



## **Time to care: what helps women cope in prison?**

A thematic review by HM Chief Inspector of Prisons

February 2025



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# Introduction

We undertook this thematic because of our concerns about the very high and increasing levels of self-harm in women's prisons, the paucity of regimes, the difficulties in enabling visits, the lack of training or support for officers and a failure to help women cope. The focus of this report is on what practical support can be offered by officers and leaders, rather than specific health care interventions.

The findings are deeply depressing, with individual jails and the prison service not doing enough to understand the needs of this population or take action to make sure that women receive appropriate support.

Between 2013 and 2023, rates of self-harm in women's jails rose from 1,545 to 5,624 per 1,000 prisoners, and this dramatic increase is indicative of the levels of distress among women in prison.

In the surveys carried out during our inspections and the fieldwork for this report, women told us what would help them to cope better. Much of what they describe could be readily achieved with more imagination and determination from both governors and the prison service.

In this report we describe a vicious cycle whereby officers are spending so much of their time helping women who are suffering acute crises, that they are unable to provide the less intensive support other prisoners need to prevent them from deteriorating.

The staffing position in women's jails is now much healthier than it has been in recent years and many officers we spoke to wanted to provide prisoners with the support they needed. However, they were unable to complete much of the day-to-day work that is essential to maintain safe, respectful and purposeful jails because they lacked the time or capability to do the job effectively.

Many prison officers remain inexperienced and the lack of training they receive is a recurring theme in this report. They were doing their best in often very distressing environments, yet only those working in specialist units received clinical supervision. Officers described the toll it took on them, including feeling traumatised by and eventually desensitised to the shockingly high levels of self-harms and mental illness they witnessed.

This report also shows that there is a failure to offer opportunities for women to stay in contact with their families, particularly children, for whom many were the primary carers. Phone credit was often not available during women's first, crucial days in prison, visits were too short, video calls were restricted and visitors themselves were given little support, despite having to travel often long distances with young children. Despite their importance, there was a lack of ambition or creativity in helping women maintain good family ties. We see far more impressive support in the best men's prisons.

Disappointingly there was also insufficient use of peer support, whereby women who were able to take on more responsibility could have provided valuable help and encouragement to their peers.

The limited regime, caused, in part by officers being deployed to other duties, meant that many women were spending long periods of time locked up with nothing to do. This isolation increased their distress and was likely to have been the cause of self-harm for some. Women told us that they often were not able to eat together and that much of the activity they were assigned to was mundane, unsuitable and regularly cancelled. Access to fresh air in the extensive, attractive grounds in some of the jails we visited was nothing like good enough.

Women told us that they still could not get access to suitable clothes and many had to wear ill-fitting, prison-issue clothing designed for men because, astonishingly, there was little provided specifically for them. We have recently been told by prison service leaders that the bizarre rule that has prevented women from washing their underwear in a washing machine is to be changed.

Women who are in acute crisis and self-harming require support from well-trained and confident staff. In our fieldwork, we often found officers who did not know how to respond to these difficult circumstances and quickly reverted to the use of physical force and anti-rip clothing. Leaders' oversight of the application of these measures was not always robust with the risk that repeated use could feed the cycle of trauma for both prisoners and staff.

There is no doubt that our prisons contain some very unwell women who are expressing their distress with extreme, risky self-harm and yet in this report we highlight a gulf between their level of need and the skills and capability of staff.

This report is a challenge to leaders in the prison service and in jails to transform women's prisons to become environments in which prisoners are supported by skilled staff in settings, and with regimes, that are conducive to good mental health and better outcomes, both during their sentence and after release. We note examples of good practice that, if extended to more prisons, would begin to make improvements, but it is now time for urgent and determined action.

**Charlie Taylor**  
HM Chief Inspector of Prisons  
February 2025

# Concerns

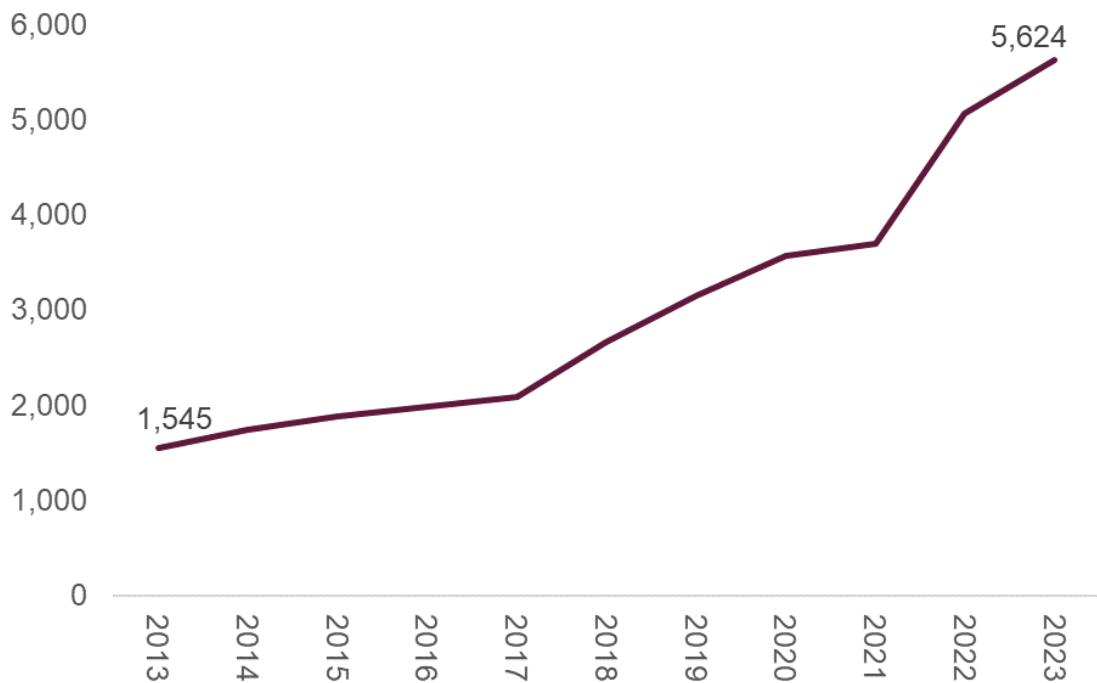
1. **Although officers were keen to support women, we found significant weaknesses in the care provided.** For example, some women described feeling overlooked as staff focused their time and attention on others who were more obviously in crisis. One woman said she had self-harmed to get officers to take her seriously.
2. **Support to maintain relationships with children and families was not good enough.** Despite this being the top priority for women in our survey there was too little creativity in the range of help available.
3. **Women's ability to cope was hindered by the prison regime.** Many spent too long locked in their cell or without purposeful activity. There were few opportunities for women to seek support from each other, for example exercising or eating meals together.
4. **The prison environment did not always help women feel safe.** For example, some found the level of noise and communal showers distressing, and there was a lack of therapeutic space.
5. **Too little attention was given to some very basic elements of decency.** Women were given prison-issue clothing designed for men, and they did not receive enough underwear. They were not allowed to wash their own underwear in a washing machine.
6. **Women had too few opportunities to complete interventions, such as the HOPE programme, to develop coping skills.**
7. **The lack of formal peer support roles was a missed opportunity to enhance the care provided.**
8. **The use of restrictive and punitive responses to women in crisis was far too common.** Too little effort was made to de-escalate situations and decisions to use force were not always justified.

# Section 1 Background to this thematic

- 1.1 The rate of self-harm in women's prisons has increased by an astonishing rate over the last 10 years. It is currently 8.5 times higher than in men's prisons. The number of times hospital care has been needed has also increased. Often symptomatic of emotional distress, an attempt to feel in control or communicating the need for help, it can also be associated with traumatic life events or current experiences. Some women harm themselves regularly and this often requires specialist support from health care and others, including, in some instances, transfer to a secure hospital.
- 1.2 Between April 2023 and March 2024 there were 19,652 reported incidents of self-harm, carried out by 1,200 women ([Ministry of Justice, Safety in custody: quarterly update to March 2024](#)).

**Figure 1: The rate of self-harm per 1,000 prisoners in women's establishments has been increasing over the last 10 years.**

England and Wales



Source: Ministry of Justice, 2024, Safety in custody: quarterly update to December 2023.  
Available at: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2023>

- 1.3 There has also been a recent rise in the number of violent incidents, which can be another indicator of a woman's struggle to regulate or manage emotions. However, the type of violence committed by women

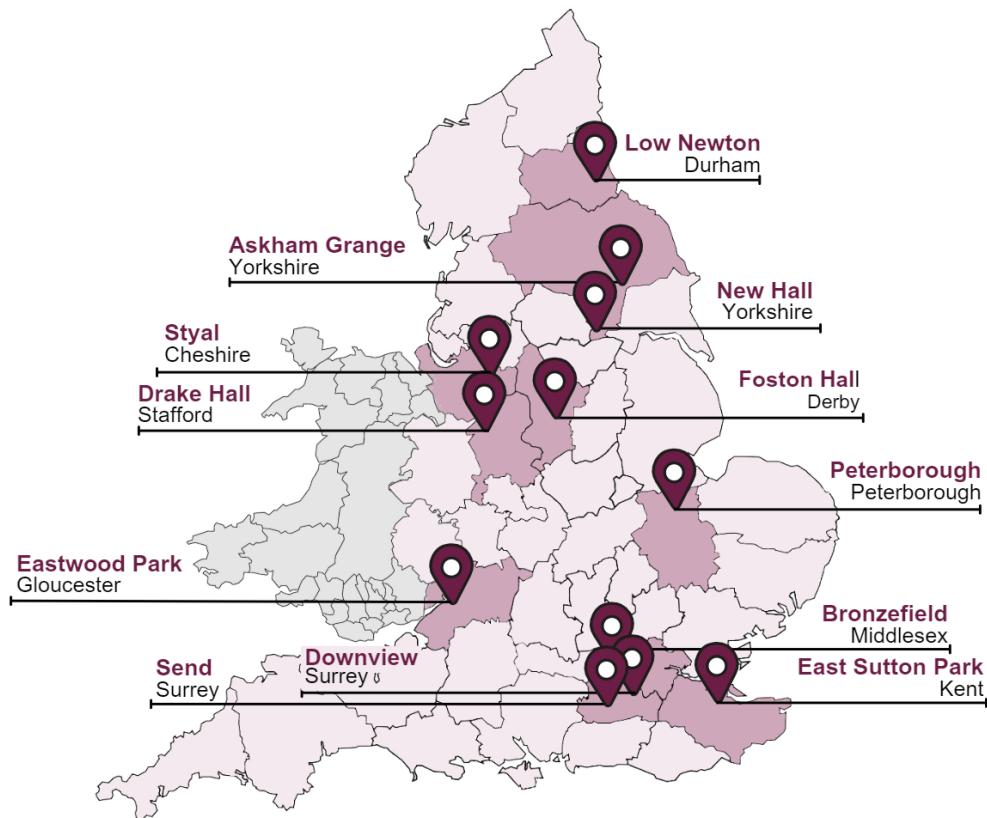
tends to be less serious than that carried out by men. Weapons, for example, are rarely used.

