Public Health England

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Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England

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Glossary

BASHH	British Association for Sexual Health and HIV
CBT	Cognitive behavioural therapy
CRC	Community rehabilitation company
HJIPS	Health and justice indicators of performance
HNA	Health needs assessment
HMPPS	Her Majesty's Prison and Probation Service
H&SCNA	Health and social care needs assessment
LA	Local authority
MoJ	Ministry of Justice
NDTMS	National Drug and Treatment Monitoring Service
NICE	National Institute for Health and Care Excellence
NOMS	National Offender Management Service (now called HMPPS – see above)
MEDFASH	Medical Foundation for HIV and Sexual Health
P-NOMIS	Prison National Offender Management Information System
PHE	Public Health England
PPO	Prison and Probation Ombudsman
PSI	Prison Service Instruction
UN	United Nations
WHO	World Health Organization

Foreword

It has long been recognised that people in prison have multiple complex health and social care needs including higher rates of physical and mental health needs, drug or alcohol dependence, poorer access to health services (in custody and in the community) as well as backgrounds of poverty, indebtedness, unemployment, poor education and homelessness.

Women in prison are often even more affected and have disproportionately higher level of mental health, suicide, self-harm, drug dependence and other health needs compared to men in prison. Further, women often have roles as parents or primary care givers in families and incarceration has an impact not only on them but on their families and the people they look after. Women also require often specific health and social care interventions that take account of their gender as well as their circumstances and their needs need to be considered, not only while in prison but also on returning to the community.

A large number of women who face prison sentences come from deprived backgrounds where they have experienced poor life chances. Fifty-three percent of women in prison report having experienced emotional, physical or sexual abuse during childhood and 41% of prisoners in one survey said that they had observed violence at home as a child.[1] A growing body of evidence shows that these adverse childhood experiences can have a profound impact on women's health outcomes and their offending behaviour. In order to improve women's health and wellbeing in prison it is essential to focus on the root causes of their situation; to prevent this exposure in the next generation of children, to develop strategies to intervene early and to give comprehensive support to mitigate the effects of adverse childhood experiences.

Time in prison can be viewed for many as the first opportunity to turn their lives around, improve their health and access the services they need to recover from addiction and ill health. It is estimated that between 24% and 31% of all women in prison have one or more children dependents, however the exact figure is not known[2]. Improving the health of women in prison is an opportunity to break the inter-generational cycle of poor health and could give a community dividend as women go back into their communities and positively influence others.

[1] Ministry of Justice (2012). Prisoners' childhood and family backgrounds, London: Ministry of Justice
[2] Ministry of Justice (2015). Female offenders and child dependents, London: Ministry of Justice

These standards highlight the need for a system approach to improving health and wellbeing for women in prison which focuses on a holistic pathway approach:

- preventing offending by tackling the wider determinants of health and supporting upstream prevention of substance misuse, violence, unemployment and exclusion from school
- ensuring that while in prison women have access to high quality health and care services to support improvements to their mental health, substance misuse and general health
- developing an enabling environment in prison which gives opportunities for women to improve their health by improving nutrition and encouraging participation in physical activity and purposeful activity
- giving adequate support to women who have children, within the prison in mother and baby units, and those who are separated from their children
- ensuring that support is available for women who leave prison in terms of housing, training and employment opportunities, appropriate access to social welfare and other benefits if applicable, continuation of treatment and referral into appropriate community services

Currently not all standards are being met but implementation of these evidence-based standards is a shared objective for HMPPS, NHS England and PHE to improve the quality of health services, reduce health inequalities and improve the health and wellbeing of women in prison. The standards will not all be achieved immediately but we now need to work with government departments to look at a partnership programme to implement the standards women deserve. This programme of work will aim to improve quality of services and outcomes for women in prison. The development of these evidence based standards is a call to action for all health and justice partners to work together across the system and pathways to improve the health and wellbeing of women in contact with the criminal justice system, in custody and in the community.

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Introduction

The standards presented in this document have been developed from a literature review of current evidence and reviewed through consultation with over sixty national and international experts using a modified Delphi process.[3] Experts ranged from academics, policy makers, commissioners, third sector representatives, former women prisoners and those with operational expertise (see Appendix 1 for full list of consultees).

The standards set out evidence-based good practice in addressing the health and wellbeing needs of women in prison. These standards will improve the quality of health and social care in prisons; however we recognise that their implementation in full requires development and additional resources in health and social care as well as prison resource.

These standards are designed to complement existing national and international health standards and guidance for women in prison.

Existing standards and guidance to be considered:

Women-specific:

- Prison Service Order 4800: Women prisoners
  HM Prison and Probation Service: to provide regimes and conditions for women prisoners that meets their needs
- The Bangkok Rules
  United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders
- Expectations: Criteria for assessing the treatment of and conditions for women in prison
  Her Majesty's Inspectorate of Prisons

3 The Delphi method was developed in the 1950s and aims to achieve expert consensus. Questionnaires are sent to a panel of experts and the anonymous responses are aggregated and shared with the group after each round, allowing them to adjust their answers and reach consensus.

All people in prison

- The Nelson Mandela Rules
  United Nations Standard Minimum Rules for the Treatment of Prisoners
- Prison Service Orders (PSOs)/Prison Service Instructions (PSIs)
  HM Prison and Probation Service: rules, regulations and guidelines by which prisons are run
- Physical health of people in prison
  NICE guideline [NG57]
- Mental health of adults in contact with the criminal justice system
  NICE guideline [NG66]

These suggested standards are designed to encapsulate the needs of all those from groups with protected characteristics, such as lesbian, gay, bisexual and transgender (LGBT) individuals, Black, Asian and minority ethnic (BAME) individuals and those from different religions. It is essential that services are provided that respond to the specific needs of BAME prisoners and have a good understanding of BAME experiences and cultures[4]. There are also specific sections also included on older women, pregnant women and maternity.

In addition, it is worth noting that NHS England will be undertaking work to develop standards for transgender people in prison.[5]

4 The Lammy Review. An Independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System (2017).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf
5 https://www.ciellp.net/inside-gender-identity

How to use this document

This document contains six key principles and 122 standards split into 10 sections. Each standard has a description, rationale and further information. The key actions needed are included in the description. The ten topic areas are:

- general, health and wellbeing
- mental health, self-harm and suicide
- substance misuse
- violence and abuse
- sexual and reproductive health
- pregnancy and families
- older women
- nutrition and diet
- physical activity
- weight management

This document is for the use of commissioners of services, service providers and all employees who work in the female prison estate. It is also relevant for local authorities, community rehabilitation companies, police and crime commissioners, and all community providers who may provide services to women on leaving prison.

It can be used to guide commissioning of services and to facilitate collaborative working linking prisons to services in the community.

Overarching principles

The following principles are considered fundamental to improving the health and wellbeing of women in prison and are cross-cutting themes across the different topic areas of health and wellbeing. They should underpin implementation of all the standards.

Overarching principle 1
The whole prison environment should be focused on promoting the mental and physical health and wellbeing of all women in prison.

Description

In line with WHO recommendations, a whole prison approach to promoting and improving the health and wellbeing of women in prison should be established.[6] A system wide strategy aimed at creating healthy, supportive environments[7] is recommended. This approach should engage at all levels of prison life; personal, social, organisational and environmental, recognising their interdependence in relation to health and the roles of all those involved with the prison: prisoners, the workforce, prisoners' families, the wider community, and other sectors and agencies involved directly or indirectly with prisons.

The aim of a whole prison approach is to[8]:

- build the physical, mental, social and spiritual health of people in prison (and, where appropriate, the staff)
- help prevent the deterioration of their health during or because of custody
- help them to adopt healthy behaviour patterns that can be taken back into the community

6 Baybutt M, Acin E, Hayton P, Dooris M. (2014) in *WHO (2014) Health in Prisons (eds. Enggist S, Møller L, Galea G, Udesen C):* http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1
7 Møller L, Gatherer A, Jürgens R, Stöver H, Nikogosian H. Health in prisons: a WHO guide to the essentials in prison health. WHO Regional Office Europe; 2007.
8 Baybutt M, Acin E, Hayton P, Dooris M. (2014) in *WHO (2014) Health in Prisons (eds. Enggist S, Møller L, Galea G, Udesen C):* http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1

Rationale

In order to improve women's mental and physical health and wellbeing and reduce the risk of self-harm, suicide and violence, the whole prison environment should be focused on promoting the mental and physical health of all people in prison, within a supportive environment.

Time spent in prison offers an opportunity to influence the future lives of those held there, making a major contribution to improving the health and wellbeing of some of the most disadvantaged and excluded individuals in our society. Therefore, it is argued that the prison setting offers a unique opportunity to address health and social issues.[9]

A *whole-system focus* means using organisational development to introduce and manage change throughout the prison, with a concern to:

- ensure living and working environments that promote health and effectively rehabilitate people in prison
- integrate health and wellbeing within the culture and core business of the prison
- forge connections to the wider community[10]

The Howard League for Penal Reform states that: *"A healthy prison is not just a prison with a healthcare department. It is a place where the whole regime is geared towards promoting the physical and mental health of prisoners and staff. Prisons should as far as possible replicate the environment and services of the community but in a secure setting."*[11]

Further information:

WHO (2014) Prisons and Health (eds. Enggist S, Møller L, Galea G, Udesen C): http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1

9 Baybutt M and Chemlal K. (2015) Health-promoting prisons: theory to practice. *Global health promotion.* 23(1): 66-74
10 Baybutt M, Acin E, Hayton P, Dooris M. (2014) in *WHO (2014) Health in Prisons (eds. Enggist S, Møller L, Galea G, Udesen C):* http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1
11 The Howard League for Penal Reform (2016) *Preventing prison suicide:* http://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf

Her Majesty's Inspectorate of Prisons. Expectations. Criteria for assessing the treatment of and conditions for women in prison https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

The Howard League for Penal Reform (2016) *Preventing prison suicide:* http://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf

Links to other standards This is relevant to all standards outlined in this document.

Overarching principle 2
The prison environment for women needs to be trauma informed.

Description All policies, regimes, routines and practices in prisons should be trauma-informed.

The five key standards of trauma-informed practice are:

- safety: women should feel physically and emotionally safe
- trustworthiness: practitioners should ensure that expectations are clear and consistent and that appropriate boundaries (especially interpersonal ones) are maintained
- choice: preferences of the women-in-custody in routine practices and crisis situations should be prioritised
- collaboration: input from women in custody will be invited and encouraged
- empowerment: services are developed to maximise women's empowerment, recognising strengths and building skills that will enable a successful transition to the community

Trauma informed care is an organisational structure and treatment framework that involves understanding,

recognising, and responding to the effects of all types of trauma. Trauma informed care also emphasises physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. There is a growing body of evidence to support the notion that individual and community empowerment leads to improved wellbeing[12]. Individual empowerment is about people having a sense of control over their lives through building people's confidence, boosting their self-esteem, developing their coping mechanisms or enhancing their personal skills.

Prisons should also ensure the environment is:

- trauma responsive: changes in policies and practices in order to provide better services.
- trauma specific: services provided to those who have experienced adversity, abuse, and trauma.

[Links to standards 3.1 and 3.2]

Rationale

This standard is in line with the UN Bangkok Rules for the treatment of women in prison, which states that individualised, gender-sensitive, trauma-informed and comprehensive mental health care and rehabilitation programmes shall be made available for women in prison with mental health care needs in prison or in noncustodial settings.

A study of female prison suicides in England and Wales found that direct trauma was linked with repeated suicide attempts; it highlights the importance of trauma intervention services.[13] As well as recent life events and past trauma, childhood trauma specifically has also been found to be an independent risk factor for attempted suicide among women in prison.[14,15] In England and Scotland, there has been a

12 What is the evidence on effectiveness of empowerment to improve health? WHO Europe (2006)
13 Oakes-Rogers S, Slade K (2015) Rethinking pathways to completed suicide by female prisoners. *The Journal of Mental Health Training, Education and Practice;* 10(4):245-255
14 Clements-Nolle K, Wolden M, Bargmann-Losche J. (2009) Childhood trauma and risk for past and future suicide attempts among women in prison. *Womens Health Issues;* 19(3):185-92

whole track of work to champion trauma informed practice with criminalised women. The project, which was rolled out across the women's estate and supported by the charity 'One Small Thing' established by Lady Grosvenor, delivered a series of workshops for staff working in female prisons and community providers as part of the initial phase of work, with subsequent workshops, training and follow up days taking place.[16]

Treatments for addictions, specifically, are unlikely to be effective unless they acknowledge the realities of women's lives, which include the high prevalence of violence and other types of abuse.[17] A history of being abused increases the likelihood that a woman will abuse alcohol and other drugs. In the UK, studies have found that more than half (53%) of people in prison report having experienced emotional, physical or sexual abuse as a child. A similar proportion report having been victims of domestic violence.[18]

A programme, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.

A systematic review on women released from prison in the US argues that interventions for released women's mental health should begin before release, and should be gender-specific and trauma-informed.[19]

15 Marzano L, Hawton K, Rivlin A, Fazel S. (2011) Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. *Soc Sci Med;* 72(6):874-83

16 One Small Thing: http://www.onesmallthing.org.uk/

17 Covington SS. Women and addiction: A trauma-informed approach. Journal of psychoactive drugs. 2008 Nov 1;40(sup5):377-85.

18 Ministry of Justice. *Prisoners' childhood and family backgrounds*, London: MoJ, 2012.

19 Stanton AE, Kako P, Sawin KJ. (2016) Mental Health Issues of Women After Release From Jail and Prison: A Systematic Review; 37(5):299-331

Evidence advocates that counselling should be advertised as available particularly for women who have suffered abuse or domestic violence or who have suffered bereavement.[20]

It should also be acknowledged that women may be reluctant to participate in an intervention advertised as trauma-based[21] and this should therefore be avoided.

Further information

UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

Links to other standards

1.2 All women should be kept safe and supported during their first 24 hours in prison, including receiving an induction and ensuring their immediate needs are met
2.2 Women in prison should have access to a broad range of psychological therapies and therapeutic activities appropriate to their level of need
2.7 Multidisciplinary staff training on improving mental health and wellbeing should be mandatory
1.8 Substance misuse services should be trauma-informed and trauma responsive
4.1 Women prisoners who have experienced current or past violence or abuse should be identified and assessed at the second-stage health assessment (to include: domestic and non-domestic violence and abuse; and physical, emotional and sexual violence and abuse)
4.2 Ensure frontline healthcare staff are trained to ask women prisoners about history of domestic violence and abuse
6.15 Women with caring responsibilities should be identified and supported
6.18 Community sentences should be encouraged

20 *Prison Service Order 4800 – women prisoners* https://www.justice.gov.uk/offenders/psos
21 Liebman RE, Burnette ML, Raimondi C, Nichols-Hadeed C, Merle P, Cerulli C. (2014) Piloting a psycho-social intervention for incarcerated women with trauma histories: lessons learned and future recommendations. *Int J Offender Ther Comp Criminol;* 58(8):894-913

Overarching principle 3

User involvement should be integrated into the development and delivery of health and wellbeing programmes within the prison

Description It is essential that women in prison are involved in the design, development and delivery of health and wellbeing improvements and programmes within the prison at every opportunity[22].

User involvement should take a co-production approach and diversity of representation should be achieved (eg ensure representation across the protected characteristics, such as age, disability, gender reassignment, pregnancy, race, religion/belief and sexual orientation). An example of this could be representation from women prisoners on a health and wellbeing committee.

Rationale Service user involvement is recognised as an important part of planning, management, delivery and evaluation of services, particularly across health and social care.[23]

Patient and public participation is, in particular, a key area of focus for NHS England. The *Five Year Forward View*, published by NHS England in 2014, sets out a positive vision for the future, stating that more could be done to involve people in their own health and care.[24] While national surveys suggest that over 40% of people want to be more involved in decisions about their care, NHS England also has duties to promote the involvement of patients in their own health and care under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).[25]

People in prison have been identified as an important source of information and intelligence. Consultation with people in prison and use of participatory research in a prison setting specifically, has been found to be effective and increases engagement.[26,27,28,29]

22 https://www.england.nhs.uk/wp=content/uploads/2017/01/hlth-justice-frmwrk.pdf

23 Crawford MJ, Rutter, D, Manley C, Weaver T, Bhui K et al. (2002) Systematic review involving patients in the planning and development of health care. *BMJ*, 325: 1263-5.

24 NHS England. NHS Five Year Forward View: https://www.england.nhs.uk/five-year-forward-view/

25 NHS England (2017) Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England: https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf

26 Ward J and Bailey D (2013) A participatory action research methodology in the management of self-harm in prison. *Journal of Mental Health.* 22(4):306-316

User involvement can help to identify issues before they become a problem, improve the quality of the outcome, improve staff and prisoner relations, ensure the service is responsive to the needs of people in prison and develop prisoners' skills.[30,31]

A pilot programme[32] from a prison in Canada included women in prison in the design and implementation of a prison nutrition and exercise programme. The peer-led nature of the programme encouraged women to participate and stay involved because they felt trust and non-judgement in this environment. The Irish Red Cross prison programme is another example of successful use of participatory engagement through a peer education programme.[33]

Revolving Doors Agency (RDA) and User Voice are two service user engagement organisations aimed at improving the lives of people involved in the criminal justice system through involvement of people with lived experience. They are user-led and work collaboratively across the criminal justice system.

Further information

Crawford MJ, Rutter, D, Manley C, Weaver T, Bhui K et al. (2002) Systematic review involving patients in the planning and development of health care. *BMJ*, 325: 1263-5.
NHS England. Involving people in health and care guidance: https://www.england.nhs.uk/participation/involvementguidance/
User Voice: http://www.uservoice.org/
Revolving Doors Agency: http://www.revolving-doors.org.uk/
Public Health England. Service User Involvement. A guide for drug and alcohol commissioners, providers and service users (2015) www.nta.nhs.uk/uploads/service-user-involvement-a-guide-for-drug-and-alcohol-commissioners-providers-and-service-users.pdf

27 Elwood Martin R. et al. (2013) Incarcerated women develop a nutrition and fitness programme: participatory research. *Int J Prison Health;* 9(3): 142-50
28 Penrod J, Loeb SJ, Ladonne RA, Martin LM (2016) Empowering change agents in hierarchical organizations: participatory action research in prisons. *Res Nurse Health.* 39(3):142-53
29 Latham TP, Sales JM, Renfro TL, Boyce LS, Rose E et al (2012) Employing a teen advisory board to adapt an evidence-based HIV/STD intervention for incarcerated African-American adolescent women. Health Education Research; 27(5): 895-903
30 http://www.russellwebster.com/how-to-do-prisoner-involvement-properly/
31 http://www.revolving-doors.org.uk/file/1849/download?token=Yi0tjhmo
32 Elwood Martin R. et al. (2013) Incarcerated women develop a nutrition and fitness programme: participatory research. *Int J Prison Health;* 9(3): 142-50
33 Irish Red Cross prison programme: https://www.redcross.ie/resources/?cat_id=8

Links to other standards This is relevant to all standards outlined within this document.

Overarching principle 4
All women in prison should have access to purposeful activity and time out of cell.

Description

Prisons should provide a wide range of purposeful activities for women in prison aimed at improving overall health and wellbeing and building self-efficacy and self-worth.

Purposeful activity includes therapeutic and personal development interventions as well as physical and educational interventions. Examples include:

- physical activity and sports [see also standards 9.1 and 9.10]
- participatory arts interventions (eg literature, dance, music, theatre, visual arts)
- educational activities and courses
- ecotherapy (eg horticultural activities)
- yoga
- social activities (eating in association or cooking, cultural or religious practices
- family visits

Women are expected to have the opportunity to take part in activities that benefit them, enhance their self-esteem, and improve their wellbeing and chances of successful resettlement.

It is recommended that women are given opportunities to use their skills for the benefit of other women (for example in peer mentoring and support roles).

Wherever possible women should be out of their rooms/cells. Staff should consider how vulnerable women can be protected from bullying, coercion or gang activity.

Rationale

The Chief Inspector of Prisons criteria for assessing the treatment and conditions of women include expectations for purposeful activity out of cell.

Purposeful activity can improve women's' mental health and wellbeing by improving their self-esteem and distracting them from their problems.

In addition to the physical benefits of undertaking physical activity and sporting activities, there are benefits that extend beyond improving physical health, such as improved mental health and a greater sense of self-esteem.[34]

A literature review by the World Health Organization highlighted the benefits of gardening programmes, which not only provide fresh food for prisons, but build community and team-working skills among people in prison and offer marketable job skills and training.[35]

Greener on the Outside Prisons (GOOP) is an example of how horticultural activities have been used in a prison setting to address mental health, physical activity and healthier eating.[36] As part of this programme, a women's prison in England is running a horticultural project to include: polytunnels, a glass house, a tactile and sensory garden, bee hives, allotment-style vegetable plots, a recycling department, a reflection garden and a classroom based in the prison gardens dedicated to teaching horticulture delivered by the education provider. Prison staff reported the positive impact of the project on prisoners' health and wellbeing, particularly mental wellbeing, by encouraging resilience, confidence and self-esteem, but also physical health (eg through exercise).[37,38] An impact report of GOOP

34 NHS choices (2016) *Get active for mental wellbeing:* http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mental-benefits-of-exercise.aspx

35 http://www.euro.who.int/__data/assets/pdf_file/0006/292965/Food-systems-correctional-settings-literature-review-case-study.pdf

36 Greener On the Outside Prisons (GOOP): https://www.groundwork.org.uk/Sites/targetwellbeing/pages/greener-on-the-outside-prisons-goop-tw

37 Baybutt M and Chemlal K. (2015) Health-promoting prisons: theory to practice. *Global health promotion.* 23(1): 66-74

projects by the University of Lancashire found they demonstrated a positive impact on the wellbeing of prisoners, especially in relation to mental health and that prisons reported an impact both on behaviour of prisoners and the prison environment.[39]

There is also evidence to support the introduction of arts-based interventions in prison settings[40] and the benefits of yoga.[41],[42]

Further information

Baybutt M and Chemlal K. (2015) Health-promoting prisons: theory to practice. *Global health promotion.* 23(1): 66-74

Baybutt M, Farrier A, Dooris M. (2012) Target Wellbeing Pan-regional Prisons Programme: Health, Inclusion and Citizenship. Final Report. Preston: University of Central Lancashire: http://www.uclan.ac.uk/research/explore/projects/assets/Prison_Evaluation_FINAL_REPORT.pdf

Cursley J and Maruna S. A narrative-based evaluation of "changing tunes" music-based prisoner reintegration intervention: full report http://www.artsevidence.org.uk/media/uploads/final-report-cursley-and-maruna-changing-tunes.pdf

Leese M, Thomas S, Snow L. (2006) An ecological study of factors associated with rates of self-inflicted death in prisons in England and Wales. Int J Law Psychiatry. 2006 Sep-Oct; 29(5):355-60.

Marzano L, Hawton K, Rivlin A, Smith EN, Piper M et al. (2006) Prevention of suicidal behavior in prisons. Crisis; 27(5), 323-334Target Wellbeing and University of Central

38 Baybutt M, Farrier A, Dooris M. (2012) Target Wellbeing Pan-regional Prisons Programme: Health, Inclusion and Citizenship. Final Report. Preston: University of Central Lancashire: http://www.uclan.ac.uk/research/explore/projects/assets/Prison_Evaluation_FINAL_REPORT.pdf

39 Target Wellbeing and University of Central Lancashire (2015) Impact Report: Greener on the Outside of Prisons: https://www.groundwork.org.uk/Sites/targetwellbeing/pages/greener-on-the-outside-prisons-goop-tw

40 Cursley J and Maruna S. A narrative-based evaluation of "changing tunes" music-based prisoner reintegration intervention: full report http://www.artsevidence.org.uk/media/uploads/final-report-cursley-and-maruna-changing-tunes.pdf

41 C. Bilderbeck, M. Farias, I. A. Brazil, S. Jakobowitz, and C. Wikholm, "Participation in a 10-week course of yoga improves behavioural control and decreases psychological distress in a prison population," Journal of Psychiatric Research, vol. 47, no. 10, pp. 1438–1445, 2013

42 H. Harner, A. L. Hanlon, and M. Garfinkel, "Effect of iyengar yoga on mental health of incarcerated women: a feasibility study," Nursing Research, vol. 59, no. 6, pp. 389–399, 2010

Lancashire (2015) Impact Report: Greener on the Outside of Prisons: https://www.groundwork.org.uk/Sites/targetwellbeing/pages/greener-on-the-outside-prisons-goop-tw
Warr J, Hoyle C. (2007) Women's mental health in prison: developing an integrated care pathway. *Mental Health Practice.* 11(2):24-27
WHO (2015) Food systems in correctional settings: a literature review and case study. By Smoyer A.B. and Minke L.K. http://www.euro.who.int/__data/assets/pdf_file/0006/292065/Food-systems-correctional-settings-literature-review-case-study.pdf

Links to other standards

2.16 The prison should provide a supportive environment to eliminate suicides in prison
3.4 Women prisoners undergoing substance misuse treatment should have access to purposeful activity

Overarching principle 5

A structured programme of peer support should be available to all women.

Description

A structured programme of peer support should be available to all women.

A good quality peer support scheme should have[43]:

- screening and selection processes for peer supporters
- training for peers (including training to be trauma-informed)
- an appropriately defined role and use of a job description
- information provided to prisoners about available peer support at reception, induction and on residential units, including the use of presentations and other advertising materials
- risk assessments taking into account both peer supporters and the prisoners they support
- appropriate freedom of movement for peer supporters to be

43 HMIP (2016) Life in prison: peer support: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/01/Peer-support-findings-paper-final-draft-1.pdf

available to prisoners
- supervision by staff and/or a supporting organisation
- opportunities for peer supporters to feed back to prison staff

Rationale

There is evidence that becoming a peer supporter can also have a positive effect on prisoners. For example, by enhancing confidence and self-esteem, improving communication/organisational skills and behaviour, generating a positive self-image, increasing levels of independence, and gaining trust.[44]

The independent advisory panel on deaths in custody reported on preventing the deaths of women in prison in 2017 and recommended that peer support is encouraged.[45]

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

HMIP (2016) Life in prison: peer support: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/01/Peer-support-findings-paper-final-draft-1.pdf

Marzano L1, Hawton K, Rivlin A, Fazel S. (2011) Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. *Soc Sci Med ;* 72(6):874-83

Snow L, Paton J, Oram C, Teers R. (2002) Self-inflicted deaths during 2001: an analysis of trends. *The British Journal of Forensic Practice* ; 4(4) :3-17

Hall B., & Gabor P. (2004). Peer suicide prevention in a prison. *Crisis*, (1), 19-26.

Links to other standards

1.2 All women should be kept safe and supported during their first 24 hours in prison, including receiving an induction and ensuring their immediate needs are met

1.7 Peer-education approaches should be used to support health promotion activities

2.16 The prison should provide a supportive environment to eliminate

44 Hunter, G. and Boyce, I. (2009) 'Preparing for employment: prisoners' experience of participating in a prison training programme', *The Howard Journal*, 48

45 Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

suicides in prison
6.1 Pregnant women should receive appropriate care while in prison which ensures
the well being of mother and baby.
9.13 Interventions which promote improving physical activity should include elements of:

- participatory action research
- social support
- peer support
- education on why nutrition and physical activity is beneficial
- commitment from sporting and community organisations
- partnerships across the prison (eg gym, healthcare, education, psychology)

Overarching principle 6
Prepare for and ensure continuity of care for women on release in to the community.

Description At least one month and no less than seven days before the date of release from prison, if known, women should receive a pre-release health assessment identifying health needs before release. For women whose release date is unknown, planning should take place from admission or based on best estimate of release date. There should be a minimum of 24hours notice prior to release. Contact should be etsanblished with the CRC (or NPS) which is providing post relase supervison to ensure health care needs are integrated into the relase plan.

Prisoner healthcare teams should ensure all women are advised on how to register with a GP if they were not previously registered. Under the new Health and Justice Information Service, prisons are able to register women with GP services in the community while they are still in prison. This is recognised as a model of good practice in ensuring women are registered with a GP on release and should be promoted and used where possible.

Links with and referrals to relevant specialist providers, local community providers, secondary care services voluntary organisations or community and social enterprise organisations should be made to ensure continuity of care on release (eg services for substance

misuse, TB treatment, mental health, antenatal and postnatal). There should be robust plans and mechanisms for continuity of care for women on their release from custody to whichever region or local authority they are returning to.

Women should be given a copy of their care summary and post-release plan and plans should be discussed with them and with relevant providers at the earliest opportunity. A copy should also be faxed or emailed to their GP surgery (if known). Care summaries and post-release plans should include the following points (taken from NICE guidance [NG57]):

- any significant health events that affected the person while they were in prison, for example:
  - new diagnoses
  - hospital admissions
  - instances of self-harm
- any health or social care provided in prison
- details of any ongoing health and social care needs, including:
  - medicines they are taking
  - mental health or substance misuse
  - contraception needs
- future health and social care appointments, including appointments with:
  - secondary and tertiary care
  - mental health services
  - substance misuse and recovery services
  - social services

Prison healthcare teams, working with patients themselves and other prison staff as required, should ensure information (including patient information) is shared and transferred from the prison to external agencies on release, appointments are set up with local health services and medications post-release are co-ordinated with external agencies as required. Patient consent to share information with other agencies is required.

Timely pre-release assessment and intervention needs to be provided to all women, including those who are identified as ‘at risk’, are being released to a country other than England and Wales and/or have significant and complex needs.

Consider liaising with the following organisations in order to ensure continuity of care on release (taken from NICE guidance [NG57]):

- primary care
- secondary and tertiary specialist services (for example, HIV, TB, oncology)
- mental health or learning disability services
- substance misuse services
- National Probation Service (mandated by HMPPS to manage high risk offenders released into the community)[46]
- community rehabilitation company (CRC) (mandated by HMPPS to manage low and medium risk offenders released into the community)[47]
- social services
- family or carers
- external agencies such as home care
- voluntary sector support agencies not included above

Rationale

This standard is in line with NICE guidance [NG57] *Physical health of people in prison.*

Women's health and wellbeing is at a particular risk during the transition period between prison and the community.[48] Communication with external services is crucial to ensure that post-release plans are continued and women do not get lost to follow up.

It is essential that women released from prison have the support they need in relation to their health and wellbeing. Research has shown that the first two weeks post release is particularly vulnerable time for women and that there is a high suicide rate after release from

46 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630533/6.3329_NOMS_AR_180717_19_July_web.pdf

47 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630533/6.3329_NOMS_AR_180717_19_July_web.pdf

48 Abbott P, Magin P, Lujic S, Wu W. (2016) Supporting continuity of care between prison and the community for women in prison: a medical record review. *Aust Health Rev.* Jul 29 [Epub ahead of print]

prison[49]; women are particularly vulnerable if they do not have adequate support.[50] Women should be linked to community services such as counselling, rehabilitation, family support and employment opportunities, which should start before release. As identified by Marzano et al.,[51] there is evidence to suggest that effective multi-agency work, "through care", and community linkage (during and after imprisonment), supported by good communication and information flow between staff, may reduce the number of suicides in prison and upon release.[52,53,54]

This Standard is in line with the National Service Framework for mental health which states that prisoner's mental health needs should be assessed during their time in custody and in preparation for their release, contributing to their through-care and release plans for support in the community.[55]

HMIP expectations for assessing the treatment of and conditions of women in prison state women with continuing health and social care needs are prepared and assisted with accessing services in the community prior to their release, that women's needs are met and the likelihood of reoffending reduced by a 'whole prison' approach to resettlement which begins on their arrival.[56]

Further information

Prison Service Order 3050 - continuity of healthcare for prisoners: https://www.justice.gov.uk/offenders/psos
NICE guideline *Physical health of people in prison* [NG57]:

49 HM Inspectorate of Prisons. 2014. Expectations; Criteria for assessing the treatment of and conditions for women in prison. Available at: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf
50 PHE (2017) Rebalancing Act http://www.revolving-doors.org.uk/file/2050/download?token=m-t2NRKC
51 Marzano L, Hawton K, Rivlin A, Smith EN, Piper M et al. (2016) Prevention of suicidal behavior in prisons. *Crisis;* 37(5), 323-334
52 Daniel AE. (2006). Preventing suicide in prison: A collaborative responsibility of administrative, custodial, and clinical staff. *Journal of the American Academy of Psychiatry and the Law*; 34(2):165–175.
53 Freeman A, Alamo C. (2001). Prevention of suicide in a large urban jail. *Psychiatric Annals*; 31: 447–452
54 Kovasznay B, Miraglia R, Beer R, Way B. (2004). Reducing suicides in New York State correctional facilities. *Psychiatric Quarterly*; 75(1): 61–70
55 NHS (1999) National Service Framework: mental health. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf
56 HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

https://www.nice.org.uk/guidance/ng57
Home Office (2011) Continuity of care guidance: https://www.gov.uk/government/publications/continuity-of-care-guidance
Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

Links to other standards

2.17 Women who may be at risk of suicide should be identified pre-release and given support to reintegrate into society
4.4 Women prisoners who have experienced violence and abuse should be referred to agencies and services that can support on release from prison
6.17 Ensure pregnant women and women with children are given appropriate information and support on release from prison
4.4 Women prisoners who have experienced violence and abuse should be referred to agencies and services that can support on release from prison
4.5 Ensure women prisoners who are at risk of domestic violence and abuse are enabled to access housing providers that can ensure they are able to secure safe appropriate housing on release from prison
7.9 Timely, detailed and multi-disciplinary release planning should be undertaken for all older prisoners identified as requiring age related support

1. General health and wellbeing

Standard 1.1
At reception into prison, women should receive a first-stage health assessment, including physical health, alcohol use, substance misuse, mental health and self-harm and suicide risk.

Description

In line with NICE guidance [NG57] and [NG66] at reception into prison, a first-stage health assessment should be carried out by a healthcare professional, prior to the woman being allocated to their cell.

The following should be identified:

- any issues that may affect the person's immediate mental health and safety before the second-stage health assessment
- priority health needs to be addressed at the next clinical opportunity

The assessment should include questions on physical and mental health and relevant risk factors as well as ensuring continuity of care. Questions for first stage health assessment are detailed in the NICE guidance [NG57] and include:

- identification of prescribed medicines
- physical injuries
- other health conditions
- pregnancy
- living arrangements, mobility, diet
- medical appointments
- alcohol and substance misuse
- mental health
- self-harm and suicide risk

The assessment should take into account any communication needs or difficulties the person has.

Rationale

This standard is in line with NICE guidance [NG57] and [NG66], the UN Bangkok Rules for the treatment of women prisoners and the National Service Framework for mental health.

HMIP expectations for assessing the treatment of and conditions of women in prison states that a woman's immediate health and social care needs should be recognised on reception and responded to promptly and effectively.[57]

Women in prison have a higher prevalence of physical and mental health needs than the general population. Despite this, identification of mental health problems at reception into the prison system in particular is low, supporting the need for a mental health assessment on arrival in the prison system.[58,59] Screening for mental health disorders should use standardised protocols and validated instruments, incorporate identification of suicide risk and lead to referral to mental health professionals if required. [60,61] Assessment of physical health and medicines will help to identify immediate health needs and ensure continuity of care.

Further information

NICE Guidance [NG57] *Physical health of people in prison:* https://www.nice.org.uk/guidance/ng57
NICE Guidance [NG66] *Mental health of adults in contact with the criminal justice system:* https://www.nice.org.uk/guidance/NG66/chapter/Recommendations#psychological-interventions
UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf
NHS (1999) *National Service Framework: Mental Health:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf

57 HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf
58 Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf
59 Watson R, Stimpson A, Hostick T. (2004) Prison health care: a review of the literature. *Int J Nurs Stud;* 41(2):119-28
60 Watson R, Stimpson A, Hostick T. (2004) Prison health care: a review of the literature. *Int J Nurs Stud;* 41(2):119-28
61 Fazel S, Baillargeon J. (2011) The health of prisoners. *Lancet;* 377(9769):956-65

Standard 1.2
All women should be kept safe and supported during their first 24 hours in prison, including receiving an induction and ensuring their immediate needs are met.

