

About Independent Monitoring Boards (IMBs)

Appointed by Ministers under the Prison Act 1952, IMBs are an important part of the independent oversight of prisons. IMB members are a regular presence, visiting the establishment, monitoring the treatment and conditions of prisoners, reporting what they find to those running the prison, and dealing with queries and concerns from individual prisoners. They are unpaid but have statutory powers, granting them unrestricted access. Their findings are captured in their published annual reports.

Introduction

The prevalence of mental ill-health across the women's estate is already well-known, with mental health services often struggling to meet the high demand. The increase in levels of self-harm incidents in recent years remained a major cause for concern for most boards; the support for such women was variable, both within and between establishments in the women's estate. Short prison sentences disrupt family ties and often result in loss of accommodation and employment. The provision of secure housing on release remained a significant issue for many women, in spite of the Homelessness Reduction Act.

During the COVID-19 pandemic, extended lockdowns with excessive time locked in cell exacerbated pre-existing mental health conditions and created new issues. Most boards reported spikes in already high levels of self-harm. Although video visits were eventually introduced, the cessation of face-to-face social visits caused additional distress and affected mental health and wellbeing, especially for those with children. Temporary measures to reduce homelessness resulted in more women obtaining accommodation on release, but we are now hearing concerns about a gap in accommodation support following the end of Community Rehabilitation Company (CRC) contracts.

Mental health

Pre-COVID

A number of boards raised major concerns about the high number of women with mental ill-health. Send IMB reported that approximately a third of the prisoners were supported by the mental healthcare service at any one time. At Foston Hall, anecdotal evidence gathered by the Board indicated that around 70% of the population had mental health issues.

The level of resource often did not match the demand. At both Low Newton and Bronzefield, Boards reported that the inpatient healthcare units had been near or at full capacity with mental health patients during the reporting year. At the latter, however, there had been an increase in staffing levels and improved access to mental health support. Eastwood Park IMB raised concerns that the complex needs unit for prisoners with serious mental health concerns was often full, leaving other women who required specialist support to remain on mainstream wings. At Styal, the Board noted that the psychiatry clinic that ran only one day a week was unable to provide support to all those who required it. At Drake Hall, while the Board noted an

increase in mental healthcare staffing levels, there was a lack of private spaces for confidential therapeutic interventions.

The Board at Eastwood Park reported that the specialist Nexus service for women with a personality disorder provided both one-to-one and group therapy and tailored pathway planning. The Board noted that prisoners on this unit received more intensive care, with specific therapeutic sessions, and their reoffending rate was much lower than prisoners in the mainstream regime.

Boards, such as Low Newton and New Hall, continued to raise concerns about the number of severely mentally ill women being sent to prison as a “place of safety” in the absence of suitable community provision. Eastwood Park IMB reported that five mental health assessments were conducted for women who were civil prisoners (i.e. not convicted of a criminal offence). The Board at New Hall also expressed concern about the increase in women with complex mental health issues. Boards noted that placing individuals with such complex mental health needs in prison increased the risk of harm both to themselves and to others.

As has been previously reported to the Committee, delays in transfers to secure mental health hospitals remained a major cause for concern, as they resulted in lengthy stays in segregation for prisoners with severe mental health issues. Boards at New Hall, Eastwood Park and Bronzefield noted the delays in transfers: at Bronzefield only 14 of the 39 transfers had taken place within the recommended 14 days from the second mental health assessment. At Eastwood Park, the Board wrote to the Minister about a woman with acquired brain injury who had been segregated for over 900 days, stating that this amounted to inhumane treatment.

Post-COVID

Mental health issues intensified during lockdown, as prisoners spent around 23 hours a day locked in cell for extended periods, with very little social contact or meaningful activity.

Non-emergency mental health services were withdrawn at the outset and when they eventually returned, they were only able to deal with the most acute cases. At Foston Hall, the Board reported a small number of cancellations due to the unavailability of wing staff to unlock prisoners, and noted that no psychologists were available and there were only one or two nurses at weekends to deal with a crisis or attend an assessment, care in custody and teamwork (ACCT) review. ACCT plans are opened for any prisoner identified at risk of self-harm or suicide

A number of Boards commended the work of the chaplaincy team in supporting prisoners throughout the pandemic. Eastwood Park IMB noted that there was an increase in one-to-one support for those women who were recently bereaved, and a chaplaincy helpline was set up in order to facilitate contact with prisoners behind locked doors.

Self-harm and ACCTs

Pre-COVID

Boards across the women's estate have repeatedly raised concerns about the number and frequency of self-harm incidents. Between April 2019 and March 2020, Downview recorded 659 self-harm incidents involving 99 women, with 11 requiring hospital treatment and two recorded 'near misses'. At Bronzefield, the Board reported that the monthly average of self-harm incidents had increased, up to 141¹ from 91 the previous year. There was also an increase in the monthly average of individuals who self-harmed, up to 33 from 28.