## Slow progress in improving outcomes nationally

- 1.4 The [2007 Corston Report](#) reviewed the needs and vulnerabilities of women in prison, concluding that a distinct, radically different, and women-centred approach was required to help them move away from crime. Ten years later, in 2017, a [review of the report conducted by Women in Prison](#), a national charity that delivers support for women affected by the criminal justice system, found that only two of the 43 recommendations had been fully achieved, with no progress in 13.
- 1.5 In 2018, the government published the '[Female Offender Strategy](#)', which acknowledged the distinct needs of women. The government put forward its commitment to a new programme of work, driven by three priorities: earlier intervention, an emphasis on community-based solutions, and an aim to make custody as effective and decent as possible.
- 1.6 In 2021, a [review of the strategy by the Prison Reform Trust](#) found that only 31 of the 65 commitments had been fully achieved and there was little or no information on whether the steps taken were improving outcomes for women in prison.
- 1.7 In 2023 the Ministry of Justice (MoJ) published its '[Female Offender Strategy Delivery Plan](#)', which set out specific and measurable commitments for 2022 to 2025, with a focus on four aims:
  - Fewer women entering the criminal justice system and reoffending.
  - Fewer women serving short custodial sentences with a greater proportion managed successfully in the community.
  - Better outcomes for women in custody.
  - Protecting the public through better outcomes for women on release.
- 1.8 In September 2024, the new government announced plans to reduce the number of women in custody. A [Women's Justice Board](#) is to be established, bringing together senior leaders in the criminal justice system, charities and government departments, with a new strategy due in spring 2025.

## The prison estate for women

- 1.9 Prisoners held in women's jails represent less than 4% of the total prison population in England and Wales. There are 12 sites holding women, but none of them are in Wales.



1.10 Many women are held a long way from home. This can make it very difficult for family and friends to visit regularly, and it is often harder to deliver resettlement support when women do not have direct or easy access to services from their home area. It also means that they may have to wait longer to access some specialist interventions, such as therapeutic communities and psychologically informed planned environments (PIPEs), as they are not available in every prison. This can then delay their achievement of sentence plan objectives. Women living in Wales must relocate to England, making visits and access to relevant support especially difficult.

## The specific characteristics of women in prison

1.11 The needs of women in prison are different from those of men, but with such a small population, they are often overlooked. In 2023 NHS England and HM Prison and Probation Service (HMPPS) published '[A review of health and social care in women's prisons](#)' which highlighted some of the key differences. The review found that:

### Remand and sentence length

- Proportionately more women than men are remanded by the courts or serving short sentences of under 12 months. Going to prison can, for some women, give them enough time to lose what they had on the outside, but too little time to build new strengths or develop better coping skills such as recovering from drug use or improving their well-being.

## **Children and families**

- Over half (51%) of women in prison are separated from children.
- Only 5% of children of imprisoned mothers stay in their own homes.
- More than half of women in prison (52%) report having children under 18.
- Over 17,500 children are estimated to be separated from their mother each year due to imprisonment.

## **Previous experiences and support needs**

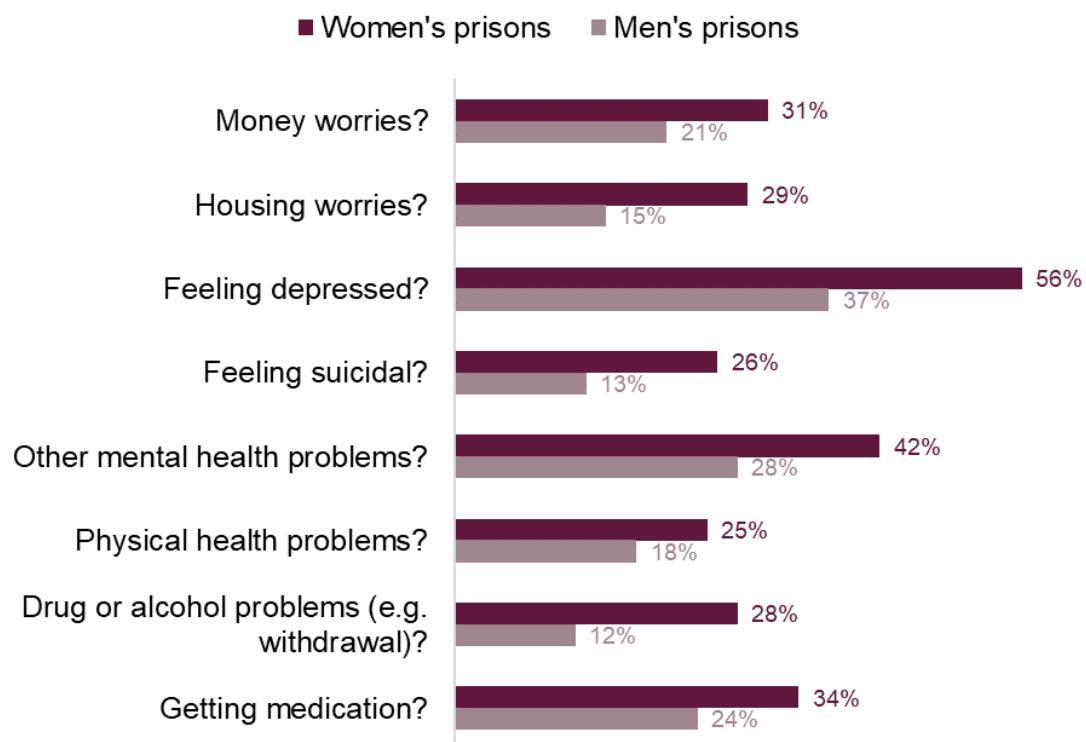
- Many women in prison have had traumatic experiences such as physical and sexual abuse in their lives. For example, almost 60% of women who offend have experienced domestic violence.
- Nearly a third of women in prison (31%) have spent time in the care of the local authority as a child.
- Almost double the proportion of women than men in prison feel suicidal (34% compared with 17%).
- Nearly twice the proportion of women than men declare a drug and/or alcohol problem when they arrive in prison (40% compared with 22%).
- Around three-quarters of women (76%) report having mental health problems, compared with 51% of men.

1.12 Our own aggregated inspection survey results from May 2021 to November 2023 showed that women were far more likely to declare problems on arrival in custody (83% compared with 77% of men). The specific issues they reported are set out in Figure 2.

**Figure 2: A higher proportion of prisoners in women's prisons reported problems on arrival compared with those in men's prisons.**

Women's and men's prisons England and Wales, May 2021 to November 2023

When you first arrived, did you have any problems with:



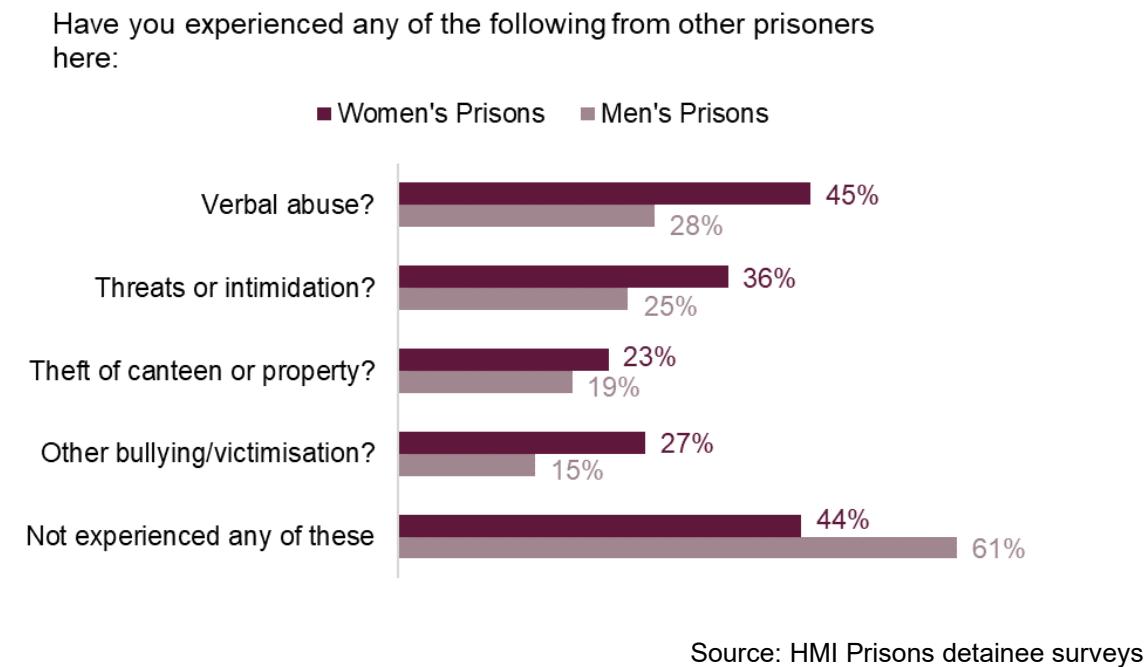
Source: HMI Prisons detainee surveys

1.13 Women also reported more negatively on some aspects of prison life, notably feeling safe. For example, a significantly higher proportion said they had felt unsafe on their first night (30% compared with 26% of men in prison). Not feeling safe continued further into their prison experience, with around half (51%) reporting that they had felt unsafe at some point, compared with 43% in men's prisons.