Description On entry to prison, women should be kept safe and supported during their first 24 hours in prison. This includes:

- receiving a first-stage health assessment and continuity of care with regard to prescribed and over-the-counter medicines [see standards 1.1 and 1.3]
- induction into prison and ensure basic hygiene needs are met
- appropriate access to free phone call to resolve urgent family and childcare issues, splitting the call where necessary
- be told when they will be able to have a visit and how they will be able to ring their families when moved to a wing
- not be required to wait for long periods in reception, where possible (ie where resources allow)
- have access to legal advice (in a language and medium they understand)
- listeners or other peer supporters should be available to offer additional help and support to women, particularly during the first 24 hours
- staff in reception and Early Days in Custody units should be specially selected and well trained in how to communicate with and reassure distressed women and those with vulnerabilities, including the values of trauma informed practice
- ensure that the reception holding areas and the prison's reception provide a pleasant environment (eg greenery, curtain magazines, bright and clean, women offered hot drink)
- supplied with decent and appropriate clothing if they have none (they should not be issued with men's clothing), including a second set, a daily change of underwear, adequate nightwear and appropriate footwear
- given any items required to meet essential personal needs for their first 24 hours, including toiletries, clean clothing and a towel
- easy access to a choice of sanitary provision; tampons with applicators must be one of the choices
- able to have a shower or bath if they wish, before being locked up for the first night
- vulnerable women and women with specific needs, such as those with learning disabilities, should be provided with reasonable adjustments

Rationale This Standard is in line with *Prison Service Order 4800.*
The first days in custody can be a difficult, frightening and anxious time for women. It is important to ensure the woman is supported. They often enter custody without any basic provisions or external support. In addition, as a result of withdrawal, women's periods may start again and be very heavy.[62] Basic sanitary provisions are essential for good health and wellbeing.

HMIP expectations for assessing the treatment of and conditions of women in prison state the need for women to feel and be safe on their reception into prison and for the first few days in custody; that women's needs are accurately assessed on arrival and timely action is taken to address them; to ensure individuals' needs or immediate anxieties are addressed before they are locked away for the night. Practical and emotional issues identified on arrival should be followed up, and induction to the prison should take place.[63]

Further information *Prison Service Order 4800 – women prisoners*
https://www.justice.gov.uk/offenders/psos
HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison:
https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

Standard 1.3
Ensure prompt transfer of medical records:

- to the prison healthcare service on entry to prison
- to other prison healthcare services on transfer to or from other custodial settings
- to the relevant community healthcare provider on release from prison

Description Prompt transfer of medical records from primary care or prison health care services is essential for promoting continuity of care on entry to, release from or transfer between custodial settings.

62 *Prison Service Order 4800 – women prisoners* https://www.justice.gov.uk/offenders/psos
63 HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

Women entering prison should be asked for consent to transfer their medical records from their GP to the prison healthcare service at their first stage health assessment, in line with NICE guidance [NG57]. Women should be supported to understand the benefits of consenting to transfer of their medical information.

Medical records can be securely transferred via SystmOne, the national clinical IT system for prisons. If this is not possible, records can be transferred between NHS.net email accounts as this is a secure network.

Rationale — This Standard is in line with NICE guidance [NG57] *Physical health of people in prison.*

Women's health and wellbeing is at particular risk during the transition period between the community and prison[64] and also transfer between prisons. Prompt transfer and review of relevant health records will help improve continuity of care.[65]

Further information — NICE guideline [NG57] *Physical health of people in prison:* https://www.nice.org.uk/guidance/ng57/chapter/Recommendations

Standard 1.4

Ensure continuity of care for prescribed medicines or over-the-counter medicines:

- on entry to prison
- on transfer to or from other custodial settings
- on release from prison

Description — Ensure that continuity of patient care is promoted through provision of prescribed medicines or over-the-counter medicines:

- on entry to prison
- on transfer to healthcare teams responsible for all custodial settings including courts, receiving prisons and escorts
- on release from prison

64 Abbott P, Magin P, Lujic S, Wu W. (2016) Supporting continuity of care between prison and the community for women in prison: a medical record review. *Aust Health Rev.* Jul 29 [Epub ahead of print]

65 Abbott P, Magin P, Lujic S, Wu W. (2016) Supporting continuity of care between prison and the community for women in prison: a medical record review. *Aust Health Rev.* Jul 29 [Epub ahead of print]

On reception to and prior to transfer or release from prison, current prescribed and over the counter medication needs should be identified. The woman needs to be referred to the prescriber for appropriate medicines to be prescribed with sufficient doses provided, to ensure continuity of medicines.

On entry to prison, medicines reconciliation should take place before the second health stage assessment (ie 7 days) in line with NICE guidance [NG57]; women should be made aware of this at their first-stage health assessment.

Rationale

This Standard is in line with NICE guidance [NG57] *Physical health of people in prison* and the *Health and Justice Indicators of Performance (HJIPs)* dataset, which includes a key performance indicator on the percentage of all transfers received with a minimum of 7 days' supply of medicine.[66]

Women's health and wellbeing is at particular risk during transition between custodial settings[1]. Provision of medicines or an FP10 prescription can help avoid breaks in medication that may have negative impacts on health and wellbeing[1]. Prompt transfer and review of relevant health records will help improve continuity of care[1].

Further information

NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57
Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf
RPS (2017) *Professional Standards for optimising medicines for people in secure environments*. Available at; https://www.rpharms.com/resources/professional-standards/optimising-medicines-in-secure-environments

66 NHS England, PHE, NOMS (2016) Health and Justice Indicators of Performance (HJIPs): Adult Secure Estate User Guide 2016-17 [unpublished]

Standard 1.5
Women should be made aware of prison healthcare services on entry to prison and positive relationships with healthcare staff encouraged.

Description Provide appropriate and accessible information on prison healthcare services to all women on entry to prison (taking account of literacy issues, including non-English speaking women and additional measures may be needed where learning disability maybe a factor), including:

- how to access healthcare
- how to access medication
- confidentiality of consultations and information sharing
- consent
- complaints procedure

An information leaflet listing the above information, including a list of healthcare services, would be a useful way providing women with this information. It is important that written information is provided in a format that is understandable ie in different languages/braille/ pictorial for those who do not read.

Promote professional and compassionate behaviour from healthcare staff. Provide staff with tailored training on the health needs of women in prison [see Standard 1.8].

Rationale Women in prison report multiple barriers to accessing healthcare services in prison, including a perceived lack of confidentiality, gatekeeping behaviours from staff, and frustrations as to bureaucracy surrounding getting an appointment[67]. Addressing these beliefs within the patient population and promoting a better understanding among staff of the key issues faced by women in prison can help improve relationships between healthcare units and women prisoners.

Further information CQC (2015) “Five Key Questions” In: “Provider Handbook Health and social care in prisons and young offender institutions, and health care in immigration removal centres” http://www.cqc.org.uk/sites/default/files/20150729_provider_handbook_secure_settings_0.pdf

67 Plugge E, Douglas N, Fitzpatrick R.(2008) Patients, prisoners, or people? Women prisoners' experiences of primary care in prison: a qualitative study. *Br J Gen Pract*; 58(554):630-6

Standard 1.6

All custodial and healthcare staff should be trained to deliver brief advice including skills to motivate people to change.

Description Women in prison will benefit from brief advice interventions related to a variety of health issues, including:

- physical activity
- nutrition
- smoking
- sexual health and family planning
- oral hygiene
- personal hygiene
- substance misuse and alcohol
- mental health
- parenting/child health

The term 'brief advice' is used in this guidance to mean verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It can vary from basic advice to a more extended, individually focused discussion, but should be evidence based.

In order to deliver brief advice in a range of settings, all staff in the prison setting, including healthcare staff, should have the opportunity to be trained in this area. Brief advice should also be comprehensible for women with learning difficulties.

Rationale Women in prison have poorer health than women in the community and lower health literacy[68].

NICE recommends that all healthcare staff are trained in the provision of brief advice[69]. Evidence produced for NICE on contraceptive advice

68 PHE (2017) Rebalancing Act http://www.revolving-doors.org.uk/file/2050/download?token=m-t2NRKC

69 Fuller S (2015) Building brief intervention into your everyday work. Nursing Times; 111: 5, 23-25 https://www.nursingtimes.net/Journals/2015/01/23/s/k/d/280115-Building-brief-intervention-into-your-everyday-work.pdf

and provision for the prevention of STIs, for example, concluded that there is evidence that one to one interventions can reduce STIs and may increase condom use and prevent unsafe sexual behaviours.[70] Further evidence of brief interventions for STI prevention found that interventions are more likely to be effective if they include behavioural skills training and provision of basic, accurate information through clear, unambiguous messages.[71] There is also evidence to support the use of brief advice in physical activity, with an increase in the self-reported physical activity levels in participants who received brief advice or who were seen by primary care professional trained to deliver brief advice[72] and in alcohol; a study commissioned by NICE found a considerable body of evidence supportive of the effectiveness of brief interventions for alcohol misuse in reducing various outcomes such as alcohol consumption, mortality, morbidity and alcohol-related injuries.[73]

In the prison setting, a project implementing alcohol brief interventions across 10 prisons in the North West of England found that staff were positive about their future and potential use of brief interventions in their practice and it was felt that brief interventions will be effective with their clients; over three quarters of the respondents expected to use the brief interventions materials at some point in the future.[74] The literature review underpinning this study concluded that brief interventions based on motivational interviewing require appropriate training and supervision, and may be more suited to specialist healthcare staff.

Further information NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57

70 Bunn F, Brook F, Appleton J, Mead M, Magnusson J et al. (2006) Review 1: Contraceptive advice and provision for the prevention of under 18 conceptions and STIs: a rapid review. *Centre for Research in Primary and Community Care, University of Hertfordshire:* https://www.nice.org.uk/guidance/ph3/evidence/evidence-review-1-pdf-65843246

71 Downing J, Jones L, Cook PA, Bellis MA (2009) Prevention of sexually transmitted infections (STIs): a review of reviews into the effectiveness of non-clinical interventions. Evidence Briefing Update. *Liverpool John Moores University:* https://www.nice.org.uk/guidance/ph3/evidence/evidence-briefing-update-prevention-of-sexually-transmitted-infections-stis-2006-pdf-65843250

72 Campbell F, Blank L, Messina J, Day M, Buckley Woods H et al. (2012) Physical activity: brief advice for adults in primary care. *ScHARR Public Health Collaborating Centre:* https://www.nice.org.uk/guidance/ph44/evidence/review-of-effectiveness-and-barriers-and-facilitators-pdf-69102685

73 Jackson R, Johnson M, Campbell F, Messina J, Guillaume L et al. (2010) Screening and brief interventions for prevention and early identification of alcohol use disorders in adults and young people. *ScHARR Public Health Collaborating Centre:* https://www.nice.org.uk/guidance/ph24/documents/review-2-screening-and-brief-interventions-effectiveness-review2

74 PHE (2017) Brief interventions in prison: Review of the Gateways initiative: http://www.nta.nhs.uk/uploads/brief-interventions-in-prison-review-of-gateways-initiative.pdf

Standard 1.7

Peer-education approaches should be used to support health promotion activities.

Description Prisons should use peer education (ie women in prison supporting peers; eg providing education, support or advice) to improve the effectiveness of health and wellbeing activities, increase knowledge and awareness of health issues and support behaviour change. This should be based on best evidence available and include national standardised training.

Rationale A study reviewing the literature for peer-education in prisons found that the benefits of utilising prisoners in the rehabilitation process far outweighs the associated risk, particularly when complimented by careful planning, implementation and monitoring processes.[75] A pilot programme[76] from a prison in Canada included women in prison in the designed and implementation of a prison nutrition and exercise programme. The peer-led nature of the programme encouraged women to participate and stay involved because they felt trust and non-judgement in this environment.

A systematic review[77] found moderate evidence that peer education interventions are effective at reducing risky behaviours (such as sharing needles) and moderate evidence that peer support is an acceptable source of help within the prison environment and has a positive effect on recipients and peer deliverers; peer delivery was preferred to professional delivery (eg better empathy, non-judgemental, more time and better accessibility). Peer helpers can offer a valuable support within prisons, particularly for prisoners with mental health needs. There is also consistent evidence that being a peer worker is associated with positive effects on mental health and its determinants.

When developing peer interventions, prisons should consider the factors that determine the delivery and effectiveness of peer

[75] Devilly GJ, Sorbello L, Eccleston L, Ward T. (2005) Prison-based peer-education schemes. *Aggression and Violent Behaviour* 10: 219-240

[76] Elwood Martin R. et al. (2013) Incarcerated women develop a nutrition and fitness programme: participatory research. *Int J Prison Health;* 9(3): 142-50

[77] South J, Bagnall AM, Hulme C, Woodall J, Longo R et al. (2014) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. *Health Services and Delivery Research.* Southampton (UK): NIHR Journals Library

interventions include: managing prison turnover and its impact on continuity with peer led services, the relationship between peer workers and prison staff and the role of the voluntary sector in managing and implementing peer interventions.[78]

The Irish Red Cross prison programme is an example of a model peer-intervention programme having won a number of awards, both national and international. It uses groups of special status Irish Red Cross Volunteer prisoners as peer to peer educators to raise community health, hygiene awareness and first aid in prisons.[79]

Further information

South J, Bagnall AM, Hulme C, Woodall J, Longo R et al. (2014) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. *Health Services and Delivery Research.* Southampton (UK): NIHR Journals Library

Irish Red Cross (2016) Community Based Health and First Aid Prison Programme Overview: https://www.redcross.ie/resources/?cat_id=8

Standard 1.8

Trauma informed gender-sensitive training and training on the specific health needs of women in prison should be widely available in women's prisons.

Description

Healthcare providers and other prison staff should receive appropriate gender-sensitive training and training on the specific vulnerability, (especially specific vulnerabilities relating to histories of violence) and health care needs of women in prison, in order to provide appropriate care, including the care of pregnant women.[80]

The needs of transgender women should be assessed and appropriate services available.[81, 82]

[78] Woodall J and South J (2015) Factors that determine the effectiveness of peer interventions in prisons in England and Wales. *Prison Service Journal.* 219: 30-37

[79] Irish Red Cross. Prison programme – community based health and first aid: https://www.redcross.ie/CBHFA

80 Van den Bergh B, Plugge E, Yordi Aguirre I. (2014) Women's health and the prison setting, in *WHO Prisons and Health* (eds. Enggist S., Moller L, Galea G, Udesen C) http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

81 Bashford, J; Hasan, S; Marriott, C and Patel, K (2017) *Inside Gender Identity: A report on meeting the health and social care needs of transgender people in the criminal justice system.* Bradford: Community Innovations Enterprise.

Rationale

This standard is in line with the UN Bangkok Rules for the treatment of women in prison, which states all staff involved in the management of women's prisons shall receive training on gender sensitivity and prohibition of discrimination and sexual harassment; and that all staff assigned to work with women in prison shall receive training related to the gender-specific needs and human rights of women prisoners.[83] This standard is also supported by recommendations from WHO, which highlights the need for gender-specific training for staff working with women in prison to take into account the specific vulnerability and healthcare needs of women prisoners.[84] As highlighted by the UN, in many prison systems, staff assigned to supervise women in prison receive no special training to help them deal with the particular needs of these women.[85]

Further information

WHO (2009) Women's health in prison: correcting gender inequity in prison health www.euro.who.int/__data/assets/pdf_file/0004/76513/E92347.pdf

WHO (2014) Prisons and Health: www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

UNODC (2014) Handbook on women and imprisonment: https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf

UNODC The Bangkok Rules: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

Gender Identity Service specifications (surgical and non-surgical interventions) Found at: https://www.england.nhs.uk/commissioning/spec-services/

82 Hasan, S; Bashford, J and Patel, K (2017) *Inside Gender Identity: The Literature Review - A review of the evidence on meeting the health and social care needs of transgender people in the criminal justice system.* Bradford: Community Innovations Enterprise.

83 UNODC The Bangkok Rules: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

84 Van den Bergh B, Plugge E, Yordi Aguirre I. (2014) Women's health and the prison setting, in *WHO Prisons and Health* (eds. Enggist S., Moller L, Galea G, Udesen C) http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

85 UNODC (2014) Handbook on women and imprisonment: https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf

Standard 1.9
All eligible women should be offered screening and a physical health check (as per the Physical Health Check in Prisons Programme) within the appropriate interval[86]

Description All eligible women should be offered bowel, breast, cervical and diabetic eye screening and a physical health check within the appropriate interval.

Eligibility criteria are:

- bowel cancer screening every 2 years for women aged 60 to 74
- breast screening every 3 years for all women aged 50 to 70; women aged over 70 can request breast screening every three years without invitation
- cervical cancer screening every 5 years for women aged 25 to 64
- diabetic eye screening is all women with type 1 and type 2 diabetes aged 12 or over
- A physical health check (part of the Physical Health Checks in Prison Programme) every 5 years for women aged 35-74 years, who have a sentence of 2 years or more and who have not previously been identified with a stroke, heart disease, diabetes or kidney disease. For those aged over 65, they should also be told the signs and symptoms of dementia to look out for [see Standard 7.16]

Note: the physical health check is a specific public health programme and is separate to the assessment of physical health which women should receive on entry to prison (see NICE guidance [NG57])

Women who decline screening or who have an incomplete screening record should receive brief advice interventions to improve health literacy on screening and to promote uptake. Healthcare professionals should be aware of female genital mutilation/ethnic or other religious practices.

Innovative methods to improve the uptake of screening should be promoted within prisons.

86 https://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/

Regular audit should be conducted to assess screening uptake, in line with the *Health and Justice Indicators of Performance (HJIPs)* dataset [see rationale for further information] and identify those in need of targeted intervention to improve uptake.

Rationale

This standard is in line with the *HJIPs* dataset, which includes several performance indicators relating to screening and the Physical Health Checks in Prisons Programme[87]:

- bowel cancer screening: The % of patients that underwent screening of the total patients eligible during the reporting period
- breast cancer screening: The % of patients that underwent screening of the total patients eligible during the reporting period
- cervical cancer screening: The % of patients that underwent screening of the total patients eligible during the reporting period
- diabetic eye screening: The % of patients that underwent screening of the total patients eligible during the reporting period
- physical health check: The % of patients that underwent screening of the total patients eligible during the reporting period

Women in prison may face substantial barriers in accessing primary care on release from prison, therefore as well as ensuring they are provided with the same level of healthcare as that provided in the community, it should also be highlighted that the prison setting provides a unique opportunity to address the specific health and social care needs of women in prison, of which screening is one. This targeted approach to screening uptake supports the concept of 'proportional universalism', by which interventions are delivered to the whole population, but the additional needs of specific groups are met through targeted efforts[88]. This is important for reducing health inequalities among underserved populations.

87 NHS England, PHE, NOMS (2017) Health and Justice Indicators of Performance (HJIPs): Adult Secure Estate User Guide 2017-18 v1.6 [unpublished]

88 NICE (2012) *Health Inequalities and Population Health* https://www.nice.org.uk/advice/lgb4/chapter/glossary#proportionate-universalism: https://www.nice.org.uk/advice/lgb4/chapter/glossary#proportionate-universalism

Women in prison have higher rates of cervical cancer and are less likely to have had cervical screening[89,90,91,92]. Evidence suggests that are varying levels of knowledge regarding cervical health among women in prison, thus supporting the need for developing interventions to address cervical health promotion.[93] Innovative methods such as group discussions on screening in communal areas may improve uptake and should be investigated further.[94,95]

Section 7A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, requires NHS England to provide public health services in prisons and detained settings,[96] this includes offering all women in prison aged between 35 and 74 a physical health check. Evidence for the physical health check programme is taken from the NHS Health Check Programme which is offered in the community. The physical health check programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups.[97] It is made up of three key components: risk assessment, risk awareness and risk management.

Further information

PHE (2017) Bowel cancer screening: programme overview: https://www.gov.uk/guidance/bowel-cancer-screening-programme-overview
PHE (2015) Breast screening: programme overview: https://www.gov.uk/guidance/breast-screening-programme-overview
PHE (2015) Cervical screening: programme overview: https://www.gov.uk/guidance/cervical-screening-programme-overview

89 Ramaswamy et al 2011 Ramaswamy M, Kelly PJ, Koblitz A, Kimminau KS, Engelman KK. (2011) Understanding the role of violence in incarcerated women's cervical cancer screening and history. *Women Health ;* 51(5) :423-41
90 Plugge 2004 Plugge E, Fitzpatrick R. (2004) Factors affecting cervical screening uptake in prisoners. *J Med Screen ;* 11(1) :48-9
91 Hislop et al 2009 Martin RE, Hislop TG, Moravan V, Grams GD, Calam B. (2008) Three-year follow-up study of women who participated in a cervical cancer screening intervention while in prison. *Canadian Journal of Public Health;* 99(4):262-266
92 dos Anjos Sde J, Ribeiro SG, Lessa PR, Nicolau AI, Vasconcelos CT et al. (2013) Risk factors for cancer of the cervix in women prisoners. *Rev Bras Enferm ;* 66(4) :508-513
93 Ramaswamy M, Simmons R, Kelly PJ. (2015) The development of a brief jail-based cervical health promotion intervention. *Health Promot Pract;* 16(3):432-42
94 Martin et al 2004 Elwood Martin R, Hislop TG, Grams GD, Calam B, Jones E et al. (2004) Evaluation of a cervical cancer screening intervention for prison inmates. *Can J Public Health;* 95(4):285-9
95 Ramaswamy M, Simmons R, Kelly PJ. (2015) The development of a brief jail-based cervical health promotion intervention. *Health Promot Pract;* 16(3):432-42
96 PHE (2017) NHS Health Check: Best Practice Guidance http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/
97 PHE (2017) NHS Health Check: Best Practice Guidance http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/

PHE (2017) Diabetic eye screening: programme overview: https://www.gov.uk/guidance/diabetic-eye-screening-programme-overview
PHE (2015) Cervical screening: programme overview: https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management
PHE (2017) Physical Health Checks in Prison Programme Guidance *www.healthcheck.nhs.uk/document.php?o=1341*
PHE (2017) Physical Health Checks in Prison Programme Standards; A framework for quality improvement http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/

Standard 1.10
Assess and promote the oral health of women in prisons.

Description Ensure timely access to dental services for women with oral health needs by providing women with advice on booking a dental appointment at their second-stage health assessment within 7 days of first-stage health assessment, as per NICE guidance [NG57].

Promote oral hygiene through the provision of tailored health information, including face to face and written advice.

Conduct a needs assessment of oral health within the prison and identify areas for improvement every three years. Women should have access to an annual oral health check in line with the national guidelines and general dental contract.

Rationale This standard is in line with the HJIPs dataset, which includes several performance indicators relating to oral health, including[98]:

- Health Outcomes – Dentistry: The % of patients receiving band 1/2/3 or 4 NHS dental treatment
- Clinic Utilisation Rates: The % of patients seen compared to those called up to be seen
- Clinic Wait Times: The number of days to the next available appointment, as a snap shot at the end of the reporting period

98 NHS England, PHE, NOMS (2016) Health and Justice Indicators of Performance (HJIPs): Adult Secure Estate User Guide 2016-17 [unpublished]

- Dental Clinic – DNA Rates: The % of patients that did not attend a scheduled clinic appointment (outside of the agreed exceptions) of those called up for a scheduled clinical appointment

Women in prison have poorer oral health than women in the general population.[99] This can be related to many factors including poor diet, inadequate oral hygiene practice, smoking and substance misuse.

A national survey of dental services in prisons in England and Wales in 2014 reported a large number of failed appointments, with the main reasons listed as: non-availability, refusal to attend and escort problems.[100] This highlights the need for a co-ordinated and health promoting approach to improving oral health of women in prison.

Further information

National Association of Prison Dentistry: http://www.napduk.org/
NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57
British Dental Association (2012) Oral healthcare in prisons and secure settings in England: https://bda.org/dentists/policy-campaigns/research/patient-care/Documents/oral_health_in_prisons_eng.pdf

99 Rouxel et al 2013 Rouxel P, Duijster D, Tsakos G, Watt RG. (2013) Oral health of female prisoners in HMP Holloway: implications for oral health promotion in UK prisons. *Br Dent J;* 214(12):627-32
100 PHE (2014) A survey of dental services in adults prisons in England and Wales: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328177/A_survey_of_prison_dental_services_in_England_and_Wales_2014.pdf

2. Mental health, self-harm and suicide prevention

As well as those listed in this section, standards relating to the promotion of good mental health and emotional wellbeing are covered by standards included in other topic areas. These include:

- Overarching principle 2: The prison environment for women needs to be trauma informed
- Overarching principle 6: Prepare for and ensure continuity of care on release in to the community
- Standard 1.7: Peer-education approaches should be used to support health promotion activities
- Overarching principle 4: Prisons should provide a wide range of purposeful activities for women prisoners aimed at improving overall health and wellbeing and building self-esteem

These standards are in line with the Royal College of Psychiatrists Standard for Prison Mental Healthcare.101

Mental health

Standard 2.1
Women in prison should have access to urgent mental health care 24 hours a day, 7 days a week.

Description

Women in prison should have access to mental health care 24 hours a day, 7 days a week, in the same way that they are able to get access to urgent physical healthcare.

Emergency mental health care should be available if needed 24 hours a day, equivalent to services available in the community.

101 http://www.rcpsych.ac.uk/pdf/QNPMHS%203rd%20Edition%20Standards%20for%20Prison%20Mental%20Health%20Services%20PublicationFC.pdf

Rationale

Those experiencing acute episodes of mental ill health need to access care rapidly. This is an essential part of reducing deaths in custody.

Crisis teams in the community are part of mental health services and give urgent help to people who have a mental health problem; they are available 24 hours a day.[102] Prisoners should receive mental health care that is equivalent to that accessed in the community.[103] In 2014, the mental health crisis care concordat was signed by 22 national bodies involved in health, policing, social care, housing, local government and the third sector, with five more bodies joining since. The concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It focuses on four main areas: 24 hour access to support before crisis point, urgent and emergency access to crisis care, quality treatment and care when in crisis and recovery and staying well.[104]

An investigation of mental health need across women's prisons in England recommended that for those women whose mental health needs are severe and enduring, there needs to be clear guidelines and criteria for referral from prison healthcare team to the mental health in-reach team.[105]

Further information

Royal College of Psychiatrists (2017) Eds. Georgiou M, Coll F, Stone H, Davies S. *Standards for 24 hour mental healthcare in prisons.*

Department of Health and Concordat signatories (2014) *Mental health crisis care concordat – improving outcomes for people experiencing mental health crisis*: http://16878-presscdn-0-18.pagely.netdna-cdn.com/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

102 https://www.rethink.org/diagnosis-treatment/treatment-and-support/crisis-teams/about
103 Royal College of Psychiatrists (2017) Eds. Georgiou M, Coll F, Stone H, Davies S. *Standards for 24 hour mental healthcare in prisons.*
104 http://www.crisiscareconcordat.org.uk/about/
105 Butler P, Kousoulou D. (2006) Justice for women. *Mental health today;* 23-26

Standard 2.2
Women in prison should have access to a broad range of psychological therapies and therapeutic activities appropriate to their level of need.

Description

All women in prison should be offered effective mental health therapies and activities including referral to specialist services for further assessment, treatment and care if required.

Prisons should ensure that women in prison have access to a broad range of psychological therapies and therapeutic activities appropriate to their level of need, in line with services available in the community. This may include:

- counselling
- psychotherapy
- cognitive behavioural therapy
- group therapy
- mindfulness based therapies
- dialectical behaviour therapy

Rationale

This principle is in line with NICE guidance [NG66] and [CG123], the National Service Framework for mental health which states that service users assessed as needing mental health treatment should be offered effective treatments, including referral to specialist services for future care if they require it.[106] The principle also addresses the equivalence of care principle, that prisoners should receive mental health care that is equivalent to that accessed in the community.[107,108] This principle is for all women in prison due to the prevalence of poor mental health among this group. Psychological therapies and therapeutic activities can act as a preventative measure as well as treatment measure.

HMIP expectations for assessing the treatment of and conditions of women in prison states that women should

106 DH (1999) *National Service Framework: mental health:* https://www.gov.uk/government/publications/quality-standards-for-mental-health-services
107 Royal College of Psychiatrists (2017) Eds. Georgiou M, Souza R, Holder S, Stone H, . *Standards for 24 hour mental healthcare in prisons.*
108 Royal College of Psychiatrists (2017) Eds. Georgiou M, Coll F, Stone H, Davies S. *Standards for 24 hour mental healthcare in prisons.*

have prompt access to a range of psychosocial interventions and services, which are consistent with the assessed needs of the population.[109] It is vital that screening should lead to referral to mental health professionals.[110] An investigation of mental health need across women's prisons in England recommended that for those women whose mental health needs are severe and enduring, there needs to be clear guidelines and criteria for referral from prison healthcare team to the mental health in-reach team.[111]

Evidence-based psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal psychotherapy (IPT) are effective forms of treatment and are recommended by NICE for a range of mental health problems including post-traumatic stress disorder (PTSD), depression and schizophrenia.[112] For example, under the stepped-care approach (the framework for provision of IAPT (improving access to psychological therapies) services in the community), the following are recommended[113]:

- support groups and befriending for all disorders
- trauma-focused CBT and eye movement desensitisation and reprocessing (EMDR) for PTSD
- CBT (including exposure response prevention (ERP)) and self-help groups for obsessive compulsive disorder (OCD)
- CBT, interpersonal therapy (IPT), counselling, combined interventions for depression

Mindfulness and structured group activity programmes (aerobic and anaerobic) are also recommended by NICE as a way to prevent depression.[114,115,116]

109 HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

110 Fazel S, Baillargeon J. (2011) The health of prisoners. *Lancet;* 377(9769):956-65

111 Butler P, Kousoulou D. (2006) Justice for women. *Mental health today;* 23-26

112 NICE (2009) Shared learning database: Evidence-based training for Evidence-based Psychological Therapies: https://www.nice.org.uk/sharedlearning/evidence-based-training-for-evidence-based-psychological-therapies

113 National Collaborating Centre for Mental Health (2011) Common mental health disorders: identification and pathways to care: https://www.nice.org.uk/guidance/cg123/evidence/full-guideline-pdf-181771741

114 NICE Guidance [CG123] *Common mental health problems: identification and pathways to care:* https://www.nice.org.uk/guidance/CG123/chapter/1-Guidance#steps-2-and-3-treatment-and-referral-for-treatment

115 NHS Choices (2016) Mindfulness: http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mindfulness.aspx

Due to the correlation between trauma and poor mental health, services should be trauma-specific and/or trauma-informed. [117,118,119]

Further information

NICE Guidance [NG66] *Mental health of adults in contact with the criminal justice system:* https://www.nice.org.uk/guidance/NG66/chapter/Recommendations#psychological-interventions

NICE Guidance [CG123] *Common mental health problems: identification and pathways to care:* https://www.nice.org.uk/guidance/CG123/chapter/1-Guidance#steps-2-and-3-treatment-and-referral-for-treatment

DH (1999) *National Service Framework: mental health:* https://www.gov.uk/government/publications/quality-standards-for-mental-health-services

HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

116 National Collaborating Centre for Mental Health (2010) Depression: the treatment and management of depression in adults: https://www.nice.org.uk/guidance/cg90/evidence/full-guidance-pdf-243833293

117 Oakes-Rogers S, Slade K (2015) Rethinking pathways to completed suicide by female prisoners. *The Journal of Mental Health Training, Education and Practice;* 10(4):245-255

118 Clements-Nolle K, Wolden M, Bargmann-Losche J. (2009) Childhood trauma and risk for past and future suicide attempts among women in prison. *Womens Health Issues;* 19(3):185-92

119 Marzano L, Hawton K, Rivlin A, Fazel S. (2011) Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. *Soc Sci Med;* 72(6):874-83

Standard 2.3

Access to secure mental health accommodation should be available to women who require it within 14 days (in line with Department of Health and Social Care guidance).

Description

Patients identified as requiring inpatient treatment in secure (high, medium and low) mental health services should be transferred within 14 days as per Department of Health guidance[120]; prisons should not be used as places of safety.[121] This will require cross-government working. Inpatient treatment should ideally, be as close to family and community ties possible.

Rationale

Under the equivalence of care principle, prisoners should have the same access to secure mental health accommodation as those in the community.[122]

This principle is in line with the Department of Health and Social Care good practice procedure guide on the transfer and remission of adult prisoners under section 47 and section 48 of the Mental Health Act.

Prisoners with mental illness who require inpatient treatment in secure mental health services can only be transferred to hospital under the Mental Health Act (MHA) with the agreement of the Secretary of State for Justice. Sentenced prisoners are transferred under s47 of the MHA; prisoners who are on remand or unsentenced are transferred under s48.

Historically prisoners have faced delays in accessing inpatient treatment. Providing appropriate, timely treatment reduces the risk of harm to self and others.[123] The Department of Health and Social Care good practice document outlines the prison transfer process as a three-step

120 DH (2011) Good Practice Procedure Guide: the transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215648/dh_125768.pdf

121 Independent Advisory Panel on Deaths in Custody: http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

122 Royal College of Psychiatrists (2017) Eds. Georgiou M, Coll F, Stone H, Davies S. *Standards for 24 hour mental healthcare in prisons.*

123 DH (2011) Good Practice Procedure Guide: the transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215648/dh_125768.pdf

process that should take no longer than 14 days from identification of need to admission to inpatient care. [124]

Further information

DH (2011) Good Practice Procedure Guide: the transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215648/dh_125768.pdf
Independent Advisory Panel on Deaths in Custody: http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

Standard 2.4:
Women in prison who have been identified with a mental health illness should have their own written care plan.

Description

Women in prison identified with mental health illness should have their own written care plan, given to them and implemented in discussion with them. For women identified as at risk of suicide or self-harm, they must be managed using the Assessment, Care in Custody and Teamwork (ACCT) procedures, which will include a written care plan.

Rationale

This principle is in line with the *National Service Framework for Mental Health* and the *Standards for Prison Mental Health Services*, both of which specify the need for all service users to have their own written care plan, which is given to them and implemented in discussion with them.

This principle also links to the *Health and Justice Indicators of Performance* dataset, which two performance indicators relating to written care plans[125]:

- the % of patients placed in Care and Separation unit, who receive a care plan within 24 hours – of those who require it

124 DH (2011) Good Practice Procedure Guide: the transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215648/dh_125768.pdf
125 NHS England, PHE, NOMS (2017) Health and Justice Indicators of Performance (HJIPs): Adult Secure Estate User Guide 2017-18 v1.6 [unpublished]

- the % of patients on constant supervision, initiated on Clinical advice, that received a Mental Health assessment and care plan within 24 hours of the notification of the constant supervision starting

Further information

DH (1999) *National Service Framework: mental health:* https://www.gov.uk/government/publications/quality-standards-for-mental-health-services
Royal College of Psychiatrists Centre for Quality Improvement (2015) *Standards for Prison Mental Health Services: Quality Network for Prison Mental Health Services:* http://www.rcpsych.ac.uk/pdf/Standards%20for%20Prison%20Mental%20Health%20Services%20Publication1.pdf
Prison Service Instructions - 2011-64 - Management of prisoners at risk of harm to self, to others and from others (Safer Custody): https://www.justice.gov.uk/offenders/psis/prison-service-instructions-2011

Standard 2.5

Services should be in place in all areas to ensure that women in contact with the police and courts with mental health needs are identified and diverted away from custody if required.

Description

The Bradley Report[126] emphasised the importance of mental health and social care services being involved at every stage of criminal justice; from before arrest, through prosecution and the courts, to continued treatment and support after release from prison. The review makes recommendations for each stage and these need to have been implemented. Liaison and diversion services are available in some areas of England to ensure that women who have mental health needs are identified when they first come into contact with the criminal justice system, so that they can be supported through the process, referred to appropriate health and social care or diverted away from the criminal justice system into a more appropriate setting, if required.[127]

126 https://www.rcpsych.ac.uk/pdf/Bradley%20Report11.pdf
127 NHS England. *About liaison and diversion:* https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/about/

Rationale

This principle is in line with a current programme of activity which is aimed at rolling out liaison and diversion services in police custody suites and criminal courts across England. The current aim is for NHS England liaison and diversion services to reach 75% population coverage by 2018.[128] Research shows there is a clear association between near-lethal self-harm and mental disorders[129]. This emphasises the importance of screening for mental disorder, as well as specifically for suicidality – ideally as early as possible in the criminal justice pathway, to enable diversion from custody of offenders with severe mental illness to alternatives such as community sentences, secure hospitals, or treatment orders[130]. It is essential to carry out a comprehensive triage and assessment process when offenders first come into contact with the police, with support from specialist mental health services, to identify serious psychiatric disorders.[131,132] The Independent Advisory Panel on Deaths in Custody made a recommendation to ensure adequate information is provided to the courts including reports covering mental health need, vulnerability and safeguarding concerns and also to roll-out liaison and diversion services across police stations and courts[133].

