 18 months must also be provided with the prisoners' information booklet '*All About MBUs*' written by NOMS Women's Team and the name of the establishment's MBU liaison officer. This information must be available in reception, first night centres and induction units, on each residential unit and in the prison library. Women who fall into this group should be asked if they wish to apply for a place for themselves and their child on a prison Mother and Baby Unit (MBU)<sup>25</sup> and if so, should be given assistance in making an application by the establishment's nominated MBU Liaison Officer.
- 3.5 MBU applications should be considered by an Admissions Board as early as possible in order to alleviate women's anxiety about whether they will be able to have their child with them in prison. Women should also be informed of the date of their Board as soon as possible and given the opportunity to have someone with them for support such as a case worker. When scheduling Boards, account should be taken that some women are more likely to deliver early and the midwife can be consulted about this.
- 3.6 It is recognised that a woman's circumstances may change during the course of her pregnancy and it may be necessary to reconvene MBU Admissions Boards and revisit MBU decisions as a result of such changes (for example, following behavioural changes, sentencing etc.). However, the general principle should be that where women want their MBU applications to be progressed quickly then these should be considered at the earliest appropriate opportunity.
- 3.7 All women should be informed about free legal aid advice from a family solicitor and given assistance to access this.<sup>26</sup>
- 3.8 Decisions about MBU places need to be given in time for women to be able to appeal the decision and to make alternative arrangements for their baby, if necessary.
- 3.9 Women may need additional phone credit and to have calls to solicitors, social workers or family members facilitated. Family Liaison Officers may be able to help with family contact.
- 3.10 Language support may be needed to help a woman understand the MBU application process and specialist support agencies like Hibiscus can also provide support.

<sup>25</sup> There are six Mother and Baby Units in prisons in England that house mothers and their babies up to the age of 18 months.

<sup>26</sup> Legal aid has been reinstated for cases concerning MBU applications. However access to legal aid is not automatic in such cases and has to be applied for exceptionally through the exceptional case funding (ECF) scheme. A solicitor could provide guidance on how to do this.

- 3.11 Women who have received a place on a MBU should be given the choice to move to the MBU as soon as possible (subject to operational and capacity considerations) so they can be in a less stressful environment and to allow time for women to adjust and settle into MBU routines in preparation for their baby's arrival.
- 3.12 Full details regarding the application and admissions processes, and the management of MBUs is included in Prison Service Instruction 49/2014, 'Mother and Baby Units' - <http://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-49-2014-mother-and-baby-units.pdf>
- 3.13 Staff should be aware of the needs of women who don't choose to apply for MBU places and/or who are not successful in their application, as they will experience the impact of separation from their babies as a result. This will leave many women highly vulnerable to the risks of postnatal depression. Staff should ensure women receive support if needed during this period. Regular checks should be made on women, particularly around known 'trigger points' and counselling support should be offered if needed. A useful resource here is the perinatal pathway that has been developed at HMP Low Newton.

### **Medication and Breastfeeding**

- 3.14 Some women coming into prison will be on prescribed medication and it is extremely important, particularly for pregnant women and new mothers, that they have access to this as soon as possible. As such, there should be review and appropriate continuity of medicines within 24 hours of reception wherever possible.
- 3.15 Breastfeeding mothers may wish to maintain their breast milk supply until they are reunited with their babies; provide their babies breast milk during separation or manage the end of breastfeeding appropriately. They should be offered access to a well-maintained, clean breast pump, breast milk storage bags and a bespoke freezer in which to store breast milk and the means, if possible, to give the breastmilk to their baby's carer. They should be given access to specialist breastfeeding advice via the National Breastfeeding Helpline on 0300 100 0212).<sup>27</sup>

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<sup>27</sup> The National Breastfeeding Helpline is open every day between 9.30am and 9.30pm. This is not a free helpline so consideration should be given to enabling women without resources to use it.

## 4. Being pregnant in prison

### What can and should staff do to support pregnant women?

#### 4.1 (Standard 6.1) Pregnant women should receive appropriate care in prison which ensures the wellbeing of mother and baby

This standard recommends:

- (i) *Women having the opportunity to be housed with other pregnant women so that they can benefit from peer support.* While it may not be operationally feasible or appropriate within a prison environment to locate all pregnant women together (as they will have other needs, risks and issues that also need to be addressed), consideration should be given, subject to risk assessment, to making sure that pregnant women are at least located in accommodation where there are other pregnant women, so that they are able to support each other. In addition, it would be good practice to have a peer-led 'buddy' scheme to support those women who are pregnant; 'buddies' could be, but would not necessarily have to be, other women who were pregnant.
- (ii) *Food for pregnant women and nursing mothers should meet the nutritional standards recommended (set out in guidelines from the Department of Health and First Steps Nutrition) including additional healthy food or snacks if they are hungry between mealtimes or miss meals due to sickness.* Good nutrition during pregnancy is key for the future health of the unborn child across their life course. All pregnant women should receive a healthy, nutritious diet every day, and should be afforded flexibility with their meals to reflect their medical circumstances (see 'Food and Vitamins' in the 'Top Tips' sheet at Section 11 of this document and paragraphs 12.12 and 12.13).
- (iii) *Training for officers to provide care for female prisoners including information about common ailments during pregnancy.* Staff who are required to work with pregnant women prisoners should be made aware of this guidance and the availability of the training course 'Managing Pregnant Prisoners and Mothers with Babies in Prison'.
- (iv) *Access to maternity clothes, breast pads, and appropriate support bras as pregnancy develops, particularly if women have no access to funds.*
- (v) *Supportive mattresses and extra pillows where needed.*
- (vi) *Provision of essential items for labour and the early postnatal period.* Essential items should be freely available to women as required – they should not have to purchase them from their own funds.