1.14 Women were more likely to report some form of victimisation from other prisoners (56% compared with 39% of men). It was often different from that experienced by men – see Figure 3.

**Figure 3: A higher proportion of those in women's prisons reported victimisation from other prisoners compared with those in men's prisons.**

Women's and men's prisons England and Wales, May 2021 to November 2023



1.15 However, women were more likely than men to tell staff if they had been bullied or victimised by other prisoners (52% compared with 37%).

## Focus and methodology of this thematic

1.16 A small number of women regularly self-harm while they are in prison and they account for much of the alarmingly high overall rate. They require highly specialised treatment and support from multi-disciplinary teams, including health care experts. However, it is also true that some women begin or continue to self-harm while in prison, and during our inspections we are often told that basic frustrations are a key driver for this behaviour. To understand and help address the issue, this thematic explores the barriers and enablers to how women cope in prison from day to day, with a particular focus on the role of officers in delivering care.

1.17 We conducted fieldwork in four reception prisons, selected to include a wide range of women, including those remanded or recalled to custody, alongside those serving both very short and long custodial sentences. The fieldwork was carried out in two stages, the first of which was a representative survey of prisoners and an online staff survey. The results of these were used to inform the second, main fieldwork stage, which consisted of individual interviews with prisoners, and interviews and group discussions with officers. Meetings with leaders at each site, and for some of the services and facilities on offer, were reviewed to triangulate findings from the interviews. Further detail about the methodology is included in Appendix I.

## Section 2 Findings from the survey

2.1 In the first stage of this review, we conducted a representative survey of prisoners. The questionnaire sought information in the following areas:

- background information from respondents
- the specific support needs women had
- assessment of the importance of coping tools or sources of support available in prison
- experiences of support from officers
- experiences of support from other prisoners.

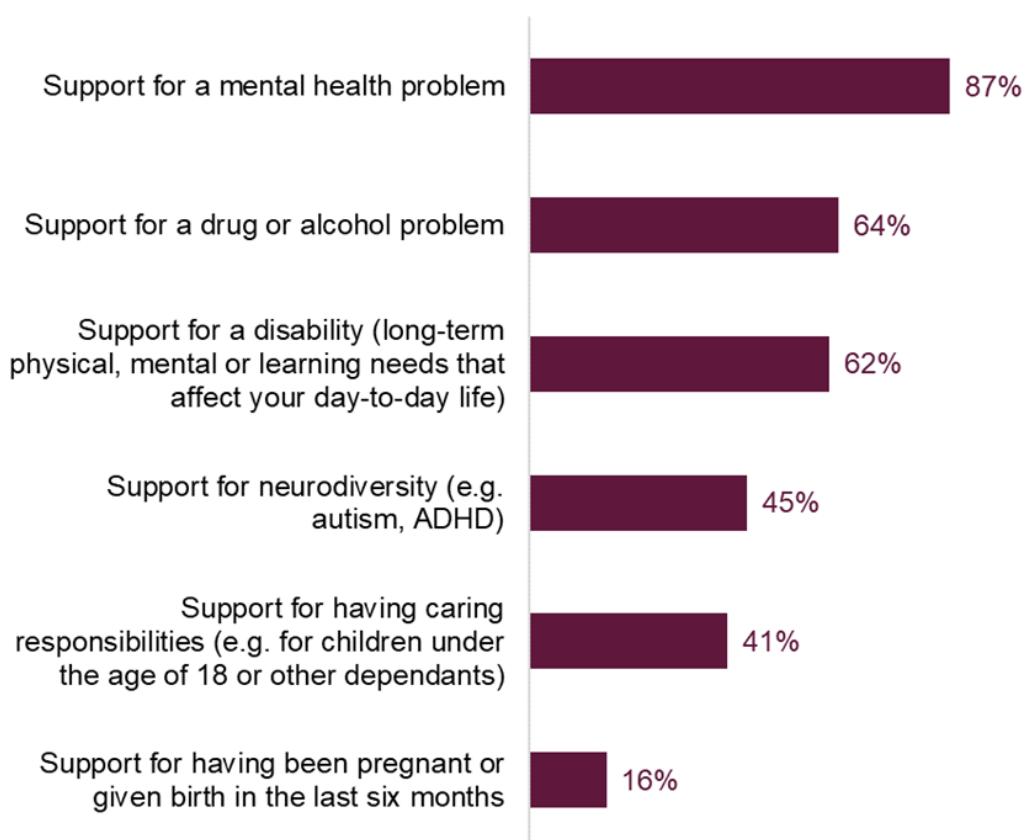
2.2 The full survey results can be found on our [website](#).

2.3 The survey results were used to inform the main fieldwork and provide some key findings which are outlined throughout this report.

2.4 Figure 4 provides an overview of the specific needs of the women in our fieldwork sites.

**Figure 4: Prisoners in women's prisons reported high levels of need for support.**

Women's prisons included in the thematic fieldwork.

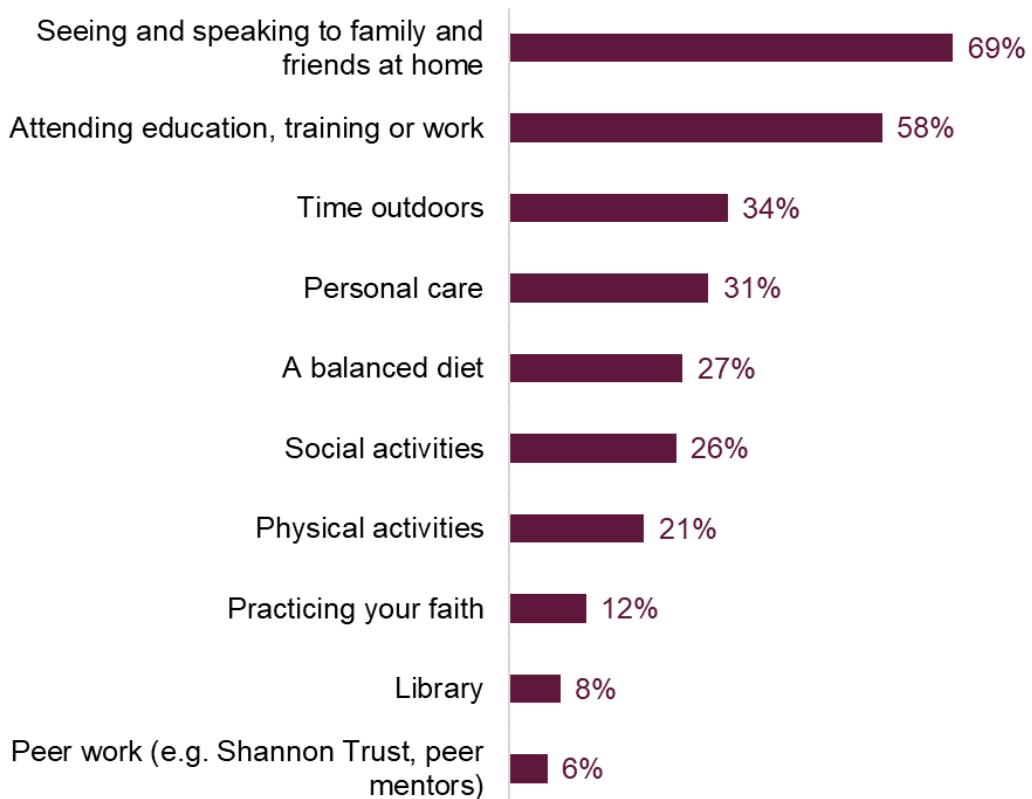


Source: HMI Prisons thematic survey

2.5 Women who completed the questionnaire were asked to rate how important various elements of daily life were to helping them cope in prison, and which three things were of most importance.

**Figure 5: Seeing and speaking to family and friends at home was identified by the highest proportion of prisoners as being one of the top three things to help them cope in prison.**

Women's prisons included in the thematic fieldwork.