An independent review into the deaths of women in custody recommends that liaison and diversion services are rolled out across police stations and courts.[134]

The Bradley Report, which conducted a review of people with mental health problems or learning disabilities in the criminal justice system in 2009, recommended that all policy custody suites should have access to liaison and diversion services

128 DH (2016) *Increased mental health services for those arrested:* https://www.gov.uk/government/news/increased-mental-health-services-for-those-arrested
129 Ibid
130 Ibid
131 Reducing suicides in New York State correctional facilities. Kovasznay B, Miraglia R, Beer R, Way B. Psychiatr Q. 2004 Spring; 75(1):61-70.
132 Lord Bradley's review of people with mental health or learning disabilities in the criminal justice system in England: All not equal in the eyes of the law? Brooker C, Gojkovic D, Sirdifield C, Fox C Int J Prison Health. 2009; 5(3):171-5.
133 http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/11/Women-evidence-collection-v-0.3.pdf
134 Independent Advisory Panel on Deaths in Custody: http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

which provide improved screening, identification of issues, information to police and prosecutors and relevant signposting to health and social care services where appropriate.[135]

The Corston Report, which is a review of women with particular vulnerabilities in the criminal justice system, also made reference to Liaison and Diversion schemes. It stated that all magistrates' courts, police stations, prisons and probation officers should have access to a court diversion/Criminal Justice Liaison and Diversion Scheme, in order to access timely psychiatric assessment for women in prison suspected of having a mental disorder. The report specifies that these schemes should be integrated into mainstream services and have access to mental health care provision.

A programme of work by the Prison Reform Trust similarly recommends effective comprehensive court diversion schemes as an integral part of core local psychiatric provision, so that people in prison who are acutely ill or at risk of suicide are treated in mental health services,[136] which is supported by other studies.[137]

Further information

https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/
Home Office (2007) The Corston Report: http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf
The Bradley Report (2009): http://webarchive.nationalarchives.gov.uk/20130105193845/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf
Independent Advisory Panel on Deaths in Custody: http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

135 Fox S. Home Office. Liaison and diversion: healthcare in police custody suites: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118064/dip-psl11-diversion.pdf
136 Rickford D. (2003) Troubled inside: responding to the mental health needs of women in prison. London: Prison Reform Trust, 2003
137 Butler P, Kousoulou D. (2006) Justice for women. *Mental health today;* 23-26

Standard 2.6

Prior to their release from prison, women receiving treatment for mental ill health should be referred into community services.

Description	Prior to release from prison, women requiring continued care and follow up support for mental health conditions and who provide consent should be referred into community services to ensure continuity of care through the gate. This should include provision of prescribed medicines for mental health purposes, with sufficient doses provided to ensure continuity of care. [See principle 1.4]
Rationale	Appropriate treatment and service referrals should be made when women are discharged from prison.[138] This principle is supported by the standards identified by the Royal College of Psychiatrists, which specify referrals to community mental health services to be made for those patients who require continued care and follow-up support following release.[139]
Further information	Royal College of Psychiatrists Centre for Quality Improvement (2015) *Standards for Prison Mental Health Services: Quality Network for Prison Mental Health Services:* http://www.rcpsych.ac.uk/pdf/Standards%20for%20Prison%20Mental%20Health%20Services%20Publication1.pdf NHS (1999) *National Service Framework: mental health:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf

138 Singer MI, Bussey J, Song LY, Lunghofer L. (1995) The psychosocial issues of women serving time in jail. *Soc Work;* 40(1):103-13

139 NHS (1999) National Service Framework: mental health. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf

Standard 2.7
Multidisciplinary staff training on improving mental health and wellbeing should be given to all staff.

Description

A healthy prison must foster effective communication between staff, women prisoners and their families and encourage and enable women to talk. Women in prison must be given the time, space and opportunity to talk to others in confidence about their mental wellbeing.[140]

In order to achieve this, mental health awareness and wellbeing training should be given to all prison officers and prison healthcare staff,[141] including increased understanding of trauma-informed care and the link between trauma and mental health.

All staff members should be made aware of their potential roles in promoting prisoners' health and should be trained and supported in these roles.[142] Relationships between staff and women prisoners are key. Women need to feel supported, cared for and able to confide in and trust staff. Prisons should be enabling environments, striving to be a psychologically informed environment with an emphasis on the quality of relationships.[143] Staff need to be adequately supported and supervised.

Rationale

This principle is in line with the UN Bangkok Rules for the treatment of women prisoners, which states that prison staff shall be trained to detect mental health-care needs and risk of self-harm and suicide among women prisoners and to offer assistance by providing support and referring such cases to specialists.

There is considerable evidence highlighting the need to ensure mental health training across multidisciplinary teams

140 The Howard League for Penal Reform (2016) *Preventing prison suicide:* http://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf
141 Prisons and Probation Ombudsman (2016) Prisoner mental health: http://www.ppo.gov.uk/wp-content/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf#
142 Møller L, Gatherer A, Jürgens R, Stöver H, Nikogosian H. Health in prisons: a WHO guide to the essentials in prison health. WHO Regional Office Europe; 2007
143 Howard League for Penal Reform Report 2016. Preventing suicide:: http://howardleague.org/wp-content/uploads/2016/05/Preventing-prison-suicide.pdf

and calling for better training, awareness and understanding of mental health issues among prison staff.[144,145,146,147,148,149,150] Rickford et al.[151] highlight the need to provide more focused training to enable prison staff to recognise objective risk factors and to talk with and listen to distressed women rather than isolate and observe them. He argues for training of staff in multidisciplinary and therapeutic approach to suicide prevention. The WHO also highlight the essential role properly trained correctional staff have in suicide prevention programmes.[152]

Further information

UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

Prisons and Probation Ombudsman (2017) Learning lessons bulletin: Self-inflicted deaths among female prisoners: https://s3-eu-west-2.amazonaws.com/ppo-dev-storage-4dvljl6iqfyh/uploads/2017/03/PPO_Learning-Lessons-Bulletin_Self-inflicted-deaths-among-female-prisoners_WEB.pdf

Prisons and Probation Ombudsman (2016) Prisoner mental health: http://www.ppo.gov.uk/wp-content/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf#

144 Butler P, Kousoulou D. (2006) Justice for women. *Mental health today;* 23-26

145 Marzano L., Ciclitira K., & Adler J. (2012). The impact of prison staff responses on self-harming behaviours: Prisoners' perspectives. *The British Journal of Clinical Psychology/the British Psychological Society*, (1), 4–18

146 Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. *Journal of Forensic Psychiatry & Psychology*, (6), 863–884. 10.1080/14789949.2011.617465

147 Fazel S, Hayes AJ, Bartellas K, Clerici M, Trestman R. (2016) Mental health of prisoners: prevalence, adverse outcomes, and interventions. Lancet Psychiatry; 3(9):871-81

148 Independent Advisory Panel on Deaths in Custody: http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

149 Prisons and Probation Ombudsman (2015) Risk factors in self-inflicted deaths in prisons: http://www.ppo.gov.uk/wp-content/uploads/2014/07/Risk_thematic_final_web.pdf#view=FitH

150 Prisons and Probation Ombudsman (2016) Prisoner mental health: http://www.ppo.gov.uk/wp-content/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf#

151 Rickford D. (2003) Troubled inside: responding to the mental health needs of women in prison. London: Prison Reform Trust, 2003

152 Møller L, Gatherer A, Jürgens R, Stöver H, Nikogosian H. Health in prisons: a WHO guide to the essentials in prison health. WHO Regional Office Europe; 2007

Standard 2.8

The built environment of prisons should enable recovery and promote good mental health and wellbeing.

Description

The natural and built environment can have a profound impact on psychological wellbeing. It is beneficial to create an environment which is safe, therapeutic and aims to promote wellbeing among women prisoners and staff. There is strong evidence that safer cells with the removal of ligature points contribute to a reduction in suicide. Safer cells are designed not only to minimise ligature points, but also to create a more normalising environment.[153].[154] This should include consideration of building architecture, building design (eg colour, furniture and light), design of the external grounds and creation of a suicide-safe environment, such as ensuring cells or dormitory have eliminated or minimised ligature points (eg hanging points and unsupervised access to lethal materials).

Rationale

The removal of the means of suicide is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention. Most prisoners commit suicide by hanging, using bedding, shoelaces or clothing. The removal of ligature points in particular therefore is frequently highlighted as an important approach to addressing suicide in prison.[155,156] The physical and social environments of a prison play an important role in determining the health and wellbeing of prisoners. A range of factors have a negative effect on mental health including overcrowding, violence, enforced solitude, lack of privacy, lack of meaningful activity, isolation from social networks and insecurity about future prospects. The increased risk of suicide is one common manifestation of the cumulative impact of these factors.[157] Several studies, for

153 Konrad N, Daigle MS, Daniel AE, Dear GE, Frottier P et al (2007). Preventing suicide in prisons, part I: recommendations from the International Association for Suicide Prevention Task Force on Suicide in Prisons. *Crisis*: 28(3):113-21.

154 National Offender Management Service. Management of prisoners at risk of harm to self, to others and from others (Safer Custody) PSI 64/2011. 201, 2012.

155 Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

156 Gunnell D, Bennewith O, Hawton K, Simkin S, Kapur N. (2005) The epidemiology and prevention of suicide by hanging: a systematic review. *International Journal of Epidemiology;* 34(2):433-442

157 Baybutt M and Chemlal K. (2015) Health-promoting prisons: theory to practice. *Global health promotion.* 23(1): 66-74

example, have identified single cell accommodation as associated with self-harm and suicide, highlighting isolation and solitude as a risk factor.[158,159]

Prison designs that meet minimum standards for health and wellbeing of prisoners are also more likely to facilitate the rehabilitation of prisoners[160]. Research completed by the King's Fund relating to healing and the built environment emphasises:[161]

- the need to have contact with nature, eg access to gardens and raised flower beds
- the importance of natural light
- the need for a domestic rather than institutional feel
- the configuration of furniture, eg chairs in small clusters
- the need for quiet spaces for consultation with nurses/staff
- rooms available for therapies

HMIP expectations for assessing the treatment of and conditions of women in prison state that women live in a safe, clean and decent environment which is in a good state of and repair fit for purpose.[162]

Further information

Prison Service Order 4800 – women prisoners
https://www.justice.gov.uk/offenders/psos
The King's Fund. Principles of Hospital Design: https://www.kingsfund.org.uk/sites/files/kf/principle-hospice-design-kings-fund-princes-trust-2012.pdf
Watson R, Stimpson A, Hostick T. (2004) Prison health care: a review of the literature. *Int J Nurs Stud;* 41(2):119-28

158 Marzano L, Hawton K, Rivlin A, Fazel S. (2011) Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. *Soc Sci Med;* 72(6):874-83
159 Snow L, Paton J, Oram C, Teers R. (2002) Self-inflicted deaths during 2001: An analysis of trends. *British Journal of Forensic Practice;* 4(4):3-17
160 Awofeso N. Disciplinary architecture: Prison design and prisoners' health. Hektoen International: A Journal of Medical Humanities. 2011;3(1).
161 The King's Fund. Principles of Hospital Design: https://www.kingsfund.org.uk/sites/files/kf/principle-hospice-design-kings-fund-princes-trust-2012.pdf
162 HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf
Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

Prevention of self-harm and suicide standards

Standard 2.9
A whole prison multi-disciplinary and cross-organisational approach is needed to prevent suicide in prison.

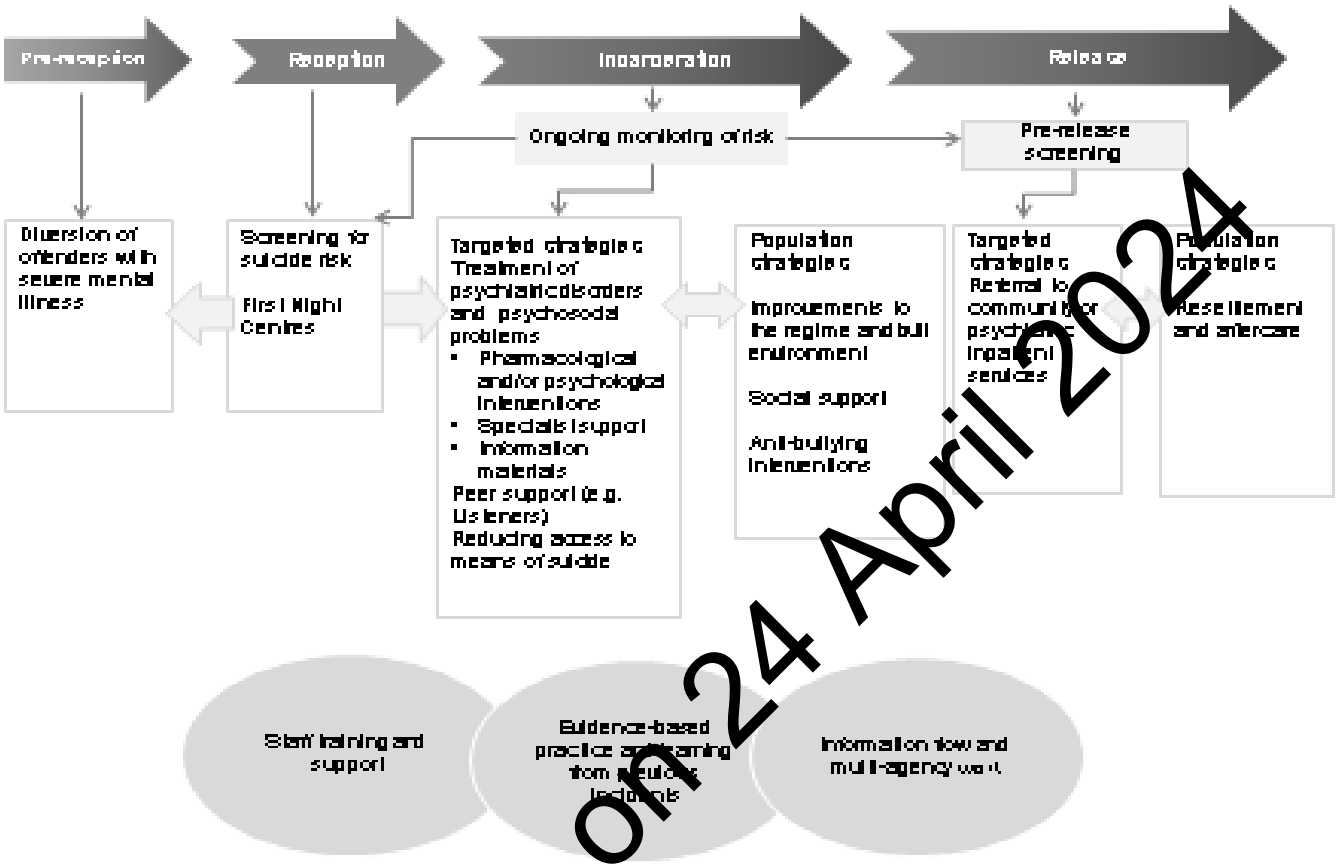
Description

The prevention of suicide in female prisons needs to be led by the governor and focus on the whole prison environment, promoting the mental and physical health and wellbeing of all prisoners. It needs to be 'everybody's business'.

There needs to be effective multi agency working with "throughcare," and community linkage (during and after imprisonment) supported by good communication and information flow between staff. [163,164]. There needs to be a multi-stakeholder group within the prison, with representation from all sectors, such as healthcare, regime side, education, gym, and safer custody staff. This group needs strategic oversight and needs to develop and implement a whole prison approach to preventing suicide in prison. This group should have responsibility for developing a suicide prevention strategy and action plan which also links to the wider community suicide prevention strategy. This group need to perform audits, review and evaluate local initiatives and monitor the impact of the action plan.

163 Ibid
164 Preventing suicide in prison: a collaborative responsibility of administrative, custodial, and clinical staff. Daniel AEJ Am Acad Psychiatry Law. 2006; 34(2):165-75.

The diagram below provides a framework for a whole pathway approach to preventing suicide in prison[165].



Rationale

In England and Wales, in female prisoners, rate ratios of suicide are 20 times higher than in the general population[166]. Research shows that factors associated with prisoners' suicide attempts include potentially modifiable clinical, psychosocial and environmental factors. Strategies to reduce self-harm and suicide in prisoners should therefore include attention to these factors.[167] Research identified multiple risk factors and vulnerabilities of prisoners making near-lethal attempts. This would suggest that no single intervention or

165 Marzano, Lisa et al. "Prevention of Suicidal Behaviour in Prisons: An Overview of Initiatives Based on a Systematic Review of Research on Near-Lethal Suicide Attempts." *Crisis* 37.5 (2016): 323–334. *PMC*. Web. 5 Dec. 2017

166 Fazel, S, Ramesh T, Hawton K. Suicide in prisons: an international study of prevalence and contributory factors. Lancet Psychiatru, 4 (2017) PP.946-952.

167 Marzano, Lisa et al. "Prevention of Suicidal Behaviour in Prisons: An Overview of Initiatives Based on a Systematic Review of Research on Near-Lethal Suicide Attempts." *Crisis* 37.5 (2016): 323–334. *PMC*. Web. 5 Dec. 2017

approach is likely to be effective on its own. The existing evidence points to the importance of two main areas for intervention: (a) treatment and management of psychiatric disorders and psychosocial problems, and (b) changes to the prison regime and environment.[168]

Further information http://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf

Targeted approach

Standard 2.10

On the first night in custody there should be a timely assessment of risk factors for suicide for all women.

Description All relevant risk factors should be systematically assessed and referred to relevant services as quickly as possible. The risk of suicide is heightened in the early period of custody and therefore high quality screening is essential, which is then linked to referral to treatment.[169,170]

Rationale Screening is an important part of a comprehensive suicide prevention policy because it can identify high risk groups who might benefit from specific interventions[171] (eg, treatment for underlying mental health problems) and may reduce suicide risk.[172,173]

168 Ibid
169 Fairweather, C. B. (1999) Punishment first verdict later: A review of conditions for remand prisoners in Scotland at the end of the 20th century. Edinburgh, UK: Scottish Executive.
170 Offender Health Research Network (OHRN). (2008) An evaluation of the reception screening process used within prisons in England and Wales. Manchester, UK: Author
171 Marzano, Lisa et al. "Prevention of Suicidal Behaviour in Prisons: An Overview of Initiatives Based on a Systematic Review of Research on Near-Lethal Suicide Attempts." *Crisis* 37.5 (2016): 323–334. *PMC*. Web. 5 Dec. 2017.
171 Ibid
172 Preventing suicide in prisons, part I. Recommendations from the International Association for Suicide Prevention Task Force on Suicide in Prisons.
Konrad N, Daigle MS, Daniel AE, Dear GE, Frottier P, Hayes LM, Kerkhof A, Liebling A, Sarchiapone M, International Association for Suicide Prevention Task Force on Suicide in Prisons.
Crisis. 2007; 28(3):113-21.
173Mills J. F., & Kroner D. G. (2005). Screening for suicide risk factors in prison inmates: Evaluating the efficiency of the Depression, Hopelessness and Suicide Screening Form (DHS). Legal and Criminological Psychology

A systematic review of 34 studies showed that clinical factors have clear correlations with suicide in custody, including recent suicidal ideation, a history of previous self-harm and attempted suicide (in prison or outside) a current psychiatric diagnosis (especially psychosis and depression) and alcohol misuse; and screening on the basis of these associations should be considered[174]. Other risk factors include remand status (awaiting trial or sentencing), hopelessness, family history of suicide, poor social support, and having experienced the death of a partner or child[175] and violent offences. These need to be thoroughly assessed.[176]

The Independent Advisory Panel on Deaths in Custody made the recommendation that arrangements for the first night in custody needs to be improved.

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

Fazel S, Hayes AJ, Bartellas K, Clerici M, Trestman R. (2016) Mental health of prisoners: prevalence, adverse outcomes, and interventions. Lancet Psychiatry; 3(9):871-81

NICE Guidance [NG57] *Physical health of people in prison:* https://www.nice.org.uk/guidance/ng57/chapter/Recommendations#assessing-health

Standard 2.11

There should be repeated risk assessments after the first month of arrival in prison.

Description

Risk assessments should be carried out on a regular basis.

Rationale

A systematic review which made recommendations for suicide prevention highlighted that repeat risk assessments after the first month following prison arrival should also be

174 Fazel, S., Cartwright, J., Norman-Nott, A., & Hawton, K. (2008). Suicide in prisoners: a systematic review of risk factors. *J Clin Psychiatry*, *69*(11), 1721-31

175 Marzano L, Hawton K, Rivlin A, Smith EN, Piper M et al. (2016) Prevention of suicidal behaviour in prisons. *Crisis*; 37(5):323-334

176 Fazel S, Baillargeon J. (2011) The health of prisoners. *Lancet;* 377(9769):956-65

considered. The studies showed that the first month in prison is a time of high risk for suicide. However with three-quarters of men and women who had experienced near-fatal self-harm in the studies had carried out their attempts over a month after their first reception into custody.[177,178,179]

As this is a period of high risk it is recommended that a reassessment is considered when there are changes in prisoners' circumstances[180.] This may include transfer to a different establishment[181,182] release from custody, [183,184] and other significant life events, which may not necessarily be prison-related (eg, bereavement, breakdown of relationship.[185,186,187,188]

The IAP recommended that transfers between prisons should have Conduct transfers in a longer-term planned manner, with more information provided to the women being moved, (IAP) with a standard form/template developed for handover and information regarding risk of suicide and self-harm. They were clear that transfers are one of the leading causes of stress in women's prisons as they are often done at short notice with limited information provided about the prison the affected women are sent to.

177 Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Marzano L, Hawton K, Rivlin A, Fazel S Soc Sci Med. 2011 Mar; 72(6):874-83.
178 Rivlin A., Marzano L., Hawton K., & Fazel S. (2012). Impact on prisoners of participating in research interviews related to near-lethal suicide attempts. Journal of Affective Disorders, (1–2), 54–62.
179 Jenny Shaw, Denise Baker, Isabelle M. Hunt, Anne Moloney, Louis Appleby. The British Journal of Psychiatry Feb 2004, 184 (3) 263-267
180 Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. Journal of Forensic Psychiatry & Psychology, (6), 863–884
181 Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Marzano L, Hawton K, Rivlin A, Fazel SSoc Sci Med. 2011 Mar; 72(6):874-83.
182 Psychosocial characteristics and social networks of suicidal prisoners: towards a model of suicidal behaviour in detention. Rivlin A, Hawton K, Marzano L, Fazel SPLoS One. 2013; 8(7):e68944.
183 Suicide in recently released prisoners: a population-based cohort study.Pratt D, Piper M, Appleby L, Webb R, Shaw J Lancet. 2006 Jul 8; 368(9530):119-23.
184 All-cause and external mortality in released prisoners: systematic review and meta-analysis. Zlodre J, Fazel SAm J Public Health. 2012 Dec; 102(12):e67-75.
185 Borrill J., Snow L., Medlicott D., Teers R., & Paton J. (2005). Learning from near misses: Interviews with women who survived an incident of severe self-harm. *Howard League Journal*, , 57–69. [Ref list]
186 Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. Journal of Forensic Psychiatry & Psychology, (6), 863–884.
187 Rivlin A., Fazel S., Marzano L., & Hawton K. (2011). The suicidal process in male prisoners making near-lethal suicide attempts. Psychology, Crime & Law, (4), 305–327
188 Suto I., & Arnaut G. L. Y. (2010). Suicide in prison: A qualitative study. The Prison Journal, (3), 288–312.

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. Journal of Forensic Psychiatry & Psychology, (6), 863–884

Standard 2.12

Women in prison who have self-harmed more than 5 times in the past year should be identified and given medical and psychological treatment.

Description

Evidence shows that self-harmers who have self-harmed more than five times while in prison have a higher risk of suicide. As part of the prison suicide prevention strategy women who have a history of self-harm should be identified at reception and asked about episodes of self-harm. Women who have experienced more than five self-harm incidents in the past year in prison, should be considered high risk and referred for treatment and given extra support.

Rationale

A systematic review found that 50% of people who die by suicide have history of self-harm, which increases the odds of suicide in custody between six and eleven times (Fazel et al 2009). The evidence shows that self-harm in prison is clearly a risk factor for suicide in prison (Hawton et al 2013).The annual rate of self-harm by women in prison is estimated to be 20-24% compared to a rate of 0.6% in the community (Bebbington et al 2000)(Hawton et al 2013). It is ten times higher in female prisoners than male prisoners.

In both sexes self-harm is associated with:

- younger age
- white ethnic origin
- prison type
- life sentence or unsentenced

In female prisoners a history of committing a violent offence or being placed in a local prison increased the risk of self-harm.

A history of more than five self-harm incidents within a year increased risk of suicide. Risk factors for suicide are outlined in principle 7.11.

Further information

Humber N, Hayes A, Senior J, Fahy T, Shaw J. Identifying, monitoring and managing prisoners at risk of self-harm/suicide in England and Wales. *J Forensic Psychiatry Psychol* 2011; 22: 22–51. DOI:10.1080/14789949.2010.518245

Marzano L, Fazel S, Rivlin A, Hawton K. Psychiatric disorders in women prisoners who have engaged in near-lethal self-harm: case-control study. *Br J Psychiatry* 2010; 197: 219–26.

Marzano L, Hawton K, Rivlin A, Fazel S. Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. *Soc Sci Med* 2011; 72: 874–83.

Rivlin A, Hawton K, Marzano L, Fazel S. Psychosocial characteristics and social networks of suicidal prisoners: towards a model of suicidal behaviour in detention. *PLoS One* 2013; 8:

Fazel S, Grann M, Kling B, Hawton K. Prison suicide in 12 countries: an ecological study of 861 suicides during 2003–2007. *Soc Psychiatry Psychiatr Epidemiol* 2011; 46: 191–95

Fazel S, Cartwright J, Norman-Nott A, Hawton K. Suicide in prisoners: a systematic review of risk factors. *J Clin Psychiatry* 2008; 69: 1721–31.

Standard 2.13

Women suffering from treatable mental disorders should have access to treatment.

Description

There should be a programme of referral to professional and peer support to women who have been identified as suffering from treatable mental disorders.

Rationale

Research shows that offenders present a higher prevalence of PTSD and associated symptoms when compared with the

general population[189]. Prisoners who had engaged in near lethal self-harm were significantly more likely than controls to have suffered sexual, physical or emotional abuse, with over 60% having experienced all three forms of abuse.[190]

It is important to focus on treating conditions such as depression and psychosis, where there is a strong evidence base for effective interventions.

The IAP has recommended developing a a gender-aware and trauma-informed environment in all women's prisons including staff training on the impact of separation and loss, and awareness of perinatal mental health and support for women at risk.

.

Therapeutic interventions aimed at reducing hopelessness and impulsive behaviours should be considered (accredited psychosocial interventions, mostly including cognitive-behavioural and problem-solving elements).

Further research is needed to support developing the evidence base on effective treatment for trauma in a prison setting.

Further information

UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

NICE guidelines (update 2012): Post-traumatic stress disorder: the management of PTSD in adults and children in primary and secondary care. https://www.nice.org.uk/guidance/CG26

http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/posttraumaticstressdisorder.aspx

189 Wright L, Borrill R, Teers R, Cassidy T. The mental health consequences of dealing with self-inflicted death in custody. Counselling Psychology Quarterly. 2006;**19**(2):165–180.

190 L Marzano, K Hawton, A Rivlin, S Faze l Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Soc Sci Med, 72 (2011), pp. 874-883

Standard 2.14

Women in prison should be assessed and treated for drug and alcohol use disorders if they have mental illness.

Description Women should be assessed for co-morbidities and referred for treatment.

Rationale It is known that comorbidity greatly increases risk of suicide in community settings.[191] Evidence shows that it is important to have specialist psychiatric and dual diagnosis service input into all prisons[192] (as well as improved access to psychological therapies in prisons and prison-specific mental health and treatment guidelines. In addition, recent research has shown that opiate-substitution therapy for opioid-dependent inmates may significantly contribute to reducing the risk of unnatural death in prisoners.[193,194.] It is essential to address the comorbidity of psychiatric disorders in prisoners making near-lethal suicide attempts, especially depression or PTSD with substance misuse and antisocial personality disorder.[195]

Further information Opioid substitution therapy as a strategy to reduce deaths in prison: retrospective cohort study. Larney S, Gisev N, Farrell M, Dobbins T, Burns L, Gibson A, Kimber J, Degenhardt L BMJ Open. 2014 Apr 2; 4(4).
Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. Journal of Forensic Psychiatry & Psychology, (6), 863–884

191Mental disorders and suicide in Northern Ireland. Foster T, Gillespie K, McClelland R. Br J Psychiatry. 1997 May; 170():447-52

192The relevance of suicidal behaviour in jail and prison suicides. Fruehwald S, Frottier P, Matschnig T, Eher R Eur Psychiatry. 2003 Jun; 18(4):161-5.

193 Opioid substitution therapy as a strategy to reduce deaths in prison: retrospective cohort study.
Larney S, Gisev N, Farrell M, Dobbins T, Burns L, Gibson A, Kimber J, Degenhardt L BMJ Open. 2014 Apr 2; 4(4):

194 Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. Journal of Forensic Psychiatry & Psychology, (6), 863–884

195 Ibid

Standard 2.15
The ACCT process should be consistently implemented across all female prisons.

Description

Women in prison identified as at risk of suicide or self-harm should be managed using the Assessment, Care in Custody and Teamwork (ACCT) procedures.

Sharing of information
If a risk is identified by a healthcare professional or discipline staff, the level of risk should be needs to be shared in a timely way between staff groups (including non-healthcare staff) and risk information should between healthcare staff (eg substance misuse, mental health staff and other health professionals) and a plan put in place to address this risk, as per Assessment, Care in Custody and Teamwork (ACCT) procedures, which should be used to manage prisoner identified as at risk of suicide or self-harm.

Multidisciplinary teams
Case reviews should be multidisciplinary with a consistent case manager and which include all relevant people involved in a prisoner's care, as per Assessment, Care in Custody and teamwork (ACCT) procedures. Support should be provided by a multidisciplinary team including representatives from the substance misuse team (if relevant), mental health, health care and discipline.

Standardised training
Case managers need to be trained in the identification of risk (includes both risk to the individual and to others) and the relationship between trauma, suicide and self-harm. They should have the ability to identify when these risks escalate and need further action. This principle supports the Assessment, Care in Custody and teamwork (ACCT) process It is important that there is a clear understanding of the criteria for standing down an ACCT, who makes the decision and who is involved. A clear strategy should be formulated as part of the multidisciplinary team plan.

Rationale

Research shows that although suicide risk appears to be correctly identified in almost all women prisoners who made

near-lethal suicide attempts in one study[196], successful management of health needs depends not only on their identification, but also on what actions are put in place as a result of positive responses[197.] Research also highlights that management of prisoners based on mental health screening at reception was highly variable.[198]

A systematic training approach is needed to ensure ACCT managers have a clear of their role and the ACCT process.

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

Fazel S, Hayes AJ, Bartellas K, Clerici M, Trestman R. (2016) Mental health of prisoners: prevalence, adverse outcomes, and interventions. Lancet Psychiatry; 3(9):871-81

NICE Guidance [NG57] *Physical health of people in prison:* https://www.nice.org.uk/guidance/ng57/chapter/Recommendations#assessing-health

Rickford D. (2003) Troubled inside: responding to the mental health needs of women in prison. London: Prison Reform Trust, 2003

Prisons and Probation Ombudsman (2017) Learning lessons bulletin: Self-inflicted deaths among female prisoners: https://s3-eu-west-2.amazonaws.com/ppo-dev-storage-4dvljl6igfyh/uploads/2017/03/PPO-Learning-Lessons-Bulletin_Self-inflicted-deaths-among-female-prisoners_WEB.pdf

Prisons and Probation Ombudsman (2016) Prisoner mental health: http://www.ppo.gov.uk/wp-content/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf#

196 Psychiatric disorders in women prisoners who have engaged in near-lethal self-harm: case-control study. Marzano L, Fazel S, Rivlin A, Hawton K. Br J Psychiatry. 2010 Sep; 197(3):219-26.

197 Adrian Hayes, Jane Senior, Tom Fahy & Jenny Shaw (2014) Actions taken in response to mental health screening at reception into prison, The Journal of Forensic Psychiatry & Psychology, 25:4, 371-379, DOI: 10.1080/14789949.2014.911947

198 Ibid

Environmental approaches

Standard 2.16
The prison should provide a supportive environment to eliminate suicides in prison.

Description

The prison needs to ensure the prison suicide prevention strategy includes all of the environmental approaches set out below. It should be a multi-pronged approach involving all staff members.

Rationale

An essential aspect of suicide prevent is reducing the access to the means of suicide[199,200]. Removing all ligature points, as hanging is the most common form of suicide, [201] and ensuring that cells are safe and that medications and any other potentially hazardous material are stored securely. The IAP recommended the improvement of the physical environment and removal of ligature points from women's cells/rooms.

There are several environmental factors which the evidence highlights, which need to be addressed, such as bullying and social isolation. The evidence suggests interventions which promote purposeful activity[202,203] anti-bullying interventions[204] the use of shared accommodation[205,] buddies or listeners, telephone helplines, facilitating family contact and involvement of family in the risk management process, first night centres and specialised units for the safe treatment and management of prisoners who are substance dependent[206].

199 L Marzano, K Hawton, A Rivlin, S Faze l Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Soc Sci Med, 72 (2011), pp. 874-883
200 Jenny Shaw, Denise Baker, Isabelle M. Hunt, Anne Moloney, Louis Appleby. The British Journal of Psychiatry Feb 2004, 184 (3) 263-267
201 Ibid
202 An ecological study of factors associated with rates of self-inflicted death in prisons in England and Wales.Leese M, Thomas S, Snow L. Int J Law Psychiatry. 2006 Sep-Oct; 29(5):355-60.
203L Marzano, K Hawton, A Rivlin, S Faze l Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Soc Sci Med, 72 (2011), pp. 874-883
204 Ireland J. (2002). Bullying among prisoners: Evidence, research and intervention strategies. London, UK: Brunner-Routledge
205 L Marzano, K Hawton, A Rivlin, S Faze l Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Soc Sci Med, 72 (2011), pp. 874-883
206 Marzano L., Fazel S., Rivlin A., & Hawton K. (2011). Near-lethal self-harm in women prisoners: Contributing factors and psychological processes. Journal of Forensic Psychiatry & Psychology, (6), 863–884

The IAP on Deaths in Custody particularly recommended:

- encourage and support self-help groups and peer support, in particular sustaining a team of Samaritan Listeners and Insiders
- provide mandatory mental health awareness training for staff and establish a system of staff support and supervision
- enable and support women to maintain family contact
- provide counselling services to all women prisoners
- each women's prison should employ a counsellor with placements for trainees routinely, and a national lead for counselling services should be instituted[207]
- provide and make accessible to women in prison the 24 hour freephone National Domestic Violence Hotline, run in partnership between Woman's Aid and Refuge

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

http://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf

Standard 2.17

Women who may be at risk of suicide should be identified pre-release and given support to reintegrate into society.

Rationale

Research shows that during the first 12 months after release, prisoners are at a much greater risk of suicide than the general population[208]. The risk is particularly increased during the first 28 days, during which about a fifth of all suicides occurred[209]. There is a high rate ratio of suicides in released prisoners compared with the general population, with one study reporting an increase of 3-10 fold in suicide

207 Walker, T., et al. (2017). "The WORSHIP II study: a pilot of psychodynamic interpersonal therapy with women offenders who self-harm." The Journal of Forensic Psychiatry & Psychology 28(2): 158-171.
208 D. Pratt, M. Piper, L. Appleby, R. Webb, J. Shaw. Suicide in recently released prisoners: a population-based cohort study. Lancet, 368 (9530) (2006), pp. 119-123
209 Ibid

risk[210].

The early stages after release are daunting and prisoners often face exclusion by the communities to which they are returning, as well as mutually re-enforcing barriers[211]. It is therefore essential that there is a focus on preparing female offenders to be released before they leave prison and ensuring that services are available to support them in the community on release. Women leaving prison need to be:

- registered with a GP
- referred to the local community mental health team if mentally ill
- CPAs in all those who are mentally ill and have ongoing treatment before release, and invite CMHT representatives to attend

The IAP recommended that:

- local authorities are obliged to provide safe housing for women prisoners who would otherwise become homeless at the point of release[212]
- mental healthcare and treatment for addictions, if started in prison need to be continued on release
- social care support and mentoring on release is provided for women with learning disabilities or learning difficulties

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

L Marzano, K Hawton, A Rivlin, S Faze l Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. Soc Sci Med, 72 (2011), pp. 874-883

Pratt, M. Piper, L. Appleby, R. Webb, J. Shaw. Suicide in recently released prisoners: a population-based cohort study. Lancet, 368 (9530) (2006), pp. 119-123

210 Ibid
211 Ibid
212 Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

3. Substance misuse

Standard 3.1
Substance misuse programmes for women prisoners should be gender-responsive.