- 4.2 Items to take to hospital should be put in a bag which ideally can be kept in the woman's possession or easily accessible for when a woman is going out to hospital. Hospitals do not provide these essential items and expect women to bring a labour bag of everything they will need for themselves and their baby. A list of suggested items for women is included in the 'Top Tips' section.

**4.3 (Standard 6.5)**  
**Pregnant women should have access to a (trauma informed) antenatal and screening support programme while in prison**

- (i) *Appropriate antenatal support is vital for ensuring mother and baby are well and the pregnancy is progressing without complications, as well as promoting a healthy pregnancy and promoting mother-child bonding.*
- (ii) *Pregnant women in prison should therefore have access to the same standard of antenatal care as in the community and care should be readily accessible and sensitive to the needs of individual women.*
- (iii) *An antenatal support programme in prison should provide physical, emotional and informational support and include the following elements:*
- *midwife appointments (including screening for clinical conditions, review of prescribed medicines, physical examinations and support with common symptoms)*
  - *scan appointments (access to a scan at a regular clinic inside the prison, to be undertaken by an ultra-sonographer, obstetrician or trained midwife or GP; where scans or other appointments need to happen in hospital, officers should observe prison guidance which specifies that they should not be present during medical consultations)*
  - *antenatal classes*
  - *advice on and provision of antenatal screening*
  - *be trauma-informed*
- (iv) *Antenatal classes should include:*
- *antenatal education for a healthy pregnancy (eg diet, smoking)*
  - *information on birth*
  - *support with birth plan*
  - *advice on breastfeeding [see Standard 6.8]*
  - *education on parenting skills/early parenting*
  - *1:1 and group sessions (if possible, to encourage peer support)*

- 4.4 Antenatal programmes are currently offered in some prisons. Birth Companions delivers a trauma-informed antenatal programme designed for pregnant women in prison at Bronzefield, Peterborough, Foston Hall and Low Newton. Born Inside provides psychodynamic group support to help with mother/baby attachment at Bronzefield.

## Safety during pregnancy

### 4.5 (Standard 6.1) [see paragraph 4.1 above]

- (i) *As part of NHS England's Saving Babies' Lives care package, the following four evidence-based interventions should be available to women in prison to help reduce the risk of stillbirths:*
- *Reducing smoking in pregnancy*
  - *Risk assessment and surveillance for foetal growth restriction*
  - *Raising awareness of reduced foetal movement*
  - *Effective foetal monitoring during labour*
- (ii) *In line with the national maternity review, Better Births, each woman in prison should have a personalised care plan and be provided with unbiased information to support their decisions. Every pregnant woman should also have a clear plan of care should an emergency birth happen. They should be able to have continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.*
- (iii) The midwifery team working at the prison will lead on ensuring these interventions/services are delivered to women and babies, but close co-operation between all the stakeholders involved in women's care will be important. For example, prison staff will be needed to facilitate timely transfer to hospital if urgent monitoring and additional scans are required.

### Access to 24-hour midwifery advice

4.6 There are many pregnancy-related conditions that may require the urgent attention of midwifery or obstetric staff. They may present with the following symptoms:

- Severe back pain
- Visual changes (can indicate pre eclampsia<sup>28</sup>)
- Headaches (can indicate pre eclampsia)
- New onset swelling (can indicate pre eclampsia)
- Shoulder tip pain (can indicate a ruptured ectopic pregnancy)<sup>29</sup>
- Acute shortness of breath (can indicate a pulmonary embolism)
- Leg swelling and pain (can indicate pre eclampsia or deep vein thrombosis)
- Intractable vomiting (can indicate hyperemesis gravidarum)
- Unilateral pain in pelvis or lower abdomen (can indicate placental abruption)

<sup>28</sup> Pre eclampsia is a serious pregnancy disorder often characterised as having high blood pressure, protein in the urine and unusual swelling.

<sup>29</sup> A ruptured ectopic pregnancy is a life-threatening condition where an embryo has implanted outside of the uterus – usually within a fallopian tube where it tears or bursts causing severe blood loss.

- Vaginal bleeding
- Epigastric pain (can indicate pre-eclampsia)
- Rigid/tender uterus (can indicate placental abruption)
- High fever (can indicate infection – be especially cautious if a woman’s waters have broken)
- Hypertension (can indicate pre eclampsia)
- Severe itching (can indicate Intrahepatic Cholestasis of Pregnancy – ICP<sup>30</sup>)
- Reduced foetal movements (can be a warning sign that the foetus needs urgent monitoring)

4.7 Staff should be aware of the need to refer to midwifery and obstetric staff for advice if women report these symptoms during pregnancy. Staff should be aware that, as in the community, women should have 24-hour access to midwifery advice. If there are no midwives in the prison then telephone access should be provided to enable pregnant women to phone the Labour Ward to access advice and reassurance. Midwives will often need to speak to women themselves to make an assessment and so every effort should be made to facilitate this.