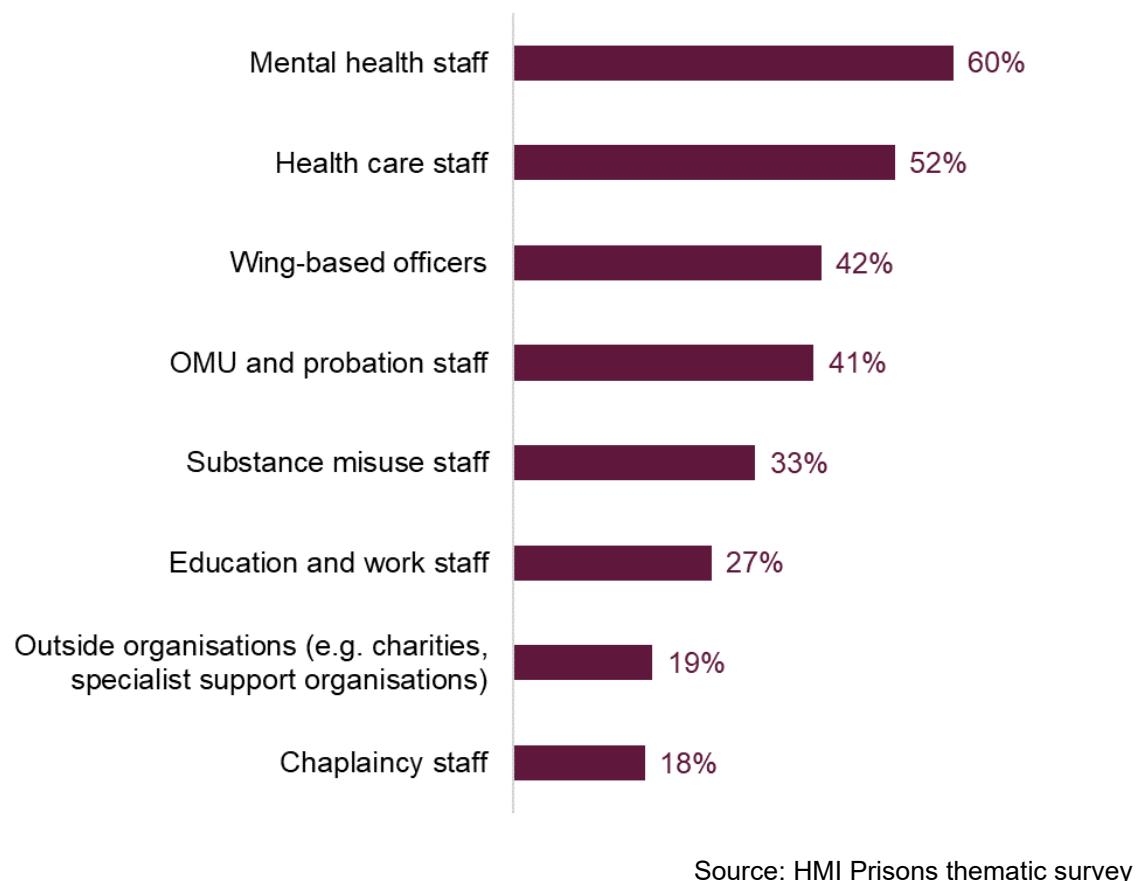


Source: HMI Prisons thematic survey

2.6 They were also asked to rate how important different staff groups were to helping them cope in prison, and to identify which three were the most important. It is perhaps no surprise that health care staff, including those working in mental health, were at the top of this list, given the types and level of need women have. However, the second most important source of support for women was prison officers, which we examined in more detail during our visits.

**Figure 6: Mental health staff were identified by the highest proportion of prisoners as being one of the top three people to help them cope in prison.**

Women's prisons included in the thematic fieldwork.



Source: HMI Prisons thematic survey

2.7 The results from the initial surveys were used to refine the focus of the main fieldwork. Questions were asked about each of the key areas to find out more about women's experiences of these aspects of daily life and support.

## Section 3 Struggling to cope

- 3.1 More than eight in 10 prisoners (84%) responding to our thematic survey said that they had felt unable to cope at some point in prison. When we asked women in our interviews to define being unable to cope, they talked about mental breakdowns, sleeping all day or not sleeping enough, changes to their appetite, crying a lot, disengaging from others or retreating to their cell.
- 3.2 In contrast, when we asked them to define coping, they described it as an ability to manage their emotions in a healthy way.
- 3.3 Women we interviewed described how coping strategies they used in the community, such as speaking to people they trusted, controlling the timing of medication, or going for a walk outside to relieve stress, were not options available to them in prison. Prison limited the amount of choice and control they had over day-to-day decisions, and they told us that this had a significant impact on their mental health and capacity to tolerate frustration. One woman said:

“Constantly being told what you can do, when you can do it, you've obviously not got the choice to do what you want to do, and it's just a mental and emotional struggle. It's a struggle.”

- 3.4 Women also described daily frustrations which hindered their ability to cope. They talked about putting on a front, with one woman saying it was about “just getting on with it”, and “acting like things are fine when they are not”.
- 3.5 Women said they coped better if they were busy, had a constructive regime, looked after themselves well and socialised with others. Those who said they were coping well also described having a sense of purpose and a positive outlook, which helped them to deal with the many negative elements of imprisonment.
- 3.6 In recent years there has been a great deal of focus on recognising and responding to the trauma most women in prison have experienced, which can manifest itself in symptoms associated with post-traumatic stress disorder (PTSD). Yet prisons are unlikely to be able to respond effectively to trauma because the environment, the design and delivery of regimes, being locked in a cell for a long period of time, handcuffed, searched or forced into segregation, all act as barriers.

### Not enough contact with children and families

- 3.7 [Lord Farmer's report in 2019](#) found that prisoners' relationships with their significant others are 'utterly indispensable' for rehabilitation. The report recognised that because women in prison are more likely to be primary carers than men, separation from their families is more liable to

have a negative impact on their mental health and how well they respond to other aspects of prison life. He concluded that women are often unable to make progress unless they are reassured about their children. Supporting women to maintain contact with their family is therefore fundamental to enabling them to cope in custody and engage with rehabilitation.

3.8 In our survey almost all women (94%) said that seeing and speaking to family and friends was important in helping them cope in prison, and it was ranked as the main element by the highest proportion of women. In addition, 41% said they needed support for caring responsibilities, but of those only 54% said they had received any. Women valued the normality of listening to friendly voices, as well as the reminder that people cared for them in the world outside the prison walls.

*"It gives you a bit of normality, doesn't it? Hearing their friendly voices and giving you bits of encouragement that this isn't the end, you're not going to be in jail forever."*

*"You need to know that there's people out there who care about you and who support you. And if you haven't got that, you feel like 'what's the point?'"*

*"I used to cry myself to sleep. Even though I'm 19, I just wanted my mum."*

*"I'll ring somebody every night... it's only a 10-minute natter, it's just hearing somebody outside."*

3.9 Work to help women maintain or develop relationships was not good enough. There was often a lack of creativity beyond the usual video and in-person visits, and provision needed to be more flexible and bespoke to provide effective support.

### **Not enough contact in the first few days**

3.10 Most women entering prison were offered a telephone call in reception. Although this was helpful, some prisons would only provide £2 of phone credit. Many women told us this was not enough to allow meaningful contact with their children and family members.

3.11 Women who were pregnant or had very young children were more positive about the support they received in their first few days of entering prison. The pregnancy, mother and baby liaison officers (PMBLO) met all new arrivals, and the mother and baby units we visited in the prisons were excellent environments which offered good support.

## Lack of imagination from prisons

3.12 In three of the four prisons we visited, about a third of the women were over 50 miles from home and at one of the sites it was over half (data was not available at one of the jails). Additionally, about a third of all women did not receive face-to-face visits. Leaders were not doing enough to promote contact and make visiting easier: some visit sessions only lasted 60 minutes and at one site they only ran during the afternoons. At another, the visitors centre, which should have supported families as they arrived, was closed as there were no volunteers to staff it. None of the prisons provided transport to and from nearby train or bus stations and women said that their families were often unable to afford the expensive taxi fares to get to the prisons.



## Visit halls

3.13 All prisons we visited offered family days which provided a more relaxed environment for women to interact with their children and families and these were very popular. However, at one jail they were only two hours long – which is shorter than we often see in men’s prisons – with many families undertaking longer journeys. Foston Hall had a family unit where women could book a half-day session to spend time with their family in a relaxed environment with pleasant surroundings and cooking facilities.

3.14 In some men’s prisons, such as Oakwood and Durham, we have seen better-developed family work than we identified during this review. This has included toddler ‘stay and play’ sessions, homework clubs and cooking activities. We did not find these options in any of the women’s prisons we visited, which was concerning.

## Telephone and video calling

3.15 The introduction of telephones in each cell at all four of our fieldwork sites was positive and highly valued by the women we spoke to.

“I speak to my mum every day. I speak to her more in prison than I did on the outside... I can phone my mum, and I don’t have to say I’m not alright, she just knows.”

“... it's nice just to be able to speak to them and talk about normal things, not just what you see in prison.”

- 3.16 Secure video calls were also available at all four sites, but the women we spoke to were often frustrated by the poor connection, a lack of privacy during the call and a limit of one call a month, which was far too low.
- 3.17 The calls were not being used creatively to support women, for example in enabling them to read a bedtime story to their child, or to facilitate attendance at parents' evenings or health care appointments for children.
- 3.18 New Hall had recently introduced in-cell laptops to promote better contact opportunities, such as enabling women to read emails and view photographs sent by their families. However, families had to pay to send and receive these emails, which deterred some from using them.

### **Interventions and support**

- 3.19 All four prisons had workers to support women in maintaining contact with their children and families, but at some sites the level of support was insufficient. For example, at one, there were not enough family support workers in post and there were no parenting or relationship courses available at two other sites. New Hall offered more one-to-one interventions but there was no social worker on site to support prisoners with more complex child protection issues. However, social worker support was being trialled at Eastwood Park and Bronzefield.
- 3.20 It was concerning that release on temporary licence to facilitate contact with children and families, including home visits and overnight stays, was chronically underused. Over the last 12 months, there had only been around 130 temporary releases across the four prisons, and only a very small number were for overnight stays.

### **Too little care and compassion**

- 3.21 During our core inspections women often say that they are far more able to cope if they have a network of support through positive relationships, not only with staff and peers, but with people who are particularly important to them, such as children and other family members.

### **Not enough time for compassionate care**

- 3.22 Support from prison officers should be central to helping women cope day-by-day. Officers have control over most elements of a prisoner's existence, including when she is unlocked and locked up, what information and help she is given, the support she is able to access, whether she can get essential items, such as clothing and cleaning products, and how quickly she receives a response if she presses her

emergency cell bell. One woman described how different officers could shape her day:

"If Officer X opens your door in the morning, it can put you in a bad mood for the day, if it's Officer Y, you know it will be a good day."

- 3.23 In our survey, almost all women (91%) said that wing officers were important to helping them cope. But far fewer said that they provided enough support. Only 39% said that officers were interested in their personal welfare, 28% that they understood their personal circumstances, and 40% that the support given by most officers helped them to cope.
- 3.24 The women we interviewed said that officers lacked the time to develop positive relationships with them, and this was often due to inconsistency in the allocation of officers to the wings.