Description

Understanding the needs and recovery processes of women in prison is important to aid in the design of appropriate prison-based substance misuse treatment programs; this includes understanding the realities of women's lives, including their past as well as the relationships that shape their lives.[213]

Treatment programmes for substance misuse should be gender-responsive, which means they should consider the needs of women in all aspects of their design and delivery, including accessibility and availability, staffing, programme development, programme content and programme materials[214] (eg women-only services, giving attention to pre-natal and child and family contact, parenting skills, relationships, mental health problems and practical needs, experience of violence and abuse, promote strengths and resilience). Programmes should also address trauma [see Standards 3.2] and concurrent disorders. These approaches cover all women but pregnant and parenting women have unique needs that require approaches that are non-judgemental, comprehensive and co-ordinated. [See also section 6: pregnancy and families].

All substance misuse treatment delivered in custody should meet the standards laid out in the 2017 Drug misuse and dependence: UK guidelines on clinical management.[215]

Rationale

Research has shown that the pathways to drug use and

213 Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107
214 https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf
215 Clinical guidelines on Drug Misuse and Dependence Update 2017. Independent Expert Working Group (2017). Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

abuse are different for women and men. Successful treatment with women requires an understanding that there are differences between the experiences of men and women.[216]

Women are known to have distinct needs in relation to substance misuse treatment[217] and a gender-responsive approach to treatment programmes has therefore been identified in the literature as an important approach to improving treatment outcomes[218] and is supported by the United Nations.[219,220,221] Traditionally substance misuse treatment has focused on the needs of men, however it is argued that for women's addictions, programmes need to acknowledge the realities of women's lives, which include the high prevalence of violence and other types of abuse.[222] Gender-responsive programs are designed to provide a secure environment for women in prison to safely discuss histories of trauma, abuse, and addiction without fear of judgement.[223]

A study by Messina et al.[224] of female prisoners in the US looked at the impact of a gender responsive treatment programme on various outcomes (drug use, wellbeing and recidivism), concluding that gender-responsive drug treatment was likely to result in better outcomes in terms of both self-reported mental health and wellbeing and abstinence. The treatment programme was both theoretically based and trauma-informed; it included female counselling staff and peer mentors who were specially trained in the curricula, which included cognitive-behavioural approaches, mindfulness, meditation, experiential therapies (eg art

216 Covington S.S., Burke C., Keaton S., Norcott C. (2011) Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs;* 40(5):387-398
217 https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf
218 Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107
219 https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf
220 https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf
221 https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf
222 Covington S.S. (2011) Women and addiction: a trauma-informed approach. *Journal of Psychoactive Drugs;* 40(5):377-285
223 Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107
224 Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107

therapy and movement), psychoeducational, relational and expressive arts techniques. It was also modified to be a gender-specific environment, with only female treatment staff facilitating groups and counselling the women.

Further information

UNODC: https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf
UNODC The Bangkok Rules: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf
UNODC *Substance abuse treatment and care for women:* https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf
Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107
Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf

Standard 3.2

Substance misuse services should be trauma-informed and trauma responsive.

Description

As part of being gender-responsive [see Standard 3.1], all substance misuse services for women prisoners should be trauma-informed. Trauma-informed care encompass the following characteristics:[225]

- take the trauma into account
- avoid triggering trauma reactions and/or retraumatising the individual
- adjust the behaviour of counsellors, other staff, and the organisation to support the individual's coping capacity
- allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and

225 Harris, M., & Fallot, R.D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. In M. Harris & R.D. Fallot (Eds.), Using trauma theory to design service systems (pp. 3-22). San Francisco, CA: Jossey-Bass

benefit from the service
[Links to Overarching principle 2]

Rationale

There is a strong link between women experiencing trauma and substance misuse.[226] Women with substance use problems have higher rates than men of trauma and concurrent psychiatric disorders, (such as post-traumatic stress disorder).[227]

Traditionally substance misuse treatment has focused on the needs of men, however it is argued that for women's addictions, programmes need to acknowledge the realities of women's lives, which include the high prevalence of violence and other types of abuse.[228] Gender-responsive programs are designed to provide a secure environment for women in prison to safely discuss histories of trauma (see Standard 4.2), abuse, and addiction without fear of judgement.[229]

A study[230] of female prisoners in the US looked at the impact of a gender responsive treatment programme, which included a trauma-informed element, on various outcomes (drug use, wellbeing and recidivism), concluding that gender-responsive drug treatment was likely to result in better outcomes in terms of both self-reported mental health and wellbeing and abstinence (see Standard 4.1).

Another study[231] examining the use of two gender-responsive, trauma-informed curricula presented in a residential facility for women, 55% of whom had criminal histories, found that women who successfully completed the programmes reported less substance use, less depression and few trauma symptoms (eg anxiety, sleep disturbances).

226 Covington S.S., Burke C., Keaton S., Norcott C. (2011) Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs;* 40(5):387-398
227 UNODC *Substance abuse treatment and care for women:* https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf
228 Covington S.S. (2011) Women and addiction: a trauma-informed approach. *Journal of Psychoactive Drugs;* 40(5):377-285
229 Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107
230 Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107
231 Covington S.S., Burke C., Keaton S., Norcott C. (2011) Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs;* 40(5):387-398

Further information

UNODC *Substance abuse treatment and care for women:* https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf

Covington S.S., Burke C., Keaton S., Norcott C. (2011) Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs;* 40(5):387-398

Covington S.S. (2011) Women and addiction: a trauma-informed approach. *Journal of Psychoactive Drugs;* 40(5):377-285

Messina N., Grella C.E., Cartier J., Torres S. (2009) A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment;* 38 (2):97-107

Harris, M., & Fallot, R.D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. In M. Harris & R.D. Fallot (Eds.), Using trauma theory to design service systems (pp. 3-22). San Francisco, CA: Jossey-Bass

Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf for improved definition of trauma informed directly linked to drug and alcohol treatment

Standard 3.3

Women prisoners should have access to peer support and mutual aid while going through substance misuse treatment.

Description

Substance misuse treatment programmes in prisons should include a peer support element, to be offered to all women prisoners who are going through treatment. [See also Standards 1.7 and 3.6] Peer support can include education, knowledge, experience, emotional, social or practical help. Prisons should provide training in peer support and support to peer supporters.

Mutual aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of recovery. The most common mutual aid groups in England include 12-step fellowships and SMART Recovery. The fellowships (eg, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) and Al-Anon) are based on a 12-step self-help philosophy developed in the 1930s. SMART Recovery applies cognitive behavioural techniques and therapeutic lifestyle change to its mutual aid groups to help people manage their recovery. Active promotion and support of local mutual aid networks is essential to aid and support recovery[232].

Rationale

There is evidence to support the use of peer-led interventions for improving health in prison settings[233] and specific literature to support the use of peer support in addressing substance misuse issues[234], with the suggestion that among some groups, peers may be viewed as more credible, and women who use substances may find it easier to establish trust and discuss personal issues with peers.[235] The UN recommends building up support groups, including peer-led networks and interventions, as an approach to better understanding the environment relating to women substance users.[236]

Further information

UNODC *Substance abuse treatment and care for women:* https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf

South J., Bagnall A.M., Hulme C. et al. (2014) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. Southampton (UK): NIHR Journals Library.

232 Public Health England. A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid. (2013) http://www.nta.nhs.uk/uploads/mutualaid-briefing.pdf

233 South J., Bagnall A.M., Hulme C. et al. (2014) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. Southampton (UK): NIHR Journals Library. Health Services and Delivery Research, No.2.35

234 Kissman K., Torres O.A. (2004) Incarcerated mothers: mutual support groups aimed at reducing substance abuse relapse and recidivism. *Contemporary Family Therapy;* 26(2): 217-228

235 UNODC *Substance abuse treatment and care for women:* https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf

236 UNODC *Substance abuse treatment and care for women:* https://www.unodc.org/docs/treatment/Toolkits/Women_Treatment_Case_Studies_E.pdf

Health Services and Delivery Research, No.2.35
Kissman K., Torres O.A. (2004) Incarcerated mothers: mutual support groups aimed at reducing substance abuse relapse and recidivism. *Contemporary Family Therapy;* 26(2): 217-228
Public Health England. Improving mutual aid engagement professional development resource (2015). http://www.nta.nhs.uk/uploads/improving-mutual-aid-engagement-a-professional-development-resource-feb-2015.pdf
Public Health England. A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid. (2013) http://www.nta.nhs.uk/uploads/mutualaid-briefing.pdf

Standard 3.4

Women prisoners undergoing substance misuse treatment should have access to purposeful activity.

Description

Women prisoners undergoing substance misuse treatment should have access to purposeful activity. Purposeful activity encompasses various activities, including time spent at work (including work responsibilities within the prison such as prison farms and gardens), education, training, physical education, family visits and other activities such as offending behaviour programmes. This needs to be planned according to stages of recovery and be a full part of the treatment and care package.[237] [See also overarching principle 4]

Rationale

In a report on the inquiry into purposeful activity in prisons in Scotland, purposeful activities (such as educational, counselling, work or family contact) were identified as a fundamental element of a prisoner's rehabilitation process.[238] One of the biggest risks in terms of substance dependence treatment in the prison setting is drug and alcohol withdrawal, particularly in the first 28 days.[239] This is a particularly vulnerable time and women are at high risk of worsening

237 https://www.publications.parliament.uk/pa/cm200405/cmselect/cmhaff/193/193.pdf
238 http://www.parliament.scot/S4_JusticeCommittee/Reports/jur-13-05w.pdf
239 http://www.nta.nhs.uk/uploads/clinicalmanagementofdrugdependenceintheadultprisonsetting-incamendmentatpara7.7.pdf

mental health issues and destructive behaviours such as self-harm and suicide; provision of adequate purposeful activity when addressing drug treatment has been highlighted as a particularly important area of need.[240,241]

Further information

HM Inspectorate of Prisons (2015) Changing patterns of substance misuse in adult prisons and service responses: a thematic review
https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf
Scottish Parliament (2013) Justice Committee: Inquiry into purposeful activity in prisons (5th Report, 2013, session 4)
http://www.parliament.scot/S4_JusticeCommittee/Reports/jur-13-05w.pdf
DH (2006) Clinical management of drug dependence in the adult prison setting
http://www.nta.nhs.uk/uploads/clinicalmanagementofdrugdependenceintheadultprisonsetting-incamendmentatpara7.7.pdf

Smoking cessation

Standard 3.5
All women's prisons should be smokefree.

Description

All women's prisons have been smokefree since September 2017. This means that smoking is not allowed at all on site.

All women's prisons should have a smokefree project board which provides continued monitoring of the smokefree prison. The project board reports to the Regional Smoke Free Delivery Board.

All women's prisons should have a smokefree single point of contact responsible for the day to day co-ordination of the smokefree policy. All women's prisons should have governance arrangements in place for ongoing support to the smoke free prison environment, linking to the Prison Partnership Board and wider public health programmes.

240 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf
241 http://www.nta.nhs.uk/uploads/clinicalmanagementofdrugdependenceintheadultprisonsetting-incamendmentatpara7.7.pdf

Rationale

The harmful effects of smoking, both direct and through exposure to second-hand smoke, are well known[242],[243]. Women who are pregnant or who give birth while in prison are at increased risk of exposing their child to second hand smoke, putting them at risk of harm.[244]

Prisons have a duty of care to protect staff, women prisoners and visitors from the harmful effects of smoking. Air quality testing undertaken in ten prisons in 2015 indicated considerably high levels of exposure to second-hand smoke for both staff and women prisoners[245].

In May 2016 all prisons in Wales and four early adopter prisons in England became completely smokefree. All open prisons in England have been smoke free inside buildings since October 2017. The smoke free prisons programme has continued to be rolled out, with the final prisons in England becoming smoke free in April 2018.

Further information

[PHE (2015) Smoking in prisons: https://www.gov.uk/government/speeches/smoking-in-prisons

Standard 3.6

Women prisoners who smoke should receive appropriate support to comply with the SmokeFree environment, including access to a stop smoking service if desired.

Description

Women entering prison who smoke should be provided with the necessary support to ensure they are able to comply with the restrictions of a smokefree environment, even if they are not intending to stop smoking permanently. This should include access to nicotine replacement therapy (NRT), e-cigarettes and vaping devices; (see Standards 3.8 and 3.9), brief interventions and peer support (overarching principle 5).

[242] https://www.nhs.uk/smokefree/why-quit/smoking-health-problems

[243] http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

[244] Dumont DM, Parker DR, Viner-Brown S, Clarke JG. (2015) Incarceration and perinatal smoking: a missed public health opportunity. *J Epidemiol Community Health;* 69(7): 648-53

[245] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469654/SHS_in_Prisons_Final_Report_minus_Appendix.pdf

For those motivated to stop smoking permanently, stop smoking services should be made available. All healthcare providers are commissioned to provide stop smoking services for prisoners[246]. Stop smoking services should provide both pharmacological and behavioural support. Pharmacological support consists of NRTs, while behavioural support consists of advice giving, discussion and exercises delivered face to face, on an individual or group basis, weekly for at least six weeks.

Women who are pregnant or who have young children should be prioritised to receive stop smoking services.

Women taking regular medication should be reviewed and drug doses adjusted if appropriate in relation to the effect of stopping smoking on drug metabolism, and potential interactions with NRTs.

Stop smoking practitioners and health professionals should provide behavioural support to smokers who want to use an e-cigarette to help them quit smoking. It is not recommended that NRT is provided to women who are using e-cigarettes/vaping devices.

Women should be offered specific support for preventing weight gain while stopping smoking.

Stop smoking services should undertake equality audits to ensure the needs of Black, Asian and minority ethnic (BAME) prisoners are being met.

Rationale

The prison environment provides unique stressors and drivers for smoking behaviours and requires a tailored approach to smoking cessation[247].

There is evidence to suggest that women who stop smoking in prison are at risk of gaining weight and so integrating physical activity and nutritional interventions as part of stop smoking programmes is important to mitigate this risk[248] [249].

[246] https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-29.pdf

[247] Richmond R, Butler T, Wilhelm K, Wodak A, Cunningham M, Anderson I. (2009) Tobacco in prisons: a focus group study. *Tob Control;* 18(3):176-82

[248] Cropsey KL, McClure LA, Jackson DO, Villalobos GC, Weaver MF, Stitzer ML. (2010) The impact of quitting smoking on weight among women prisoners participating in a smoking cessation intervention. *Am J Public Health;* 100(8):1442-8

[249] Drach LL, Maher JE, Braun MJ, Murray SL, Sazie E. (2016) Substance Use, Disordered Eating, and Weight Gain: Describing the Prevention and Treatment Needs of Incarcerated Women. *J Correct Health Care;* 22(2):139-45

BAME groups are less likely to engage in smoking cessation programmes and less likely to have continued abstinence from smoking post intervention[250].

The minimum offer and support for stop smoking in custody defines the minimum service offer for smoking cessation services to be offered in all adult establishments in support of the HMPPS smokefree prisons policy.[251] All prisons are expected to meet this minimum service offer. It supports the work programme to reduce levels of smoking in prisons and is aimed at standardising the approach and quality of smoking cessation services delivered in prisons. The minimum offer defines standards for training, interventions and pharmacological support for smoking cessation to be adhered to by stop smoking services in all prisons. It recognises the need for a whole prison approach to smoking cessation and continuity of care as part of a wider healthy living model and is based on learning from the early adopter smokefree prisons. The minimum service offer has been agreed by NHS England, PHE and Her Majesty's Prison and Probation Service (HMPPS). It is based on existing specifications and complies with NICE and PHE guidance. It has been developed to support the implementation of the national programme for smokefree prisons.

Further information

Public Health England: Evidence review of e-cigarettes and heated tobacco products 2018: executive summary. February 2018. https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary

NICE Stop Smoking Services Guidance: https://www.nice.org.uk/guidance/ph10

BNF: Nicotine: https://bnf.nice.org.uk/drug/nicotine.html

PHE (2015) Reducing Smoking in Prisons: management of tobacco use and nicotine withdrawal: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412567/Reducing_smoking_in_prisons.pdf

NHS England/ PHE/HMPPS. Minimum offer for smoking services and support in custody (2017). https://www.england.nhs.uk/publication/minimum-offer-for-stop-

[250] Cropsey KL, Weaver MF, Eldridge GD, Villalobos GC, Best AM, Stitzer ML. (2009) Differential success rates in racial groups: results of a clinical trial of smoking cessation among female prisoners. *Nicotine Tob Res;* 11(6):690-7

[251] NHS England/ PHE/HMPPS. Minimum offer for smoking services and support in custody (2017). https://www.england.nhs.uk/publication/minimum-offer-for-stop-smoking-services-and-support-in-custody/

smoking-services-and-support-in-custody/

Standard 3.7

Women prisoners with a mental health condition or a history of mental ill health or with substance misuse or alcohol dependence should be offered additional support with stopping smoking and managing relapse.

Description

Women with a mental health condition or history of mental ill health or with substance misuse or alcohol dependence, who require stop smoking support should be identified and prioritised to ensure they receive adequate care.

Women taking psychiatric medicines should have their dosage reviewed by a healthcare professional, due to the potential impact of smoking cessation on drug metabolism.
[Links to section 2: mental health]

Rationale

Stop smoking can worsen depression and stress, and women with pre-existing mental health conditions are particularly vulnerable[252]. However, this is not likely to happen if mental health needs are appropriately managed.

Cigarettes may be used by women as a coping mechanism or a 'self-soothe' device, particularly those with pre-existing vulnerabilities[253]. Removing this source of support may result in increased distress.

Early identification and effective communication with women experiencing mental health illness in prison can help reduce anxiety related to changes in routine and behaviours [254].

Further information

PHE (2015) Reducing Smoking in Prisons: management of tobacco use and nicotine withdrawal: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412567/Reducing_smoking_in_prisons.pdf

[252] van den Berg JJ, Roberts MB, Bock BC, Martin RA, Stein LA, Parker DR, McGovern AR, Shuford SH, Clarke JG. Changes in Depression and Stress after Release from a Tobacco-Free Prison in the United States. *Int J Environ Res Public Health;* 13(1)
[253] http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1
[254] http://www.ohrn.nhs.uk/resource/policy/InformationNeedsWomenPrisoners.pdf

BNF: Nicotine: https://bnf.nice.org.uk/drug/nicotine.html

Standard 3.8

E-cigarettes and vaping devices should be made available to buy via the canteen list.

Description

At reception women who have previously smoked should be identified and clear information given on the options to support them to stop smoking should be shared.

HMPPS approved e-cigarettes and vaping devices should be available for women to buy from the canteen. Information on the correct usage of e-cigarettes/vapers should be provided.

Stop smoking practitioners and health professionals should provide behavioural support to smokers who want to use an e-cigarette to help them quit smoking. It is not recommended that NRT is provided to women who are using e-cigarettes/vaping devices.

Rationale

The use of e-cigarettes /vaping devices as a harm reduction tool is supported by Public Health England (PHE)[255].

A Cochrane review on electronic cigarettes concluded that electronic cigarettes help smokers to stop smoking long-term compared with placebo electronic cigarettes[256]. Additionally, the health risks of passive exposure to electronic cigarette vapour were reported as 'likely to be extremely low' [14].

Further information

Evidence review of e-cigarettes and heated tobacco products 2018: a report commissioned by Public Health England. PHE, February 2018: https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review
NICE Stop Smoking Services Guidance: https://www.nice.org.uk/guidance/ph10

[255] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534708/E-cigarettes_joint_consensus_statement_2016.pdf
[256] McRobbie H, Bullen C, Hartmann-Boyce J, Hajek P. (2014) Electronic cigarettes for smoking cessation and reduction. *Cochrane Database Syst Rev;* 12: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010216.pub2/pdf

Smokefree Action: http://www.smokefreeaction.org.uk/SIP/files/SIPe-cig%20infographic.pdf
PHE (2015) Reducing Smoking in Prisons: management of tobacco use and nicotine withdrawal: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412567/Reducing_smoking_in_prisons.pdf

Standard 3.9

Approved Nicotine Replacement Therapies (NRT) should be available within women's prisons

Description: The following HMPPS approved therapies should be made available to women through the canteen and stop smoking services:

- NRT patches
- NRT oral film
- NRT lozenges
- NRT inhalators
- E-cigarettes/vaping devices

Rationale: NRTs are an effective and evidence based tool for supporting people to stop smoking[257]. They are recommended by NICE to be offered as part of stop smoking services. HMPPS have approved the above four therapies and several e-cigarettes and vaping devices for use in prisons.

Further information: NICE guidance: https://www.nice.org.uk/guidance/ph10
BNF: Nicotine: https://bnf.nice.org.uk/drug/nicotine.html
PHE (2015) Reducing Smoking in Prisons: management of tobacco use and nicotine withdrawal: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412567/Reducing_smoking_in_prisons.pdf

Standard 3.10

Access to community smoking cessation programmes should be included in the release plans of women who are engaging with such programmes during their sentence.

Description: Healthcare providers should ensure that prisoners are linked to appropriate support to continue their stop smoking treatment in the community as part of their discharge planning arrangement.

[257] https://doi.org/10.1002/14651858.CD000146.pub4

The healthcare provider is responsible for informing the appropriate community rehabilitation company (CRC) provider so the information can be included in the resettlement plan.

Rationale

Women who have given up smoking in prison are at risk of starting smoking again on release in the community. This can be related to the stress of release, or pressures from their living environment, family and social circle. ,[258] [259].

Further information

NICE Public health guideline [PH10] *Stop smoking services:* https://www.nice.org.uk/Guidance/PH10
UK Centre for Tobacco Control Studies (2011) Framework for the delivery of stop smoking services in prisons
PHE (2015) Reducing Smoking in Prisons: management of tobacco use and nicotine withdrawal: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412567/Reducing_smoking_in_prisons.pdf

258 Bock B, Lopes CE, van den Berg JJ, Roberts MB, Stein LA, et al. (2013) Social support and smoking abstinence among incarcerated adults in the United States: a longitudinal study. *BMC Public Health;* 13:859
259 Valera P, Bachman L, Rucker AJ. (2016) A Qualitative Study of Smoking Behaviors among Newly Released Justice-Involved Men and Women in New York City. *Health Soc Work;* 41(2):121-8

4. Violence and abuse

Standard 4.1
Women prisoners who have experienced current or past violence or abuse should be identified and assessed at the second-stage health assessment (to include: domestic and non-domestic violence and abuse; and physical, emotional and sexual violence and abuse and female genital mutilation [FGM]).

Description In line with NICE quality standard QS116 and public health guideline PH50, prisons should create an environment for disclosing domestic violence abuse. Steps should be taken to ensure maximum privacy and staff trained to recognise indicators of possible domestic violence and abuse and respond appropriately. Health and social care practitioners should make sensitive enquiries about domestic abuse and violence experiences as part of a private discussion and in an environment in which the person feels safe at the second-stage health assessment with the outcome documented in their notes.[260] This should be periodically revisited during contact with healthcare as potential for disclosure cannot be limited to screening.

Questions should cover both domestic violence and abuse, as well as all types of violence and abuse: physical, emotional and sexual (such as sexual exploitation or time spent as a sex worker).

Women with known history of experiencing violence and abuse should also be assessed for self-harm history[261], which is covered as part of the mental health screening assessment. [Links to Standard 1.1]

Rationale More than half of women in prison report having suffered domestic violence; one in three women in prison report having experienced sexual abuse and one in five report being involved in prostitution.[262] High rates of post-traumatic stress among women prisoners are also reported.[263]

Experiences in the criminal justice system can serve to worsen existing trauma and therefore should be identified and addressed to support women in

260 https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse
261 Roe-Sepowitz D. (2007) Characteristics and predictors of self-mutilation: a study of incarcerated women. *Crim Behav Ment Health;* 17(5):312-21
262 *Prison Reform Trust (2013)* Bromley Briefings Prison Factfile Autumn 2013 *London: PRT* www.prisonreformtrust.org.uk/Portals/0/Documents/Factfile%20autumn%202013.pdf
263 http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

improving their mental and physical wellbeing as well as reducing the chances of reoffending. In particular, there is robust evidence that adverse childhood experiences (ACEs) (including physical, sexual and emotional abuse) can have a sustained, detrimental impact into adult life.[264] A study of women prisoners in the US highlighted the importance of addressing past abuse and facilitating coping mechanisms to avoid post-traumatic stress disorder and other mental health disorder associated with exposure to abuse.[265]

Evidence from a Cochrane review of screening women for intimate partner violence in healthcare settings[266], found that screening increased identification of intimate partner violence and although there was insufficient evidence to recommend asking all women about abuse in healthcare settings, it was argued that it may be more effective to ask women who show signs of abuse or those in high-risk groups (eg women in prison).

HMIP expectations for assessing the treatment of and conditions of women in prison state women who have been the victim of abuse, rape or domestic violence are identified and supported to address their specific needs.[267]

Further information

NICE Quality Standard *Domestic violence and abuse* [QS116]: https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse

NICE public health guideline *Domestic violence and abuse: multi-agency working* [PH50]: https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse

HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

BASHH Sexual Violence Group. Responding to Domestic Abuse in Sexual Health Settings (2016). https://www.bashh.org/documents/Responding%20to%20Domestic%20Abuse

264 http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I

265 Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

266 O'Doherty L., Hegarty K., Ramsay J., Davidson L.L., Feder G., Taft A. (2015) Screening women for intimiate partner violence in healthcare settings. *Cochrane Database Syst Rev* [online] http://www.cochrane.org/CD007007/BEHAV_screening-women-intimate-partner-violence-healthcare-settings

267 HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

%20in%20Sexual%20Health%20Settings%20Feb%202016%20Final.pdf
Roe-Sepowitz D. (2007) Characteristics and predictors of self-mutilation: a study of incarcerated women. *Crim Behav Ment Health;* 17(5):312-21
Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115
O'Doherty L., Hegarty K., Ramsay J., Davidson L.L., Feder G., Taft A. (2015) Screening women for intimate partner violence in healthcare settings. *Cochrane Database Syst Rev* [online]
http://www.cochrane.org/CD007007/BEHAV_screening-women-intimate-partner-violence-healthcare-settings

Standard 4.2

Ensure frontline healthcare staff are trained to ask women prisoners about history of domestic violence and abuse.

Description

In line with NICE public health guideline PH50, frontline staff should be trained to recognise the indicators of domestic violence and abuse, or female genital mutilation and to ask relevant questions to help women disclose their past or current experiences of violence or abuse. The enquiry should be made in private and on a one-to-one basis in an environment where the woman feels safe, and in a kind, sensitive manner. Staff should know, or have access to, information about the services, policies, procedures and pathways available for women prisoners who disclose experiences of domestic violence or abuse (see also Standards 4.3 and 4.4).[268] Avoid women having to repeat their stories and when abuse is disclosed ensure support is available.

Rationale

More than half of women in prison report having suffered domestic violence; one in three women in prison report having experienced sexual abuse and one in five report being involved in prostitution.[269] High rates of post-traumatic stress among women prisoners are also reported.[270]

268 https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse
269 *Prison Reform Trust (2013)* Bromley Briefings Prison Factfile Autumn 2013 *London: PRT*
www.prisonreformtrust.org.uk/Portals/0/Documents/Factfile%20autumn%202013.pdf
270 http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

Experiences in the criminal justice system can serve to worsen existing trauma and therefore should be identified and addressed to support women in improving their mental and physical wellbeing as well as reducing the chances of reoffending. In particular, there is robust evidence that adverse childhood experiences (ACEs) (including physical, sexual and emotional abuse) can have a sustained, detrimental impact into adult life.[271] A study of women prisoners in the US highlighted the importance of addressing past abuse and facilitating coping mechanisms to avoid post-traumatic stress disorder and other mental health disorder associated with exposure to abuse.[272]

Evidence from a Cochrane review of screening women for intimate partner violence in healthcare settings[273] found that screening increased identification of intimate partner violence and although there was insufficient evidence to recommend asking all women about abuse in healthcare settings, it was argued that it may be more effective to ask women who show signs of abuse or those in high-risk groups (eg women in prison).

Further information

NICE Quality Standard *Domestic violence and abuse* [QS116]: https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse

NICE public health guideline *Domestic violence and abuse: multiagency working* [PH50]: https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse

Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

O'Doherty L., Hegarty K., Ramsay J., Davidson L.L., Feder

271 http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I

272 Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

273 O'Doherty L., Hegarty K., Ramsay J., Davidson L.L., Feder G., Taft A. (2015) Screening women for intimiate partner violence in healthcare settings. *Cochrane Database Syst Rev* [online] http://www.cochrane.org/CD007007/BEHAV_screening-women-intimate-partner-violence-healthcare-settings

G., Taft A. (2015) Screening women for intimate partner violence in healthcare settings. *Cochrane Database Syst Rev* [online] http://www.cochrane.org/CD007007/BEHAV_screening-women-intimate-partner-violence-healthcare-settings

Standard 4.3

Domestic violence and abuse services should be available to support women prisoners who have experienced violence and abuse.

Description

In line with NICE quality standard QS116 and public health guideline PH50, after people disclose that they are experiencing or have experienced domestic violence or abuse in the past, it is important that they can access appropriate support.[274,275] Service providers should work with commissioners to design local referral pathways for domestic violence and abuse and ensure that health and social care practitioners offer referrals to these specialist support services to people who need them.

Further support should be given to women on release from prison to ensure they are able to access specialist services (see Standards 4.4 and 4.5).

It is important to also acknowledge some women may experience violence and abuse while in prison and so staff need to be aware and have appropriate processes in place to address this violence and to support victims.

Rationale

Specialist support services aim to improve the safety and wellbeing of those affected; they can help to address emotional, psychological, physical and sexual harms arising from domestic violence and abuse.[276]

274 https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse

275 https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse

276 https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse

A report by the Prison Reform Trust on reducing women's offending[277], argues that the link that frequently exists between women's experiences of domestic violence and sexual abuse and their offending behaviour should be taken into account when designing local service provision.

As identified in the NICE quality standards QS116, services include advocacy, advice, floating support, outreach support, refuges and provision of tailored interventions for victims and their children. It also includes housing workers, independent violence advisers or a multi-agency risk assessment conference for high-risk clients. Not all these services will be appropriate for the prison setting and so commissioners and providers should work together to ensure the most appropriate services are available and form part of a clear referral pathway.[278]

Further information

NICE Quality Standard *Domestic violence and abuse* [QS116]:
https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse
NICE public health guideline *Domestic violence and abuse: multi-agency working* [PH50]:
https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse

Standard 4.4

Women prisoners who have experienced violence and abuse should be referred to agencies and services that can support on release from prison.

Description

To ensure continuity of care for women prisoners who have experienced violence and abuse, referral to support agencies and information, advocacy and advice on where to get support should be provided to women prisoners on release from prison, tailored to their level of risk and specific needs. This includes providing support in different languages, as

277 http://www.prisonreformtrust.org.uk/Portals/0/Documents/Brighter%20Futures%2025314web.pdf
278 https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-3-Referral-to-specialist-support-services-for-people-experiencing-domestic-violence-or-abuse

necessary (in line with NICE guidance PH 50).and may also include supporting contact with local domestic abuse services.

Rationale

On release from prison, women may continue to require support from specialist support services, either in helping them mange past trauma and/or due to continuing risk and safety concerns relating to violence and abuse. There is therefore a need to provide information about agencies that can support women on release.[279] The high proportion of women prisoners serving short sentences further supports the need to access specialist services on release due to the risk of returning to their previous chaotic lives and due to limited time to address issues while in prison.

Offering continuity of support services is therefore vital for ongoing safety, health improvement and to reduce the likelihood of reoffending.

Further information

NICE public health guideline *Domestic violence and abuse: multi-agency working* [PH50]: https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse
Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

Standard 4.5

Ensure women prisoners who are at risk of domestic violence and abuse are enabled to access housing providers that can ensure they are able to secure safe appropriate housing on release from prison.

Description

Women prisoners who are in or at risk of returning to an abusive relationship should be given support in accessing alternative accommodation to ensure their safety on release from prison. This function may be offered as part of specialist services, such as floating support (see Standard 4.4) and

279 Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

should be linked to the prisoner's post-release plan (see also overarching principle 6).

Rationale

As part of the need to inform women who have experienced violence and abuse about agencies and services that can support them on release[280] (see overarching principle 6), there is a specific need for women to be able to access alternative accommodation to prevent them returning to violent and abusive relationships and ensure their safety and wellbeing. The high proportion of women prisoners serving short sentences further supports the need to access specialist services on release due to the high risk of returning to their relationship and/or accommodation.

Further information

NICE public health guideline *Domestic violence and abuse: multi-agency working* [PH50]: https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse

Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

280 Bliss M.J., Cook S.L., Kaslow N.J. (2007) An ecological approach to understanding incarcerated women's responses to abuse. *Women and Therapy;* 29(3-4):97-115

5. Sexual and reproductive health

Standard 5.1
Questions about sexual activity, pregnancy, contraceptive use and menstrual cycle should be included in the initial health screen on entry to prison, providing necessary advice and intervention if relevant.

Description On entry to prison, a healthcare professional should carry out a health assessment for every person, as per NICE guidance [NG57]. At this health assessment, questions should be included about sexual activity, contraceptive use and menstrual cycle. Necessary advice and intervention should be provided based on information disclosed, including offering a pregnancy test, provision of advice about avoiding pregnancy and sexually transmitted infections and provision of emergency contraception. [See Standard 5.2]

Rationale This standard is supported by the American College of Obstetricians and Gynaecologists which recommends a medical history to contain questions about sexual activity, contraceptive use and menstrual cycle in order to assess the need for a pregnancy test.[281]

There is evidence to support initial health screening as a public health opportunity for women who have recently had unprotected sex and want to avoid pregnancy,[282] as well as in education about sexually transmitted infection risk reduction.[283]

Newly arrested women should be screened for, educated and counselled about and offered emergency contraception.[284]

Further information ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-

281 ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females
282 Sufrin CB, Tulsky JP, Goldenson J, Winter KS, Cohan DL. (2010) Emergency contraception for newly arrested women: evidence for an unrecognized public health opportunity. *J Urban Health;* 87(2):244-253
283 Gabriel G, Burns T, Scott-Ram R, Adlington R, Bansi L. (2008) Prevalence of Chlamydia trachomatis and associated risk factors in women inmates admitted to a youth offenders institute in the UK. *Int J STD AIDS;* 19(1):26-9
284 Sufrin CB, Tulsky JP, Goldenson J, Winter KS, Cohan DL. (2010) Emergency contraception for newly arrested women: evidence for an unrecognized public health opportunity. *J Urban Health;* 87(2):244-253

Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females
British Association for Sexual Health and HIV (BASHH) and MEDFASH (Medical Foundation for HIV & Sexual Health). Standards for the management of sexually transmitted infections (STIs) 2014 https://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf

Standard 5.2:
Women in prison should have access to contraceptive services, including emergency contraception.

Description Following the health assessment as per Standard 5.1, women with an identified medical need or at potential risk of pregnancy should be offered access to contraceptive services, including emergency contraception.

Women in prison should have ongoing access to contraceptive services throughout their time in prison, including prior to release. [See also Standard 5.5]

Rationale Newly arrested women should be screened for, educated and counselled about and offered emergency contraception.[285] There is evidence to support timely access to emergency contraception resulting in decreased unintended pregnancies among women in prison.[286]

There is evidence to support the provision of family planning services during and after incarceration in improving the health of women in prison.[287]

A number of studies have identified that many women on leaving prison have the goal of preventing pregnancy and resuming sexual

285 Sufrin CB, Tulsky JP, Goldenson J, Winter KS, Cohan DL. (2010) Emergency contraception for newly arrested women: evidence for an unrecognized public health opportunity. *J Urban Health;* 87(2):244-253
286 Beyda RM, Grubb LK, Benjamins LJ, Eissa MA. (2014) Emergency Contraception for Detained Young Women. *Journal of Adolescent Health;* 54(2):S44-S45
287 Liauw J, Foran J, Dineley B, Costescu D, Kouyoumdjian FG. (2016) The Unmet Contraceptive Need of Incarcerated Women in Ontario. *J Obstet Gynaecol Can;* 38(9):820-826

activity on release from prison,[288,289] but not all intend to use birth control, making them at risk of unplanned pregnancies.[290]

The provision of a one stop sexual health service in an English prison has been found to be both feasible and practical.[291]

Further information

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females
NICE Quality Standards [QS129] *Contraception*. https://www.nice.org.uk/guidance/qs129
NICE Clinical guideline [CG30] *Long-acting reversible contraception:* https://www.nice.org.uk/guidance/cg30

Standard 5.3

All women should be offered testing for sexually transmitted infections (STIs; including HIV) and bloodborne viruses (BBVs).