Some boards noted that the majority of these incidents were attributable to a small number of prisoners with complex mental health needs. At Styal, between 64% and 85% of incidents involved between nine and 12 women who frequently self-harmed. The Board at Peterborough reported on an 80% rise in self-harm incidents, with 73% often by fewer than 10 prisoners who regularly self-harmed.

ACCT processes should involve a multidisciplinary team, including healthcare, and with the opportunity for family involvement where this is beneficial to the prisoner, but some boards reported that this was patchy. At Drake Hall, there was improved healthcare staff attendance at ACCT reviews after the Board there previously raised concerns. The Board at Foston Hall had never attended an ACCT review meeting with a family member present.

Eastwood Park IMB found that, because ACCTs were opened for all newly arrived prisoners with a history of self-harm, there were so many that staff were unable to devote sufficient time to those prisoners who required additional care and attention.

Foston Hall IMB highlighted the substandard quality of ACCT documentation and inconsistent completion of the ACCT front page, but there were reports of good practice elsewhere. For example, Peterborough IMB reported a greater focus on meaningful staff-prisoner conversations, positive case management by prison officers and the involvement of mental health specialists. At Styal, in response to concerns about the monitoring of ACCTs, the prison introduced a new system of pre-ACCT referral forms monitored by orderly officers, but it was too soon to assess its impact.

Post-COVID

Many boards across the women's estate reported spikes in self-harm from the already high levels: particularly at Eastwood Park, Bronzefield and Foston Hall. Eastwood Park IMB identified several contributory factors: the loss of face-to-face contact with children and family, bereavement, isolation from other prisoners, little distraction and limited access to mental healthcare. In June 2020, 13 prisoners accounted for 149 out of 196 incidents. At Bronzefield, incidents averaged 224 per month between March and July. A new self-harm reduction strategy was introduced, to increase support for prisoners on enhanced ACCT plans or those of significant concern. Foston Hall IMB reported over 1,000 self-harm incidents between May and November 2020, up from 900 during the same period the previous year. Though the prison introduced additional welfare checks, they were soon halted due to staffing

¹ Figures from the 2018/19 Bronzefield IMB annual report, the most recent pre-COVID reporting year.

shortages. At both Foston Hall and Bronzefield, the Boards reported that around 500 ACCT documents were opened during the 2019/20 reporting year, which was similar to figures from the previous year. Askham Grange women's open prison experienced the first self-inflicted death for 13 years.

On a single day in late March 2021, the Board at Eastwood Park reported that there were 59 prisoners on an open ACCT plan out of a population of 365. This daily figure fluctuated between 33 to over 60 during the reporting year. The Governor had been proactive in setting up a taskforce team to address these growing issues. At Bronzefield, the prison had recognised the detrimental impact on the mental health of prison officers and custody managers who dealt with complex and vulnerable prisoners who frequently self-harmed, and set up regular meetings to support ACCT managers, with the aim of benefitting both the staff and prisoners.

Some boards expressed optimism about the rollout of the revised ACCT process across the women's estate in April 2021. It aimed to adopt a more person-centred approach, with a focus on identifying individual risks and triggers. At Eastwood Park, however, with a high number of open ACCTs, the Board raised concerns that the additional time required by staff to deal with this complex new process was not reflected in increased staffing levels.

Family contact

Pre-COVID

Styal IMB reported that prisoners had complained about delays in receiving post, due to a mismatch between delivery times and staff availability, and the issue was eventually resolved.

As primary caregivers, mothers in prison who have been separated from their children may experience additional anxiety. At Send, the Board reported that the prison offered financial assistance for travel expenses and hotels for families who had to travel a long way for visits and struggled to afford the associated costs. At Eastwood Park, the Board noted that successful efforts had been made to improve family ties for prisoners with children under 12 by introducing some overnight stays in the mother and baby unit (MBU) for children to spend time with their mothers. At Styal, the Board reported that family intervention workers from Phoenix Futures sought to help prisoners with family issues by liaising with social and children's services, setting up child contact, delivering parenting classes and providing support at final meetings between mother and child prior to adoption.

At some establishments, the Prison Advice and Care Trust (PACT) managed the visitors' centre and provided family engagement case work, supervised play and family activities. The Board at Downview raised concerns about the negative impact of the shortage of PACT employees and volunteers during the reporting year. This led to waiting lists for family casework support. In January 2020, for example, there were 18 prisoners awaiting a PACT referral. Similarly, Eastwood Park IMB reported that, at the end of the last reporting year, HMPPS had withdrawn funding for two of

the three PACT workers. Visitors subsequently complained about the loss of support, for example organising family photographs at particularly sensitive times.

Post-COVID

All prisoners were provided with additional phone credit. Where there were already in-cell telephones, this facilitated contact between prisoners and their families in the absence of social visits. However, this was not the case in all prisons, including Downview, which was a major disadvantage to women there. Some boards reported that prisoners could access the voicemail service, to record a message and listen to a reply. The 'email a prisoner' service was also extended.