**4.8 (Standard 6.10)**  
**Pregnant women should receive appropriate care during transfer**

As per the Women’s Policy Framework pregnant women must not be transported in cellular vehicles unless, exceptionally, the health care manager has assessed the risk to be acceptable, and escort staff will need to be provided with information about the specific needs of any pregnant women who they are required to transport. Staff should also receive clear advice and guidance when escorting or supervising women who have experienced miscarriage, termination of pregnancy, stillbirth or neonatal death.

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<sup>30</sup> ICP is a serious liver condition that only occurs in pregnancy where the bile ducts are obstructed

## 5. Women wishing to access abortion services

### 5.1 (Standard 6.3)

#### **Pregnant women in prison should be supported to access abortion services and receive appropriate aftercare**

- (i) *Women in prison considering termination of a pregnancy should have access to abortion services in line with the services offered to women in the community, including information and support with decision making and counselling afterwards.*
- (ii) *Women who elect for termination of a pregnancy should receive appropriate support from trained staff and have the option of support from a family member or friend at the appointment.*
- (iii) *Women should be observed closely after termination for physical and emotional complications, with a care plan being put in place, as should be the case for all patients who have had post-operative / post invasive interventions. Women who have had a termination or pregnancy loss in the last 12 months should also be put on the perinatal pathway for at least a month to ensure any ongoing issues can be addressed.*

5.2 Security arrangements for attendance at hospital or abortion clinic must be in accordance with Prison Service Instruction (PSI) 33/2015, 'External Prisoner Movement', and the 'National Concordat between NOMS and NHS on Prisoner Escort and Bedwatch Function'. Prison managers should consider temporary release for those who are eligible (see Prison Service Instruction (PSI) 13/2015, 'Release on Temporary Licence'). If temporary release is not available, a security escort will be required. Any use of restraints on escort must be proportionate and risk assessed in accordance with PSI 33/2015 and the prison's Local Security Strategy (LSS). Pregnant women attending an appointment must have any restraints removed on arrival at the hospital or clinic, in the waiting room, or on going into the consulting room (whichever is deemed appropriate in the risk assessment) and not reapplied until leaving the consultation.

5.3 Scans for women seeking a termination should be prioritised as delays could mean that a woman is no longer able to have a termination.

#### **Background information**

5.4 Most abortions in England are carried out before 24 weeks of pregnancy. They can be carried out after 24 weeks in certain circumstances – for example, if the mother's life is at risk or the child would be born with a severe disability. The length of her pregnancy is calculated from the first day of a woman's last period but if she is not sure how long she has been pregnant, she may need an ultrasound scan to check. Abortions are simpler and safer the earlier they're carried out. Getting advice early on will give women more time to make a decision if they are unsure.

## 6. Labour and birth

### Safety during labour and birth

- 6.1 Staff should be aware that pregnant women in prison are more likely than the general population to experience premature labour (birth before the baby is considered full term at 37 weeks). Because women in prison are more likely to be smokers, substance abusers and have poor health in general they may be at greater risk of associated obstetric complications such as haemorrhaging after birth (this can be a primary or secondary haemorrhage), suffering from a low lying placenta, having antepartum bleeding and experiencing a placental abruption. These are all life threatening conditions. Every effort should be made to ensure that all women in labour are transferred to hospital in a timely way.
- 6.2 Staff should know that every woman labours differently and some may not exhibit 'typical' signs of labour. They should also understand that only a trained and registered person (midwife or doctor) can legally make a decision as to whether a woman is in labour or not (*Nursing and Midwifery Order 2001 Article 45*), except in an emergency. If a woman believes she is in labour then it is important that a midwife or obstetric staff are contacted quickly to advise on care and transfer to hospital. If a midwife/obstetric staff are not available in the prison, then midwives will be available to advise on the phone 24 hours a day on the Labour Ward of the local hospital and as outlined above, telephone access should be provided to enable pregnant women to access advice and reassurance. Staff on duty at night times should be aware of the need to respond quickly to calls from pregnant women.
- 6.3 Prisons should develop protocols with stakeholders involved in the care of pregnant women for dealing with emergency births. Every pregnant woman should also have a clear plan of care should an emergency birth happen and these should be developed by her midwives and the other stakeholders involved in her care. Guidance on precipitous labour and birth should be available to staff.