Description

All women should be offered testing for sexually transmitted infections (STIs: including HIV and bloodborne viruses (BBVs).

Rationale

Studies examining prevalence of STIs (eg chlamydia and gonorrhoea) and HIV among female prisoners have identified high rates compared to the community.[292,293,294,295,296]

288 Ramaswamy M, Chen HF, Cropsey KL, Clarke JG, Kelly PJ. (2015) Highly Effective Birth Control Use Before and After Women's Incarceration. *J Womens Health;* 24(6):530-9
289 Clarke JH, Herbert MR, Rosengard C, Rose JS, DaSilva KM et al. (2006) Reproductive health care and family planning needs among incarcerated women. *Am J Public Health;* 96(5):834-9
290 Hale GJ, Oswalt KL, Cropsey KL, Villalobos GC, Ivey SE et al. (2009) The contraceptive needs of incarcerated women. *J Womens Health;* 18(8):1221-6
291 Mahto M, Zia S. (2008) Measuring the gap: from Home Office to the National Health Service in the provision of a one-stop shop sexual health service in a female prison in the UK. *Int J STD AIDS;* 19(9):586-9
292 Javanbakht M, Boudov M, Anderson LJ, Malek M, Smith LV et al. (2014) Sexually transmitted infections among incarcerated women: findings from a decade of screening in a Los Angeles County Jail, 2002-2012. *Am J Public Health;* 104(11):e103-9
293 Hale GJ, Oswalt KL, Cropsey KL, Villalobos GC, Ivey SE et al. (2009) The contraceptive needs of incarcerated women. *J Womens Health;* 18(8):1221-6
294 Clarke JH, Herbert MR, Rosengard C, Rose JS, DaSilva KM et al. (2006) Reproductive health care and family planning needs among incarcerated women. *Am J Public Health;* 96(5):834-9

Enhanced efforts to promote sexual health and reduce risk behaviour are needed, including improved access to preventive care and HIV and STI screening, testing and treatment.[297]

A literature review on the health of women prisoners recommends the testing for and treatment of STIs as a priority.[298]

Prisons can play a critically important role in the reduction of morbidity and mortality among HIV-infected women in high-risk populations through diagnosing HIV and instituting a plan for treatment.[299] The testing should follow protocol in that counselling should also be offered, particularly before/after HIV testing.

Further information

NICE guideline [NG57] *Physical health of people in prison:* https://www.nice.org.uk/guidance/ng57/chapter/Recommendations

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

Mignon S. (2016) Health issues of incarcerated women in the United States. *Cien Saude Colet* , 21(7):2051-60

British Association for Sexual Health and HIV (BASHH) and MEDFASH (Medical Foundation for HIV & Sexual Health). Standards for the management of sexually transmitted infections (STIs). 2014 https://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf

295 Miranda AE, Merçon-de-Vargas PR, Viana MC. (2004) [Sexual and reproductive health of female inmates in Brazil]. *Rev Saude Publica;* 38(2):255-60

296 Caviness CM, Anderson BJ, Stein MD. (2012) Prevalence and predictors of sexually transmitted infections in hazardously-drinking incarcerated women. *Women Health;* 52(2):119-34

297 Binswanger IA, Mueller SR, Beaty BL, Min SJ, Corsi KF. (2014) Gender and risk behaviors for HIV and sexually transmitted infections among recently released inmates: A prospective cohort study. *AIDS Care;* 26(7):872-81

298 Mignon S. (2016) Health issues of incarcerated women in the United States. *Cien Saude Colet;* 21(7):2051-60

299 De Groot AS. (2000) HIV infection among incarcerated women: epidemic behind bars.*AIDS Read;* 10(5)287-95

Standard 5.4

Prisons should provide health education and behavioural interventions regarding sexually transmitted infections (STIs; including HIV) and bloodborne viruses.

Description Prisons should provide a range of health education and behavioural interventions regarding STIs/HIV and BBVs, which are gender-specific and consider the contexts of female prisoners' environmental, social and cultural vulnerabilities.

Topics should include: transmission routes, health risks, diagnosis, treatment and prevention including risky sexual partnerships and benefit of maintaining stable main partnerships.

Rationale Studies examining prevalence of STIs (eg chlamydia and gonorrhoea) and HIV among female prisoners have identified high rates compared to the male prison population and the community.[300,301,302,303,304 ,305] In addition, prisoners' understanding about STIs, HIV and contraception and risky sexual behaviours are often poor,[306,307,308] revealing a need for prevention education and intervention.

Prisons provide opportune settings for STI/BBV education and prevention.[309,310] A focus beyond screening and treatment for STIs is recommended in prisons, for example, campaigns aimed at

300 Javanbakht M, Boudov M, Anderson JJ, Malek M, Smith LV et al. (2014) Sexually transmitted infections among incarcerated women: findings from a decade of screening in a Los Angeles County Jail, 2002-2012. *Am J Public Health;* 104(11):e103-9

301 Hale GJ, Oswalt KL, Coppola KL, Villalobos GC, Ivey SE et al. (2009) The contraceptive needs of incarcerated women. *J Womens Health;* 18(8):1221-6

302 Clarke JH, Wiersema MR, Rosengard C, Rose JS, DaSilva KM et al. (2006) Reproductive health care and family planning needs among incarcerated women. *Am J Public Health;* 96(5):834-9

303 Miranda AE, Marçon-de-Vargas PR, Viana MC. (2004) [Sexual and reproductive health of female inmates in Brazil]. *Rev Saude Publica;* 38(2):255-60

304 Caviness CM, Anderson BJ, Stein MD. (2012) Prevalence and predictors of sexually transmitted infections in hazardously-drinking incarcerated women. *Women Health;* 52(2):119-34

305 Hammett TM. (2009) Sexually transmitted diseases and incarceration. *Current Opinion in Infectious Diseases;* 22(1):77-81

306 Nicolau AIO, Pinheiro AKB. (2012) Sociodemographic and sex determinants of knowledge, attitude and practice of women prisoners regarding the use of condoms. *Texto e Contexto Enfermagem;* 21(3):581-590

307 Fageeh WM. (2014) Sexual behavior and knowledge of human immunodeficiency virus/aids and sexually transmitted infections among women inmates of Briman Prison, Jeddah, Saudi Arabia. *BMC Infect Dis;* 14:290

308 Roberson DW. (2014) Measuring HIV Knowledge Among Women Incarcerated in Jail. *J Correct Health Care;* 20(3):213-219

309 Staton-Tindall M, Harp KL, Minieri A, Oser C, Webster JM et al. (2015) An exploratory study of mental health and HIV risk behavior among drug-using rural women in jail. *Psychiatr Rehabil J;* 38(1):45-54

310 Caviness CM, Anderson BJ, Stein MD. (2012) Prevalence and predictors of sexually transmitted infections in hazardously-drinking incarcerated women. *Women Health;* 52(2):119-34

increasing awareness of STIs,[311] or education on risky sexual partnerships and benefit of maintaining stable main partnerships.[312] Identifying, developing and implementing a broad set of gender-specific HIV/STI prevention tools are considered vital.[313]

A randomised controlled trial in the US investigated the impact of a multiple session HIV-STI prevention intervention adapted for and delivered to women in prison, finding that such interventions can significantly reduce sexual risk behaviours and increase protective behaviours after re-entry into the community.[314]

There is some evidence that there is persistent engagement in sexual risk behaviour during the post release period.[315] Enhanced efforts to promote sexual health and reduce risk behaviour are therefore needed, including improved access to preventive care as well as HIV and STI screening, testing and treatment.[316]

Strategies to promote sexual health in the prison environment should address the gender issues that make women historically vulnerable, the occurrence of homosexual relationships and the fact that they have limited knowledge about healthcare, perhaps due to a history of few educational opportunities.[317,318] They should focus on strengthening individuals' autonomy, and science, knowledge and opinions must consider the contexts of female prisoners' environmental, social and cultural vulnerabilities.[319]

This standard is also supported by the American College of

311 Fageeh WM. (2014) Sexual behavior and knowledge of human immunodeficiency virus/aids and sexually transmitted infections among women inmates of Briman Prison, Jeddah, Saudi Arabia. *BMC Infect Dis;* 14:290

312 Caviness CM, Anderson BJ, Stein MD. (2012) Prevalence and predictors of sexually transmitted infections in hazardously-drinking incarcerated women. *Women Health;* 52(2):119-34

313 Fasula AM, Fogel CI, Gelaude D, Carry M, Gaiter J et al. Project power: Adapting an evidence-based HIV/STI prevention intervention for incarcerated women. *AIDS Educ Prev;* 25(3):203-15

314 Fogel CI, Crandell JL, Neevel AM, Parker SD, Carry M et al. Efficacy of an adapted HIV and sexually transmitted infection prevention intervention for incarcerated women: a randomized controlled trial. *Am J Public Health;* 105(4):802-9

315 Binswanger IA, Mueller SR, Beaty BL, Min SJ, Corsi KF. (2014) Gender and risk behaviors for HIV and sexually transmitted infections among recently released inmates: A prospective cohort study. *AIDS Care;* 26(7):872-81

316 Binswanger IA, Mueller SR, Beaty BL, Min SJ, Corsi KF. (2014) Gender and risk behaviors for HIV and sexually transmitted infections among recently released inmates: A prospective cohort study. *AIDS Care;* 26(7):872-81

317 Nicolau AIO, Pinheiro AKB. (2012) Sociodemographic and sex determinants of knowledge, attitude and practice of women prisoners regarding the use of condoms. *Texto e Contexto Enfermagem;* 21(3):581-590

318 Viadro CI, Earp JA. (1991) AIDS education and incarcerated women: a neglected opportunity. *Women Health;* 17(2):105-17

319 Nicolau AIO, Ribeiro SS, Lessa PRA, Monte A, De Do Ferreira RCN et al. (2012) A picture of the socioeconomic and sexual reality of women prisoners. *Acta Paulista de Enfermagem;* 25(3):386-392

Obstetricians and Gynaecologists which recommends women's prisons include health education on contraception and pregnancy, and comprehensive HIV and STI prevention programs.

Further information

NICE Public health guideline [PH3] *Sexually transmitted infections and under-18 conceptions: prevention:* https://www.nice.org.uk/guidance/ph3/chapter/1-Recommendations

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

British Association for Sexual Health and HIV (BASHH) and MEDFASH (Medical Foundation for HIV & Sexual Health). Standards for the management of sexually transmitted infections (STIs). 2014 https://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf

Standard 5.5
Women should be advised on and provided with birth control methods and contraception prior to release.

Description Prior to release from prison, women should receive advice on and be offered long acting reversible contraception and birth control methods.

Rationale Women prisoners have been found to have persistent engagement in sexual risk behaviour during the post release period[320] and inconsistent use of birth control.[321,322] A number of studies have identified that many women on leaving prison have the goal of preventing pregnancy and resuming sexual activity on release from prison,[323,324] but not all intend to use birth control, making them at risk of unplanned pregnancies.[325] Birth control initiation prior to release is one method of aiming to prevent pregnancy. There is evidence to suggest that the provision of family planning services during and after incarceration may improve the health of individuals[326] and user-independent, long-lasting reversible contraception should be offered to childbearing women prior to release as a protective measure against unintended pregnancy.[327] This should be planned in advance of release to allow for contraception to take effect (eg most hormonal methods need 7 days to become effective).

Further information NICE Clinical guideline [CG30] *Long-acting reversible contraception:* https://www.nice.org.uk/guidance/cg30
Hale GJ, Oswalt KL, Cropsey KL, Villalobos GC, Ivey SE, Matthews CA. (2009) The contraceptive needs of incarcerated women. *J*

320 Binswanger IA, Mueller SR, Beaty BL, Min SJ, Corsi KF. (2014) Gender and risk behaviors for HIV and sexually transmitted infections among recently released inmates: A prospective cohort study. *AIDS Care;* 26(7):872-81
321 Hale GJ, Oswalt KL, Cropsey KL, Villalobos GC, Ivey SE et al. (2009) The contraceptive needs of incarcerated women. *J Womens Health;* 18(8):1221-6
322 Clarke JH, Herbert MR, Rosengard C, Rose JS, DaSilva KM et al. (2006) Reproductive health care and family planning needs among incarcerated women. *Am J Public Health;* 96(5):834-9
323 Ramaswamy M, Chen HF, Cropsey KL, Clarke JG, Kelly PJ. (2015) Highly Effective Birth Control Use Before and After Women's Incarceration. *J Womens Health;* 24(6):530-9
324 Clarke JH, Herbert MR, Rosengard C, Rose JS, DaSilva KM et al. (2006) Reproductive health care and family planning needs among incarcerated women. *Am J Public Health;* 96(5):834-9
325 Hale GJ, Oswalt KL, Cropsey KL, Villalobos GC, Ivey SE et al. (2009) The contraceptive needs of incarcerated women. *J Womens Health;* 18(8):1221-6
326 Liauw J, Foran J, Dineley B, Costescu D, Kouyoumdjian FG. (2016) The Unmet Contraceptive Need of Incarcerated Women in Ontario. *J Obstet Gynaecol Can;* 38(9):820-826
327 Hale GJ, Oswalt KL, Cropsey KL, Villalobos GC, Ivey SE et al. (2009) The contraceptive needs of incarcerated women. *J Womens Health;* 18(8):1221-6

Womens Health; 18(8):1221-6

6. Pregnancy and families

Pregnancy

Standard 6.1
Pregnant women should receive appropriate care while in prison which ensures the wellbeing of mother and baby.

Description Pregnant women in prison should receive appropriate care that ensures the wellbeing of mother and baby. This includes:

- having the opportunity to be housed with other pregnant women so that they can benefit from peer support
- food should meet the nutritional standards recommended; [see Standard 8.17] including additional healthy food or snacks if they are hungry between mealtimes or miss meals due to sickness
- training for officers to provide care for female prisoners including information about common ailments during pregnancy
- access to maternity clothes and appropriate support bras as pregnancy develops
- supportive mattresses and extra pillows where needed
- provision of essential items for labour and the early postnatal period

As part of Saving Babies' Lives[328] the following four evidence-based interventions should be available to women in prison to help reduce the risk of stillbirths:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for foetal growth restriction
3. Raising awareness of reduced foetal movement
4. Effective foetal monitoring during labour

[328] NHS England. Saving babies' lives: a care bundle for reducing stillbirth. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf

In line with the national maternity review, *Better Births*, each woman in prison should have a personalised care plan and be provided with unbiased information to support their decisions. They should be able to have the continuation of a carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.[329]

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment state that the use of shackles or any form of restraint during gynaecological examinations and or delivery is completely unacceptable and qualifies as inhuman and degrading treatment.[330]

Rationale

Peer support has been found to be beneficial both within prison and for pregnant women.[331],[332]

Nutritional standards have been set for pregnant women, including advice on maintaining a healthy diet.[333,334]

The Birth Charter, produced by *Birth Companions,* which is based on experiences of working with women in prison, identifies the need for training for officers on pregnancy, access to maternity clothes and appropriate bedding and provision of essential items of labour and early postnatal period as hospitals do not generally supply nappies, baby clothes or sanitary towels.[335]

Further information

Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

[329] NHS England (2016) National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care.
[330] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Women deprived of liberty. Extract from 10th General Report of the CPT. 2000.
[331] South J, Bagnall AM, Hulme C, Woodall J, Longo R et al. (2014) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. *Health Services and Delivery Research.* Southampton (UK): NIHR Journals Library
[332] McLeish J, Redshaw M. (2015) Peer support during pregnancy and early parenthood: a qualitative study of models and perceptions. *BMC Pregnancy Childbirth;* 15:257
[333] http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx
[334] FSA (2007) FSA nutrient and food based guidelines for UK institutions: https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
[335] Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

NHS England. Saving babies' lives: a care bundle for reducing stillbirth. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf
NHS England (2016) National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Standard 6.2
Pregnant women and new mothers should be offered counselling services.

Description Prisons should ensure that pregnant women and new mothers are offered assessment, support and treatment for mental health illness eg post natal depression). [Links to Standard 6.15 and 2.2]

Rationale Women who are pregnant, post-natal or separated from children have specific needs, which should be recognised and acted on. The prison should provide a safe and secure environment which reduces the trauma associated with imprisonment and separation, including self-harm and suicide.[336]

This standard is in line with standards for maternity care produced by the Royal College of Obstetricians and Gynaecologists, which states that a suitable environment should be provided for worried or distressed mothers with access to counselling and appropriate information.

The impact of previous childhood and adult trauma and its impact on the ability to parent should also be identified and recognised, with interventions available to support women who have had this experience.

[336] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

Further information

HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

RCOG (2016) Providing Quality Care for Women: a framework for maternity service standards: https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/maternitystandards.pdf

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

Standard 6.3

Pregnant women in prison should be supported to access abortion services and receive appropriate after care.

Description

In line with services offered in the community to pregnant women, pregnant women in prison should have full access to abortion services, including information and support with decision making and counselling afterwards.

Prisons must consider how these services are accessed, including transportation, arranging appointments and other logistical assistance.[337] If a woman elects for termination of pregnancy, they should receive appropriate support from trained staff[338]It is important that women have the option to have appropriate support from a family member at the appointment.

Rationale

Abortion services are available for all women in England up to 24 weeks of pregnancy, and after 24 weeks in certain circumstances, for example if the mothers' life is at risk or if the child would be born with a severe disability. In line with community provision, women in

[337] Sufrin CB, Creinin MD, Chang JC. (2009) Incarcerated women and abortion provision: a survey of correctional health providers. *Perspect Sex Reprod Health;* 41(1):6-11

[338] Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

prison should have access to abortion services, including information and support with decision making.[339]

Further information

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

[339] http://www.nhs.uk/Conditions/Abortion/Pages/Introduction.aspx

Standard 6.4
Women in prison who experience ectopic pregnancy, miscarriage or stillbirth should be provided with appropriate support.

Description In line with NICE guidance CG192, women who experience stillbirth and miscarriage should be offered advice and support. This may involve co-ordinating with community health services.

Rationale Evidence described in NICE guidance CG192[340], which is based on women's experiences, found that women highlighted the need for professionals to recognise that miscarriage or stillbirth is traumatic and not routine. Women found that medicalising language used by healthcare professionals in relation to miscarriage distressing and expressed a need for clear and comprehensible information about the processes of miscarriage so as to alleviate distress. Women also highlighted the need for follow up support, such as a follow up check-up or bereavement counselling.

Further information NICE Quality Standard QS69 Ectopic pregnancy and miscarriage https://www.nice.org.uk/guidance/QS69
NICE Clinical guideline CG192 Antenatal and postnatal mental health: clinical management and service guidance https://www.nice.org.uk/guidance/cg192/chapter/1-Recommendations#Standards-of-care-in-pregnancy-and-the-postnatal-period-2

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

Description Antenatal care is the care pregnant women receive from healthcare professionals during their pregnancy.

Antenatal care in prison should be woman-centre and enable informed decision-making, in line with NICE guidance CG62; pregnant women should have access to the same standard of

[340] NICE. Antenatal and postnatal mental health: the NICE guideline on clinical management and service guidance https://www.nice.org.uk/guidance/cg192/evidence/full-guideline-pdf-193396861

antenatal care as in the community and care should be readily and easily accessible to all pregnant women and should be sensitive to the needs of individual women.

An antenatal support programme in prison should provide physical, emotional and informational support[341] and include the following elements:

- midwife appointments (including screening for clinical conditions, review of prescribed medicines, physical examinations and support with common symptoms)
- scan appointments (access to a scan at a regular clinic inside the prison, to be undertaken by an ultra-sonographer, obstetrician or trained midwife or GP; where scans or other appointments need to happen in hospital, officers should observe prison guidance which specifies that they should not be present during medical consultations)
- antenatal classes
- advice on and provision of antenatal screening
- be trauma-informed [overarching principle 2]

Antenatal classes should include:

- antenatal education for a healthy pregnancy (eg diet, smoking)
- information on birth
- support with birth plan
- advice on breastfeeding [see Standard 6.8]
- education on parenting skills/early parenting
- 1:1 and group sessions (if possible, to encourage peer support)

Rationale Appropriate antenatal support is vital for ensuring mother and baby are well and the pregnancy is progressing without complications as well as promoting a healthy pregnancy (including healthy eating and exercise advice)[342] and promoting mother-child bonding.[343]

[341] Shlafer RJ, Hellerstedt WL, Secor-Turner M, Gerrity E, Baker R. (2015) Doulas' Perspectives about Providing Support to Incarcerated Women: A Feasibility Study. *Public Health Nurs;* 32(4):316-26

[342] http://www.nhs.uk/conditions/pregnancy-and-baby/pages/antenatal-midwife-care-pregnant.aspx

[343] Bruns D. (2006) Promoting Mother-Child Relationships for Incarcerated Women and Their Children. *Infants and young children;* 19(4):308-322

A position statement from the Royal College of Midwives highlights the need for safe and appropriate maternity care to be available to all pregnant women to the same quality and standards as the non-prison population and strictly in line with NICE guidance.[344]

A qualitative study of incarcerated women found that although mothers are concerned about their children, they are typically unable to recognised the negative consequences of their actions on their children and their relationship with their children until beginning intensive treatment, supporting the need for effective treatment focusing on personal issues, parenting abilities and skills to repair relationships and promote healthy family functioning.[345]

Trauma-informed treatment has been identified as particularly important in helping mothers develop their capacities to deal with painful emotions.[346]

One study which included the use of group sessions found these to be consistent, predictable and nurturing sessions.[347]

Birth Companions is a midwifery service which previously supported pregnant women in Royal Holloway prison in England. This service was found to be extremely beneficial to those accessing the service and included weekly prison visits to do birth plans, breastfeeding groups and early parenting groups, feelings and concerns discussed in 1:1 or group settings, support at birth.[348]

Women in prison are likely to resume their parenting roles on release and therefore must support must be provided in prison.[349] A study in Australia supporting women prisoners soon to be released into the

[344] The Royal College of Midwives. Caring for Childbearing prisoners: position statement https://www.rcm.org.uk/sites/default/files/POSITION%20STATEMENT%20Caring~ildbearing%20Prisoners_0.pdf
[345] Gilham JJ. (2012) A qualitative study of incarcerated mothers' perceptions of the impact of separation on their children. *Soc Work Public Health;* 27(1-2):89-103
[346] Cassidy J, Ziv Y, Stupica B, Sherman LJ, Butler H et al. (2010) Enhancing attachment security in the infants of women in a jail-diversion program. *Attach Hum Dev;* 12(4):333-53
[347] Cassidy J, Ziv Y, Stupica B, Sherman LJ, Butler H et al. (2010) Enhancing attachment security in the infants of women in a jail-diversion program. *Attach Hum Dev;* 12(4):333-53
[348] Marshall D. (2010) Birth Companions: working with women in prison giving birth. *British Journal of Midwifery;* 18(4):225-228
[349] Bruns D. (2006) Promoting Mother-Child Relationships for Incarcerated Women and Their Children. *Infants and young children;* 19(4):308-322

community found that women were interested in participating in parenting programs and keen to improve outcomes for their children. Program participation was associated with lifestyle improvements.[350]

Further information

NICE clinical guideline [CG62] *Antenatal care for uncomplicated pregnancies* https://www.nice.org.uk/guidance/cg62/chapter/1-Guidance#management-of-common-symptoms-of-pregnancy
Marshall D. (2010) Birth Companions: working with women in prison giving birth. *British Journal of Midwifery;* 18(4):225-228
Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Our-publications/Birth_Charter_Online_copy.pdf

Standard 6.6

Structured maternity records should be used for antenatal care.

Description

Health professionals providing maternity care in prisons should ensure structured maternity records are used for antenatal care, in line with community provision.

Rationale

This standard is in line with NICE guidance CG62.

The information in antenatal records is collected for two main purposes:

- administration
- identification of maternal risk, foetal risk, and special requirements so that further management can be planned[351]

Further information

NICE clinical guideline [CG62] *Antenatal care for uncomplicated pregnancies* https://www.nice.org.uk/guidance/cg62/chapter/1-Guidance#management-of-common-symptoms-of-pregnancy

[350] Frye SA, Dawe S. (2008) Interventions for women prisoners and their children in the post-release period. *Clinical Psychologist;* 12(3):99-108

[351] National Collaborating Centre for Women's and Children's Health (2008) Antenatal care: routine care for the healthy pregnant woman https://www.nice.org.uk/guidance/cg62/evidence/full-guideline-corrected-june-2008-pdf-196748317

Standard 6.7

Prisons should ensure perinatal care services are in place to support women.

Description

Perinatal describes the period surrounding birth, and usually includes the time from about 24 weeks of pregnancy (festital viability) up to 28 days or life.[352] Prisons should ensure there is a perinatal pathway with perinatal care services in place to support women during this time. This should include: efforts to improve conditions or care for pregnant women, support during birth, co-residence after births and mental health service provision.

Rationale

A systematic review of imprisoned pregnant women found there is some evidence that women in prisons with increased perinatal care provision (defined as some specific effort to improve conditions or care for pregnant women) had improved maternal and perinatal outcomes. Longer term positive outcomes were associated not only with enhance perinatal care, but also co-residence with the child after birth and co-ordination of community care on release.[353]

Further information

NICE Clinical guideline [CG62] *Antenatal care for uncomplicated pregnancies* https://www.nice.org.uk/guidance/cg62/chapter/1-Guidance#management-of-common-symptoms-of-pregnancy

NICE Clinical guideline [CG190] *Intrapartum care for healthy women and babies:* https://www.nice.org.uk/guidance/cg190

NICE Quality standard [QS115] *Antenatal and postnatal mental health:* https://www.nice.org.uk/guidance/qs115

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

Joint Commissioning Panel for Mental Health (2012) Guidance for commissioners
of perinatal mental health services. Volume Two: Practical mental health commissioning; London: JCP-MH.
https://www.rcpsych.ac.uk/pdf/perinatal_web.pdf

Royal College of Psychiatrists (2014). CCQI. Perinatal Quality

[352] http://www.pi.nhs.uk/pnm/definitions.htm

[353] Bard E, Knight M, Plugge E. (2016) Perinatal health care services for imprisoned pregnant women and associated outcomes: a systematic review. *BMC Pregnancy Childbirth;* 16(1):285

Network for Perinatal Mental Health Services. http://www.rcpsych.ac.uk/pdf/Perinatal%20Comunity%20Standards%20Cycle%203.pdf

Royal College of Midwives (2015). Caring for Women with Mental Health Problems
Standards and Competency Framework for Specialist Maternal Mental Health Midwives
https://www.rcm.org.uk/sites/default/files/Caring%20for%20Women%20with%20Mental%20Health%20Difficulties%2032pp%20A4_h.pdf

Standard 6.8

Pregnant women should receive advice and support about breastfeeding, both prior to and after birth.

Description Pregnant women in prison should be effectively supported in the feeding method of their choice. They should be fully informed about the positive healthcare benefits of breastfeeding both for the baby and themselves, with information received in format that is comprehensible. Breastfeeding counsellors should be available to ensure equity of access to those in the community. There should be facilities available to support expressing of breast milk, especially when babies are in special care baby units. The environment needs to be breast feeding friendly. Breastfeeding should not prevent women in participating in rehabilitation or purposeful activity.

Rationale A number of studies have highlighted the benefits of breastfeeding to women in prison, arguing that it is valued by pregnant women and has the potential to contribute to their psychological wellbeing and self-worth as a mother.[354]

This standard is in line with maternity standards from the Royal College of Obstetricians and Gynaecologists and from the UN.

The UN handbook on the women and imprisonment states that breastfeeding mothers should be able to breastfeed their babies in a comfortable environment and the prison regime should be made flexible both for pregnant women and for breastfeeding mothers.

[354] Huang K, Atlas R, Parvez F. (2012) The significance of breastfeeding to incarcerated pregnant women: an exploratory study. *Birth;* 39(2):145-155

The Royal College of Obstetricians and Gynaecologists which has produced a framework for maternity service standards states that breastfeeding support should be made available regardless of the location of care.

The UN Bangkok Rules also state that women prisoners shall not be discouraged from breastfeeding their children, unless there are specific health reasons to do so.

Further information

RCOG (2016) Providing Quality Care for Women: a framework for maternity service standards: https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/maternitystandards.pdf
UNODC (2014) Handbook on women and imprisonment: https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf
UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

Standard 6.9

Pregnant women should have access to a birth supporter during labour.

Description

Pregnant women should have access to a birth supporter during labour. Support includes physical, emotional and informational support. The prison should ensure that the birth supporter is notified as soon as possible. It is important that those women without family, or those family and friends live too far away to attend the birth, have access to an alternative source of support.[355]

Rationale

Birth Companions is a midwifery service which previously supported pregnant women in Royal Holloway prison in England. This service was found to be extremely beneficial to those accessing the service; as well as antenatal care, they offer support as birth partners. Women reportedly said they felt reassured knowing they would have a birth companion with them for the birth or while they wait for

[355] Shlafer RJ, Hellerstedt WL, Secor-Turner M, Gerrity E, Baker R. (2015) Doulas' Perspectives about Providing Support to Incarcerated Women: A Feasibility Study. *Public Health Nurs;* 32(4):316-26

the family to arrive. A report produced by *Birth Companions* argues that no female prisoner should have to go through birth in isolation and without the emotional and practical support often taken for granted in the wider community.[356]

Research has shown that continuous birth support has a positive impact on mothers and babies, resulting in shorter labours, reduced interventions and fewer complications.[357],[358] Kindness and compassion being shown towards women in labour have been found to reduce stress and increasing the flow of oxytocin: a hormone that facilitates childbirth and breastfeeding.[359]

Further information

Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

[356] Marshall D. (2010) Birth Companions: working with women in prison giving birth. *British Journal of Midwifery;* 18(4):225-228
[357] Hodnett E, Gates S, Hofmeyr G, Sakala C, Weston J. (2012) Continuous support for women during childbirth. *Cochrane database of systematic reviews,* 10
[358] Sandall J, Soltani H, Gates S, Shennan A, Devane D. (2013) Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database Syst Rev*, 8 (8)
[359] Moberg K. (2014) How kindness, warmth, empathy and support promote the progress of labour: a physiological perspective, in Byron S, Downe S (eds.) (2014) The roar behind the silence: why kindness, compassion and respect matter in maternity care. Pinter & Martin, UK

Standard 6.10
Pregnant women in labour should receive appropriate care during transfer.

Description Pregnant women in labour should receive appropriate care during transfer between the prison and hospital, including being accompanied by officers who have had appropriate training and received clear guidance. Officers should only be present in the delivery room when a woman is in active labour if invited to be there by the woman or the risk assessment indicates it is required.

Rationale Protocols exist regarding the accompaniment of women in prison on antenatal appointments or when giving birth at a local hospital, however some officers may not be sure of their role because they have not received appropriate training.[360]

Kindness and compassion being shown towards women in labour have been found to reduce stress and increasing the flow of oxytocin: a hormone that facilitates childbirth and breastfeeding.[361]

Research has demonstrated the importance of respecting a woman's dignity and privacy during birth and breastfeeding. A stressful environment during birth can impact on labour and mother/baby bonding.[362]

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment state that the use of shackles or any form of restraint during gynaecological examinations and or delivery is completely unacceptable and qualifies as inhuman and degrading treatment.[363]

Further information Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

[360] Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf
[361] Moberg K. (2014) How kindness, warmth, empathy and support promote the progress of labour: a physiological perspective, in Byron S, Downe S (eds.) (2014) The roar behind the silence: why kindness, compassion and respect matter in maternity care. Pinter & Martin, UK
[362] Buckley, S. (2015) Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care, Washington DC: Childbirth Connection Programs, National Partnership for Women & Families, January 2015
[363] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Women deprived of liberty. Extract from 10th General Report of the CPT. 2000.

Standard 6.11
All babies born to a woman in prison should be offered the newborn screening tests.

Description In line with community provision, pregnant women in prison and women in prison who have recently given birth should be provided with comprehensible information about the newborn screening test and all newborn babies born to mothers in prison should be offered a newborn screening test.

Rationale Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or condition. The newborn and infant physical examination screening programme (NIPE) is one of the antenatal and newborn NHS population screening programmes. NIPE screens newborn babies within 72 hours of birth, and then once again between 6 to 8 weeks for conditions relating to their[364]:

- heart (to identify congenital heart disease)
- hips (to identify developmental dysplasia of the hip)
- eyes (to identify congenital cataracts)
- testes (to identify cryptorchidism (undescended testes))

Further information PHE (2013) *Newborn and infant physical examination screening: programme overview* https://www.gov.uk/guidance/newborn-and-infant-physical-examination-screening-programme-overview

Standard 6.12
Women giving birth while in prison or recently having given birth should have access to postnatal services.

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

- mental health services (including assessment and diagnosis of a suspected mental health problems) [in line with NICE Quality Standard 115, NICE clinical guideline 192] [links to section 2: mental health]

[364] https://www.gov.uk/guidance/newborn-and-infant-physical-examination-screening-programme-overview

- midwife/health visitor visits and postnatal care plan
- information provision
- feeding support
- infant health

Rationale

This standard is in line with NICE Clinical guidelines CG192 and 37 and NICE Quality standards 115. Women in prison should receive antenatal and postnatal services equivalent to those provided in the community.

Further information

NICE Clinical guideline [CG192] *Antenatal and postnatal mental health: clinical management and service guidance:* https://www.nice.org.uk/guidance/cg192/chapter/1-Recommendations#Standards-of-care-in-pregnancy-and-the-postnatal-period-2

NICE Clinical guideline [CG37] *Postnatal care up to 8 weeks after birth:* https://www.nice.org.uk/guidance/cg37/chapter/1-Recommendations#planning-the-content-and-delivery-of-care

NICE Quality standard [QS115] *Antenatal and postnatal mental health:* https://www.nice.org.uk/guidance/qs115

NHS England (2016) National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Joint Commissioning Panel for Mental Health (2012) Guidance for commissioners
of perinatal mental health services. Volume Two: Practical mental health commissioning; London: JCP-MH.
https://www.rcpsych.ac.uk/pdf/perinatal_web.pdf

Standard 6.13
Women living on mother and baby units with their child should be able to cook meals for their babies.

Description Cooking facilities should be available on each mother and baby unit so that women are able to cook meals for their children.

[Links to Standard 8.18]

Rationale A report by the HM Inspectorate of Prisons suggests that allowing mothers to cook for their babies provides a practical way to exercise normal parental responsibility.[365] It will also help them understand nutritional needs of children, develop practical skills and improve their sense of wellbeing in being able to look after their child.

Further information HM Inspectorate of Prisons Life in Prison: Food; https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf

Standard 6.14
Women with babies in prison should be entitled to additional family visits, if appropriate and safe.

Description Women with babies in prison should be entitled to additional family visits, if it is appropriate and safe. Visits should take place on mother and baby units or in other child-friendly settings.

Rationale This standard is supported by the Birth Charter, produced by *Birth Companions,* which is based on experiences of working with women in prison.[366] The report highlights the importance of visits in helping family members to form close and loving relationships with the new baby. The right to family life is also enshrined in human rights legislation; article 8 of the Human Rights Act protects the right to

[365] HMIP (2016) Life in prison: food https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
[366] Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

family life and includes relationships between parents and children, siblings, grandparents and grandchildren.[367] There is considerable evidence on the importance of attachment and how the pre-natal and early years are crucial periods for healthy child development.

Further information

Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

Standard 6.15

Women with caring responsibilities should be identified and supported.

Description

Women with caring responsibilities, such as children and other dependents outside of prison, should be identified on entry to prison and supported to ensure their safety is assessed and safeguarded.