"The officers do try but they are burnt out, they are understaffed, they don't have enough time."

"They're just always too busy, they've got other things to do. Just kind of brush you off because they've got other stuff to be doing, or they don't know, or you get different answers from different staff members."

- 3.25 Many staff we spoke to were equally frustrated. They wanted to form positive relationships with the women in their care but often felt thwarted by the day-to-day demands of the job.

"Support is mostly firefighting rather than building relationships, we are not dealing with requests."

"Some officers are so drained that even if they have spare time, won't go out and talk to a prisoner on their unit, will just stay in the office."

- 3.26 Women also told us that getting simple things done, such as submitting applications, requesting items or just having a moment to talk, were often very difficult as officers prioritised other tasks and activities.
- 3.27 Some women described feeling overlooked as staff focused their time and attention on others who were more obviously in crisis. One woman said she had self-harmed just to get officers to take her seriously.

### Case example

We saw an example of a woman who had arrived in prison for the first time. She was not given the opportunity to phone home on her first night and did not have a working phone in her cell. Four days later, she was told by an officer to stop approaching them for help because her “concerns [were] already being heard and dealt with”. Ten days after arriving, she pressed her emergency cell bell and told officers she had self-harmed because she had still not been able to speak to her children.

- 3.28 In most prisons, women were frustrated by weaknesses in application processes, where they could submit requests for help and advice. Many lacked confidence in these systems, which further exacerbated their perception that staff were not concerned about responding to legitimate requests.
- 3.29 Most of the prisons we visited had full or almost full officer quotas, but high sickness rates and other operational duties, such as constant supervision or unplanned hospital escorts, reduced the number available to maintain a daily routine for other prisoners. Although most prisons had evening domestic periods during the week, these were not available to all women and there were none on Fridays or at the weekend. The daily regime was often subject to regular curtailments that meant women were locked up with little notice, which further limited the amount of time officers could spend with them. This not only restricted opportunities for staff and prisoners to spend time together and form positive relationships, but also left long periods during the evening and throughout the night when women had no immediate support.

### Small things made a big difference

- 3.30 Women wanted officers to be available, willing to engage in conversation, and to help them when needed. Women talked positively about officers who had patience, noticed little things, and kept the office door open for them to come and chat. They held officers who fulfilled simple requests, or made special effort to assist them, in high regard.

“There were two officers that helped me a lot. At that time, coming back in [on recall], I was thinking I wouldn't be here in a month, I was going to end it. If it weren't for them officers talking to me, then I probably wouldn't be here today. And that was the most support I think I got in all the time I've done.”

“If she says she will do something then she will do it, helped me to get a job.”



**An officer talks to a prisoner**

### **Too little regular and meaningful key work**

3.31 The key worker scheme was introduced by HMPPS over three years ago to provide a consistent staff member as the first point of contact for prisoners, assist with rehabilitation and progression, and offer support. Sessions should take place regularly but not all women had met their key worker, and those who had told us that if they raised an issue, it could take weeks or more before they saw them again, by which time the problem had already been resolved.

3.32 Data showed poor levels of key work sessions at three of the four sites, with two delivering less than 15% of the scheduled sessions in the past year.

3.33 However, at New Hall, key work was better – leaders had prioritised it, and we found much more positive relationships between staff and prisoners at the jail. While other factors may also have helped, there were lower levels of self-harm at this site. The women we spoke to at the prison were far more positive about their key worker than those at other prisons. They told us that this staff member knew them well and responded in helpful ways, such as checking on them before or after important visits and taking the time to find out about their family members. We also found instances where key workers made extra efforts to help women in challenging times, including time in segregation, or when they had had a difficult visit.

### **Inconsistencies undermined good relationships**

3.34 Although officers we spoke to recognised the high levels of need among prisoners, they agreed that they had little time to spend with

them. Staffing shortages meant they were frequently reallocated to cover wings they were less familiar with, resulting in a lack of knowledge about the women in their care and their individual risks and needs. One woman told us:

"The officers don't always work on the same wings, whereas I think officers should be on the same wings to build up that rapport with prisoners and to recognise when you're upset and get to know you."

- 3.35 Women also raised concerns about a lack of consistency in the way different officers treated them and applied policies. They said that an inconsistent use of authority, including expectations about acceptable behaviour and enforcement of the rules, existed between officers, which created uncertainty and a lack of trust.
- 3.36 There were also differences in how officers delivered the regime, with women at one prison telling us that the amount of time they spent outside at weekends varied from 20 minutes to an hour, depending on which officers were on duty. Some women said there were inconsistencies in how different officers dealt with simple requests: one told us that when she had asked officers if she could phone home to check on her sick baby, they first agreed and asked her to come back shortly. Yet when she returned, very upset and in tears, she was told that this was no longer possible.
- 3.37 Rules varied from prison to prison. One woman had not been allowed to keep a cushion with a photograph of her son printed on it in her cell, even though this had been permitted at a previous jail. Another woman commented:

"If everyone gets treated fairly, then it will be a smooth sailing job [for officers], but where not everyone's getting treated fairly, people do give the officers havoc which I understand because people want to be treated the same as others."

### **Inadequate training and support for officers**

- 3.38 Officers and other staff should work hard to manage the women in their care and provide them with appropriate care and support. They should have the skills to respond to the diverse needs of women, address their distress and to build effective relationships.
- 3.39 During our visits, we found low levels of experience among frontline officers, with an average of 22% having been in post for less than a year, rising to 31% at one site. It was evident that many officers were overwhelmed by the challenges of working with vulnerable women with high levels of need, particularly those who were in acute distress and self-harming.

3.40 The recruitment of staff to women's prisons had recently improved, with staff now specifically employed to work there; previously, officers could end up working in a women's prison without requesting it. However, at public sector prisons, officer recruitment was centralised, and as a result, leaders at individual prisons were unable to meet or interview new officers before they started.

3.41 To support women effectively, staff need appropriate training, including in how to deal with high levels of emotional distress. However, most told us their initial training did not prepare them for this and they were not fully aware of the levels of trauma that some women in prison had experienced.

**"The amount of trauma that these women have gone through is unimaginable if you haven't listened to their stories."**

3.42 Many staff said that classroom-based training sessions did not compare to the reality of what they faced in prison. One officer said:

**"The training is more about process and paperwork, and while this is important, the majority of this job is about speaking to people, being on your landing, and knowing your prisoners."**

3.43 National leaders had introduced specific training in working with women in prison, which was a positive step. However, officers we spoke to had mixed views about it – some said it gave them an understanding about women's needs, while others told us it was still not enough to help them in their role. We met staff who had been recruited since its introduction and had not yet completed it.

3.44 When we asked staff members and leaders if there were key areas of training which would benefit everyone working with women, they offered some consistent areas and topics. This included trauma and its impact on well-being and understanding personality disorders.

3.45 New officers should be coached by more experienced colleagues after taking up post to put their classroom learning into practice. However, many told us that they did not receive this support. The use of mentors was equally sporadic. Two officers we met a few days after taking up post said they did not know the name of their mentor and had not met them.

**"You are chucked in at the deep end, sink or swim, and if sinking nothing is done."**

3.46 Some of the sites had been more proactive in giving officers the skills they needed and had introduced training, such as the 'Behind the Behaviour' package at Eastwood Park (see Glossary). Training was also being delivered at Bronzefield to help officers understand the

causes of self-harm, recognise and reflect on the impact of their role and develop a compassionate approach.

### **The impact on staff**

- 3.47 Many officers we interviewed described the impact of working with prisoners with acute levels of emotional distress.
- 3.48 In some establishments, particularly those with high levels of self-harm, staff described being overwhelmed and exhausted and simply trying to survive their shift and get through the day while keeping women alive.

“Sometimes I go home, and I think about it, and I am shocked when I reflect on what I have seen and I know that I have learnt in such a short space of time to normalise these sights and behaviours.”

“I find it hard to go about my daily life as soon as I finish work because of what I have seen or heard.”

“The number of ligatures is horrific; we seem to not be able to cope.”

- 3.49 Many officers described being traumatised when they had first witnessed self-harm, but that over time they had become desensitised to it.

“That this sort of thing (referring to self-harm) is normalised, and people forget that it is not a normal thing to experience, that staff probably don't talk enough.”

“You become desensitised to it; it becomes the norm.”

- 3.50 Support for officers was mostly reactive following serious incidents, rather than proactive or regular. It was generally available through the care team, the formal employee assistance programme (PAM Assist) and the Trauma Risk Incident Management (TRiM) team.
- 3.51 However, many staff we interviewed felt unsupported, and they told us that there was very little, on a day-to-day basis, to help them strengthen their resilience, develop their own coping mechanisms, and manage the obvious trauma caused by witnessing frequent and serious acts of self-harm.
- 3.52 The only exception to this was the support given to officers who worked on some specialist units, such as the PIPEs. They received meaningful and constructive personal development sessions, and those we spoke

to were positive about how these enabled them to develop resilience and more confidence in their role. Such support is vital but was rarely available outside of the specialist environments.

## Daily life in prison hindered coping

- 3.53 In two of the four sites we visited, basic frustrations were in the top three reasons for self-harm.
- 3.54 Women described a wide range of day-to-day barriers to coping and we identified common concerns that frequently led to multiple frustrations, often over relatively basic matters.

*"Getting to the point where I can't cope isn't just a one-day effect, it's a build-up of everything."*

### Too much time locked up with nothing to do

- 3.55 The daily regime in the prisons was limited, and we found many prisoners locked in their cells for far too long throughout the week. The evening domestic period was not available at all prisons, a lack of full-time employment, as well as staffing shortfalls, meant time out of cell had been reduced, and many women said that being locked in their cell was one of the biggest barriers to coping.