#### 6.4 (Standard 6.9)

##### **Pregnant women should have access to a birth supporter during labour**

- (i) Continuous birth support has been found to be extremely beneficial to those receiving it, with *research showing that it has a positive impact on mothers and babies, resulting in shorter labour, reduced interventions and fewer complications. Kindness and compassion being shown towards women in labour have been found to reduce stress and increasing the flow of oxytocin: a hormone that facilitates childbirth and breastfeeding.*
- (ii) *Pregnant women in prison should therefore have access to a birth supporter during labour, providing them with physical, emotional and informational support. The prison should ensure that the birth supporter is notified as soon as possible, about their role and about the woman going into labour, as they may have to arrange childcare and travel some distance. Where possible women should be able to receive this support from a family member or friend if they so wish (subject to them being risk assessed), but it is also important*

- that those women without family, or whose family and friends live too far away to attend the birth, have access to an alternative source of support.*
- (iii) *Birth Companions* is a charity which has supported pregnant women in prison in England since 1996. In addition to the support they offer pregnant women and new mothers, they are also able to provide support from volunteers as birth partners. Women supported by Birth Companions *reportedly said they felt reassured knowing they would have a birth companion with them for the birth or while they waited for the family to arrive.*
- (iv) *Pregnant women in labour should receive appropriate care during transfer between the prison and hospital, including being accompanied by officers who have had appropriate training and received clear guidance. (Standard 6.10)* [see paragraph 4.8 above]. Pregnant women are escorted to hospital as set out in PSI 33/2015 (see para 5.2). Women who are escorted to hospital to give birth are not handcuffed in the majority of cases, either en route to, or while in hospital. The escort must be risk assessed to determine whether handcuffs need to be applied. If restraints are required during transport to the hospital they must be removed on arrival, once inside the hospital. *Officers should only be present in the delivery room or in a room where intimate examination takes place if the woman requests it.* Where officer presence is requested by the woman, appropriate steps should be taken to ensure her privacy and dignity, for example by the officer remaining behind a screen.
- (v) In labour, the hormone which creates strong, effective contractions is called oxytocin. Stress hormones can interfere with oxytocin so that labour slows down or even stops completely, resulting in a more difficult and complicated birth. Every woman is different but this slowing down can happen when a woman is travelling to hospital, if she is feeling distressed because her birth partner has not arrived, if there are too many people in the room and she is feeling watched or if there are bright lights and too much noise or talking. Conditions which can encourage labour to progress well, and so result in a more straightforward birth, are quiet, calm, privacy and feeling supported. Psychological factors can also impact on labour.
- (vi) After the birth, oxytocin also plays an important part in mother/baby bonding and officers should ensure that women are given privacy to bond with their new baby and to have skin to skin contact while in hospital by either being outside the room or on the other side of the curtain or screen while women are feeding their baby.
- (vii) Photographs are an important part of the baby's early history and can help family to bond with the baby if they are not able to be there. Photos can be especially important if a mother and baby are separating. Therefore, subject to risk assessment, consideration should be given to either adding a disposable camera to a woman's labour bag or allowing her birth partner to take photos, and facilitating access to photographs at the earliest opportunity.

(viii) Postnatal visits by partners/family should be facilitated while women are in hospital to help maintain family ties and support bonding with the new baby, subject to risk assessment and other security procedures as set out in PSI 33/2015, 'External Prisoner Movement'.

### Separation after birth

6.5 Women who are separating from their baby will have the same needs as other women when giving birth but can have more difficult labours and deliveries because of the additional stress involved. It is especially important for a woman in this situation to have her birth partner with her and her wishes or birth plan respected, when so much else is out of her control. Women should be given the same privacy to have skin to skin and to feed her baby. This is beneficial for both mother and baby, even if the baby is going on to another carer. Usually a woman will be able to spend time with her baby while still in hospital before the separation happens. This can vary from between a few hours to 3-4 days. Officers may find it difficult to know what to say and women will react very differently to the situation but all women will appreciate kindness and respect and want to be treated as a new mother who has just given birth.

## 7. Postnatal services

### 7.1 (Standard 6.12) Women giving birth while in prison or recently having given birth should have access to postnatal services

*Women who give birth while in prison or have recently given birth should have information provided to them regarding postnatal services and access to these services. This includes:*

- *mental health services (including assessment and diagnosis of a suspected mental health problems)*
- *midwife/health visitor visits and postnatal care plan*
- *information provision*
- *feeding support*
- *infant health*

### 7.2 (Standard 6.11) All babies born to a woman in prison should be offered the newborn screening tests

*In line with community provision, pregnant women in prison and women in prison who have recently given birth should be provided with comprehensible information about the newborn and infant physical examination screening programme (NIPE) and all newborn babies born to mothers in prison should be offered a newborn screening test. This programme exists to identify people who appear healthy but may be at increased risk of a disease or condition.*

- 7.3 All women, including women who have separated from a baby, should see a GP at around 6 weeks, to ensure that they are recovering well from the birth. Babies are also due a check-up at 6 weeks and, in the community, these appointments sometimes happen together.