This should include:

- identification of children or other dependents who may be at risk on entry to prison, recording of details and support plan generated
- enable women to make arrangements for children and other dependents (eg phone calls)
- women who are mothers of babies to be given immediate information about mother and baby units, and supported to make an application if appropriate
- breastfeeding women are identified and given appropriate advice and support by a healthcare practitioner
- prison staff have access to social services contact in the event that concerns regarding the welfare of children cannot be resolved
- referral of all women with dependents to a family support worker and offered services to reduce the trauma of separation

[367] Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

Rationale

UK prisons provide some provision for imprisoned mothers of infants in the form of mother and baby units (MBUs); however, most mothers are separated from their children under 18 months. While the figures are unclear and not routinely collected[368], there could be around 500 women a year who are in this position (with children under 18 months).[369] The research shows that women separated from their children have worse mental health than women who are not separated. A growing literature highlights that separation is also exceptionally difficult for women and can affect their mental health and wellbeing in prison[370] Research into mothers in MBUs and mothers separated from their infants has highlighted that women in prison and with young children are at particularly high risk of mental health difficulties,[371] and those separated are at even greater risk, particularly following recent childbirth[372], [373] This research has also found that depression and exacerbation of existing mental health difficulties could be directly related to separation.[374]

This standard is supported by a report from Her Majesty's Inspectorate of Prisons which details expectations for women in prison stating that women who are separated or separating from their children are given appropriate support and that the safety of women's children and other dependents is assessed and safeguarded.[375]

[368] Dolan, R. (2016). Pregnant women, mothers, mother and baby units and mental health in prison. *PsyPag Quarterly, 100*, 32–35.
[369] Claire Powell, Lisa Marzano & Karen Ciclitira (2016): Mother–infant separations in prison. A systematic attachment-focused policy review, The Journal of Forensic Psychiatry & Psychology
[370] Byrne, M. W., Goshin, L. S., & Joestl, S. S. (2010). Intergenerational transmission of attachment for infants raised in a prison nursery. *Attachment and Human Development,12*, 375–393.
[371] Birmingham, L., Coulson, D., Mullee, M., Kamal, M., & Gregoire, A. (2006). The mental health of women in prison mother and baby units. *Journal of Forensic Psychiatry and Psychology, 17*, 393–404.
[372] Gregoire, A., Dolan, R., Birmingham, L., Mullee, M., & Coulson, D. (2010). The mental health and treatment needs of imprisoned mothers of young children. *Journal of Forensic Psychiatry & Psychology, 21*, 378–392
[373] Wooldredge, J. D., & Masters, K. (1993). Confronting problems faced by pregnant inmates in state prisons. *Crime & Delinquency, 39*, 195–203.
[374] Claire Powell, Lisa Marzano & Karen Ciclitira (2016): Mother–infant separations in prison. A systematic attachment-focused policy review, The Journal of Forensic Psychiatry & Psychology
[375] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

The American College of Obstetricians and Gynaecologists recommend that women entering prison facilities are asked about care and safety of minor children at home.[376]

It is important that the trauma of leaving children is recognised and support given to those with caring responsibilities. The MOJ has estimated that between 24% and 31% of all women offenders have one or more child dependents[377]. For 85% of mothers in custody, their imprisonment is the first time they have ever been separated from their child.[378]

Further information

HMIP (2014) Expectations : criteria for assessing the treatment of and conditions for women in prison https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

ACOG (2012) Committee opinion (535): reproductive health care for incarcerated women and adolescent females: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

Claire Powell, Lisa Marzano & Karen Ciclitira (2016): Mother–infant separations in prison. A systematic attachment-focused policy review, The Journal of Forensic Psychiatry & Psychology

[376] https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females

[377] Home Office Research Study 162 . Imprisoned women and mothers London: Home Office, 1997

[378] Ibid Home Office Research Study 162 . Imprisoned women and mothers London: Home Office, 1997

Standard 6.16
Family visits and contact should be encouraged.

Description

Women in prison should be encouraged to have family visits and maintain social relationships in order to maintain their mental wellbeing.

Rationale

There is strong evidence to show the importance of visits for maintaining identity. Social relationships and family ties are protective factors for prisoners' mental wellbeing and ways of preserving social contacts should be highly encouraged to ensure better mental wellbeing and promote resettlement on release.

There is strong evidence to show the importance of visits for maintaining identity. Social relationships and family ties are protective factors for prisoners' mental wellbeing and ways of preserving social contacts should be highly encouraged to ensure better mental wellbeing and promote resettlement on release.

Evidence also shows the benefits of holding women close to their home, to enable family visits to happen.[379,380] Children should not be penalised from visiting or contacting their mother because of the mother's behaviour. The number of visits by children should not be restricted in order to serve the needs of an incentives scheme. Incentives schemes therefore should never be linked to access to family visits. HMIP expectations for assessing the treatment of and conditions of women in prison state that woman have sufficient access to visits to sustain healthy relationships with their children and families. Women are aware of the prison procedures and their visits entitlements and that women are actively supported to maintain contact with children and families through regular and easy access to mail, telephones and other communications state that woman have sufficient access to visits to sustain healthy relationships with their

[379] *Prison Service Order 4800 – women prisoners* https://www.justice.gov.uk/offenders/psos
[380] Rickford D. (2003) Troubled inside: responding to the mental health needs of women in prison. London: Prison Reform Trust, 2003

children and families. Women are aware of the prison procedures and their visits entitlements and that women are actively supported to maintain contact with children and families through regular and easy access to mail, telephones and other communications.

Further information

Independent Advisory Panel on Deaths in Custody (2017):Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

HMIP (2014) Expectations: criteria for assessing the treatment of and conditions for women in prison. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

Prison Service Order 4800 – women prisoners https://www.justice.gov.uk/offenders/psos

Standard 6.17
Ensure pregnant women and women with children are given appropriate information and support on release from prison.

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

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

Rationale Around a third of women prisoners lose their home as a result of incarceration.[381]

Cassidy et al.[382] found that wrap around social support may have been crucial to the outcomes of their study as women moved into the community. Another study found that enhanced perinatal care, including co-ordination of community care on release, demonstrated reductions in recidivism rates over the 10 year follow up period.[383]

The Royal College of Midwives highlight the benefit to pregnant women in prison from continuity of care from a midwife, which will happen if there are strong links with the maternity services in the community.[384]

381 Prison Reform Trust (2000) Justice for women: the need for reform. London: PRT
382 Cassidy J, Ziv Y, Stupica B, Sherman LJ, Butler H et al. (2010) Enhancing attachment security in the infants of women in a jail-diversion program. *Attach Hum Dev;* 12(4):333-53
383 Bard E, Knight M, Plugge E. (2016) Perinatal health care services for imprisoned pregnant women and associated outcomes: a systematic review. *BMC Pregnancy Childbirth;* 16(1):285
384 The Royal College of Midwives. Caring for Childbearing prisoners: position statement https://www.rcm.org.uk/sites/default/files/POSITION%20STATEMENT%20Caring~ildbearing%20Prisoners_0.pdf

Further information Birth Companions *Birth Charter for women in prisons in England and Wales:* http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf

Standard 6.18
Community sentences should be encouraged.

Description Where possible, community sentences for women should be encouraged, particularly for pregnant women or women with children. Pre Sentence report must consider the impact of a prison sentence on , pregnant women, women with children and women with other caring responsibilities.

Rationale [Links to Standard 2.5 on liaison and diversion services]
A major study found that two-thirds (66%) of imprisoned women are mothers of children under the age of 18. A third (34%) of these women had children under the age of five, and a further 40% had children aged between five and ten.[385]

It is acknowledged that there are different drivers to women's offending and the prevalence of multiple and complex needs, including the incidence of previous trauma which points to the evidence base demonstrating that the solutions to most offending by women lie in the community and not in custody. The use of remand and custodial sentences can create a disastrous 'ripple effect' for vulnerable women and their children, including severe disruptions to childcare, housing, income and access to local services, from which women and their families may struggle to recover.

Evidence shows that imprisonment for short sentences of less than six months offers little opportunity for rehabilitation and often exacerbate women's problems and the disadvantages that accrue to their children and families and communities.

The Independent Advisory Panel on Deaths in Custody encouraged the greater use of community sentences by the

385 Liebling, A. & Maruna, S. (2005) The effects of imprisonment Devon: Willan

courts to include treatment orders, and to ensure adequate information is provided to the courts including reports covering mental health need, vulnerability and safeguarding concerns.

The UN Bangkok Rules for the treatment of women prisoners, which states non-custodial sentences for pregnant women and women with dependent children shall be preferred where possible and appropriate, with custodial sentences being considered when the offence is serious or violent or the woman represents a continuing danger, and after taking into account the best interests of the child or children, while ensuring that appropriate provision has been made for the care of such children.386

The gender-sensitive risk assessment and classification of prisoners should:

(a) Take into account the generally lower risk posed by women prisoners to others, as well as the particularly harmful effects that high-security measures and increased levels of isolation can have on women prisoners
(b) Enable essential information about women's backgrounds, such as violence they may have experienced, history of mental disability and substance misuse, as well as parental and other caretaking responsibilities, to be taken into account in the allocation and sentence planning process
(c) Ensure that women's sentence plans include rehabilitative programmes and services that match their gender-specific needs
(d) Ensure that those with mental health-care needs are housed in accommodation which is not restrictive, and at the lowest possible security level, and receive appropriate treatment, rather than being placed in higher security level facilities solely due to their mental health problems

The Corston Report highlighted that community sentences would be of benefit provided there were packages of measures tailored to meet the individual women's need. It

386 UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

also outlined that a prison sentence was more expensive and in many cases had an indirect cost of family disruption, damage to children and substitute care, lost employment and subsequent mental health problems.[387]

Further information

Independent Advisory Panel on Deaths in Custody (2017): http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/04/IAP-rapid-evidence-collection-v0.2.pdf

UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

Rickford D. (2003) Troubled inside: responding to the mental health needs of women in prison. London: Prison Reform Trust, 2003

Corston, J. (2007) The Corston Report: a review of women with particular vulnerabilities in the criminal justice system. London: Home Office. http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf

This film includes case law and guidance re what sentencers need to take into account when sentencing mothers.

http://www.ox.ac.uk/news/2018-01-30-safeguarding-children-when-sentencing-mothers

387 Corston, J. (2007) The Corston Report: a review of women with particular vulnerabilities in the criminal justice system. London: Home Office. http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf

7. Older women

For the purposes of this document, older prisoners are defined as female prisoners aged 50 years and above. Although there are different definitions of an 'older prisoner' across existing policy and guidance, it is now widely acknowledged that there is a more rapid onset of physical symptoms of aging among older prisoners than in the general population, hence the increasingly used threshold of 50 years old.[388,389,390,391]

As well as those listed in this section, standards relating to older women in prison are covered by standards included in other topic areas. For example:

- Standard 1.9: All eligible women should be offered screening and a physical health check (as per the Physical Health Check in Prisons Programme) within the appropriate interval

Standard 7.1
A health and social care needs assessment of the older prisoner population should be carried out for each women's prison and adjustments to routines made.

Description All prisons should complete a needs assessment identifying the needs of their older women prisoners and make relevant adjustments to routines to improve health and wellbeing. Full details can be found in PHE Health and Social care needs assessments of the Older Prison Population: A guidance document.

Rationale In general, the health of older prisoners is worse than their contemporaries in the community, with some having a physical health status 10 years older than their contemporaries.[392] It is estimated that 80% of prisoners aged 50 and above have a long standing illness or disability.[393] There is currently a gap in the evidence in terms of identifying the needs for older women prisoners; individual prison

388 https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/writev/olderprisoners/m26a.htm
389 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf
390 http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Government-and-society/Older%20Prisoners%20Guide_pro.pdf?dtrk=true
391 http://www.recoop.org.uk/pages/resources/
392 https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/8904.htm
393 http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I

needs assessments will provide a local picture of need and allow adjustments to be met and any gaps or issues identified.

Further information PHE (2017) Health and Social Care needs assessments of Older Prison Population. A guidance document. https://www.gov.uk/government/publications/health-and-social-care-needs-assessment-of-older-people-in-prison

Standard 7.2

Older women in prison should have an initial age-specific health and social care assessment on arrival and regular assessments thereafter.

Description Older women in prison should have a health and social care assessment on arrival and every six months thereafter, which reviews their medical history and conditions and identifies any outstanding appointments and relevant conditions. Age-specific assessment and screening tools should be included (eg assessment of frailty, breast cancer screening eligibility).

Rationale This standard is also in line with *Prison Service Order 3050,* NICE guidance NG57 which recommend a health assessment at reception into prison,[394,395] and with the Department of Health's recommendation for providing an older person-specific health and social care assessment on entry and repeated every six months, with care plans made and reviewed accordingly.[396,397,398] There is evidence from several case studies of UK prisons that this latter recommendation is largely unmet.[399,400] A large scale report into health and social care in male UK prisons states that there is evidence to suggest that specialised assessments are required because older prisoners have more complex health and social care needs than their

394 PSO 3050

395 https://www.nice.org.uk/guidance/ng57/chapter/Recommendations

396 Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health; 2007

397 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

398 https://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people

399 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

400 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf

younger counterparts and those of a similar age living in the community.

The Prisons and Probation Ombudsman (PPO) conducted an independent investigation into naturally-caused deaths of prisoners over 50 and recommends that prisons should ensure that newly arrived prisoners have an appropriate health screen that reviews their medical history and conditions and identifies any outstanding appointments and relevant conditions.[401]

Further information

HMPPS *Prison Order 3050 - Continuity of healthcare for prisoners:* https://www.justice.gov.uk/offenders/psos
NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57
Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health, 2007
PPO (2017) Learning from PPO investigations: older prisoners: http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
PHE (2017) Health and Social Care needs assessments of Older Prison Population. A guidance document. https://www.gov.uk/government/publications/health-and-social-care-needs-assessment-of-older-people-in-prison

Standard 7.3

Adequate adaptations should be carried out to allow older women in prison with mobility difficulties physical access to services and facilities.

Description

Prisons should ensure older prisoners with mobility difficulties are not isolated by their physical environment and are able to access the same parts of the prison that other prisoners can, including access to work and activities. Access to different parts of the prisons and to work and activities requires either adjustments to the environment or provision of mobility aids such as walking sticks or wheelchairs.[402]

Rationale

There is evidence to suggest that many prisoners in their 50s have mobility problems that would be expected of much older people in the

401 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
402 House of Commons: Justice Committee (2013) Older prisoners: fifth report of session 2013-14 [online] https://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf

community.[403] This standard is supported by evidence from the literature which has looked at health and social care service provision in male prisons in the UK specifically.[404] Prisoners with mobility needs risk being isolated by a physical environment and regime which they cannot access, such as access to different parts of the prison and to work and activities.[405] Prisons should look at the design and layout of prisons and placement of older prisoners, especially those with mobility difficulties.[406] The Prison Reform Trust also highlights catering for mobility issues as an example of good practice in their publication 'Doing Time'.[407]

Further information

Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

House of Commons: Justice Committee (2013) Older prisoners: fifth report of session 2013-14 [online] https://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf

Standard 7.4

Each adult women's prison should have an older prisoners lead.

Description

All prisons should identify an older prisoners' lead within their healthcare department who should take the lead on considering the needs of older women in prison, link with the operational equality lead and develop specialist services. Examples of specialist services include: older prisoner/buddy schemes and designated older adult

403 House of Commons: Justice Committee (2013) Older prisoners: fifth report of session 2013-14 [online] https://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf

404 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

405 House of Commons: Justice Committee (2013) Older prisoners: fifth report of session 2013-14 [online] https://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf

406 Williams J. (2010) Fifty – the new sixty? The health and social care of older prisoners. *Quality in Ageing and Older Adults;* 11(3): 16-24

407 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

clinics.[408] Specialist training should be provided as required to support the lead in carrying out their role.[409]

Rationale This standard is supported by evidence from the literature which has looked at health and social care service provision in UK prisons410, a report which also identified a recommendation for older prisoner leads to receive training in the use of the older prisoner health and social care assessment and plan. The Department of Health toolkit for older prisoners also makes reference to an older prisoners lead.[411]

Further information Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)
Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health; 2007

Standard 7.5
Each women's prison should have an older persons committee/forum with prisoner representation.

Description Prisons should establish an older persons committee, which includes representatives from the older prison population. The committee should ensure the needs of older people are being met and identify and raise issues relevant to older people in the prison.

Rationale Findings from a report on older people in UK prisons identified older prisoner forums or committees as good methods of consulting older prisoners about their needs. The report recommends that prisons have some regular and ongoing process in place for consulting prisoners directly on their needs and that older prisoner

408 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)
409 Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health; 2007
410 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)
411 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

representatives are appointed to other relevant consultative forums to express the views of their peers. [412]

An AgeUK report also highlights the benefits and importance of older prisoners' forums, such as promoting positive citizenship via constituted democratic bodies, de-institutionalising older prisoners and assisting their reintegration into mainstream society as well as identifying issues to be addressed (eg health, catering, noise).[413]

Further information Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

Standard 7.6

Each adult women's prison should have an older prisoner policy.

Description Prisons should ensure they have an older prisoner policy in place.

Rationale This standard is supported by the recommendation in the Department of Health toolkit for good practice.[414]

Further information Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health; 2007

412 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

413 http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Government-and-society/Older%20Prisoners%20Guide_pro.pdf?dtrk=true

414 Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health; 2007

Standard 7.7
Prisons should encourage social interaction among older prisoners through provision of communal areas such as a day centre or day room.

Description Older prisoners should have opportunities to socially interact in order to reduce social isolation. Examples include a day centre or day room.

Rationale Findings from engagement with prisoners in UK prisons found that poor regimes and lack of engagement with older people are leading to isolation.[415] A report highlighting good practice with older people in prisons provides further support for creating a positive social and education environment for older people through provision of a day centre or day room in order to reduce isolation.[416]

Further information Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff: http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

Standard 7.8
Prisons should work with their local authority and across prison health and social care services to ensure appropriate social care provision is available for older prisoners.

Description Under the 2014 Care Act, local authorities have a duty to assess social care need, either pro-actively or upon referral from the prison. Prisons should work with their local authority to ensure older prisoners have access to a level and quality of social care equivalent to that provided in the community. This should include: involvement of social care professionals within prisons and not just before release, interagency co-operation between health care and social care providers working within prisons and identification of social care needs of older prisoners.

Health and social care services within prisons need to work effectively together to ensure effective integrative working between staff.

415 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf
416 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

Examples of how to achieve better integrative working include: a social care lead to actively support and address older prisoners' social care needs, clarification of responsibility of social care for older prisoners, increase in face-to-face networking opportunities between health and social care staff, comprehensive local agreements and effective referral and handover agreements between health and social care professionals, including shared electronic health social care records.

Rationale

Since April 2015, local authorities have been responsible for meeting the social care needs of people within prisons within their areas.[417] Evidence for improving social care provision suggests: social services involvement in prisons, effective interagency co-operation between health care and social services including effective referral and handover, identification of a social care lead, health and social care assessments for all older prisoners including ensuring needs are adequately met, release planning to include involvement from social care staff.[418,419,420]

The National Service Framework (NSF) for Older People, which is concerned with promoting better health and social care for older people identifies eight standards that focus on healthcare but are intrinsically linked to social care and provide an overview of standards expected in the community and therefore also in prisons. The standards are structured around: rooting out age discrimination, person-centred care, access to intermediate care, general hospital care, stroke, falls, mental health and promotion of health and active life in older age.[421]

The Prison Reform Trust have identified that many older people are not having their social care needs assessed or adequately met and

417 http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I

418 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

419 Williams J. (2010) Fifty – the new sixty? The health and social care of older prisoners. *Quality in Ageing and Older Adults;* 11(3): 16-24

420 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf

421 DH (2001) National Service Framework for Older People: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf

that social services involvement in prisons is sparse.[422] Williams[423] similarly highlights the issues of provision of health and social care in prison, arguing they do not match those for older people outside the prison system. He recommends involvement of social care professionals within prisons and not just before release; and close liaison between health and social care providers working within prisons. This is supported by a report into health and social care services for older male adults in UK prisons[424], which recommends a need for effective interagency co-operation between health care and social services.

Further information

DH (2001) National Service Framework for Older People: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf

Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

Standard 7.9

Timely, detailed and multi-disciplinary release planning should be undertaken for all older prisoners identified as requiring age related support.

Description

Release planning for older prisoners should be undertaken in a timely manner and be multidisciplinary, including involvement from healthcare, social care and prison staff.

In line with recommendations from the Department of Health[425] and NICE guidance NG57, release planning for older prisoners should involve:

422 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf

423 Williams J. (2010) Fifty – the new sixty? The health and social care of older prisoners. *Quality in Ageing and Older Adults;* 11(3): 16-24

424 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

425 Department of Health. A pathway to care for older offenders. A toolkit for good practice. London: Department of Health; 2007

- a health and social care needs assessment history being forwarded by the health care team to the offender manager
- the conduction of a pre-release health and welfare assessment, including a medicines review for older people who are assessed as needing extra support to manage their medicines on release
- an assessment by a social worker, conducted face-to-face
- collaboration with external organisations including linking older prisoners with agencies that can support them on release
- the organisation of a care package
- formal arrangements for loans of occupational therapy equipment
- a pre-release course specifically for older and retired prisoners

[see overarching principle 6]

Rationale

In general, the health of older prisoners is worse than their contemporaries in the community, with some having a physical health status 10 years older than their contemporaries.[426] It is estimated that 80% of prisoners aged 50 and above have a long standing illness or disability.[427] With more complex health and social care needs, there is a need for timely, multi-disciplinary release planning.[428]

Evidence from a large scale study regarding health and social care services for older male adults in prison found that planning for release was perceived to be inadequate by older prisoners, with the majority feeling that their release had not been planned at all.[429] For older prisoners, more uncertain destination and a lack of planning for release can cause severe anxiety and psychological pressure at a critical stage in preparation for resettlement[430], meaning that a prisoner cannot plan their release.

426 https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/8904.htm
427 http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I
428 Forsyth K, Senior J, Stevenson C, O'Hara K, Hayes A et al. 'They just throw you out':release planning for older prisoners. *Ageing and Society* 2015; 35(9): 2011-2025
429 Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. *Health Serv Deliv Res* 2013;1(5)
430 https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/8907.htm

Further information Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, et al. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. Health Serv Deliv Res 2013;1(5)

Standard 7.10

Older prisoners should have opportunities to be located near to each other.

Description Prisons should organise their accommodation to provide older prisoners with the opportunity to be housed near to other older prisoners if they prefer.

Rationale *Prison Service Order 4800* on women prisoners states that some older women prefer to be located together while other would rather live in mixed communities. Prisons should therefore provide older women prisoners with the opportunity to be located near other older prisoners as some older women feel being located with or constantly surrounded by much younger prisoners tiring.[431] A report produced for the Justice Committee from an independent charity delivering support services and resettlement programmes for older prisoners in the South West of England recommends the establishment of older prisoners' accommodation units or wings where possible. A report by the Prison Reform Trust argues that prisons that organise their accommodation around their population needs, and try to offer quieter or more peaceful environments, improve prisoners' quality of life.[432] Locating older prisoners near each other is likely to promote a quieter environment and can help reduce social isolation.

Further information *Prison Service Order 4800 – women prisoners* https://www.justice.gov.uk/offenders/psos

431 *Prison Service Order 4800 – women prisoners* https://www.justice.gov.uk/offenders/psos

432 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

Standard 7.11
Prisons should work with healthcare to promote a healthy and active lifestyle in older age.

Description Older female prisoners should be encouraged to live a healthy and active lifestyle. This will require partnership working between prison staff and healthcare staff and should include the following elements:

- encourage older prisoners to meet physical activity recommendations
- identification of older prisoners not meeting physical activity recommendations and provision of tailored advice
- ensure sedentary/inactive older prisoners with existing health conditions have access to exercise referral schemes
- promote a healthy diet among older prisoners
- provision of physical activity opportunities that cater for the specific needs of older women (eg bone strengthening, relieving menopause symptoms and weight loss exercises targeting areas older women prefer).

Rationale In general, the health of older prisoners is worse than their contemporaries in the community, with some having a physical health status 10 years older than their contemporaries.[433] It is estimated that 80% of prisoners aged 50 and above have a long standing illness or disability.[434] In addition, a number of studies report a decline in health for older prisoners[435] during incarceration and specifically for female older prisoners.[436] In one report of older prisoners in England and Wales[437], only 11% of women over 50 said they used the gym at least twice a week, compared to 43% of under 50s. A survey of women prisoners in the South of England found that participation in sport decreased with age, exacerbated by a lack of provision for older women in prison. However, participation in some activities, such as badminton and exercise classes was not affected by age, suggesting that offering non-gym activities may increase participation among older women.[438]

433 https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/8904.htm
434 http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I
435 Loeb SJ, Abudagga A (2006) Health-related research on older inmates: An integrative review. Research in Nursing & Health; 29(6): 556–565
436 Lindquist CH; Lindquist CA (1999)
437 A follow up to the 2004 thematic review by HM Chief Inspector of Prisons (2008)
438 Meek R (2013) Sport in Prison: exploring the role of physical activity in correctional settings. *Abingdon: Routledge*

A report on the experiences and needs of older people in prison[439] found that overcrowding and younger prisoners dominating prison regimes are leading to longer time in the cell and less exercise time for female older prisoners. Exercise classes have been found to be poorly attended by older women, supporting the suggestion of specific classes for over 50s such as walking groups and yoga to help menopause symptoms, as well as catering for their specific needs such as the inclusion of softer music and bone strengthening exercises.[440]

Further information

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf [Older adults 65+ years]
WHO Prisons and Health: http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf
NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57
NICE Public health guideline *Physical activity: brief advice for adults in primary care* [PH44]: https://www.nice.org.uk/Guidance/PH44
NICE Public health guideline *Physical activity: exercise referral schemes* [PH54] https://www.nice.org.uk/guidance/PH54/chapter/1-Recommendations#exercise-referral-for-people-who-are-sedentary-or-inactive-but-otherwise-healthy
NICE Clinical guideline *Obesity: identification, assessment and management* [CG189] https://www.nice.org.uk/guidance/cg189/chapter/1-Recommendations#physical-activity
Government Buying Standards for Food and Catering Services (GBSF) Checklist: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
NICE *Preventing excess weight gain* [NG7] https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#2-encourage-physical-activity-habits-to-avoid-low-energy-expenditure
NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and

439 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf
440 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf
HM Inspectorate of Prisons Life in Prison: Food: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
United Nations Standard Minimum Rules for the Treatment of Prisoners: http://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf

Standard 7.12

Older women in prison with complex health needs should have a personalised care plan in place which promotes a co-ordinated approach to care.

Description Older prisoners with complex health needs should have a personalised care plan in place, and that both primary physical and mental health care teams effectively share information to ensure a co-ordinated approach to care.

Rationale This standard is in line with a recommendation from the Prisons and Probation Ombudsman (PPO), which conducted an independent investigation into naturally caused deaths of prisoners over 50.[441]

NICE guidance (NG57) states that prisons should monitor people with chronic conditions. For older people in particular, more frequent monitoring for those with chronic conditions (eg diabetes) who are serving longer prison sentences should take place.

Further information PPO (2017) Learning from PPO investigations: older prisoners: http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57

441 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf

Standard 7.13
Older women in prison aged 65 years and over should be offered and encouraged to have vaccinations for which they are eligible[442.]

Description In line with the NHS vaccination schedule, eligible older women in prison should be offered pneumococcal vaccine, annual flu vaccine and shingles vaccine in the appropriate time frame.

Eligibility criteria are:

- pneumococcal vaccine: women aged 65 and over, who have not previously received the vaccine. Only a single vaccination is needed, which will protect for life
- flu vaccine: women aged 65 and over, to be offered annually
- shingles vaccine: women aged 70 or 78 years old, plus anyone who was eligible for immunisation in the previous three years of the programme but missed out on their shingles vaccination remain eligible until their 80th birthday. Only a single vaccination is needed
- guidance also included in NICE Guidance on the Physical Health of People in Prison[443]

Eligible women should be given relevant information about why it is important that people at increased risk receive the vaccinations.

Rationale This standard is in line with service provision in the community.

A pneumococcal infection can affect anyone. However, some people are at higher risk of serious illness and should be offered the pneumococcal vaccine; Adults aged 65 or over are included in this at-risk group.[444]

Shingles is a common, painful skin disease caused by the reactivation of the chickenpox virus in people who have previously had chickenpox. People tend to get shingles more often as they get older, especially over the aged of 70 and this age group are generally more acutely unwell with the illness. [445]

442 https://www.nice.org.uk/guidance/ng57
443 https://www.nice.org.uk/guidance/ng57/chapter/Recommendations#promoting-health-and-wellbeing
444 http://www.nhs.uk/Conditions/vaccinations/Pages/pneumococcal-vaccination.aspx#Who
445 http://www.nhs.uk/Conditions/vaccinations/Pages/shingles-vaccination.aspx

Influenza can be more severe in certain people such as anyone aged 65 and over, pregnant women and children and adults with an underlying health condition. Anyone in these risk groups is more likely to develop potentially serious complication of flu, such as pneumonia.[446] The flu vaccine is offered every year to those eligible to help protect them from flu and its complications.

Further information

NHS choices (2016). *Pneumococcal vaccine: http://www.nhs.uk/Conditions/vaccinations/Pages/pneumococcal-vaccination.aspx*
NHS choices (2015) *Shingles vaccination : http://www.nhs.uk/Conditions/vaccinations/Pages/shingles-vaccination.aspx*
PHE (2017) *Annual flu programme :* https://www.gov.uk/government/collections/annual-flu-programme

Standard 7.14

Women in prison should have access to support for the menopause.

Description

Women in prison should receive appropriate treatment and support as they go through the menopause, including access to hormone therapy treatment, if indicated. Other examples of support include: the ability to change their sheets frequently as a result of night sweats and information regarding lifestyle changes to improve symptoms.

It is acknowledged that although most women experiencing the menopause will be over 50 years of age, there will be some women younger than 50 who will experience the menopause and this standard applies to them in the same way.

Rationale

This standard is supported by PSO 4800 on women prisoners and the Kyiv Declaration on Women's Health in Prison, which states that older women in prison may need support and assistance as they go through the menopause and that the effects of menopause may particularly affect their healthcare needs.

The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age; in the UK, the average age for a woman to reach the menopause is 51. Common symptoms include:

446 http://www.nhs.uk/Conditions/vaccinations/Pages/flu-influenza-vaccine.aspx

hot flushes, night sweats, difficulty sleeping, low mood or anxiety and problems with memory and concentration. GPs can offer treatments and suggest lifestyle changes, including: hormone replacement therapy (HRT) to relieve menopausal symptoms, cognitive behavioural therapy (CBT) to help with low mood and anxiety and eating a healthy, balanced diet and exercise regularly.[447,448]

Women in prison should have access to the same standard of care for dealing with menopausal symptoms as their counterparts in the community. In a UK report on the experiences and needs of older people in prison, more than one woman reported that hormone replacement therapy had been withdrawn on entering prison.[449] The report also highlights that women experiencing the menopause face difficulties due to the limited facilities, with sheets only being changed once a week.

Further information

Prison Service Order 4800 – women prisoners
https://www.justice.gov.uk/offenders/psos
UNODC (2009) Women's health in prison:
http://www.euro.who.int/__data/assets/pdf_file/0004/76513/E92347.pdf

Standard 7.15

Prisons should ensure the needs of women in prison with sensory impairments are adequately met.

Description

In line with PSI 2011/32 on ensuring equality, prisons should prisoners with sensory impairments have equal access across the prison environment (both physical and non-physical) and make sure that prisoners are aware that they can either get help or use alternative methods to access facilities.

Rationale

Most people who have sensory impairments in the UK are older people who have developed hearing and/or sight loss in later life.[450]

447 http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx
448 ACOG (2012) Reproductive health care for incarcerated women and adolescent females https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co535.pdf?dmc=1&ts=20170710T0825472878
449 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf
450 https://www.sense.org.uk/olderpeople

Prisoners with sensory impairments may have physical access problems within the prison itself as well as access problems to the environment, such as to courses and activities. For example, prisoners may have difficulties, completing forms, hearing fire alarms, reading information.[451]

Further information

Prison Service Instructions (PSI) 2011/32: Ensuring equality: https://www.justice.gov.uk/offenders/psis/prison-service-instructions-2011

RECOOP (2017) Chapter 2 Age-friendly reception and induction. In: Working with older prisoners good practice guide. RECOOP. Available at; http://www.recoop.org.uk/dbfiles/pages/54/FINAL-Older-Prisoners-Good-Practice-Guide-2017.pdf

Standard 7.16

Awareness raising, early intervention and supportive approaches to dementia should be promoted within the women's prisons.

Description

Prisons should create a supportive environment for older prisoners at risk of, showing signs and symptoms of, or diagnosed with dementia. Examples of approaches include:

- awareness raising activities of the signs and symptoms of dementia for older prisoners
- promotion of preventative strategies among prisoners, such as physical activities or artistic or group activities
- training and support for prison staff (including healthcare staff) in identifying the signs and symptoms of dementia early (eg Dementia Friends training)
- work with voluntary organisations (eg Dementia UK and the Alzheimer's Society) to make prisons dementia friendly
- ensure people with dementia are supported to live independently for as long as possible (eg improved signage such as large lettering or pictures, ensuring access to activities, adapting the physical environment such as handrails and lighting, provision of buddy systems)
- as part of their routine physical health check, female prisoners aged over 65, should be told the signs and symptoms of

451 Prison Service Instructions (PSI) 2011/32: Ensuring equality: https://www.justice.gov.uk/offenders/psis/prison-service-instructions-2011

dementia to look out
- in line with usual practice, healthcare professionals should follow NICE guidance if an older prisoner presents with suspected dementia

Rationale Dementia is a common condition, usually occurring in people over the age of 65, with risk increasing as you get older. It is estimated that one in three people over 65 will develop dementia and two-thirds of people with dementia are women.[452] Among older prisoners, screening for dementia has been highlighted by experts as an important area of need.[453] Although routine screening for dementia is not in place for older people in England, the NHS Health Checks programme (equivalent programme in the community) does state that people over 65 should be told the signs and symptoms of dementia with a view to raising awareness among the population and within high risk and vulnerable groups.[454] The American College of Obstetricians and Gynaecologists (ACOG) also recommends screening for dementia for older women in prison.[455]

Further information NHS Health Check http://www.healthcheck.nhs.uk/
NICE http://pathways.nice.org.uk/pathways/dementia/dementia-diagnosis-and-assessment
Maschi T, Kwak J, Ko E, Morrissey MB (2012) Forget me not: dementia in prison. *Gerontologist* 52(4):441-451

Standard 7.17
Prisons should build links to local community and specifically voluntary sector organisations which focus on older people.

Description Prisons should build links to local community and specifically voluntary sector organisations which focus on older people.

These organisations can provide a range of services within the prison, such as health and wellbeing activities, information and advice to

452 NHS Choices *About dementia* http://www.nhs.uk/Conditions/dementia-guide/Pages/about-dementia.aspx
453 Williams BA, Stem MF, Mellow J, Safer M and Greifinger RB (2012) Aging in correctional custody: setting a policy agenda for older prisoner health care. *Am J Public Health*; 102(8):1475-81
454 PHE (2017) NHS Health Check: Best Practice Guidance http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/
455 ACOG (2012) Reproductive health care for incarcerated women and adolescent females https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co535.pdf?dmc=1&ts=20170710T0825472878

prisoners and prison staff, assistance with placements for those nearing release and support through-the-gate services such as assisting housing and reintegration into the community.

Rationale

There is evidence to suggest that where relationships are established with external organisations, interventions are more likely to prosper. Similarly, the role of the voluntary sector more generally in managing and implementing peer interventions seems to be critical.[456,457]

The Prison Reform Trust highlights partnership between prisons and voluntary organisations for older people, such as Age Concern, as an area of good practice. It can help to alleviate anxiety and isolation, links people with agencies that can support them on release, helps to improve prisoners mental and physical wellbeing, increases pro-social behaviour and prisoner participation, assist with placements for those nearing release and supporting resettlement work prior by linking with appropriate agencies and housing agencies prior to release (eg ensuring older prisoners are released into suitable accommodation).[458] They voluntary sector can also provide services in prison (eg physical activities, health activities and social groups) as well as providing information, advice and training.

