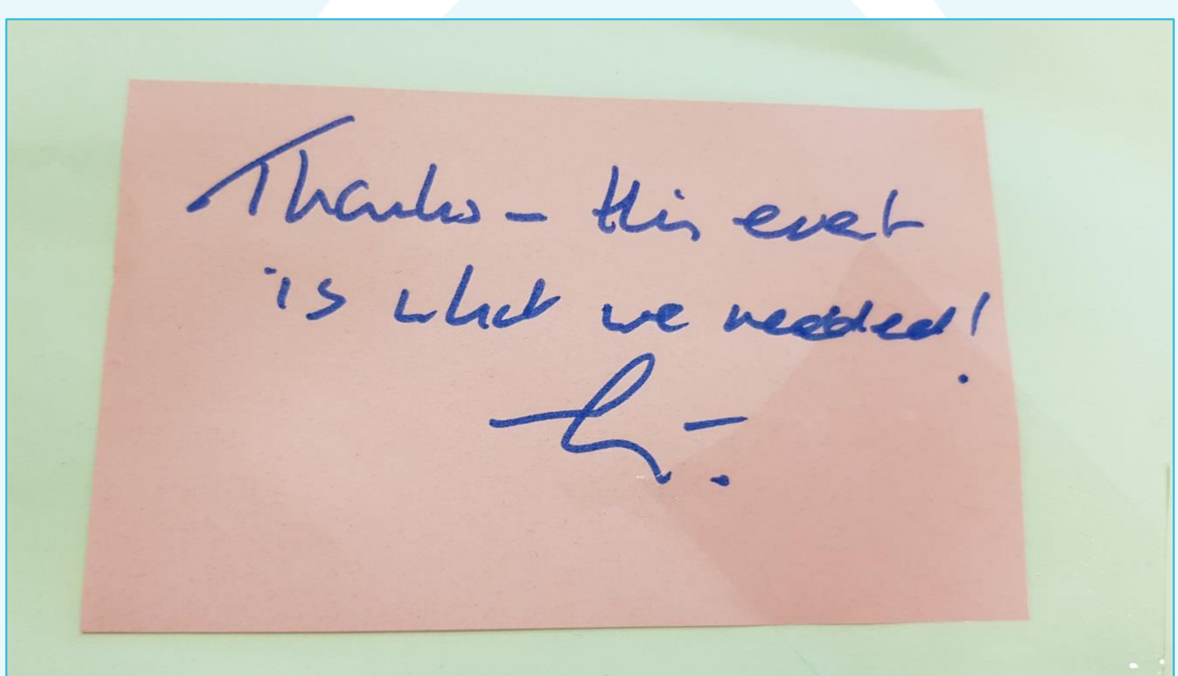
Addressing the mental health and physical wellbeing of women with experience of the criminal justice system

A Northern England Mental Health and Dementia Network priority setting workshop

Event report and outcomes



June 2018

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The Durham Centre, Thursday 7th June 2018

Aim:

To bring together voluntary sector and relevant public sector provider organisations working with women both in the community and in the criminal justice system, to improve the mental and physical health of vulnerable women, using a trauma-informed perspective.

Objectives:

- To scope out the potential gaps in current service provision and address unmet needs across the sector
- To collaborate with the management and wider healthcare team at HMP Low Newton with a view to improving pathways of care for women in custody and transitioning back to the community
- To make contact and build relationships with charities and community organisations working across the women's sector to involve in project development.

Background

The prevalence of vulnerable women with experience of the criminal justice system having 'co-morbidities' of mental health, physical health and social care needs means that the demand for co-located, gender-sensitive, joined-up women's services is a very real one but one that is rarely met by current provision. Smaller local organisations can struggle to make meaningful connections with wider public services for the benefit of the women they support, and there are likely to be opportunities to make those connections happen with some focused work.

Online research was conducted to establish key issues and current policy around physical and mental healthcare for women in prison and for those with specific issues in the community. Contact was made with an initial group of voluntary organisations working both locally and elsewhere in the country to learn more about their services and gauge enthusiasm for a project aimed at improving care for vulnerable women. A positive response was received from all organisations which replied, and seemed to back up the need for more investigation into the possibilities. A discussion was also had with the local NHS England Health and Justice team commissioning manager.

A meeting was held with the Governor and Head of Healthcare for HMP Low Newton in Durham on 19th March 2018 to learn more about their residents' needs, the service currently provided and where improvements could be made. They were very keen to be involved in the development of the work and suggested that it would be beneficial to bring together some of the women's organisations we had made contact with, along with some of the prison team, mental health staff from TEWV trust who provide care within the prison, and other relevant stakeholders, to discuss some of the issues and identify potential areas where some joined-up working may be possible.