### **Returning to prison after separation**

- 7.4 Although separating from a baby is always very upsetting, the way in which it is handled can make it a less traumatic event for mother, baby and others involved. A clear support plan should be made in advance, detailing what will happen when a woman returns to the prison following separation from a baby.
- 7.5 Some women who have to be separated from their babies may be at risk of suicide and/or self-harm and this must be considered (on the basis of historical information about the individual, as well as their current circumstances) and a decision made about whether or not to open an Assessment, Care in Custody, Teamwork (ACCT) document. Where an ACCT is not opened, the reasons for the decision should be documented and a plan to provide additional support (which may be from various sources including key worker, other staff within the prison eg chaplaincy and/or increased family contact etc) should be developed to meet the needs of the individual.
- 7.6 All those who have been involved in supporting the woman should be informed that she has given birth and is back in the prison. Choices such as wanting to return to the same unit or be housed elsewhere in the prison should be respected wherever this is possible and appropriate
- 7.7 Counselling should be offered and requests for support facilitated where possible e.g. phone calls to family or seeing another prisoner, peer supporter, the midwife, a particular officer.
- 7.8 Women should be given support and equipment to express milk for their baby, if this is their choice. The milk will also need to be stored and delivered safely (see Top Tips section).
- 7.9 The pregnancy and separated mothers list should be updated to include women who have returned to the prison without their baby. The midwife can continue to visit women after birth for at least the first 10 days.
- 7.10 Where contact visits between mother and baby have been agreed, these should be facilitated by the prison. The woman may need to make additional phone calls, for example, to her family, social worker or solicitor and these should be facilitated. Foreign National women (and any mother whose child is removed abroad) will need and be entitled to additional phone calls as per Prison Service Instruction 49/2011, '*Prisoner Communication Services*'.

## Mental Health

### 7.11 (Standard 6.2)

#### **Pregnant women and new mothers should be offered counselling services**

- (i) It is recognised that a high number of women in prison have existing mental health conditions. It is further noted that pregnancy places additional pressures on women and can exacerbate any mental illnesses and is a risk factor for the development of perinatal anxiety and depression. *Prisons should therefore ensure that women and new mothers are offered assessment, support and treatment for mental health illness (e.g. post natal depression) at regular intervals throughout their pregnancy. Counselling and support should also be offered to women who lose babies and to those who have experienced separation from a baby under a year.*

### (Standard 6.4)

#### **Women in prison who experience ectopic pregnancy, miscarriage or stillbirth should be provided with appropriate support (6.4)**

- (ii) Such events are traumatic and the women who experience them should therefore be offered advice and support, and this may involve co-ordinating with community health services where appropriate.

## Further information about mental health

- 7.12 Mental health problems are extremely common in pregnancy and in the first year afterwards, especially if there is a pre-existing mental health problem. National Institute for Health and Care Excellence (NICE) guidance on '*Antenatal and postnatal mental health*' covers depression, anxiety disorders, eating disorders, drug- and alcohol-use disorders and severe mental illness (such as psychosis, bipolar disorder and schizophrenia) in the antenatal and postnatal period. It promotes early detection and good management of mental health problems to improve women's quality of life during pregnancy and in the year after giving birth. The NICE guidance contains principles of care at: <https://www.nice.org.uk/guidance/cg192>

## 8. Infant feeding

### 8.1 (Standard 6.8)

#### **Women should receive advice and support about breastfeeding, both prior to and after birth**

- (i) There is considerable evidence that breastfeeding is beneficial for mothers and babies and that it contributes to improved health and wellbeing outcomes – both in the short and long term. *Pregnant women in prison should therefore be fully informed about the positive healthcare benefits of breastfeeding both for the baby and themselves, with evidence-based information received in format that is comprehensible.* Irrespective of how she elects to feed her child, all women should be effectively supported in the feeding method of their choice
- (ii) Services to support breastfeeding mothers *should be available to ensure equity of access to those in the community.* Support can also be accessed via breastfeeding phone lines. Mothers wishing to breastfeed should have access to appropriate clothing, such as breastfeeding bras, and *there should be facilities available to support expressing of breast milk, especially when babies are in special care baby units, such as breast pumps and milk bags (see the list of recommended equipment at the end of this document).* *The environment needs to be breast feeding friendly. Breastfeeding should not prevent women from participating in rehabilitation or purposeful activity.*

- 8.2 Mothers who wish to bottle feed or are required to for medical reasons should be supported in their choice and given information and facilities to safely make up bottles of formula milk and to ensure bottles are properly sterilized.

### 8.3 (Standard 6.13)

#### **Women living on mother and baby units with their child should be able to cook meals for their babies**

*A report by the HM Inspectorate of Prisons suggests that allowing mothers to cook for their babies provides a practical way to exercise normal parental responsibility.* Women should be encouraged to learn about healthy food and how to cook it and it would therefore be good practice to make cooking facilities available on each mother and baby unit so that women are able to cook meals for their children. *This would also help them understand nutritional needs of children, develop practical skills and improve their sense of wellbeing in being able to look after their child.*

## 9. Family

### 9.1 (Standard 6.14)

#### **Women with babies in prison should be entitled to additional family visits if appropriate and safe**

- (i) Prison visits play an important part in enabling prisoners to maintain their family ties and are especially important in cases where women have their baby with them in prison, as these help family members such as siblings establish close and loving relationships with the new baby. As such, every effort should be made to maximise the frequency and duration of such visits, subject to operational considerations, to enable families to develop and maintain these bonds.
- (ii) *Visits should take place on mother and baby units, subject to the appropriate risk assessments, or in other child-friendly settings.*
- (iii) Consideration should also be given to how mothers can be helped to maintain contact with their baby if and when they are separated (i.e. once the baby has been handed out to alternative carers). This will usually mean additional visits immediately post-separation, to assist both mother and child to adjust to their new respective situations, and where the baby will have the mother as the primary carer once she is released from prison.