*"[Previously] there was more things to do, there was hardly any locking in, but now it's just continuous lock in."*

*"When you're in your cell, you've got too much time to think. My head goes 20 to the dozen, I think about 20 different things at the same time."*

- 3.56 In our survey, 91% said that attending education, training or work was important to helping them cope. Women told us that they enjoyed keeping busy and being productive and that it gave them structure and purpose, as well as helping days to go faster and reducing the amount of time spent in their cells.

*"Good to get out of your cell. It's something to do, otherwise, the day drags."*

*"Good to do activities, no one wants to be banged up, if you stay in your room it increases anxiety, is hard when you have nothing to do or look forward to."*

“There is no time to sit down and overthink things if you keep busy. It helps me cope more as I am getting on with my day. Before the job, I was locked in lots more with not a lot to do.”

- 3.57 Leaders were not always using purposeful activity as a tool to support women: at one site 30 out of 46 (65%) women who were at risk of self-harm were not employed. However, at Foston Hall leaders were far more proactive and made individualised activity plans to prioritise this support for women in crisis.
- 3.58 A snapshot at the time of our visits showed that in three of the four prisons, fewer than half of all women were employed in full-time activity, which was too low (data was not available for one prison). This meant they would often only take part in an activity such as education, training or work for half of the day. It took too long for them to be allocated to activity: one woman we spoke to had been in the prison for seven weeks and had still not been allocated to work. Other women said they were allocated to work they did not want to do, such as mundane jobs on the wing rather than experience in another environment and the chance to gain new skills.
- 3.59 Women also told us that the wages were very low which meant they had to sacrifice essentials to prioritise paying for phone credit, which further affected their ability to cope.

### **Limited opportunities for personal care**

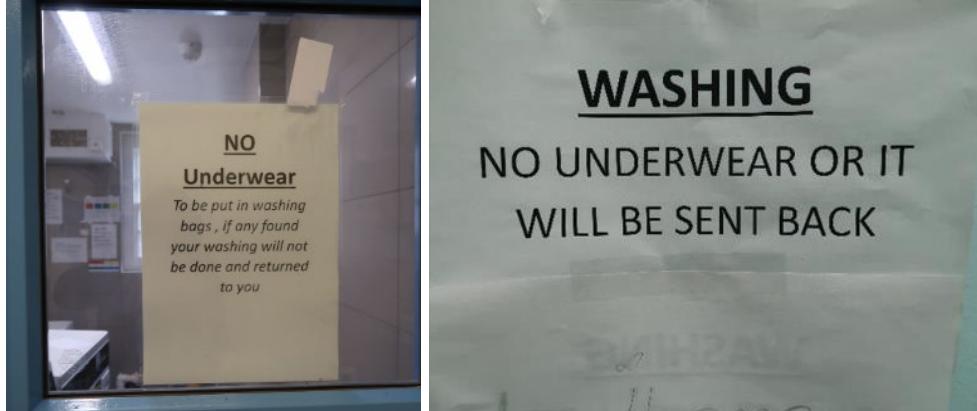
- 3.60 In our survey, 92% of women reported that personal care was important to helping them cope. They said it made them feel good and less like a prisoner.

“It's just to make you feel good, like you might not feel great on the inside, but if you look good on the outside, that you know, it gives you more self-confidence.”

- 3.61 However, in at most sites, there were limited opportunities for women to take care of their appearance. Women, particularly those remanded into custody, often arrived with few belongings and relied on what the prison could provide. It was astonishing to find that most sites were not issuing prison clothing that was designed for women. Although we were told that this was being addressed, we did not find any women-specific prison clothing at the four sites. This left women who did not have their own clothing or could not get any sent in from their family, wearing ill-fitting tracksuits, T-shirts and workwear made to fit men.
- 3.62 Women told us that they were not able to access some essential items, including underwear or toothpaste. In one prison there was no footwear available in sizes four to six, the most common sizes for women.

3.63 None of the prisons allowed women to wash their underwear in a washing machine and instead they had to wash it by hand in a small bowl in their cell, an issue not found in men's prisons. Women described this as 'disgusting'.

"I wash all my socks and underwear in the same bowl, but you only get one bowl and on a weekend, you get your razor. So, you got to do everything [referring to shaving, washing up and cleaning underwear] in that same bowl, so for me, that's a lot, its unhygienic."



**Signs banning underwear in the washing machine**

3.64 Another woman described arriving with only one pair of knickers. She was forced to hand wash them every night for months as no spare pairs were available.

3.65 Women we spoke to said rules around access to razors made it difficult for them to shave. It was understandable given the high rates of self-harm that leaders would want to control the availability of items that could be used to inflict injury, but the restrictions on razors applied to all women even if they were not deemed to be at risk. The rules about access differed from prison to prison which confused women. It was also common to only allow women to have a razor when they were locked in their cell, a time when they seemed to be more at risk because they generally received less supervision.

3.66 At two sites, women were unable to get a haircut as the salon was closed, with one shut for almost a year. One woman said she had been in prison for years and not been able to get her hair cut. At some sites women struggled to access hairdryers and straighteners, but at another hair care stations on the house units had been set up, and we observed women not only taking care of themselves but using these to care for each other.

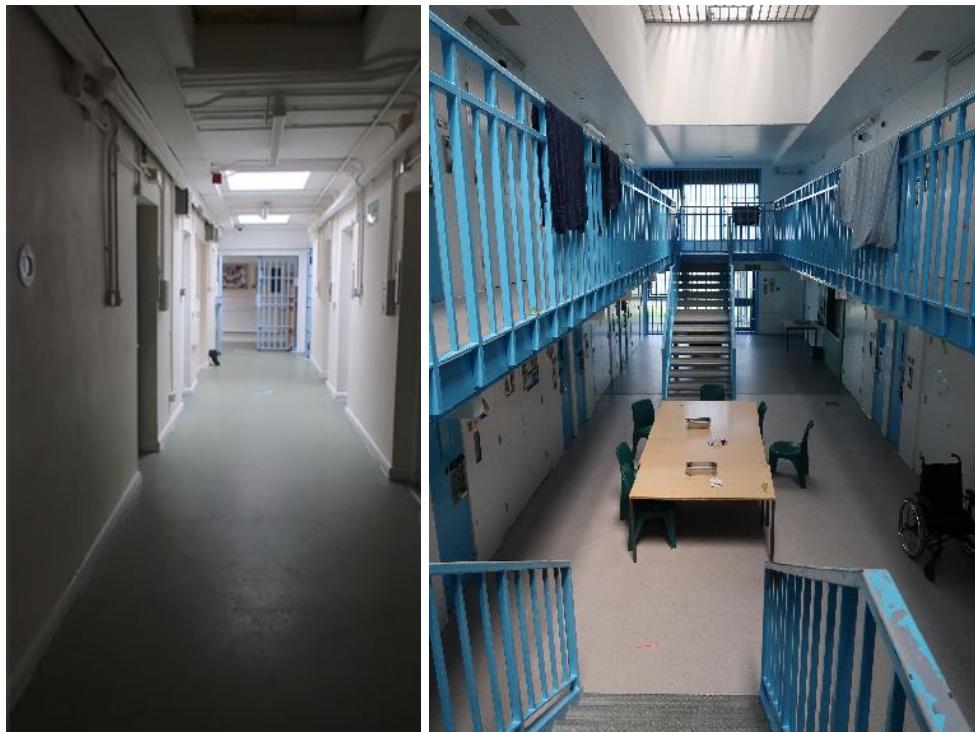
3.67 At Bronzefield there was a salon offering a wide range of services. One remanded woman said she had used the salon as well as the charity clothing shop, and this had had a positive impact. She was feeling confident about her next court hearing having chosen a new outfit and taken care of her appearance.



**Hair care station (left) and Bronzefield salon**

### **The effects of the prison environment**

3.68 In the prisons we visited, units varied in design: some had dark and narrow corridors with very little natural light, but at least these were generally small and quiet. The larger units, which had better light and more space, were often busy and noisy.



**Different types of units**

3.69 Not all accommodation had in-cell showers, and some women told us that they felt uncomfortable sharing communal shower facilities as this made them feel vulnerable, which was understandable given the levels and types of traumatic events many had experienced. Those with a shower in their cell appreciated being able to wash in private when they wanted to.

3.70 Women also described moving into dirty cells which were not properly equipped, missing televisions, phones, bins, or curtains. Most women wanted their cells to be clean and tidy, but some said it was difficult to get hold of cleaning materials and other basic equipment. They often had to eat their meals in their cell. One said:

"Who, in this day and age, should be eating next to your toilet?"

### **Case example**

One woman told us of her recent experience of moving to another cell. She said she initially had no TV, but this had been now given to her. However, after nine days in the cell she said "I've got no phone, I've got no cleaning stuff or anything, I've got no curtains, no bin. When I moved in the room hadn't even been cleaned."

She mentioned speaking to the staff. However, she said that they were having difficulty finding items to provide her. She was frustrated with the lack of basic items in her new room, having left some of these in her previous cell.

3.71 Prisons can be noisy environments, with the constant slamming of metal doors or gates, the rattle of turning keys, officers shouting or using loud tannoy systems, and the sounds of women in distress. Some women described how noise at night often worried them and disturbed their sleep, which affected their mood the following day.

3.72 Little was done to mitigate this. Officers rarely used earpieces for their radios which meant every time an alarm was raised, a loud siren called a 'warble' would screech. This often caused a reflex response from some women who immediately became fearful and on edge. The use of earpieces attached to the radios at one site was a notable but simple step that should have been implemented at other sites.

### **Not enough opportunity to exercise, reflect and eat well**

3.73 In our survey, 88% of women said spending time outdoors was important to helping them cope, yet not all women at the sites we visited were getting an hour a day of outdoor exercise. Women and staff told us that this was often cut short or conflicted with another activity, such as work or medication. Most of the prisons we visited had impressive grounds, but women had limited access to them.