Another example of good practice is the work done by Age UK locally and nationally in relation to prisoners. For example they support the Older People in Prison Forum and are represented on the Older Prisoners' Action Group at the Department of Health. Some local Age UKs work closely with the prison service in partnership with health and social services and other voluntary organisations, including the Prison Reform Trust, Nacro, Action for Prisoners' Families, FaithAction, Independent Monitoring Boards, Restore 50plus, RECOOP, the Royal British Legion, SSAFA, and Combat Stress. [459]

AgeUK in the South West, for example, have expertise in developing senior forums and are able to offer advice.[460] Examples of services to

456 Woodall, J., South, J., Dixey, R., De Viggiani, N. and Penson, W. and Leeds Beckett University (2015) Factors that determine the effectiveness of peer interventions in prisons in England and Wales. *Prison Service Journal;* 219: 30-37.
457 Meek R, Lewis G. (2012) The role of sport in promoting prisoner health. *Int J Prison Health;* 8(3-4):117-30
458 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf
459 http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Government-and-society/Older%20Prisoners%20Guide_pro.pdf?dtrk=true
460 http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Government-and-society/Older%20Prisoners%20Guide_pro.pdf?dtrk=true

older people in prison delivered by local Age UKs includes regular dedicated services within the prison, as well as:

- day services or an in-reach service
- tailored advice on benefits, pensions, housing, health and other matters
- healthcare services, such as nail-cutting or advice on diet and exercise
- advocacy for individual prisoners
- social groups that help to promote older prisoners' sense of wellbeing and better mental health

Further information Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20people.pdf

Standard 7.18

Prisons should ensure social and educational activities are offered which are age appropriate and relevant for older people.

Description Prison should ensure a range of social and educational activities are offered to older women in prison, which are appropriate for their age and relevant to their needs, such as art and craft activities and dancing classes.

[see overarching principle 4]

Rationale Promoting mental health is as important in older people as in young people. Social and educational activities are important for reducing social isolation and depression and improving and maintaining overall mental wellbeing.[461] NICE guidance [NG32] on independence and mental wellbeing for older people highlights the need to ensure activities are inclusive and take account of a range of different needs. It also recommends group-based activities, such as singing programmes and arts and crafts and other creative activities.[462]

461 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf

462 https://www.nice.org.uk/guidance/ng32

Findings from engagement with prisoners in UK prisons found that poor regimes and lack of engagement with older people are leading to isolation.[463] A report highlighting good practice with older people in prisons highlights the importance of education classes which are particularly population with older women prisoners, such as art, crafts, textile crafts and knitting classes.[464]

Further information

NICE Guideline [NG32] *Older people: independence and mental wellbeing:*
https://www.nice.org.uk/guidance/ng32/chapter/Recommendations#groupbased-activities
Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff.
http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf

Standard 7.19

Family contact should be encouraged for older women in prison, if appropriate.

Description

Family and social contact should be encouraged and facilitated as far as possible; for example:

- extended visits for people who cannot visit often
- grandparents' visits days
- pen pal schemes
- official prison visitors for older people

Rationale

Family contact is important for reducing isolation and loneliness and improving mental health.

This standard is supported by evidence from a report by the Prison Reform Trust, which conducted a series of interview and focus groups with prisoners in UK prisons.[465]

463 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf
464 Prison Reform Trust (2010) Doing time: good practice with older people in prison – the views of prison staff. http://www.prisonreformtrust.org.uk/Portals/0/Documents/doing%20time%20good%20practice%20with%20older%20peop,.pdf
465 Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf

Further information Prison Reform Trust (2008) Doing Time: the experiences and needs of older people in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf

Standard 7.20

Prisons should ensure that terminally-ill prisoners who require intensive palliative care are treated in a suitable environment.

Description Prisons should ensure that terminally-ill prisoners who require intensive palliative care are treated in a suitable environment comparable to care received in the community and in consultation with the prisoner.

Rationale This standard is in line with a recommendation from the Prisons and Probation Ombudsman (PPO), which conducted an independent investigation into naturally-caused deaths of prisoners over 50.[466] Evidence from this report highlights that not only is need in this area growing as a result of the ageing population, but facilities are getting older and not designed to adequately accommodate disability or palliative care needs. Evidence from experts in the US also supports the need to enhance prison palliative care programs.[467] This needs to reflect services in the community and offer women personalisation and choice.

Further information PPO (2017) Learning from PPO investigations: older prisoners: http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
PHE (2017) Health and Social Care needs assessments of Older Prison Population. A guidance document. https://www.gov.uk/government/publications/health-and-social-care-needs-assessment-of-older-people-in-prison

466 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
467 Williams BA, Stem MF, Mellow J, Safer M and Greifinger RB (2012) Aging in correctional custody: setting a policy agenda for older prisoner health care. *Am J Public Health*; 102(8):1475-81

Standard 7.21
Prisons should ensure that end of life and palliative care plans are developed for terminally ill prisoners, with involvement from prisoners and their families, and that the plans are initiated at an appropriate stage.

Description Prisons should ensure all terminally-ill prisoners have end of life and palliative care plans in place. These plans should include all aspects of a patient's care, including: effective pain relief and psychological and emotional support and, where appropriate, should involve the prisoner's family.

Prisons should ensure end of life and palliative care plans are initiated at an appropriate and ideally early stage for prisoners who are diagnosed with a terminal illness.

Rationale This standard is in line with recommendations from a report by the Prisons and Probation Ombudsman (PPO), which conducted an independent investigation into naturally-caused deaths of prisoners over 50.[468]

This Standard is supported by NICE quality statements on end of life care for adults in the UK, which highlights the importance of having processes in place for the identification and assessment of those approaching end of life, that support given to these individuals in holistic, that staff be appropriately trained and that this care continues after to death, offering support to families and other loved ones. It also relates to the Dying Well in Custody Charter[469.]

Further information PPO (2017) Learning from PPO investigations: older prisoners: http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
NICE Quality Standard [QS13] End of life care for adults : https://www.nice.org.uk/guidance/qs13

468 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf
469 http://www.ncpc.org.uk/communitycharter

8. Nutrition and diet

Standard 8.1
Prisons need to ensure all meal options available are healthy and should provide guidance to prisoners on the nutritional content of the food provided.

Description

In line with World Health Organisation (WHO) *Prisons and Health* report[470], prisons need to ensure that all the options for women prisoners are healthy (eg less fat, saturated fat, salt and sugar. Prisons should also provide guidance on the nutritional content of the food provided such as through calorie labelling and colour coding to promote healthier choices. There should be a choice of vegetables/ salad/ fruit with every meal.

Rationale

Although government guidance gives the daily requirement for women aged between 19 years and over,[471] the National Offender Management Service (NOMS; now Her Majesty's Prisons and Probation Service, HMPPS) does not measure calorific content of individual meals provided.[472]

Calorie labelling helps people to make informed choices and also helps caterers to provide lower calories options.[473] The Government Buying Standards for Food and Catering Services (GBSF) should provide a baseline minimum standard. These are best practice standards which state that menus should include calorie and allergen labelling and that menu cycles are analysed to meet stated nutrient based standards for that population (ie women).

Further information

WHO Prisons and Health: http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

470 http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf
471 PHE (2016) Government dietary recommendations: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf
472 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
473 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

HM Inspectorate of Prisons (2016) Life in Prison: Food: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
PHE Healthier and More Sustainable Catering: A toolkit for serving food to adults: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

Standard 8.2
Meals offered over a day should not have an average energy content (calorie allowance) exceeding recommended levels for women.

Description

UK national guidelines state that women and men have different energy requirements. Meals offered to women in prison over a day should not have an energy content (calorie allowance) exceeding average requirements, as identified below.

The UK government guidelines recommend average energy consumption for women (19-64 years) is 2000kcal/day, compared to 2,500kcal/day for men. For women 65-74 years, the average requirements per day are 1,912kcal. For women aged 75 years and over, the estimated average requirement per day is 1,810kcal.[474] There will be exceptions to this such as women who are significantly malnourished, or women who are expending a lot of energy.

Rationale

A recent report of UK prisons[475] found that most meals offered to women prisoners provided similar energy levels as those offered to male prisoners, despite the recommendation for average energy consumption being lower for women than men. The report also found that for women's prisons, meals offered over day often had an energy content that exceeded the government's recommendations.

474 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf
475 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

Further information

PHE (2016) Government Dietary Recommendations https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf

NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

Standard 8.3

Encourage dietary habits that reduce the risk of excess energy intake (calories).

Description

In line with NICE guideline NG7 and PHE guidelines for a healthy balanced diet[476], women prisoners should be encouraged to follow a dietary pattern that is mainly based on vegetables, fruits, beans and pulses, wholegrains and fish. In addition, they should be encouraged:

'to reduce the overall energy density (ie amount of energy or calories per gram of food) of the diet, such as:

- reducing how often energy dense food and drinks are eaten (such as biscuits, confectionary, savoury snacks, butter, cheese, fried foods and drinks made with full fat milk or cream)
- substituting energy dense items with foods and drinks with a lower energy density (such as fruit and vegetables or water)
- using food and drink labels to choose options lower in fat and sugar
- choosing smaller portions or avoiding additional servings of energy dense foods
    - avoid sugary drinks
    - reduce total fat intake
    - eat breakfast without increasing overall daily energy intake
    - increase the proportion of high fibre or wholegrain foods eaten
    - limit intake of meat and meat products, specifically eat no more than 70g of red and processed meat a day on average

476 PHE (2017) The Eatwell Guide: https://www.gov.uk/government/publications/the-eatwell-guide

- each institution should consider how they support women to achieve healthy dietary habits, reviewing the availability of high sugar beverages, energy dense and high sugar foods in both the meals provided and the canteen

Rationale

Excess energy intake can lead to weight gain which increases the risk of developing diseases such as coronary heart disease, hypertension, liver disease, osteoarthritis, stroke, type 2 diabetes and some cancers. It can also impact on mental wellbeing.

Further information

NICE *Preventing excess weight gain* [NG7]
https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#2-encourage-physical-activity-habits-to-avoid-low-energy-expenditure
Department for Environment, Food and Rural Affairs (2015) Government Buying Standards (GBS) for food and catering services:
https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services
PHE (2017) Government Buying Standards for Food and Catering Services (GBSF) Checklist:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
PHE (2017) The Eatwell Guide:
https://www.gov.uk/government/publications/the-eatwell-guide

Standard 8.4

Encourage healthy eating through self-monitoring and education.

Description

Women prisoners should be supported to make an informed choice through education and communication about the benefits of maintaining a healthy weight and understanding about what constitutes a healthy balanced diet.

In line with NICE guideline NG7, education on the benefits of maintaining a healthy weight through being more physically active and improving dietary habits should be clearly communicated and habits that may help women to monitor

their weight or associated behaviours should be encouraged. Examples of self-monitoring include: weighing themselves regularly; providing opportunities to track their physical activity level as well as their food and drink intake.

Education can also be achieved through developing food growing and cooking skills [see Standard 8.18]

Rationale

Research by the National Audit Office found that although prisoners were offered the opportunity to eat healthily many did not choose to do so and they considered that prisoners did not understand what constituted a healthy balanced diet.

Benefits of improving dietary habits include[477]:

- the reduced risk of developing diseases associated with excess weight such as coronary heart disease, hypertension, liver disease, osteoarthritis, stroke, type 2 diabetes and some cancers
- improved mental wellbeing
- lower blood cholesterol, improved oral health

Further information

NICE *Preventing excess weight gain* [NG7] https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#2-encourage-physical-activity-habits-to-avoid-low-energy-expenditure

Standard 8.5

A range of fruit and vegetables should be offered at each meal.

Description

Women in prison need to be able to eat at least five portions of fruit or vegetables a day[478] therefore a range of fruit (includes fresh, canned in fruit juice, dried, frozen and unsweetened juice or smoothies) and vegetables should be offered at every meal.

The Government Buying Standards for Food and Catering

477 NICE *Preventing excess weight gain* [NG7] https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#2-encourage-physical-activity-habits-to-avoid-low-energy-expenditure

478 NHS Choices. 5 A Day: http://www.nhs.uk/Livewell/5ADAY/Pages/5ADAYhome.aspx

	Services (GBSF) state that at least 50% of the volume of desserts available (ie 50% of their weight) is based on fruit (fresh, canned in fruit juice, dried or frozen);[479] fruit alone also counts as a fruit based dessert. It is recommended that juice/smoothies/dried fruit are consumed with meals to minimise the risk of tooth decay.
Rationale	Fruit and vegetables are important components of a healthy diet; the World Health Organization states that their sufficient daily consumption could help prevent major diseases, such as cardiovascular diseases and certain cancers.[480] The UK government recommends that everyone eats at least five portions of a variety of fruit and vegetables each day, which is based on evidence indicating an association between the consumptions of more than 400g a day of fruit and vegetables with a reduced risk of certain diet related chronic diseases, such as heart disease, stroke and some cancers.[481] Research from the National Diet and Nutrition Survey has found that on average, the population consumes too little fruit and vegetables than recommended.[482] In a recent report of UK prisons[483], fibre was found to be low in many meals owing to the low level of fresh fruit and vegetables and wholegrain products such as bread and cereals. The report recommends offering plenty of fruit and vegetables to prisoners.
Further information	Government Buying Standards for Food and Catering Services (GBSF) Checklist: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

479 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

480 http://www.who.int/dietphysicalactivity/fruit/en/

481 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508442/5_A_Day_revised_licensing_guidelines_V10.pdf

482 Bates B, Cox L, Nicholson S, Page P, Prentice A, Steer T and Swan G. National Diet and Nutrition Survey: Results from years 5 and 6 (combined) of the Rolling Programme (2012/2013 - 2013/2014). Available from: https://www.gov.uk/government/statistics/ndns-results-from-years-5-and-6-combined

483 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

NHS Choices. 5 A Day:
http://www.nhs.uk/Livewell/5ADAY/Pages/5ADAYhome.aspx

Standard 8.6

Foods which have a high sugar, fat or saturated fat content or have been fried should be limited.

Description

Foods which contain high levels of sugar or saturated fat should be limited. Foods high in sugar have 22.5 grams or more of total sugars per 100 grams of food. Foods high in saturated fat have 5 grams of saturated fat or more per 100 grams of food and foods high in fat have 17.5g of fat or more per 100 grams of food. Fried foods can also contain high levels of fat and have high energy content and should be limited.

As per the government mandatory standard[484] for reducing saturated fat, the following should be met:

- meat and meat products, biscuits, cakes and pastries (procured by volume) are lower in saturated fat where available
- at least 50% of hard yellow cheese has a maximum total fat content of 25g/100g
- at least 75% of ready meals contain less than 6g saturated fat per portion
- at least 75% of milk is reduced fat (ie semi-skimmed, 1% or skimmed milk)
- at least 75% of oils and spreads are based on unsaturated fats

Rationale

This Standard is in line with government guidance.[485,486]

In a recent report of UK prisons [487], m*any* of the meals examined

484 Government Buying Standards for Food and Catering Services (GBSF): check list:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

485 Government Buying Standards for Food and Catering Services (GBSF): check list:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

486 DH (2016) Guide to creating a front of pack (FoP) nutrition label for pre-packed products sold through retail outlets:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/566251/FoP_Nutrition_labelling_UK_guidance.pdf

were high in calories, and these exceeded government recommendations, and were also high in saturated fatty acids. Many of these meals relied heavily on convenience foods such as pies and burgers and tinned food, with little use of seasonal produce. Convenience foods are often poor sources of some important nutrients and most contain high levels of salt. The same report also recommends prison caterers do not offer fried foods too frequently.

PHE has published a set of nutrition standards for establishing nutrient-based standards for specific population groups and the development of nutritionally balanced menus. These standards relate to both macronutrient content (including saturated fat, free sugars and fibre) and micronutrient content (ie vitamins and minerals, including salt).[488] Research from the National Diet and Nutrition Survey has found that on average, the population consumes too much saturated fat, salt and sugar than recommended and not enough fibre, fruit and vegetables and oily fish. We also know that some sections of the population have intakes of some vitamins and minerals below recommended levels.[489]

Eating a diet that is high in saturated fat increases the risk of heart disease. UK health guidelines recommend that the average woman should eat no more than 20g of saturated fat a day.[490]

Eating too much sugar can lead to weight gain, which in turn increases the risk of health conditions such as heart disease and type 2 diabetes. The UK government recommends that free sugars should not contribute more than 5% of the energy (calories) obtained from food and drink each day, which is a maximum of 30g of free sugars each day for adults and children from 11 years of age.[491]

487 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf
488 PHE (2017) *Healthier and more sustainable catering: nutrition Standards* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
489 Bates B, Cox L, Nicholson S, Page P, Prentice A, Steer T and Swan G. National Diet and Nutrition Survey: Results from years 5 and 6 (combined) of the Rolling Programme (2012/2013 - 2013/2014). Available from: https://www.gov.uk/government/statistics/ndns-results-from-years-5-and-6-combined
490 http://www.nhs.uk/Livewell/Goodfood/Pages/Eat-less-saturated-fat.aspx
491 http://www.nhs.uk/Livewell/Goodfood/Pages/sugars.aspx

Guidance from PHE on healthier catering for businesses advises limiting the number of fried foods on the menu, avoiding frying food more than once as it increases the fat content of the food, using a healthier oil for frying like rapeseed or sunflower oil as these contain less saturated fat and removing the fata from pork, beef and lamb and the skin from chicken wherever possible.[492]

Further information

PHE (2017) *Healthier and more sustainable catering: nutrition principles*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
PHE (2017) *Healthier and More Sustainable Catering: A toolkit for serving food to adults:*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf
Government Buying Standards for Food and Catering Services (GBSF): check list:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

Standard 8.7

Reduce saturated fat intake through the use of healthy cooking practices.

Description

Fat intake can be reduced by changing cooking practices, such as removal of fat from meat, use of unsaturated vegetable oils (not animal oil); and boiling/steaming or baking rather than frying.

Rationale

Healthier cooking practices are an important part of a healthy diet, particularly in reducing fat intake. This standard is aimed at catering staff providing meals in prison.

PHE has published a set of nutrition standards for establishing nutrient-based standards for specific population groups and the development of nutritionally balanced menus. These standards

492 PHE (2017) *Healthier Catering Guidance for Different Types of Businesses:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604934/Healthier_catering_guidance_for_different_types_of_businesses.pdf

relate to both macronutrient content (including saturated fat, free sugars and fibre) and micronutrient content (ie vitamins and minerals, including salt).[493]

Reducing the amount of total fat intake as a proportion of total energy intake, in line with government recommendations, helps to reduce overall energy intake thus preventing excess weight gain and thereby reducing the risk of coronary heart disease, hypertension, liver disease, osteoarthritis, stroke, type 2 diabetes and some cancers.[494,495]

Further information

PHE (2017) *Healthier and more sustainable catering: nutrition Standards*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
PHE (2017) *Healthier and More Sustainable Catering: A toolkit for serving food to adults:*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf
Government Buying Standards for Food and Catering Services (GBSF): check list:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595119/Healthier_and_more_suistainable_GBSF_checklist.pdf
PHE (2017) *Healthier Catering Guidance for Different Types of Businesses*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604934/Healthier_catering_guidance_for_different_types_of_businesses.pdf

493 PHE (2017) *Healthier and more sustainable catering: nutrition Standards*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
494 http://www.who.int/mediacentre/factsheets/fs394/en/
495 NICE (2015) NICE Guideline [NG7] *Preventing excess weight gain:*
https://www.nice.org.uk/guidance/ng7/resources/preventing-excess-weight-gain-51045164485

Standard 8.8
Provide healthier sources of carbohydrate, such as wholegrain or higher fibre versions with less added fat, salt and sugar.

Description

In line with NICE guidance [NG7] and the Government Buying Standards for Food and Catering Services (GBSF), prisons should increase the proportion of high fibre or wholegrain foods eaten. Practical ways to do this may include:

- choosing wholemeal bread and pasta and wholegrain rice instead of 'white' versions
- opting for higher-fibre foods (such as oats, fruit and vegetables, beans, peas and lentils) in place of food and drinks high in fat or sugar;
- at least 50% of breakfast cereals (procured by volume) are higher in fibre (ie more than 6g/100g) and do not exceed 22.5g total sugars

Women in prison should be given the option to, and encouraged to, adopt dietary habits that limit intake of carbohydrate food sources containing free sugars (ie food with added sugar, such as breakfast cereals with high sugar) and increasing the amount of fibre.

Healthy sources of carbohydrates include: starchy foods, vegetables, fruits and legumes, all of which contain fibre.

Rationale

The government recommends that carbohydrates comprise 50% of total dietary energy.[496] Although the National Diet and Nutrition Survey shows that mean intakes of total carbohydrate meet, or are close to, the levels recommended, the population overall consumes more than the recommended amount of sugars and less than the recommended amount of dietary fibre. There is evidence to suggest that a high intake of free sugars is detrimental to several health outcomes.[497] Scientific Advisory Committee on Nutrition (SACN) advises that average intake of free sugars should not exceed 5% of total dietary energy intake.

496 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf

497 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

The government recommends that meals should be based on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.[498] The benefits of fibre are well established; for example, a report by SACN found strong evidence that increased intakes of total dietary fibre, and particularly cereal fibre and wholegrain are associated with a lower risk of cardio-metabolic disease and colorectal cancer.[499] The report also found evidence of the effect of free sugars on the risk of dental caries and on total energy intake, with higher sugars intake increasing the risk of higher energy intakes. They state that if average population intakes of free sugars are lowered, it is more likely that the estimate average requirement (EAR) for energy will not be exceeded and that this could be some way to addressing the significant public health problem of obesity.

In a recent report of UK prisons[500,] fibre was found to be low in many meals owing to the low level of fresh fruit and vegetables and wholegrain products such as bread and cereals. Most prison meals did not appear to contain sufficient dietary fibre. The report recommends offering more wholegrain products and increasing dietary fibre.

Further information

Government Buying Standards for Food and Catering Services (GBSF) Checklist: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
PHE (2015) Why 5% https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489906/Why_5__-_The_Science_Behind_SACN.pdf
NICE guidance [NG7] *Preventing excess weight gain* https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#3-encourage-dietary-habits-that-reduce-the-risk-of-excess-energy-intake

498 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
499 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf
500 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

Standard 8.9
Snacks should be healthy and not calorie dense.

Description

Prisons should ensure availability of healthy snacks which are not highly processed or calorie dense. Best practice criteria from the Government Buying Standards for Food and Catering Services include[501]:

- savoury snacks should only be available in packet sizes of 30g or less
- confectionery and packet sweet snacks should be in the smallest standard single serve portion size available within the market and not exceed 250 kcal
- all sugar sweetened beverages should be no more than 330ml pack size and no more than 20% of beverages (procured by volume) should be sugar sweetened. No less than 80% of beverages (procured by volume) should be low calorie/no added sugar beverages (including fruit juice and water). Definitions: *low calorie (low energy) beverages*: products not containing more than 20kcal (80kJ)/100ml) energy for liquids; *No added sugar*: beverages that have not had sugar added to them as an ingredient. This includes pure fruit juices; *Sugar sweetened beverages:* incorporate beverages which are not low calorie and which have added sugar. If they are low calorie or if they have no added sugar then they do not fall within this definition. Products sweetened with a combination of artificial/natural sweeteners and sugars would, if not meeting the low calorie criteria, fall within this definition

Rationale

Eating unhealthy or calorie dense snacks contributes to excess energy intake which can lead to weight gain. Weight gain increases the risk of developing diseases such as coronary heart disease, hypertension, liver disease, osteoarthritis, stroke, type 2 diabetes and some cancers. It can also impact on mental wellbeing.

501 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

The WHO *Prisons and health* report supports this Standard, highlighting a need to ensure snacks are healthy and not highly processed or calorie dense.[502]

Further information

Government Buying Standards for Food and Catering Services (GBSF) Checklist: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
WHO Prisons and Health: http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

Standard 8.10

A lighter, lower calorie option should be available at each meal.

Description

In addition to meeting requirements identified in Standard 8.1, ensuring all meal options are healthy, women prisoners should be supported to make an informed choice in terms of healthier eating by offering "lighter" meal options (ie lower calorie, lower fat). Prisoners should be made aware of these options, for example, branding as the "Healthy Meal of the Day" option.[503]

Rationale

In line with NICE guidance [NG7], people in prison should be supported to maintain a healthy weight or prevent excess weight gain. One of the recommendations in the guidance is to encourage dietary habits that reduce the risk of excess energy intake. An example of this is reducing the overall energy density of the diet (such as providing a lower calorie option).

Further information

NICE *Preventing excess weight gain* [NG7] https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#2-encourage-physical-activity-habits-to-avoid-low-energy-expenditure

502 http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf
503 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

Standard 8.11

Fish should be offered at least twice a week, one of which is oily.

Description	As detailed in the Government Buying Standards for Food and Catering Services (GBSF) minimum mandatory standards[504], caterers serving lunch and an evening meal should provide fish twice a week, one of which is oily.
Rationale	The government recommends that everyone eat two portions of fish every week, one of which should be oily.[505] The Scientific Advisory Committee on Nutrition found that evidence suggests that fish consumption particularly that of oily fish decreases the risk of cardiovascular diseases.[506] Research from the National Diet and Nutrition Survey has found that on average, the population consumes too little oily fish than recommended.[507]
Further information	Government Buying Standards for Food and Catering Services (GBSF) Checklist: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf PHE (2017) *Healthier and more sustainable catering: nutrition Standards* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_standards.pdf Scientific Advisory Committee on Nutrition (2004) *Advice on fish consumption: benefits and risks* https://www.gov.uk/government/collections/sacn-reports-and-position-statements

504 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf

505 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf

506 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338801/SACN_Advice_on_Fish_Consumption.pdf

507 Bates B, Cox L, Nicholson S, Page P, Prentice A, Steer T and Swan G. National Diet and Nutrition Survey: Results from years 5 and 6 (combined) of the Rolling Programme (2012/2013 - 2013/2014). Available from: https://www.gov.uk/government/statistics/ndns-results-from-years-5-and-6-combined

Standard 8.12
Lean meat should be used where possible and a meat free alternative should be offered at each meal.

Description

Every meal should include a meat-free alternative, which is high in protein and nutrients, to cater for vegetarians, as well as those seeking to reduce meat intake as part of a healthy diet. Where possible, meals containing meat should use lean meat (which has a fat content of about 10%) in order to reduce consumption of fat and saturated fat.

Rationale

Meat can form part of a healthy diet. However, some meat and meat products can have a high fat and saturated fat content.[508] The government recommends no more than 70g of red or processed meat to be consumed per day on average, due to possible links with a risk of colorectal cancer.[509,510]

NICE guidance (NG7)[511] recommends limiting intake of meat and meat products as part of encouraging dietary habits that reduce the risk of energy intake in order to prevent weight gain. They suggest practical ways of doing this may be to reduce the portion size of meat or how often meals including meat are eaten.

Ways of promoting a healthy diet are to offer meat-free alternatives (which may or may not use meat alternatives, such as soya mince or tofu) and to use lean meat

Where meat alternatives are used (eg soya mince, textured vegetable protein, mycoprotein (Quorn) or tofu), these should be varied, particularly for vegetarians who will choose the meat-free option every day. However, it should be noted that processed products made from meat alternatives (eg

508 PHE Healthier and More Sustainable Catering: A toolkit for serving food to adults: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf
509 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
510 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339309/SACN_Iron_and_Health_Report.pdf
511 https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#3-encourage-dietary-habits-that-reduce-the-risk-of-excess-energy-intake

vegetarian sausages, burgers and pies) should be limited as these can be high in fat or salt.[512]

Further information

PHE Healthier and More Sustainable Catering: A toolkit for serving food to adults: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf PHE (2017) *Healthier and more sustainable catering: nutrition Standards* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf

Standard 8.13:

Clean water should be always available.

Description

Clean, water should always be available with meals and between meals for all women.

Rationale

This standard is in line with WHO and UN advice which states that drinking-water should be available to every prisoner whenever she needs it.[513,514]

The government recommendation[515] is that women drink approximately 1.2 litres (6 to 8 glasses) of fluid every day to prevent dehydration and therefore fluids should not be restricted. Dehydration can lead to headaches, confusion and irritability and lack of concentration as well as constipation and potentially urinary tract infections.

A healthy prison environment is key to protecting the physical and mental wellbeing of all prisoners and provision of the underlying determinants of health, such as clean drinking

512 PHE Healthier and More Sustainable Catering: A toolkit for serving food to adults: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

513 http://www.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx

514 http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

515 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf

water is key to this.[516]

Further information

WHO Prisons and Health: http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf
UN Human Rights Office of the High Commissioner. Standard minimum rules for the treatment of prisoners: http://www.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx

Standard 8.14
Limit salt intake.

Description

The UK government guidance recommends adults eat no more than 6g of salt per day.[517,518] Prisons therefore need to support women in prison to limit intake of salt in their diet so that it does not exceed the daily recommendation.

Examples of how salt intake can be limited, as identified in the Government Buying Standards for Food and Catering Services (GBSF)[519] minimum mandatory standards are:

- vegetables and boiled starchy foods such as rice, pasta and potatoes, are cooked without salt
- salt should not be made available on tables
- 50% of meat and meat products, breads, breakfast cereals, soups and cooking sauces, ready meals and pre-packed sandwiches meet government salt targets[520] and all stock preparations are lower salt varieties (ie below 0.6g/100mls)

516 UNODC Handbook on women and imprisonment http://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf
517 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338782/SACN_Salt_and_Health_report.pdf
518 PHE (2016) Government dietary recommendations: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf519
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
519
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
520 PHE (2017) *Salt reduction targets for 2017:* https://www.gov.uk/government/publications/salt-reduction-targets-for-2017

Rationale

PHE have published a set of nutrition standards for establishing nutrient-based standards for specific population groups and the development of nutritionally balanced menus. These standards relate to *both* macronutrient content (including saturated fat, free sugars and fibre) and micronutrient content (ie vitamins and minerals, including salt).[521] As defined above, the recommended adult intake of salt is no more than 6g per day. *Re*search from the National Diet and Nutrition Survey has found that on average, the population consumes too much salt than recommended.[522]

Reducing salt intake, sugar and saturated fat by small amounts can make us healthier by supporting weight management and protecting against heart disease, type 2 diabetes and other long-term disease conditions.[523]

Some dairy products, for example, can contain high salt levels. Lower salt cheeses and smaller amounts of stronger cheese should be used.[524]

A National Audit Office report of UK prisons identified that salt content of meals was high with some meals containing up to 93% more salt than is currently recommended. The report found that prisons relied *h*eavily on convenience foods such as pies and burgers and tinned food, with little use of seasonal produce. Convenience foods are often poor sources of some important nutrients and most contain high levels of salt.

Further information

Government Buying Standards for Food and Catering Services (GBSF) Checklist: https://www.gov.uk/government/uploads/system/uploads/atta

521 PHE (2017) *Healthier and more sustainable catering: nutrition Standards* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf

522 Bates B, Cox L, Nicholson S, Page P, Prentice A, Steer T and Swan G. National Diet and Nutrition Survey: Results from years 5 and 6 (combined) of the Rolling Programme (2012/2013 - 2013/2014). Available from: https://www.gov.uk/government/statistics/ndns-results-from-years-5-and-6-combined

523 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

524 PHE (2017) *Healthier and More Sustainable Catering: A toolkit for serving food to adults:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

chment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
PHE (2017) *Healthier and More Sustainable Catering: A toolkit for serving food to adults:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595127/Healthier_and_more_suistainable_adults_toolkit.pdf

Standard 8.15

Prisons need to ensure there is sufficient food which contain good sources of iron and are offered to women on a daily basis.

Description The UK government recommendation for average iron intake for women aged 19-50 years is 14.8mg per day. Due to menstrual blood loss, women can be at risk of iron deficiency and need to ensure they meet their daily requirement through their diet. Prisons therefore should provide sufficient food which contains iron, such as meat and poultry, dark-green leafy vegetables, iron fortified cereals or bread, brown rice, pulses and beans, nuts and seeds, dried fruit, eggs, fish and tofu.[525]

Rationale Women of reproductive age (15-50) can be at risk of iron deficiency due to increased iron losses due to menstrual blood loss; this is supported by data from national surveys.[526] A report on iron and health by the Scientific Advisory Committee on Nutrition (SACN)[527] recommends that a public health approach to achieving adequate iron status should emphasise the importance of a healthy balanced diet that includes a variety of foods containing iron.

Further information SACN (2010) *Iron and health:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339309/SACN_Iron_and_Health_Report.pdf

525 http://www.nhs.uk/Conditions/Anaemia-iron-deficiency-/Pages/Treatment.aspx
526 PHE and FSA (2016) National Diet and Nutrition Survey : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551352/NDNS_Y5_6_UK_Main_Text.pdf
527 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339309/SACN_Iron_and_Health_Report.pdf

Standard 8.16
Women in prison should be offered daily vitamin D supplements throughout the year.

Description

Women in prison may not obtain enough vitamin D from sunlight because they have very little or no sunshine exposure. In line with government recommendations[528], women in prison should be offered a daily supplement containing 10µg (micrograms) vitamin D throughout the year.

Rationale

The UK government's advice is that adults and children over the age of one should consider taking a daily supplement containing 10mcg of vitamin D, particularly during autumn and winter.

People who have a higher risk of vitamin D deficiency are being advised to take a supplement all year round. This includes people who[529:]

- aren't often outdoors – for example, if they're frail or housebound
- are in an institution
- usually wear clothes that cover up most of their skin when outdoors

The action of sunlight on the skin is the major source of vitamin D and some adults particularly, may not receive sufficient sunlight if they spend large periods of time indoors (as with prisoners) or are pregnant or breastfeeding. Government advice for this population group is that vitamin D may be required as a 10 microgram supplement daily.[530] One of the key findings from a report on UK prisons[531] was that

528 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
529 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537616/SACN_Vitamin_D_and_Health_report.pdf
530 https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
531 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

prisoners were likely to have limited exposure to sunlight and consequently have a greater dietary requirement for vitamin D than the population at large. The authors of the report, the National Audit Office found that Vitamin D was not sufficiently provided by any meals investigated. Vitamin D should be available to purchase from the canteen and it is important to ensure any products sold do not exceed safe upper levels and are in line with UK regulations. It is important that women in prison are able to have adequate exposure to sunlight and exercise outside.

Further information

PHE (2017) *Healthier and more sustainable catering: nutrition Standards*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_sustainable_nutrition_Standards.pdf
Scientific Advisory Committee on Nutrition (2016) *Vitamin D and health*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537616/SACN_Vitamin_D_and_Health_report.pdf

Standard 8.17

Women in prison who are pregnant, breast feeding or recently given birth should have access to a diet and supplements which support their specific nutritional requirements and should receive advice regarding their diet.

Description

Women who are pregnant, breast feeding or recently given birth have specific nutritional requirements and should receive advice regarding their diet.

They should have access to a range of fresh fruit and vegetables, high protein foods and folate rich foods, such as dark green leafy vegetables, brown rice, cooked dry beans and peas and fortified breakfast cereals.[532,533]

In line with NICE guidance CG62, women who are pregnant should be informed that dietary supplementation with folic

532 FSA (2007) FSA nutrient and food based guidelines for UK institutions: https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
533 http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx

acid, before conception and throughout the first 12 weeks, reduced the risk of having a baby with a neural tube defect. The recommended dose in 400 micrograms per day and this should be available to all pregnant women.

Pregnant and breastfeeding women should be informed about the importance of vitamin D and should be advised to take and offered the recommended daily supplement of 10 micrograms supplement in line with NICE guidance CG62. [see also Standard 8.16]

Women should be informed about foods/supplements to avoid in pregnancy, such as:

- vitamin A supplementation
- liver and liver products
- unpasteurised dairy products
- ripened soft cheese (eg camembert, brie and blue-veined cheese)
- pâté
- raw or partially cooked eggs or food that may contain them

Raw or partially cooked meat, especially poultry.

There should be a lead officer with oversight for women who are pregnant.

Rationale

This standard is line with guidance issued by the Food Standards Agency[534], NICE Clinical Guideline [CG62] and the UN Bangkok Rules for the treatment of women prisoners. The Bangkok Rules specifies that pregnant or breastfeeding women prisoners shall receive advice on their health and diet.[535]

A healthy diet is important in pregnancy to help the baby grow and develop; a varied diet is provides the range of vitamins and minerals required and should include fresh fruit and

534 FSA (2007) FSA nutrient and food based guidelines for UK institutions: https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
535 https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

vegetables, starchy foods and protein.[536]
Folic acid supplementation is advised for women who could become pregnant or who are planning a pregnancy to help prevent a pregnancy affected by a neural tube defect.[537,538]

The action of sunlight on the skin is the major source of vitamin D. Vitamin D supplements are currently recommended for those with limited sunlight exposure (ie spend large periods of time indoors), during pregnancy to ensure that the mother and, therefore, the foetus are not deficient in vitamin D and to avoid neonatal hypovitaminosis and during breastfeeding. Breast milk is not considered to be a significant source of vitamin D or its metabolites.[539,540]

There are certain foods that the NHS recommend pregnant women avoid, due to possible risks to the baby, such as listeria, salmonella, toxoplasmosis and excessive vitamin A and mercury.[541]

Further information

NICE Clinical guideline [CG62] *Antenatal care for uncomplicated pregnancies:*
https://www.nice.org.uk/guidance/CG62
FSA (2007) FSA nutrient and food based guidelines for UK institutions:
https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
UN (2010) Rules for the treatment of women prisoners and non-custodial measures for women offenders:
https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

536 http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx
537 FSA (2007) FSA nutrient and food based guidelines for UK institutions:
https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
538
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595126/Healthier_and_more_suistainable_nutrition_Standards.pdf
539 https://www.food.gov.uk/sites/default/files/multimedia/pdfs/nutrientinstitution.pdf
540
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537616/SACN_Vitamin_D_and_Health_report.pdf
541 http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/foods-to-avoid-pregnant.aspx

Standard 8.18:
Women in prison should be encouraged to develop cooking skills and be able to cook their own food.