## 10. Resettlement

### 10.1 (Standard 6.17)

#### **Ensure pregnant women and women with children are given appropriate information and support on release from prison**

*Pregnant women and women with children should be given appropriate information and support on release from prison to protect and promote their wellbeing and that of their child, including:*

- *provision of information about resettlement services*
- *appointment with health visitor in the area they will be released to*
- *signposting to services and voluntary organisations, which can provide practical help to source baby clothes and equipment*
- *social support*
- *ongoing support regarding caring for the baby*

- 10.2 Women will also benefit from specialist advice on contraception and sexual health.

## 11. Top Tips

### 11.1 Information and support

- Every effort should be made to inform perinatal women about what is available for them at the earliest possible stage after their reception into prison, to reassure and reduce their anxiety.
- Women coming into prison may well be upset though, and unable to take information in during their early days. Consideration should therefore be given to developing a leaflet containing everything that women need to know about their perinatal journey whilst in prison.
- Similarly, women undergoing detox and on methadone may have reduced ability to absorb information while detoxing so it is important that they also receive this information at a later stage when they are fully able to understand it.
- Women who do not read and communicate clearly in English should be given support to access translation services and information in their own language. Women who do not understand information that they are given (for example due to disability) should be given appropriate assistance.
- Women who are pregnant or who have children under 18 months must be given information about Mother and Baby Units and should be visited by the prison's MBU Liaison Officer to discuss options and any other issues that the woman is anxious about.
- Perinatal women should be provided with regular and ongoing reassurance and support from peer and health champions.

### 11.2 Food and vitamins

- Women who are underweight when coming into prison will often need additional calories, as will women who are missing meals because of being sick or through experiencing morning sickness (which can be at any time of the day).
- Pregnancy food packs including fresh milk, fruit and yoghurt can help pregnant women to maintain their blood sugar levels, reduce nausea and maintain a healthy pregnancy weight. Other suggested examples of healthy snacks include nuts/seeds, raisins, wraps, cheese, muesli, whole vegetables, flapjacks or oat biscuits
- Certain foods can be dangerous in pregnancy – for example undercooked meat, raw or undercooked eggs, some soft cheeses. For more details see [www.nhs.uk/conditions/pregnancy-and-baby/pages/foods-to-avoid-pregnant.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/foods-to-avoid-pregnant.aspx).
- Advice on healthy food in pregnancy can be accessed at <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx>
- As well as a healthy diet, pregnant women also need certain vitamins and supplements which the midwife can advise on. These are probably already being prescribed but need to be checked as the Department of Health advice

and recommendations do change. Folic acid is recommended for all pregnant women in the first three months of pregnancy, the Department of Health also recommends Healthy Start vitamins for pregnant women and women with a baby under one year. Women in prison have also been identified as being at risk of low vitamin D levels, so supplements are recommended.

### 11.3 Exercise

- Exercise in pregnancy and from six weeks after having had a baby is generally beneficial. Ideally this should be done with a trained instructor.
- Any women with complications in their pregnancy, especially if they are in the first three months of pregnancy, should first check with their midwife.
- It would be good practice for prisons to have a system whereby a midwife signs a woman off as suitable for exercise or not, with appropriate guidance if required.
- Contact sports and exercise involving lying on her back for long periods are not suitable.
- Pregnant women will have a greater need to drink fluids while exercising and should also stop if they become breathless.
- Women who have been doing a lot of exercise before becoming pregnant are generally able to continue with this, unless they develop any complications in pregnancy.

### 11.4 Recommended Items for a Hospital Bag for Women in Labour

<b>FOR MOTHERS</b>	
<b>Button-up pyjamas or night dress &amp; slippers</b>	<i>Breastfeeding &amp; skin to skin is easier when your night clothes are easy to undo from the front</i>
<b>Your maternity notes &amp; birth plan</b>	<i>To show to any health professional who may be looking after you during your hospital stay</i>
<b>Maternity pads</b>	<i>To use after delivery when you may experience some blood loss</i>
<b>Breast pads</b>	<i>To use after delivery when you may find that your breasts begin to leak a little colostrum/milk</i>
<b>Disposable underwear</b>	<i>To wear for the first few days after delivery</i>
<b>Toiletries</b>	<i>Shampoo, toothpaste, toothbrush, antiperspirant</i>
<b>Disposable camera</b>	<i>For taking photos of your baby</i>
<b>Energy bars &amp; snacks</b>	<i>To eat for energy during labour</i>

<b>FOR BABIES</b>	
<b>Newborn nappies &amp; nappy sacs</b>	<i>Size newborn or Size 1</i>
<b>Cotton wool</b>	<i>For washing baby's face and bottom</i>
<b>Wet wipes</b>	<i>For occasional use during nappy changes</i>
<b>3 x babygros</b>	<i>Soft materials with poppers instead of buttons are most suitable for newborns</i>
<b>3 x baby vests</b>	<i>Long or short sleeved vests are useful for layering clothes to help keep your baby warm</i>
<b>Scratch mitts &amp; socks</b>	<i>To help prevent your baby from scratching themselves with their nails</i>
<b>A hat</b>	<i>To help to keep your baby warm</i>
<b>Muslin cloths/squares</b>	<i>For use during feeds to absorb spills and posit</i>
<b>Baby blanket (cellular)</b>	<i>Cellular blankets are lightweight and have tiny holes in them which help to regulate your baby's temperature and prevent overheating</i>

