

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol](#) ar [Profiadau menywod yn y system cyfiawnder troseddol](#)

This response was submitted to the [Equality and Social Justice Committee](#) consultation on [Women's experiences in the criminal justice system](#)

WECJS 19

Ymateb gan: UK Health Security Agency | Response from: UK Health Security Agency



Evidence submission - Women's Experiences Across the Criminal Justice System

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For consideration on the availability of appropriate custodial provision and support for different groups of women including girls under the age of 18, disabled women, those with mental health problems, women from ethnic minorities, those who have experienced sexual violence or domestic abuse, women with alcohol or drug problems, and Welsh speaking women.

To Note

This submission from the UK Health Security Agency (UKHSA) has been supplemented with data and information from NHS England (NHSE) and the Office for Health Improvement and Disparities (OHID). This has been indicated as relevant throughout.

The evidence submitted within this briefing relates to English prisons, acknowledging that Welsh female offenders are held within English establishments as there are no female prisons in Wales. The data contained within this report does not relate solely to Welsh women, but rather to women in English prisons, which will include Welsh women.

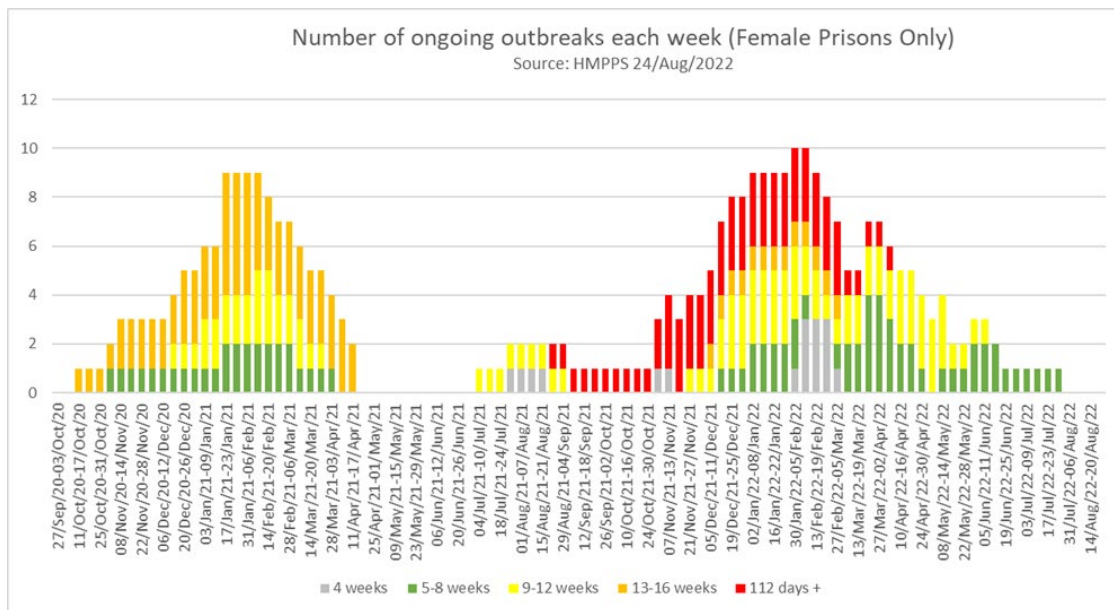
1. Female prisons in England

- 1.1 There are currently 12 female prisons in England
- 1.2 The majority of Welsh women will start their period of prison residence in either HMP Eastwood Park or HMP Styal given their proximity to Wales. Women will however potentially progress to other prisons dispersed around England to access relevant support services they require, meaning they may be housed a substantial distance from their home and family in Wales.