Description

Prisoners should be encouraged to develop cooking skills and be able to cook their own food as part of normalising the prison routine. This could be enabled by providing sufficient allowance to purchase food items and cooking facilities should be adequate, clean and well-maintained. Cooking classes could provide opportunities for women in prison to further develop their cooking skills.

Rationale

A literature review by the World Health Organization found evidence from women prisoner studies that supports proposals for developing cognitive-behavioural programmes that provide prisoners with nutrition education, cooking classes and strategies for making healthier choices inside prison and after release, as well strategies for food budgeting and preparation.[542]

This standard is also supported by evidence from a report of UK prisons, which argues that self-catering arrangements in low-security establishments, such as open prisons, provide prisoners with a sense of autonomy and opportunity to build self-esteem, as well as a chance to develop their cooking skills. Similarly, they state that in high security establishments and units for longer-term prisoners, self-catering facilities provides variety and normality in a fundamentally unnatural environment. One of the recommendations from this report is to ensure a greater emphasis on providing opportunities for self-catering, particularly for long-term prisoners.[543]

At a women's prison in the UK, women have the opportunity to train how to cook. Prisoners prep, cook and serve meals to the paying public and although not cooking for themselves, having the opportunity to cook and develop skills in this area allows them to take the skills into family life as well as learn a trade.[544]

542 http://www.euro.who.int/__data/assets/pdf_file/0006/292965/Food-systems-correctional-settings-literature-review-case-study.pdf
543 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
544 http://www.refinery29.uk/what-women-in-uk-prisons-are-eating

Further information

WHO (2015) Food systems in correctional settings: http://www.euro.who.int/__data/assets/pdf_file/0006/292965/Food-systems-correctional-settings-literature-review-case-study.pdf
HM Inspectorate of Prisons (2016) Life in Prison: Food: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf

Standard 8.19

Meals should be offered in line with normal meal times in the community and accommodate religious practices and cultural choices.

Description

Meals should be offered in line with normal meal times in the community, reducing the likelihood of increased calorie intake between meal times (eg Breakfast 7-9am, Lunch 12-1.30pm; Dinner 6-7.30pm).

Meals should also accommodate the religious practices which women of different religions may follow, such as provision of kosher foods for those practicing Judaism, provision of meals outside of normal meal times for those fasting during the month of Ramadan and provision of halal foods for those practicing Islam (ie avoidance of pork).

There should be a choice of meals to cater for vegans and vegetarians and these should meet nutritional guidelines.

Rationale

HM Inspectorate of Prisons produced a paper in 2016[545] on existing literature relating to food in prison, as well as evidence from inspections of prisons and survey data. The report recommends that meals times reflect what is considered the norm in the community.

The UN *Standard Minimum Rules for the Treatment of Prisoners*[546] supports this standard, stating that every prisoner shall be provided with food at the 'usual hours'.

545 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
546 http://www.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx

A recent report of UK prisons[547] found evidence for lunch and the evening meal being served early, resulting in an interval over the recommended 14 hours between meals overnight. As a result, the consumption of snacks was much more likely in the evenings. The report also found that provision of breakfast packs during evening service, often resulted in breakfast being consumed during the preceding evening.

Further information

HM Inspectorate of Prisons (2016) Life in Prison: Food: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf
United Nations Standard Minimum Rules for the Treatment of Prisoners: http://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf

Standard 8.20

Women should be able to dine communally.

Description

The social aspects of eating should be encouraged by enabling women prisoners to eat their meals with other prisoners, where it is appropriate to do so.

Rationale

Prison Service Order 4800 on women prisoners supports this standard, recommending that 'women prisoners, apart from those segregated, have the chance to dine communally'.[548]

HM Inspectorate of Prisons produced a paper in 2016[549] on existing literature surrounding food in prison as well as evidence from inspections of prisons and survey data. One of the four recommendations from this report focuses on ensuring prisoners can eat out of their cells communally. Although the recommendation is intended for the configuration of new prisons, the report highlights the issues of not meeting this recommendation. It states that not allowing prisoners to eat out communally is a missed

547 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf
548 *Prison Service Order 4800 – women prisoners* https://www.justice.gov.uk/offenders/psos
549 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf

opportunity to encourage building of healthy prisoner-prisoner and prisoner-staff relationships and deprives prisoners of normal opportunities to interact socially at meal times.

Further information

HM Inspectorate of Prisons (2016) Life in Prison: Food: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/09/Life-in-prison-Food-Web-2016.pdf

Prison Service Order 4800 – women prisoners https://www.justice.gov.uk/offenders/psos

9. Physical activity

Standard 9.1
Women prisoners (including older prisoners) should be active daily, achieving a total of 150 minutes (2½ hours) of moderate intensity activity or 75 minutes of vigorous intensity activity over a week.

Description

In line with the UK physical activity guidance from the Chief Medical Officer (CMO), women prisoners should be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity. Moderate intensity activity should be achieved in bouts of 10 minutes or more across; one way to approach this is to do 30 minutes on at least 5 days a week. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity. Women in prison should be able to access the recommended amount of physical activity as a minimum to ensure the standard of equivalence with women in the community.

Moderate physical activity will cause adults to get warmer and breathe harder and their hearts to beat faster, but they should still be able to hold a conversation (brisk walking/ cycling). Vigorous intensity physical activity will cause adults to get warmer and breathe much harder and their hearts to beat rapidly, making it difficult to hold a conversation (running, swimming, football).[550] Exercise plans should be personalised as much as possible.

Rationale

Evidence from a UK study suggests that women prisoners are generally sedentary and not meeting the minimum activity guidance prior to imprisonment.[551] Physical activity is beneficial to physical and mental health. The benefits of regular physical activity have been clearly set out across the life course. In particular, for adults, doing 30 minutes of at least moderate intensity physical activity on at least 5 days a week helps to prevent and manage over 20 long-term conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal

550Department of Health. Factsheet 4. Physical activity guidelines for adults (19-64 years).
551 Plugge E.H., Foster C.E., Yudkin P.L., Douglas N. (2009) Cardiovascular disease risk factors and women prisoners in the UK: the impact of imprisonment. *Health Promot Int.* 24(4):334-343

conditions. The strength of the relationship between physical activity and health outcomes persists throughout people's lives, highlighting the potential health gains that could be achieved if more people become more active throughout the life course[552].

Guidance from CMO[553]:
There are numerous benefits to being active daily as highlighted in the physical activity guidelines for the UK[554]:

- reduces risk of a range of diseases, eg coronary heart disease, stroke, type 2 diabetes
- helps maintain a healthy weight
- helps maintain ability to perform everyday tasks with ease
- improves self-esteem
- reduces symptoms of depression and anxiety

Further information Physical activity guidelines in the UK:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213743/dh_128255.pdf [Technical guidelines]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf [Adults 19-64 years]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf [Older adults 65+ years]

Standard 9.2:
Women prisoners (including older prisoners) should be able to undertake physical activity to improve muscle strength on at least two days a week.

Description In line with the UK physical activity guidance from the CMO, women prisoners should undertake physical activity that strengthens muscles on at least two days a week. This should involve using body weight or working against a resistance and involve using all the major muscle groups. Examples include:

- activities that involve stepping and jumping such as dancing
- chair aerobics

Rationale Guidance from CMO[555].

552 Adult PA data factsheet - PHE publications gateway number: 2014264 Published: August 2014
553 https://www.gov.uk/government/publications/uk-physical-activity-guidelines
554 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf

There is a strong and growing scientific evidence base on the health benefits of muscle strengthening activities in adults, and especially for older adults.[556] This includes the benefits of enhancing muscle strength and muscle power and the consequent improvements or maintenance of functional ability and reduction in falls, the stimulation of bone formation and reduction in bone loss.[557, 558] There should be a range of physical activities to enable everyone to participate.

Further information Physical activity guidelines in the UK:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213743/dh_128255.pdf [Technical guidelines]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf [Adults 19-64 years]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf [Older adults 65+ years]

Standard 9.3

Older women in prison should have access to age appropriate physical activity classes such as bone strengthening and balance elements.

Description Older women in prison should be provided with opportunities to undertake age appropriate physical activity classes, which include bone strengthening and balance elements, so that they can meet Standards 9.2 and 9.4.

This standard is in line with UK physical activity guidance from the CMO, which states that:

- older women prisoners at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week. Activities to improve balance and co-ordination may include Tai chi and Yoga
- women prisoners should undertake physical activity that strengthens muscles on at least two days a week This should involve using body weight or working against a resistance and

555 https://www.gov.uk/government/publications/uk-physical-activity-guidelines

556 *Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, D.C.; 2008*

557 *Bonaiuti D, Shea B, Iovine R, Negrini S, Robinson V, Kemper HC, et al. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database Systematic Review. 2002(3)*

558 *Shea B, Bonaiuti D, Iovine R, Negrini S, Robinson V, Kemper HC, et al. Cochrane Review on exercise for preventing and treating osteoporosis in postmenopausal women. EuraMedicophys. 2004;40(3):199-209*

involve using all the major muscle groups. Examples include: activities that involve stepping and jumping, such as dancing and chair aerobics

Rationale

Guidance from CMO[559].

There is a strong and growing scientific evidence base on the health benefits of muscle strengthening activities in adults, and especially for older adults.[560] This includes the benefits of enhancing muscle strength and muscle power and the consequent improvements or maintenance of functional ability and reduction in falls, the stimulation of bone formation and reduction in bone loss.[561, 562]

In recent years there has been an accumulation of evidence showing that balance impairment increases the risk of falling in community-dwelling older adults. This includes evidence from a meta-analysis of 44 trials with over 9,000 participants, and the results suggest that older adults should challenge their balance and mobility through a wide variety of activities under different environmental challenges in order to reduce their risk of falls.[563] The American College of Obstetricians and Gynaecologists (ACOG) specifically recommends the need for prevention programs for osteoporosis for women in prison.[564]

Although the guidance from the CMO refers to older people as aged 65 years and over, this guidance uses 50 years as the definition as there is evidence prisoners experience an earlier onset of certain health problems than do older people within the community.[565]

Further information

UK Physical activity guidelines: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf [Older adults 65+ years]

559 https://www.gov.uk/government/publications/uk-physical-activity-guidelines

560 Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, D.C.; 2008

561 Bonaiuti D, Shea B, Iovine R, Negrini S, Robinson V, Kemper HC, et al. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database Systematic Review. 2002(3)

562 Shea B, Bonaiuti D, Iovine R, Negrini S, Robinson V, Kemper HC, et al. Cochrane Review on exercise for preventing and treating osteoporosis in postmenopausal women. EuraMedicophys. 2004;40(3):199-209

563 Sherrington C, Whitney JC, Lord SR, Herbert RD, Cumming RG, Close JC. Effective exercise for the prevention of falls: a systematic review and meta-analysis. JAmGeriatrSoc. 2008;56(12):2234-43

564 ACOG (2012) Reproductive health care for incarcerated women and adolescent females https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co535.pdf?dmc=1&ts=20170710T0825472878

565 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf

Standard 9.4
Women in prison should minimise the amount of time spent being sedentary (sitting) for extended periods.

Description In line with the UK physical activity guidance from the CMO, women prisoners should minimise the amount of time spent sedentary (sitting) for extended periods. Minimising sedentary behaviour may include:

- reduced time spent watching television
- taking regular walk breaks (if feasible)
- cell based exercise activities

Rationale Evidence from a UK study suggests that women prisoners are generally sedentary and not meeting the minimum activity guidance prior to imprisonment.[566]

Guidance from CMO[567]:
There are numerous benefits to being active daily as highlighted in the physical activity guidelines for the UK[568]:

- reduces risk of a range of diseases, eg coronary heart disease, stroke, type 2 diabetes
- helps maintain a healthy weight
- helps maintain ability to perform everyday tasks with ease
- improves self-esteem
- reduces symptoms of depression and anxiety

Further information Physical activity guidelines in the UK:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213743/dh_128255.pdf [Technical guidelines]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf [Adults 19-64 years]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf [Older adults 65+ years]

566 Plugge E.H., Foster C.E., Yudkin P.L., Douglas N. (2009) Cardiovascular disease risk factors and women prisoners in the UK: the impact of imprisonment. *Health Promot Int.* 24(4):334-343
567 https://www.gov.uk/government/publications/uk-physical-activity-guidelines
568 Technical Report. Physical Activity Guidelines in the UK: Review and Recommendations [online] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf

Standard 9.5
To improve mental wellbeing women prisoners should have access to at least one hour of fresh air a day.

Description All prisoners should be able to spend at least an hour outside in the open air each day. They can use this time to exercise if they choose.

Rationale All aspects of prisoners' lives in prison affect their health. The WHO, therefore, highlight a need to create the best conditions for good health and effective health care, which include the provision of opportunities for exercise and access to fresh air. They state that the requirement to provide prisoners with a minimum of one hour of fresh air and exercise daily is enshrined in international law as well as in national laws in many jurisdictions.

The UN *Standard Minimum Rules for the Treatment of Prisoners*[569] supports this standard, stating that every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits. It would be beneficial to have access to open space to exercise outside.

Further information WHO Prisons and Health: http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf
UK Prison life https://www.gov.uk/life-in-prison/prisoner-privileges-and-rights

Standard 9.6
Women prisoners who are not meeting physical activity guidelines should be identified at the second-stage health assessment, with the outcome recorded.

Description In line with NICE guideline NG57, women prisoners should be offered tailored health advice on their responses to the health assessment questions. This includes advice on exercise. In order to tailor the advice, an initial assessment of physical activity levels needs to take place during the health assessment with the outcome recorded.

569 http://www.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx

Rationale Evidence from a UK study suggests that women prisoners are generally sedentary and not meeting the minimum activity guidance prior to imprisonment and this didn't change a month into their sentence. It was also found that women tended to gain weight following imprisonment and that there was a generally high CVD risk among female prisoners.[570] A study of Spanish women prisoners found levels of overweight or obese were high (60%) as were sedentary lifestyles (40%). They concluded a need to promote healthy lifestyles from the beginning of imprisonment.

NICE guidelines for the physical health of people in prison (NG57) recommends that prisoners are offered tailored health advice based on their responses to the second-stage health assessment, including exercise in order to achieve this recommendation, as initial assessment and identification needs to be made and processes in place for healthcare and regime staff to work together.

Further information NICE guideline *Physical health of people in prison* [NG57]: https://www.nice.org.uk/guidance/ng57
NICE Public health guideline *Physical activity: brief advice for adults in primary care* [PH44]: https://www.nice.org.uk/Guidance/PH44

Standard 9.7
Women prisoners should be given tailored advice on physical activity based on the outcome of the second-stage health assessments.

Description In line with NICE guideline NG57, women prisoners should be encouraged to be physically active. They should be offered information about:

- the benefits of exercise (both mental and physical health)
- what exercise facilities are provided, where they are and how they can use them
- exercises that can be done in the cell

Women prisoners should be offered information and advice in line with recommendations in the NICE guidelines on:

570 Plugge E.H., Foster C.E., Yudkin P.L., Douglas N. (2009) Cardiovascular disease risk factors and women prisoners in the UK: the impact of imprisonment. *Health Promot Int.* 24(4):334-343

- physical activity: brief advice for adults in primary care [PH44]
- physical activity: exercise referral schemes [PH54]
- preventing excess weight gain [NG7]
- obesity: identification, assessment and management [CG189; section on *Physical activity*]

Rationale NICE uses the best available evidence to develop recommendations that guide decisions in health, public health and social care.[571] The Public Health Interventions Advisory Committee (PHIAC) considers that the recommended approaches presented in the NICE public health guideline PH44 are cost effective.[572] The evidence supporting the guideline appears to favour brief advice over usual care (ie no intervention in the control group) for physical activity outcomes.[573]

Further information NICE guidance *Physical health of prisoners* [NG57] https://www.nice.org.uk/guidance/ng57
NICE Public health guideline *Physical activity: brief advice for adults in primary care* [PH44] https://www.nice.org.uk/guidance/PH44/chapter/1-Recommendations#recommendation-1-identifying-adults-who-are-inactive
NICE Public health guideline *Physical activity: exercise referral schemes* [PH54] https://www.nice.org.uk/guidance/PH54/chapter/1-Recommendations#exercise-referral-for-people-who-are-sedentary-or-inactive-but-otherwise-healthy
NICE Public health guideline *Preventing excess weight gain*
NICE Clinical guideline *Obesity: identification, assessment and management* [CG189] https://www.nice.org.uk/guidance/cg189/chapter/1-Recommendations#physical-activity

Standard 9.8
All prison staff should be trained to deliver brief advice to women identified as inactive including skills to motivate people to change.

Description In line with NICE guideline PH44, brief advice should be delivered to women prisoners identified as inactive.

571 https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance
572 https://www.nice.org.uk/guidance/ph44/resources/physical-activity-brief-advice-for-adults-in-primary-care-1996357939909
573 https://www.nice.org.uk/guidance/ph44/evidence/review-of-effectiveness-and-barriers-and-facilitators-pdf-69102685

The term 'brief advice' is used in this guidance to mean verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It can vary from basic advice to a more extended, individually focused discussion. When giving brief advice, tailor this to a person's:

- motivations and goals (see NICE guidance on Behavioural Change)
- current level of activity
- barriers
- health status
- provide information on options to exercise

In order to deliver brief advice in a range of settings, all staff in the prison setting should be trained in this area. Health and wellbeing champions can play a role in enabling both staff and women in prison to make lifestyle changes.

Rationale

NICE use the best available evidence to develop recommendations that guide decisions in health, public health and social care.[574] The Public Health Interventions Advisory Committee (PHIAC) considers that the recommended approaches presented in the NICE public health guideline PH44 are cost effective.[575] The evidence supporting the guideline appears to favour brief advice over usual care (ie no intervention in the control group) for physical activity outcomes. The evidence review supporting NICE guidance found an increase in the self-reported physical activity levels in participants who received brief advice or who were seen by primary care professional trained to deliver brief advice.[576]

There is further evidence to support the use of brief interventions in areas such as STI prevention and alcohol reduction[577,578,579] [see also Standard 1.8].

574 https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance
575 https://www.nice.org.uk/guidance/ph44/resources/physical-activity-brief-advice-for-adults-in-primary-care-1996357939909
576 Campbell F, Blank L, Messina J, Day M, Buckley Woods H et al. (2012) Physical activity: brief advice for adults in primary care. *ScHARR Public Health Collaborating Centre:* https://www.nice.org.uk/guidance/ph44/evidence/review-of-effectiveness-and-barriers-and-facilitators-pdf-69102685
577 Bunn F, Brooks F, Appleton J, Mead M, Magnusson J et al. (2006) Review 1: Contraceptive advice and provision for the prevention of under 18 conceptions and STIs: a rapid review. *Centre for Research in Primary and Community Care, University of Hertfordshire:* https://www.nice.org.uk/guidance/ph3/evidence/evidence-review-1-pdf-65843246
578 Downing J, Jones L, Cook PA, Bellis MA (2009) Prevention of sexually transmitted infections (STIs): a review of reviews into the effectiveness of non-clinical interventions. Evidence Briefing Update. *Liverpool John Moores University:*

In the prison setting, a project implementing alcohol brief interventions across 10 prisons in the North West of England found that staff were positive about their future and potential use of brief interventions in their practice and it was felt that brief interventions will be effective with their clients; over three quarters of the respondents expected to use the brief interventions materials at some point in the future.[580] The literature review underpinning this study concluded that brief interventions based on motivational interviewing require appropriate training and supervision, and may be more suited to specialist healthcare staff.

Further information NICE Public health guideline [PH44]
Physical activity: brief advice for adults in primary care:
https://www.nice.org.uk/guidance/PH44/chapter/1-Recommendations#recommendation-1-identifying-adults-who-are-inactive

Standard 9.9

Prisoners should be referred to a specific exercise referral scheme if they are identified as being sedentary or inactive AND have existing health conditions.

Description Exercise referral schemes seek to increase someone's physical activity levels on the basis that physical activity has a range of positive health benefits. In line with NICE guidance PH 54, people who are sedentary or inactive and have a health condition or other health factors that put them at increased risk of ill health (eg risk factors for coronary heart disease, stroke and type 2 diabetes) should have access to exercise referral schemes, in a similar way to those available in the community, which meet the criteria specified in the guideline.

In this guideline, exercise referral schemes consist of all the following components:

https://www.nice.org.uk/guidance/ph3/evidence/evidence-briefing-update-prevention-of-sexually-transmitted-infections-stis-2006-pdf-65843250

579 Jackson R, Johnson M, Campbell F, Messina J, Guillaume L et al. (2010) Screening and brief interventions for prevention and early identification of alcohol use disorders in adults and young people. *ScHARR Public Health Collaborating Centre:* https://www.nice.org.uk/guidance/ph24/documents/review-2-screening-and-brief-interventions-effectiveness-review2

580 PHE (2017) Brief interventions in prison: Review of the Gateways initiative: http://www.nta.nhs.uk/uploads/brief-interventions-in-prison-review-of-gateways-initiative.pdf

- an assessment involving a primary care or allied health professional to determine that someone is sedentary or inactive, that is, they are not meeting current UK physical activity guidelines. (See Start active, stay active)
- a referral by a primary care or allied health professional to a physical activity specialist or service
- a personal assessment involving a physical activity specialist or service to determine what programme of physical activity to recommend for their specific needs
- an opportunity to participate in a physical activity programme.

Rationale NICE uses the best available evidence to develop recommendations that guide decisions in health, public health and social care.[581] Evidence for support exercise referral for inactive persons who have existing health conditions is provided in NICE guideline PH54.

Further information NICE Public health guideline *Physical activity: exercise referral schemes* [PH54] https://www.nice.org.uk/guidance/PH54/chapter/1-Recommendations#exercise-referral-for-people-who-are-sedentary-or-inactive-but-otherwise-healthy

Standard 9.10

Physical activity needs to be tailored to the requirements of women prisoners.

Description Physical activity and exercise classes offered to women prisoners should be varied and relevant to women prisoners, in order to encourage uptake. One method of achieving this would be to include women prisoners in development of physical activity programmes (overarching principle 3).

Rationale Evidence suggests that participation in women's prison physical activity and exercise programmes is low.[582,583]

An NAO report[584] on diet and exercise in prisons in England found that the levels of participation in physical activity were affected by:

581 https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance

582 Meek R, Lewis GE (2014) Promoting wellbeing and desistance through sport and physical activity: the opportunities and barriers experienced by women in English prisons. *Women and Criminal Justice;* 24(2): 151-172

583 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

584 NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506939.pdf

- the range of physical education activities and facilities available
- whether prisoners are given equality of access to activities
- the emphasis given to some activities which could affect wider participation
- the availability of instructors and timing of activities

In particular, women prisoners suggested that facilities and activities were not tailored to the requirements of women; another study, conducted in English women's prison, has similarly identified that the type of activity available acts as a barrier to participation.[585] In a survey of women prisoners in the England, a lack of suitable activities was identified as a common barrier to participation; the most frequently requested activities that were unavailable were aerobics, dance classes and yoga.[586]

Another study[587] looking at motivation to exercise among women's prisoners in a US prison found that gender sensitive activities such as Zumba, yoga and spin classes were suggested by the women as preferred options.

Further information

NAO (2006) HM Prison Service, Serving Time: Prisoner Diet and Exercise https://www.nao.org.uk/wp-content/uploads/2006/03/0506989.pdf

Tibbetts E. (2016) Understanding incarcerated women's motivation to exercise. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 76: 9-B(E)

Standard 9.11

Prisons should ensure appropriate physical activities are available for pregnant women.

Description

Pregnant women in prison should be supported to be active throughout pregnancy. Specific provision should be made so that pregnant women can continue physical activity throughout all stages of pregnancy and postnatally.

585 Meek R, Lewis GE (2014) Promoting wellbeing and desistance through sport and physical activity: the opportunities and barriers experienced by women in English prisons. *Women and Criminal Justice;* 24(2): 151-172

586 Meek R (2013) Sport in Prison: exploring the role of physical activity in correctional settings. *Abingdon: Routledge*

587 Tibbetts E. (2016) Understanding incarcerated women's motivation to exercise. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 76: 9-B(E)

All prison staff should have access to skills training to work with pregnant and postnatal women.

[Links to section 9: physical activity]

Rationale This standard is in line with *PSO 4800* on Women Prisoners.

Physical activity in pregnancy has minimal risks and has been shown to benefit most women, although some modification to exercise routines may be necessary as pregnancy progresses.[588] Pregnancy can often act as a barrier to participation in sport in prison due to the lack of suitable activities available.[589]

Further information *Prison Service Order 4800 – women prisoners*
https://www.justice.gov.uk/offenders/psos

Standard 9.12
Older women prisoners (50+) at risk of falls should be encouraged to incorporate physical activity to improve balance and co-ordination on at least two days a week.

Description In line with the UK physical activity guidance from the CMO, older women prisoners at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week. Activities to improve balance and co-ordination may include Tai chi and Yoga.

[Links to section 7: older people]

Rationale Guidance from CMO[590].

In recent years there has been an accumulation of evidence showing that balance impairment increases the risk of falling in community-dwelling older adults. This includes evidence from a meta-analysis of 44 trials with over 9,000 participants, and the results suggest that older adults should challenge their balance and mobility through a

588 ACOG (2015) Committee opinion: physical activity and exercise during pregnancy and the postpartum period: https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Physical-Activity-and-Exercise-During-Pregnancy-and-the-Postpartum-Period
589 Meek R (2013) Sport in Prison: exploring the role of physical activity in correctional settings. *Abingdon: Routledge*
590 https://www.gov.uk/government/publications/uk-physical-activity-guidelines

wide variety of activities under different environmental challenges in order to reduce their risk of falls.[591]

Although the guidance from the CMO refers to older people as aged 65 years and over, this guidance uses 50 years as the definition as there is evidence prisoners experience an earlier onset of certain health problems than do older people within the community.[592]

Further information Physical activity guidelines in the UK:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213743/dh_128255.pdf [Technical guidelines]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf [Adults 19-64 years]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf [Older adults 65+ years]

Standard 9.13

Interventions which promote improving physical activity should include elements of:

- participatory action research
- social support
- peer support
- education on why nutrition and physical activity is beneficial
- commitment from sporting and community organisations
- partnerships across the prison (eg gym, healthcare, education, psychology)

Description Increasing motivation to exercise and reducing barriers for women in prison is integral to achieving Standards 9.1-9.4. With this in mind, physical activity interventions in women's prisons should include the following elements:

- women prisoners should be included in the development and implementation of physical activity programmes
- the social support aspects of exercise should be acknowledged and incorporated into development and implementation of physical activity programmes
- interventions should include co-production and also professional input

591 Sherrington C, Whitney JC, Lord SR, Herbert RD, Cumming RG, Close JC. Effective exercise for the prevention of falls: a systematic review and meta-analysis. JAmGeriatrSoc. 2008;56(12):2234-43
592 http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf

- alongside the interventions themselves, education should be given on the benefits of physical activity and exercise programmes
- commitment and involvement from voluntary and external organisations
- partnerships across prison departments
- behavioural change approaches

Women should be able to access suitable clothing and trainers for exercise.

Rationale

Although the literature on developing and delivering physical activity and exercise programmes in women's prisons is not extensive, there are some common findings from the limited evidence based which does exist.

Consultation with prisoners, use of participatory research and peer-approaches are regular themes to emerge in the literature (Meek, 2015; Woodall, 2015). A pilot programme[593] from a prison in Canada included women prisoners in the designed and implementation of a prison nutrition and exercise programme. The peer-led nature of the programme encouraged prisoners to participate and stay involved because they felt trust and non-judgement in this environment.

A study[594] on motivation to exercise among female prisoners in a US prison adds further strength to the use of peer support as a motivator for exercise and also highlights the benefits of shared goals. A number of studies[595,596,597] have found the social aspects of physical activity and exercise interventions important and highly rated by women prisoners. One study also highlighted the importance of education on the benefits of exercise, alongside the interventions themselves, as a motivator to increase uptake of physical activity and exercise programmes. The WHO supports the use of providing

593 Elwood Martin R. et al. (2013) Incarcerated women develop a nutrition and fitness programme: participatory research. *Int J Prison Health;* 9(3): 142-50

594 Tibbetts E. (2016) Understanding incarcerated women's motivation to exercise. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 76: 9-B(E)

595 Tibbetts E. (2016) Understanding incarcerated women's motivation to exercise. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 76: 9-B(E)

596 Elwood Martin R. et al. (2013) Incarcerated women develop a nutrition and fitness programme: participatory research. *Int J Prison Health;* 9(3): 142-50

597 Flanagan O. (2011) Cardiovascular disease prevention in women prisoners: The Stay Fit and Healthy intervention. *Dissertation.* https://cdr.lib.unc.edu/record/uuid:362b60ba-7849-4c52-a848-87fde85b2839

prisoners with appropriate health education materials to enable them to make an informed choice.[598]

There is evidence to suggest that where relationships are established with external organisations, interventions are more likely to prosper. Similarly, the role of the voluntary sector more generally in managing and implementing peer interventions seems to be critical.[599,600]

Partnerships across prison, such as between the gym, healthcare, education and psychology should be encouraged[601,] as a way of promoting prisoner health most effectively.[602]

Further information

Tibbetts E. (2016) Understanding incarcerated women's motivation to exercise. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 76: 9-B(E)

Elwood Martin R. et al. (2013) Incarcerated women develop a nutrition and fitness programme: participatory research. *Int J Prison Health;* 9(3): 142-50

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10. Weight management

Standard 10.1
Prisoners who have a BMI equal to or greater than 25 or under 18.5 should be identified at the second-stage health assessment.

Description

BMI is used to determine whether adults have a healthy or unhealthy weight. Definitions are as follows:

Under 18.5: underweight
Between 18.5 and 24.9: healthy weight
Between 25 and 29.9: overweight
Between 30 and 39.9: obese
40 or more: severely obese

For women prisoners with a BMI equal to or greater than 25, they should be given information about their classification of overweight and the impact this has on risk factors for developing other long-term health problems. The level of intervention should be based on the NICE guidelines CG189, section 1.2.11 and PHE guidance on commissioning and providing adult weight management services and brief interventions for adult weight management services.[603]

For women prisoners with a BMI under 18.5, they should be given information about their classification of being underweight and the impact this has on risk factors for developing other long-term health problems. An assessment should be made as to the reasons for possible low weight to determine what interventions are required (eg substance misuse, infection such as tuberculosis, eating disorders).

Rationale

Undertaking an assessment at reception is important as it gives the opportunity for patients to be offered health promotion advice[604] and access the most appropriate services, if required. It is important to not just focus on those with a BMI over 25 as some women may have BMI less than 18.5 and this may be due to significant substance misuse

603 https://www.gov.uk/government/collections/adult-weight-management-guidance-for-commissioners-and-providers
604 https://www.nice.org.uk/guidance/ng57/evidence/full-guideline-pdf-2672652637

needs and/or homeless and/or alcohol dependent and/or with TB and/or with anorexia, bulimia or other eating disorders. Women with a BMI under 18.5 may also need significant support.

Further information

NICE Guidance *Obesity: identification, assessment and management* [CG 189]:
https://www.nice.org.uk/guidance/cg189/chapter/1-Recommendations#identification-and-classification-of-overweight-and-obesity
NICE guideline *Physical health of people in prison* [NG57]:
https://www.nice.org.uk/guidance/ng57
PHE (2017) *Adult weight management: guidance for commissioners and providers:*
https://www.gov.uk/government/collections/adult-weight-management-guidance-for-commissioners-and-providers

Standard 10.2

Women prisoners identified as overweight or obese should be offered a referral to a lifestyle weight management programme.

Description

In line with NICE Quality Standard QS 111, adults who are overweight or obese should be offered a referral to a lifestyle weight management programme to help them improve their overall health, to ensure equivalence with the community.

Lifestyle weight management programmes for overweight or obese adults are multi-component programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour.[605]

For those not taking up the initial referral to a lifestyle weight management programme, they should be offered follow ups and ongoing support to help them improve their overall health.

Rationale

NICE quality standards draw on existing NICE or NICE‑accredited guidance that provides an underpinning,

605 http://pathways.nice.org.uk/pathways/lifestyle-weight-management-services-for-overweight-or-obese-adults#content=view-info-category%3Aview-about-menu

comprehensive set of recommendations, and are designed to support the measurement of improvement.

Further information

NICE Guidance *Obesity in adults: prevention and lifestyle weight management programmes* [Quality standard 111]: https://www.nice.org.uk/guidance/qs111
NICE Public health guideline *Weight management: lifestyle services for overweight or obese adults* [PH53]: https://www.nice.org.uk/guidance/ph53
PHE (2017) *Adult weight management: guidance for commissioners and providers:* https://www.gov.uk/government/collections/adult-weight-management-guidance-for-commissioners-and-providers

Standard 10.3

Women in prison identified as having a BMI of 40 or more, or between 35 and 40 and comorbidities, should be offered surgical intervention in line with community provision.

Description

In line with NICE Quality Standard QS 111, adults who have a BMI of 40 or more, or between 35 and 40 and other significant disease (eg type 2 diabetes or high blood pressure) that could be improved if they lost weight, should be offered bariatric surgery as a treatment option if all of the following criteria are fulfilled:

- all appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss
- the person has been receiving or will receive intensive management in a tier 3 service
- the person is generally fit for anaesthesia and surgery
- the person commits to the need for long-term follow-up

This standard is aimed at women who have sentences longer than 12 months.

Rationale

NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. A full risk assessment by the clinician should be carried out to deem if

surgical intervention is appropriate, in the context of the prison environment.

Further information

NICE Guidance *Obesity in adults: prevention and lifestyle weight management programmes* [Quality standard 111]: https://www.nice.org.uk/guidance/qs111

Appendix 1: List of consultees

More than 60 people were sent the survey on the standards as part of the consultation process. The following responded:

Name	Organisation
Alison Tedstone	Public Health England
Alyce-Ellen Barber	User Voice; Health and Justice Advisory Group
Ann Norman	Royal College of Nursing
Ashley Wilson	HMP Foston Hall (Care UK)
Christine Kelly	NHS England
Christopher Loxley	Various
Emma Mastrocola	Inspire Better Health/Hanham Health
Emma Plugge	Senior Researcher, University of Oxford
Fiona Kouyoumdjia	McMaster University, Hamilton, Ontario, Canada
Jane Trigg	Her Majesty's Prison and Probation Service (Women's Custodial Estate)
Jessica Redhead	NHS England
Julie Dhuny	NHS England
Justin Varney	Public Health England
Kate Pearce	NHS England
Keith Hawton	Professor of Psychiatry, University of Oxford
Kerry Guttridge	University of Manchester
Lady Edwina Grosvenor	One Small Thing
Lisa Marzano	Associate Professor in Psychology, Middlesex University, London
Liz Sully	Women in Sport
Liz Walsh	Independent
Louise Robinson	University of Manchester/Lancashire Care NHS Foundation Trust
Louis Appleby	Professor of Psychiatry, University of Manchester
Olivia Rope	Penal Reform International
Pauline Fisher	Public Health England
Kathryn Abel	Professor of Psychiatry, University of Manchester
Rebecca Gomm	Middlesex University
Ruth Elwood Martin	Clinical Professor, University of British Columbia
Ruth Kavanagh	NHS England
Seena Fazel	Professor of Forensic Psychiatry, University of Oxford
Sofia Gullberg	Women in Prison
Stephanie Covington	Center for Gender & Justice, La Jolla, California, US
Sunita Sturup-Toft	Public Health England

Suzy Dymond White	Her Majesty's Prison and Probation Service (HMP Eastwood Park)
Tammi Walker	University of Manchester
Victoria Hancock	NHS England
Wendy Tattersall	Public Health England
Zoe Deith	User Voice