### 11.5 Recommended Equipment for Women who are Breastfeeding

- A good supply (several boxes) of breast pads
- Vaseline or nipple cream (Lansinoh) for sore nipples
- Manual and electric breast pumps
- Bespoke breast milk storage bags
- Sterilising equipment as women will need to sterilise breast pumps before and after use. Steam sterilisers are easiest and don't require any solution or tablets.
- At least one fridge/freezer to be used exclusively for Expressed Breast Milk (EBM)
- The Guidelines for the Safe Storage of Expressed Breast Milk should be printed out and displayed on or near the fridge/freezer.  
[https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFNExpressing\\_and\\_Storing.pdf](https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFNExpressing_and_Storing.pdf)
- Copies of these guidelines should also be given to every separated mother as well as any officers involved with her support.
- Thermometer for checking the fridge temperature (most fridges have these inbuilt).
- An insulated cool bag or ice box with ice packs for safely transporting the EBM

## 12. Further information about pregnancy in prison

### Key information

- 12.1 Pregnancy can be a difficult time for women in the community and can be even more difficult for women who are pregnant in prison, with separation from their family and friends leading to feelings of isolation and vulnerability. Pregnant women in prison are often anxious and uncertain about the future. Some women discover they are pregnant only when tested on entry to prison, so are just coming to terms with this and may be uncertain about continuing with the pregnancy. They may be on remand so may not know whether they will be in prison for the birth. They may worry about who will be able to be with them for the birth, or whether they will get a place on the MBU if they are still in prison and how being in prison might affect their baby (hence why MBU issues should be discussed as soon as possible after reception).
- 12.2 Most pregnant women are separated from children they were caring for in the community so will be feeling worried and guilty about other children, as well as this baby. They may not know whether the baby's father will remain involved and they are likely to worry about how their partner, siblings and wider family will bond with the baby.
- 12.3 Pregnant women in prison also say that they fear not being unlocked in time if there is a medical emergency or when they go into labour, and worry about getting the right medical attention. They are often anxious about what will happen at the hospital with handcuffing and officers.
- 12.4 Many pregnant women say that they feel unsafe for their baby when moving across the prison with large numbers of women, especially on movement or free flow, and worry about being caught up in a fight.
- 12.5 Women who have experienced violence and abuse or who have had traumatic experiences of birth, including stillbirth and miscarriage, are likely to feel more fearful as birth approaches. Women who have experienced violence may find the pain of contractions and feeling out of control in labour, brings back memories of their abuse.
- 12.6 Women preparing to separate from their babies may also be reluctant or unable to admit they are in labour and may delay asking for help and assistance during early labour. Staff should be aware of and trained to support women sensitively and appropriately during this time.
- 12.7 Women therefore welcome some reassurance and information about being pregnant in prison soon after their arrival in custody (please see the section on *Information and Support* in the *Top Tips* sheet at Section 11 of this document). It is very helpful for a woman to know that she will have access to a midwife, receive the same care during pregnancy and birth as a pregnant woman in the community, and to understand that she will be unlocked and get to the hospital in time and will not be handcuffed during labour. It is also important for women to know that they can arrange for someone to be with them for the birth.

- 12.8** Women in prison seem to really benefit from the opportunity to discuss their hopes and fears and to focus on the baby outside of the normal prison regime, either in a group or on a one-to-one basis. Pregnancy is a time when many women rethink their priorities. Women in prison often talk about wanting to make a fresh start and do what is best for their baby and may be open to finding out about how to prepare for the birth and give their baby a good start with breastfeeding, skin to skin contact and early bonding. Bringing pregnant women together gives them the opportunity to share experiences and focus on the pregnancy and may enable peer support between the women, which can be really helpful.
- 12.9** It is important for a woman who will be separating from her baby to be given the chance to think about their wishes for the birth and the time that they will have with their baby in hospital, although some women may not feel able to do this. This could be done with the midwife or Birth Companions or with someone else who has built up a relationship of trust with a woman. Women can be encouraged to think about giving their baby a good start even though they may be separating. The officers accompanying a woman to hospital should, as far as possible and assuming that a decision has been made on any MBU application, have a clear plan about what has been decided. Unless there are good reasons for this, the plan should be shared with the woman and the midwife. As a result there should be no confusion about whether or not a mother has a MBU place or can have full contact with her baby after the birth.

### **Physical issues/symptoms of pregnancy**

- 12.10** Research has shown that women coming into prison have very poor physical, psychological and social health. They typically have a history of domestic and sexual violence, neglect, time spent in care, substance misuse and mental health problems. They can be particularly vulnerable during their pregnancies due to the effects of poor health, poverty, lack of support from family and friends and isolation<sup>31</sup>. Such women will be at higher risk of:
- Premature labour<sup>32</sup>
  - Antepartum haemorrhage<sup>33</sup>
  - Birth related complications such as post-partum haemorrhage<sup>34</sup>
  - Hyperemesis Gravidarum<sup>35</sup>

<sup>31</sup> Birth Companions: Birth Charter for women in prisons in England and Wales.