2. COVID-19 in English women's prisons (UKHSA data)

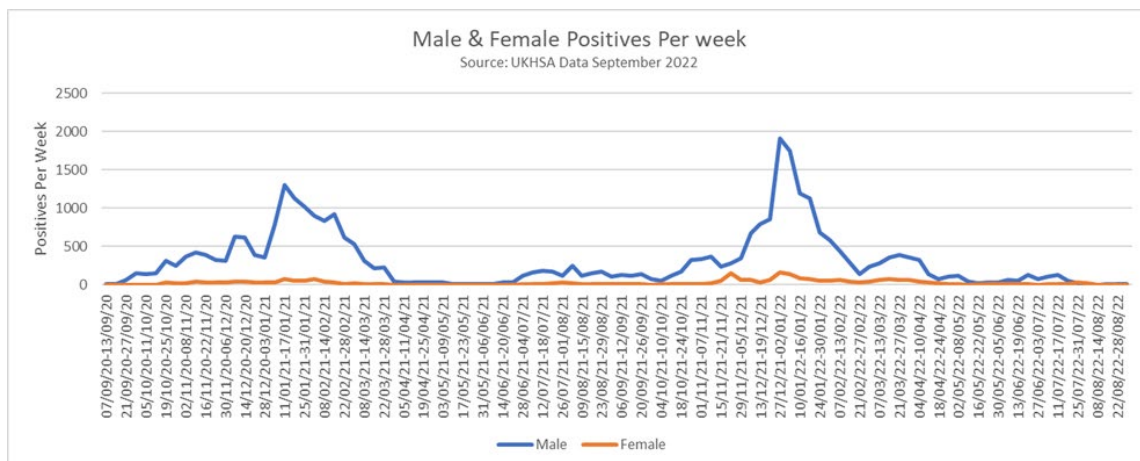
2.1 Graph One shows the number of female prisons that were recorded as being in outbreak, colour coded by the eventual length of the outbreak. It shows that even though the Omicron variant was less severe, it still resulted in a comparable number of female prisons dealing with outbreak control for long periods. (Data supplied by HMPPS.)

2.2 **Graph One:** Number of ongoing outbreaks of COVID-19 in Female prisons - by date and differing outbreak length



2.3 Graph Two shows that there were lower numbers of positives tests from female prisoners. In the time period 28/09/20-28/03/21 female positives made up 5.2% of the total. Interestingly, this changed over time, with the Omicron wave seeing 7.8% of all positive tests from female prisoners.

2.4 **Graph Two:** Male & Female Positives per week



2.5 Data indicates that female prisoners make up 4% of the prison population.

[1] Time period

Date	Male	Female	% Female
28/09/20-28/03/21	13601	741	5.2%
15/12/21-28/02/22	9367	792	7.8%

[1] [population-bulletin-230922.ods \(live.com\)](https://population-bulletin-230922.ods.live.com)

- 2.6 UKHSA national Health and Justice (H&J) team is responsible for the provision of guidance relating to infectious disease management in prisons and other places of detention (PPDs). Since the start of the COVID-19 pandemic the UKHSA H&J team has produced numerous iterations of COVID-19 PPD management guidance in line with national policies (e.g. testing policies), the latest version of which can be seen here: [Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/preventing-and-controlling-outbreaks-of-covid-19-in-prisons-and-places-of-detention) UKHSA H&J team have also recently produced PPD guidance for monkeypox in response to the rise in cases in England, and routinely provide updated guidance for diseases such as seasonal influenza and other acute respiratory infections. UKHSA H&J aims to provide a senior member of staff to every prison outbreak control meeting in England to ensure consistency of advice and guidance for PPD settings. Outbreak meetings attended are varied in nature, for example including COVID-19, influenza, scabies, norovirus or tuberculosis (TB).
- 2.7 UKHSA H&J have contributed recently to the BASHH working group producing new sexual health standards for prisons. UKHSA H&J continue to provide oversight of the PPD opt-out bloodborne virus programme in partnership with the UKHSA Blood Safety, Hepatitis, Sexually Transmitted Infections (STIs) and HIV Division, and work closely with the UKHSA TB unit on surveillance and guidance for PPD settings.
- 2.8 UKHSA H&J experience challenges in understanding fully infectious disease data relating to PPD settings given that national UKHSA databases may not be able to easily distinguish cases in prison settings or to follow individuals from prisons through to community datasets to see outcomes of treatment.

3. Female Prison Estate - Adult Substance Misuse Population Profile (OHID data)

3.1 Substance misuse services provided to English prisons follow the English national Health and Justice service specification and may differ to services available to women in the community in Wales, potentially impacting service continuity on entrance into or exit from prison.