#### **Outside space at one prison**

3.74 Women also told us that they wanted a balanced diet with more fruit and vegetables, rather than the carbohydrate-heavy food they often ate in prison. Self-catering facilities were very limited at most sites and women told us that they could not always dine together due to the shortened regime on some days.

3.75 Overall, there was a lack of dedicated therapeutic space where women could decompress and relieve the pressure of being in prison. However, Bronzefield had created a space called ESME (everyday situations made easier), which was open to all women by referral or through an application. The room allowed them to sit quietly, contemplate, or engage in craft activities and was facilitated by peer workers. Facilities like this were not widely available in the other prisons we visited.



**ESME room**

3.76 A short group-work programme called 'HOPE' had been introduced at all the prisons we visited. It aimed to help women feel safer by learning how to manage their emotions. It also provided opportunities to develop skills, such as breathing techniques, that women could use during periods of distress. One woman described it as "the light amongst all the dark". However, due to a lack of resources, delivery of the programme was on a small scale and only focused on a few new arrivals at each prison. Those who had attended were extremely positive about the programme's impact.

3.77 Women at New Hall were also complementary about the charity 'Together Women' which was doing some excellent work. We heard many examples of how it had helped women cope in custody.

"Together Women are fantastic, they have over 400 women that email them constantly every day and they make you feel that you are number one on their list. They are a group of women that deal with street work, domestic violence... anything to do with women... They have helped me to get a solicitor and work with women beyond redemption [sic]... and since them being involved I now see my daughter."



**Together women notice board and meeting room at New Hall**

3.78 We found a range of other short, structured interventions that aimed to help women cope, but as with the HOPE programme, most were not widely available and were often only targeted at a small number of prisoners. For example, pet therapy, which was available in some prisons, was only accessed by a few prisoners such as those located on the health care inpatient unit or a specialist unit working with women who had personality disorders.

### **Missed opportunities for women to support each other**

3.79 Ninety per cent of women in our survey said that they had received support from other prisoners, and 94% of those who had received it said it was important in helping them to cope in prison.

3.80 The impact of imprisonment for women can be drastically reduced through companionship and sharing experiences. Many women we spoke to talked about the strength and reassurance they received from other prisoners.

*"I suppose we all understand the issues of what this prison has got. So, then we do as best for each other. So like, you're not alone really."*

*"It's someone to talk to, isn't it? And sometimes it's better to talk to a prisoner. You're in the same boat, being treated the same, rather than somebody who goes home at night."*

*"A lot of the girls do help each other, and say they'll listen if you're worried about anything. Which is helpful from the girls who have more experience, because they can kind of like let you know what the score is."*

*"They'll ask if you're alright and everything, I think it does wonders."*

3.81 During our visits, we were impressed by women's support for each other and understanding of each other's positions. We heard of women sharing what little they had, such as their last few teabags, with women who were in need. However, not enough was being done either through formal schemes or day-to-day routines to build on these caring networks.

### **Formal support schemes**

3.82 The aim of the Listener scheme is to select and train prisoner volunteers to offer confidential emotional support to other prisoners who are struggling to cope. Given women's needs and levels of emotional crisis, it was disappointing that this scheme was not fully operating in three of the four prisons. In one prison it was not available at all, and in two there was a reduced service, so women could not request this support after they were locked in their cell, a time when some described needing help the most.

3.83 Those who had used the scheme appreciated it. It enabled them to speak privately with someone who did not judge them and have someone who would listen to them when they needed it.

3.84 All four prisons had peer support schemes to help new arrivals, and women told us they valued the support in navigating their first few days in custody, which could be particularly challenging.

3.85 However, beyond the early days support and a few other positive roles, there was very limited use of peer support. This meant that women who could have taken on more responsibility in trusted roles were unable to do so, and limited the day-to-day care that others experienced.

### **Informal support**

3.86 There were not enough other opportunities for women to connect through social or recreational activities that would enable them to support and learn from each other. The few that did exist, such as a choir at Bronzefield, were valued by participants.

3.87 Some dedicated wings brought women with similar or shared support needs together, such as young adults or incentivised substance free living wings (ISFL). They provided real benefits and women described them as supportive. The units were structured around activities that would encourage prisoners to build on each other's strengths. Overall, however, we found that there were not enough opportunities to encourage behaviours and events that would bring a degree of normality to the lives of women, helping them to cope and develop healthier ways of responding to stress and crisis.

## Section 4 The response to women in crisis

4.1 Restrictive measures, including the use of physical restraint, anti-rip clothing, and constant supervision are sometimes necessary to keep acutely unwell and chronically self-harming prisoners safe. But their use can also be traumatic for the individuals involved and they should only be used as a last resort, with the impact minimised wherever possible.

### Restrictive and punitive responses were too common

4.2 Leaders had to balance the level of risk posed by an individual against potentially retraumatising actions. Too often these measures were not used as a last resort, and from the evidence we reviewed we were not assured that they were always justified.

4.3 Restrictive measures were being used too often in the prisons we visited and some had become over-reliant on them as a response to women in crisis. While these measures reduced risk and potentially injurious behaviour, they did not deal with the underlying issues causing the distress.

4.4 Leaders' oversight of the application of these measures was not always robust and at times repeated use created a culture characterised by a cycle of trauma for both prisoners and staff. National leaders had recognised this; they had taken some steps to strengthen the authority required for the use of anti-rip clothing and had created a working group to develop alternatives to using force to respond to women in crisis. While we saw some early indication of a positive impact, such as a recent reduction in the use of anti-rip clothing, it was too early to determine whether these measures would have a wider and long-lasting impact.

### Constant supervision did not support women at greatest risk

4.5 Constant supervision is used when a prisoner is deemed so risky that they pose a real threat to their own life. It is highly intrusive, with a designated staff member constantly monitoring the prisoner, including when they use the bathroom facilities. It should therefore only be used as a last resort and for the shortest time possible.

4.6 Women subject to constant supervision were often moved to a specially designed cell, which was meant to be safer and allowed staff to supervise them unimpeded. Cells designated for constant supervision were often in isolated areas of the prison, such as an inpatient health care facility. This meant women in crisis were frequently cut off from their peers and normal daily routines, and had to leave behind many of their personal possessions.



### Constant supervision cells

- 4.7 Leaders at one establishment did not record the use of constant supervision. This meant we could not be clear about the frequency and duration of its use. However, leaders, staff and prisoners at the jail described routine and long-term use, and one woman said that she had experienced it for several months. Records from the other prisons showed most women only spent short periods of a few days under these arrangements.
- 4.8 Constant supervision should be a caring and compassionate tool for supporting women in extreme crisis. It should not impact on a woman's day-to-day regime and should be used to encourage more engagement with purposeful activity and other daily events. Women we spoke to said they felt it was often used as a tool to 'watch' them while they were in a cell rather than to keep them safe.
- 4.9 Officers we spoke to said they did not always know why a woman was subject to constant supervision and that they needed more training, as they only knew they had to 'watch the prisoner'. One described having to complete almost 24 hours of constant supervision over three days after only weeks in the job. They were only told how to fill in the paperwork and not given the skills or guidance to engage meaningfully with the women in crisis.
- 4.10 Women we spoke to said that they found it particularly difficult if a male officer was allocated to watch them, with one describing how she limited her food and fluid intake so that she would not have to go to the toilet in front of him.

### Physical force was used too often

- 4.11 In the four prisons we visited, physical force had been used 2,554 times between 1 May 2023 and 30 April 2024, and in 19% of these incidents it had been used to prevent self-harm. In the video recordings we reviewed, we concluded that force had been necessary and proportionate to preserve life in only some of the incidents.
- 4.12 In far too many we judged that risk to life was not imminent and other actions to support the woman could have been equally effective. We found that staff did not have the training, time or skills to support and calm a woman in distress. There was a lack of evidence of de-

escalation before, during, or after force was used. Too often officers did not try to reduce the woman's distress to avoid the need for physical force.

### **Case example**

A prisoner was in her cell, standing on her desk with a ligature around her neck but was still able to speak with staff.

Three staff opened her door and after a very brief discussion, began to physically restrain her.

The prisoner made it clear that she didn't want a man to touch her, shouting, "Go away, you know I don't like men".

As the male officer made physical contact with her, she screamed, "Get him off me".

Once they had removed the ligature, she cried out, "Don't leave me; I'm begging you, please".

Staff then left her crying in the cell with no attempt to show her care and compassion.

- 4.13 All frontline officers had received training on how to use force, but many we spoke to described the decision to use force in relation to self-harm as difficult. It was encouraging that Foston Hall had managed to reduce the number of times that force had been used, at least in part through training that involved bespoke scenarios around self-harm to demonstrate that force was not always necessary. This had encouraged staff to think differently when dealing with self-harm incidents.
- 4.14 The training of health care staff in the use of force when women were self-harming was inconsistent across the sites. Health care staff who responded to incidents had little or no training in the use of force, and many were not confident about their role during these incidents. In too many instances, health care staff were not providing clinical advice and guidance to staff who were using force, or were simply too far away to spot any poor practice that could injure a woman.
- 4.15 We found some good examples of health care and prison staff working collaboratively to soothe and care for prisoners, particularly after an incident.

### **Case example**

In one incident during the night, staff entered a cell to use force to remove a suspended ligature which was the right thing to do as the woman's life was at risk.

The prisoner continued to show high levels of agitation and distress, so health care staff and the officers spent over an hour with her, trying to understand the issues that had led to the self-harm.

They employed a range of techniques to emotionally support her. This included making her a cup of tea, having a meaningful conversation in which they listened to her, and showing her appropriate and friendly care.

## Forced use of anti-rip clothing was not always defensible

4.16 Anti-rip clothing is made of reinforced material to reduce the risk of women being able to tear it to make ligatures. In total, at the four prisons we visited it had been used over 300 times in the past year, ranging from 21 to 156 occasions at different prisons. This indicated that some prisons had become overly dependent on its use to manage women in crisis.