There was limited resumption of social visits in July 2020, but low take-up. The Board at Drake Hall reported that pre-COVID, the monthly average of family visits was approximately 230, but only 17 visits took place in July. This was partly due to COVID-19 travel restrictions, but also to the fact that the short time allowed for visits and the prohibition on physical contact caused distress to women and particularly children, and many preferred not to meet under those restrictions. Face-to-face social visits were again suspended in November 2020, with the imposition of lockdown in the community. They have subsequently been reintroduced for prisons at stage 3 of the exceptional delivery model, and children under 11 are allowed to hug the prisoner during visits.

The Board at Eastwood Park reported that, at the start of the first national lockdown, a scheme was introduced whereby mothers could record themselves reading bedtime stories for their children. However, at Downview, this scheme was suspended due to faulty recording equipment.

In July 2020, Purple (video) Visits were introduced, which allowed prisoners to make video calls to their family and friends. However, there were problems, both in relatives' access to the right ID or equipment, and also because of the security features which meant that the picture froze if, for example, a child moved during the call. These calls were also initially only available between 9:30-16:00 on weekdays, which coincided with working and school hours. Some of these issues have since been resolved. However, many women struggled with seeing their family on video after many months apart, while others commented on the limited 30-minute duration of calls. At East Sutton Park, the Board reported that FaceTime was used over the Christmas period, as the establishment did not have access to Purple Visits.

Resettlement

Pre-COVID

In August 2020, IMBs at 10 prisons across the women's estate published a report² on the findings of a joint resettlement survey and interviews with 80 prisoners they had carried out. Over half of the participating women were serving less than six

² [More than half of women prisoners have no settled home on release, reveals new report from independent prison monitors - Independent Monitoring Boards \(imb.org.uk\)](https://www.imb.org.uk/news/2020/08/more-than-half-of-women-prisoners-have-no-settled-home-on-release-reveals-new-report-from-independent-prison-monitors)

months, and this presented significant resettlement challenges. At Foston Hall, 30% of prisoners were serving sentences of less than 12 weeks, and a significant proportion were “revolving door” prisoners who were in and out of custody due to reoffending. The Board noted that prisoners on short sentences would gain little benefit from the recently-introduced key worker scheme, aimed to provide motivation and support from a named prison officer.

Secure housing and employment are integral elements of successful resettlement. Open prisons, such as East Sutton Park, reported that it was unusual for prison leavers not to have secured accommodation and a job before release. As women were able to work outside the prison under release on temporary licence (ROTL) prior to release, some could transfer to a local branch of the employer upon release.

At Bronzefield, Phoenix House, which opened in April 2019, provided a semi-open environment for selected prisoners. The Board noted its success in reducing reoffending by providing prisoners with more independence and pre-release opportunities. At least half of the prisoners released from the unit obtained employment after release, but there were limited ROTL opportunities.

The IMB survey showed that almost 60% did not have a settled home to go to on release. Some Boards in training and open prisons have reported more positive findings: at Drake Hall, very few prisoners were released without accommodation and Send IMB reported that this was only 8% of prison leavers. However, in other prisons, Boards reported significant problems. This included reliance on temporary accommodation in order to avoid rough sleeping, and very late allocation of housing, as at Downview, where the Board reported that this prompted anxiety for prisoners, with 12 out of 19 women close to release having no settled accommodation confirmed, and that follow-up post-release was almost non-existent. Prison leavers released into the London area experienced additional challenges due to limited housing availability: a survey by the Bronzefield Board during one week in February 2020 noted that 60% left with no fixed abode. At Styal, the Board noted that there continued to be a lack of supported and recovery-based accommodation and prisoners were occasionally released to unsuitable accommodation. There appeared to be a disconnect between the available services and what prisoners actually received, as a result of variable prisoner engagement, attendance at appointments, staff availability and insufficient time to offer adequate interventions to prisoners serving short sentences.

Post-COVID

During the first national lockdown, fewer prisoners were released without stable accommodation due to additional funding to local authorities and housing providers, in order to prevent rough sleeping. This aimed to provide accommodation to all prison leavers who lacked stable accommodation and were at risk of homelessness. However, even then there remained problems, especially in the London area: in the first six weeks of the pandemic, HMIP reported that 40% of women released from Bronzefield had no fixed abode. IMBs have stressed the need for an agreed definition of ‘safe and secure accommodation’.

In May 2021, the Board at East Sutton Park reported that some prisoners had experienced a lack of council engagement on accommodation provision, which led to last minute arrangements. As a result, the establishment felt obliged to encourage prisoners not to rely on council accommodation and to save their ROTL employment earnings so that they could be more independent on release.

In addition, there is concern about gaps that may develop in housing support following the end of CRC contracts in June. Some Boards in the North-West have reported that Shelter may no longer provide services. At Bronzefield, there will no longer be full-time staff based at the prison to help secure accommodation for women released to London. The new 'Through the Gate' providers are not contracted to, and have no experience in, providing accommodation services.

Dame Anne Owers

National Chair

Independent Monitoring Boards

June 2021