<sup>32</sup> Labour before 37 weeks of pregnancy

<sup>33</sup> Antepartum haemorrhage is defined as bleeding from the genital tract from 24 weeks of pregnancy onwards. This can indicate placenta previa (low lying placenta) or placental abruption (when the placenta comes away from the uterine wall).

<sup>34</sup> Post-Partum haemorrhage is defined as the loss of 500 mls of blood or more in the first 24 hours after birth

<sup>35</sup> Hyperemesis Gravidarum is a condition which manifests itself as severe nausea and vomiting, leading to weight loss and dehydration.

- Perinatal anxiety and depression.
- 12.11 Pregnancy should not be treated as an illness and many women benefit from remaining active and carrying on as normal (please see the section on ‘*Exercise*’ in the ‘*Top Tips*’ sheet). However, there are physical and emotional ailments during pregnancy that might make it difficult for women to do this, particularly in this high-risk group.
- 12.12 Many women feel exhausted in the first three months of pregnancy when huge changes are taking place in their bodies. It is also common for women to experience feeling sick or actual sickness during pregnancy. 80% of women experience this in the first 20 weeks. It is often called morning sickness but women could feel sick in the evening or throughout the day. Typically, morning sickness improves after the first three months but some women experience sickness all the way through pregnancy. Other women develop aversions to particular foods or smells which can make them feel sick. Women who have missed a meal through sickness will need to make up these calories at another time in the day. Some women have a condition called Hyperemesis Gravidarum with which they experience extreme sickness leaving them at high risk of dehydration. Women with this condition will often spend periods of their pregnancies in hospital.
- 12.13 Heartburn is also a common problem for women during pregnancy. The advice for women who are feeling sick or experiencing heartburn is to eat little and often, which may be difficult within the prison day, but can really help to alleviate these symptoms. Women will need to eat between 200-300 extra calories a day, equivalent to a light meal or snack. A woman who is underweight will need to eat more, as will a woman who has been sick. Some women worry that if they are hungry then their baby is also not getting enough nourishment. Flexibility over food is likely to improve symptoms and make women more co-operative, as they will not feel frustrated about feeling hungry or restricted with their eating patterns (please see the section on *Food and Vitamins* in the *Top Tips* sheet). Further reading on common conditions in pregnancy may be useful<sup>36373839</sup>.
- 12.14 Back ache and pelvic pain are other common pregnancy ailments which can prevent women from sleeping and can affect their mobility, particularly in later pregnancy. Consideration should be given to the provision of an extra mattress to pregnant women if this would help them and to extra pregnancy pillows. Other women may experience aching legs or dizziness due to anaemia and altered blood pressure, which might make it difficult for them to stand for long periods. These are all common symptoms throughout pregnancy which may occur at

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<sup>36</sup> Hutcherson A, Common problems in pregnancy in Blott M ed. (2009) *The Day-by-Day Pregnancy Book: Comprehensive advice from a team of experts*. London. Dorling Kindersley.

<sup>37</sup> <https://www.pregnancysicknesssupport.org.uk/resources/literature-review/time-of-day-for-nvp/>

<sup>38</sup> Evans, K, *Bump: How to make, grow and birth a baby* (2014) Myriad Editions [Very accessible illustrated guide]

<sup>39</sup> MacDonald S and Johnson G, *Mayes Midwifery* (2017) Elsevier. [Mayes Midwifery is a comprehensive midwifery book that also comes with an online resource]

different times during the pregnancy and may affect a woman's ability to go off her unit to take part in activities or the normal prison regime.

- 12.15** Another important issue to be aware of is that many women leak milk during pregnancy and so will need to wear breast pads. Women also change bra size during pregnancy and so this can be a problem for a woman who does not have family who can send her in bras. Ill-fitting bras can not only be uncomfortable but can restrict the developing milk supply. Women may find it difficult to ask for breast pads or a larger bra from officers, so free breast pads should be available on every wing on which pregnant women reside, and women with no access to funds for bras or maternity clothes should be given them.
- 12.16** Huge changes in hormone levels occur during pregnancy which cause some of the physical ailments but also have an impact on women's emotions. Some women experience mood swings and lose their temper or cry more easily in pregnancy. Other women experience antenatal depression which can be mild or severe. These can all impact on the way a woman communicates and behaves toward officers and the other women in prison and some understanding of why this is happening can be helpful. Women are likely to feel less frustrated if they feel that someone understands what they are going through and can be sympathetic to them.

### **13. What women separating from babies have found helpful:**

#### **13.1** Officers can sometimes help facilitate these wishes:

- Taking special clothes or a blanket to hospital for the baby. It may be something the woman has made or a relative has sent but it can be important to have these in the photos or that the baby is wearing these when going to their new carer.
- Keeping the towel or blanket or the outfit a baby wore which still has the baby's smell.
- Writing a letter to the baby which the woman reads or sends with the baby saying goodbye and how she feels; or notes for the new carers to tell them how her baby likes to be held or fed.
- Expressing milk for the baby can help women to still feel connected and that they are doing something for their baby; and there are health benefits for the baby
- Having photos of their baby as soon as possible (sometimes the hospital are able to provide a photo that the woman can take back to the prison)
- Being able to say a proper goodbye to her baby before returning to the prison.