**Anti-rip clothing**

4.17 Anti-rip clothing should be available in shorts and a top, as well as a dress, but at the sites we visited only the dress version was available. Some of the women we spoke to said the shorts and top helped them to feel more secure and less vulnerable.

*“I don’t like wearing the [anti-rip] dress, the last time I wore a dress, it was a nightie, and I was raped.”*

4.18 In just over a third of all incidents of the use of anti-rip clothing, staff forcibly stripped the woman naked to force her into it. Inspectors who reviewed the footage were horrified to see non-aggressive women in

distress being stripped against their will by staff who had failed to attempt any sort of persuasion and negotiation.

### **Case example**

In one video staff entered a cell and asked a woman to change into anti-rip clothing. They said, “I know you don't want to, okay, but it's in your management plan, so that's what we need to do, alright?”.

Within a minute and with very little persuasion or negotiation they started to use force. At that point the woman cried “Help me!” and asked them to get off her, shouting “No!”.

Within another minute she was face down on the floor. Staff then used a ligature knife (a tool normally used to remove tight ligatures to preserve life) to cut off all her clothing.

Within four minutes of entering the cell they had stripped her naked and left her alone in a cell, covered only by an anti-rip blanket, with some anti-rip clothing to put on.

4.19 Too often, the decision to place a woman in anti-rip clothing was not based on her current individual circumstances. At one site, it had become routine, with written management plans created for women who self-harmed frequently. These plans predetermined the use of anti-rip clothing as an automatic response to the threat of self-harm, with staff and leaders failing to consider alternative ways to alleviate a woman's distress and ensure her safety.

# Appendix I Methodology

## Site selection

Fieldwork establishments were selected to meet the following criteria:

- having a reception element, rather than a more stable training population
- both private and public sector-run establishments
- geographical location, ensuring a spread of prisons across England (there are no women's prisons in Wales).

In addition, we used the following sources of information to identify establishments for inclusion:

- recent HMI Prisons inspection findings
- HMPPS prison management information.

Fieldwork took place at the following establishments:

Prison	Operator	Location
Bronzefield	Private	South-East
Eastwood Park	HMPPS	South-West
Foston Hall	HMPPS	Midlands
New Hall	HMPPS	Yorkshire

The fieldwork was carried out in two distinct stages:

- Stage one – staff and prisoner surveys, to inform the main fieldwork, conducted between April and May 2024
- Stage two – in-depth fieldwork at the four prisons, conducted between June and July 2024.

## Stage one

### Prisoner survey

A questionnaire was developed for prisoners to complete, which covered the following areas:

- background information, including demographic information
- specific support needs
- tools to help people cope in prisons
- support from officers
- support from other prisoners.

An early draft of the questionnaire was piloted at a women's prison prior to undertaking the survey at the four establishments. This piloting enabled the

thematic team to ensure that the questions were understood by prisoners and confirm that the coping tools included within the questionnaire were appropriate.

On the day of the survey a random sample was drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, researchers calculated the minimum sample size required to ensure that the survey findings were representative of the entire population of the establishment. The formula used in the calculation assumed a 75% response rate and a 95% confidence interval with a 7% margin of error.

Researchers distributed and collected the questionnaires in person. A cover sheet was included with the questionnaire which explained the purpose of the survey and that participation was voluntary. Assurances were given about confidentiality, anonymity and the storage and retention of the data. Prisoners were provided with a sealable envelope for their completed questionnaire and told when researchers would return to collect it. The table below details how many questionnaires were handed out and returned for each of the four establishments.

Prison	Population on the day of the survey	Number of questionnaires handed out	Number of questionnaires returned	Response rate
Bronzefield	528	194	147	76%
Eastwood Park	361	178	156	88%
Foston Hall	276	163	131	80%
New Hall	355	175	157	90%
<b>Total</b>	<b>1,520</b>	<b>710</b>	<b>591</b>	<b>83%</b>

A summary of responses for each establishment was produced. Comparative analysis was also conducted which enabled researchers to look for differences between specific groups of prisoners, for example different ages or ethnic groups. All written comments were also analysed to identify themes.

### Staff survey

A questionnaire was developed for staff to complete which covered the following areas:

- background information
- training they had received to enable them to fulfil their role
- their role in supporting women in the prison
- their well-being and any support they had received.

HMI Prisons researchers provided a link to the survey in a covering email. The email explained the purpose of the survey, that participation was voluntary and gave assurances about confidentiality and anonymity, enabling staff to give their informed consent to participate. It was sent to the establishment with a request that it be forwarded to all staff working there. Additionally, researchers distributed postcards to wing offices for the attention of staff which provided

details of the online survey and the link. The survey also gave staff the opportunity to volunteer for a one-to-one interview or group discussion as part of the main fieldwork, although it was made clear that not everyone who volunteered would be included.

All staff were given at least 14 days to complete the survey. We received a total of 51 completed questionnaires across the four prisons.

The results of both surveys were used to inform the main fieldwork stages, providing areas of focus for the interviews with prisoners and staff, as well as key lines of enquiry.

## **Stage two**

The following activities were conducted at each of the four sites:

- individual interviews with prisoners
- individual interviews and discussion groups with officers
- meetings with managers
- health care-specific review
- review of responses to self-harm
- key lines of enquiry.

The interviews with prisoners and staff, and the group discussions with officers, covered the following areas:

- early days and arrival
- elements of prison life that were identified in the stage one survey as important to helping prisoners to cope
  - seeing and speaking with family and friends
  - attending education, training and work
  - spending time outdoors
  - personal care
  - having a balanced diet
- the prison environment
- support from other prisoners
- support from specific members of staff
  - mental health and health care staff
  - wing-based officers
- preparation for release.

A semi-structured methodology enabled prisoners and staff to describe their experiences in their own words and focus on the topics that were of most importance to them. Interviewers were also able to ask follow-up questions to obtain more detail about specific experiences and concerns.

### **Individual interviews with prisoners**

Prisoners to be included in the one-to-one interviews were selected to provide as diverse a group as possible. The following characteristics were used to ensure this diversity: age, ethnicity, religion, sentence types and length. Prospective participants were informed of the purpose of the thematic

beforehand and were invited to take part in an interview. A reserve list was also drawn up should anyone in our initial selection decline to participate.

With the consent of prisoners the interviews were audio-recorded. Having a full recording of the interview, rather than relying on interviewer notes, allowed for a more rigorous approach to analysis, and the inclusion of verbatim quotes throughout this report. These audio recordings and notes were summarised to facilitate thematic analysis, and direct quotations were also included in the summaries.

A total of 40 interviews were conducted across the four prisons.

### **Individual interviews and discussion groups with officers**

As well as focusing on the same areas as the prisoner interviews to enable triangulation of findings, interviews and staff discussion groups included questions about the training officers had received and the support they had had from managers and other services to enable them to fulfil their role.

A total of 15 interviews and four discussion groups were conducted with staff across the four prisons.

### **Meetings with managers**

Interviews were conducted with managers to understand what the establishment as a whole was doing to help women cope, including any specific training or provision. Managers interviewed included: the governor/director, HR business partner/training manager, lead psychologist, safety lead, and neurodiversity lead.

### **Health care-specific review**

We carried out a review to understand the role of health care professionals in supporting prisoners and staff, and how they responded to women in crisis. This involved speaking to senior health care leads, mental health leads, nurses, health care assistants and paramedics.

### **Responses to self-harm**

A review of restrictive measures to prevent self-harm, including the use of segregation, constant supervision, anti-rip clothing and force was conducted. This included a review of body-worn camera footage and records at each of the establishments.

### **Key lines of enquiry**

Key areas of enquiry were identified through the stage one surveys for further exploration during fieldwork. This included, for example, looking at visits to further explore family contact, and reception to review the provision of gender-appropriate clothing. These areas were identified based on information provided by prisoners and staff.

A thematic analysis was undertaken to identify key themes from both the interactions with prisoners and staff, and the key line of enquiry. For the prisoner interviews there was a focus on retaining the voices of the participants throughout the process of analysis. Verbatim quotes and case studies have also been used to illustrate themes and provide more detailed information on the specific experiences of prisoners and staff. The findings from these data sources, as well as the stage one survey results, was triangulated to determine our overall findings.

The review was conducted in line with HMI Prisons' [ethical principles for research activities](#).

Inspectors paid particular attention to the well-being of the detainees we spoke to, reporting any safeguarding concerns to prison staff, and adhered to the Inspectorate's [safeguarding protocol for adults](#).

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## Appendix III Glossary

### **Application**

Form that prisoners fill in to make requests.

### **Behind the Behaviour**

A package that aims to teach staff how the mind and body work, as well as providing skills practice to enable them to work effectively with others.

### **HOPE programme**

A brief intervention usually provided to women during their early days in custody, as well as to help them settle into open prison. HOPE aims to teach women skills and strategies to self-soothe, which can help to manage emotional reactions to imprisonment.

### **Incentivised substance-free living (ISFL)**

Prison wings providing a dedicated, supportive environment for prisoners who want to live drug-free in prison.

### **Listener**

Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

### **Mother and baby unit**

Women who give birth in prison can keep their baby for the first 18 months in a mother and baby unit. A prisoner with a child under 18 months old can apply to bring their child to prison with them.

### **PACT**

A national charity that supports prisoners, people with convictions and their families.

### **PAM Assist**

An employee assistance programme, which employees can use for counselling, information and support on issues affecting their mental health.

### **Psychologically informed planned environment (PIPE)**

PIPEs are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

### **Release on temporary licence (ROTL)**

Being able to leave the prison for a short time for specific activities.

### **Secure video calls**

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

**Together women**

Provides trauma-informed, gender-specific support to women in contact with the Criminal Justice System, in custody and in the community.

**Trauma Risk Incident Management (TRiM)**

Practitioners who are trained to deliver psychologically informed responses to traumatic events. They conduct risk assessments and ensure that colleagues are supported after challenging periods where they may have been exposed to trauma.

## Appendix IV Acknowledgements

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