3.2 Data from the National Drug Treatment and Monitoring System (NDTMS) is available for women's prisons for the period Apr 21-Mar 22 and has been provided by OHID for this submission. Data from HMP Peterborough was not included in the analysis as data returns were incomplete. [REDACTED]

3.3 Prisons which are likely to hold a high proportion of Welsh women:

- notably have some of the highest caseloads for opiate, non opiate, alcohol and alcohol & non-opiate treatment
- have large numbers of women who reported having never been employed or employed for less than a year. HMP Eastwood Park has a large number of women who are pregnant and in treatment
- are some of the poorest performers for successful Community Treatment Provider Pick Up into Treatment from Prison Referrals
- have some of the lowest performance for successful completion of treatment for drugs and alcohol

3.4 Key points on Women's prisons

- opiate users make up around 64% of all treatment users in the women's estate – much higher than the male estate which is around 50% of all treatment users
- some prisons have far higher numbers of women receiving treatment related to substance use than others
- women aged 30-44yrs make up the highest proportion of opiate users in treatment, 30-39yrs for non-opiate users, 25-39yrs for alcohol and non opiate users and 30-44yrs for alcohol users in treatment
- some prisons have a large number of women who are pregnant and in treatment
- there were large numbers of women who reported having never been employed or employed for less than a year
- the number of women completing treatment to become drug free are highest in HMP Bronzefield, and the highest number completing alcohol treatment to become alcohol free in HMP & YOI Low Newton

4. Cervical screening - UHSA/University of Southampton initial findings from an audit of English women's prisons

4.1 UKHSA and the University of Southampton have been working in partnership to undertake an audit of cervical screening amongst female English prisons. (Completed in 10/12 women's prisons to date; audit headings include questions around the population, coverage, uptake, testing, diagnosis, referrals and treatment). Full audit findings have not yet been published.

4.2 Generally, women are keen to receive medical care and screening – with some women actively asking for cervical screening. After initial review of results, it appears that most achieve the 75% good level and 80% optimal, however, there are gaps in provision and room for improvement.

4.3 Some anecdotal evidence of good practice to raise awareness/increase uptake include

- having longer appointment times /not being restricted with how long they can speak to the women to provide reassurance
- having a noticeboard in the waiting room where women can post about their cervical screening experiences (generates conversations between women whilst they are waiting and provides reassurance)
- having access to smaller speculums, particularly relevant for those who have experienced sexual violence
- working with mental health and learning disability team to explain and undertake swabbing
- simplifying the letter to explain that the result in negative means it is normal

4.4 Suggested areas for development from the audit (as yet unpublished)

- Healthcare (HC) teams do not all have access to OpenExeter which is the National English recall system so they cannot see when the women last had their smear, they then also have to rely on their own recall systems – ideally all relevant healthcare staff should have access to the National recall system
- some laboratories do not accept smears if they are earlier than their repeat date (even if only 2 weeks early) – HC team report women use prison stay as catch-up time for their health and request check-ups so those HC teams that are able to have opportunistic swabbing tested feel it is beneficial – **ideally where women are uncertain about last test and have no record on the system then they should be swabbed and sample analysed, this may require changes from the English national screening programme**
- NHS leaflets and posters and used, but these are in English and not translated - **Translate this information**
- leaflets should be adapted to ensure they are reading age appropriate
- one prison discussed disability access being in place, however, in this audit it was not clearly discussed - **Disability access should be explored further in future audits**

5. Evidence from the National Women's Prisons Health and Social Care Review (NHS England evidence)

5.1 The National Women's Prisons Health and Social Care Review (Women's Review) is a partnership between NHS England and NHS Improvement (NHSE/I), and Her Majesty's Prison and Probation Service (HMPPS) and has been jointly commissioned by them. The Women's Review began in January 2021 and will report in Autumn/Winter 2022.

5.2 The purpose of the Women's Review is to improve health and social care outcomes for women in prison and upon their release, to reduce inequalities and ensure equity of access to the full range of health and social care services for all women across the Women's Estate.

5.3 Membership of the Women's Review comprises senior representatives from across health, justice and social care, third sector organisations and women with lived experience. The Women's Review is committed to ensuring that women with lived experience play a key role in shaping our workplan and recommendations. At this stage of the Women's Review, it is not possible to provide a comprehensive, evidence-based response as review findings are not yet published. Comments made do not provide a single view from the membership of the Women's Review or definitive conclusions.

5.4 Workstreams in the Women's Prison Health and Social Care Review