Thus, the plan was made to work towards planning and delivering a priority setting event in June 2018, to identify potential priority areas that may be taken on by establishing task and finish groups to deliver specific pieces of work addressing each one.

Event programme

09:00	**Registration & refreshments; networking**
09:30	**Welcome from the Network– Darren Archer Network Manager** Addressing the needs of vulnerable groups
09:35	**Setting the scene** Gabrielle Lee, Governor, HMP Low Newton: *The Prison Perspective* Anna Calderwood, Strategy and Policy Lead, Specialised Directorate, NHS England: *Developing the Strategic Direction for Sexual Assault and Abuse Services* Dr Sue Robson, Women's Commissioning Support Unit (North East), Women's Resource Centre: *Why commission women-only services?*
10:35	**Identifying the current issues** An informal session designed to capture some of the problems and areas for improvement as you see it in your role. We have made some suggestions - but we want to hear your thoughts.
11:30	**Refreshments and networking**
11:45	**Establishing themes** An exercise to 'cluster' the identified issues into common themes to enable us to see where the priorities might lie
12:15	**Must - should - could** Starting to think about where to focus - which of the identified themes must we do something about, what should be looked at soon, and what could we do later?
13:00	**Lunch and networking**
13:45	**Making some plans** How do we go about tackling the issues identified? Who needs to be involved? What are our next steps?
15:00	**Feedback & summary of the day**
15:15	**Close**

The role of the Women's Commissioning Support Unit

Dr Sue Robson from the Women's Commissioning Support Unit (WCSU) delivered a presentation entitled "Why commission women only services?". WCSU is three-year pilot project to develop the strategic and delivery capacity of the women's voluntary sector. The project is hosted by Women's Resource Centre and funded by the Esmée Fairbairn Foundation.[1]

Women First Partnership has developed out of the work of WCSU in the North East of England. It is a partnership of twenty-one community-based women's organisations who reach out to women and girls facing multiple barriers, arising from issues such as discrimination, domestic violence, poverty and poor health. Women First's purpose is for its women's organisations to become more resilient through collaboration, innovation and enterprise and to respond more effectively to funding opportunities. Women First's vision is of thriving local, independent and holistic women-led services and empowered women and girls who are able to make changes in their lives and have their voice heard. Member organisations provide safe spaces where women and girls can share experiences, build mutual support and develop personal skills, knowledge and confidence to change their circumstances.

Sue highlighted that a recent snapshot survey of around 400 service users from 10 women's organisations evidenced that: 9 out of 10 women accessing their services had more confidence, 8 out of 10 felt less isolated, and the same proportion felt healthier. One in seven women were better able to manage their physical and/or mental health. In 2016, Women's Health Equality Consortium estimated the cost savings accrued to the public purse from just one of Women First's member organisations was over £1.3 million.[2] This suggests that the economic value of Women First to the NHS in the North East could be approaching £30M per year.

Sue outlined that from a legal perspective, it is perfectly permissible to offer women only services where it can be shown to be the most effective way of providing those services or where the service is needed by one sex only.[3] Moreover, according to the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) to which the UK Government is a signatory, all public bodies are obligated to review the policy of commissioning services where it may undermine the provision of specialised women's services (Para 22) and to improve provision of mental health care in all prisons (Para 55).[4]

Members of Women First became engaged with the Northern England Clinical Networks in the lead up to this event. The Network sees co-production as a valuable way of developing sustainable change into its programmes. Moving forwards, Women First will provide a vital means of empowering some of the most vulnerable women and girls in our society to have their voices heard and valued when it comes to developing future service provision.

The Network is glad to acknowledge the support provided by WCSU in organising this event, particularly with regards to encouraging local women's organisations to give up their time to attend.

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[1] Women's Resource Centre is a national umbrella organisation for the women's sector, working towards linking all aspects of the women's movement and supporting its members to be more effective and sustainable https://thewomensresourcecentre.org.uk/womens-commissioning-support-unit/

[2] Women's Health Equality Consortium (2016), *Value of the Women's Voluntary and Community Sector Delivering Health Services* - https://www.whec.org.uk/wp-content/uploads/2011/04/Value-report-final.pdf

[3] Equality Act 2010, Schedule 3, Part 7

[4] CEDAW/C/GBR/CO/7 (paras 22 and 55) https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GBR/CO/7&Lang=En

Post-it notes from flipcharts and 'must-should-could' priorities

The initial workshop segment of the event captured the thoughts and ideas of those present through a whole-room brainstorming session, using topic prompts to stimulate discussion. The wide range of Post-it notes added to each topic flipchart were then loosely categorised by attendees into themes, identified by the different colours on our 'virtual flipcharts' in this report. Delegates then identified the 'must-should-could' issues for each related cluster of flipcharts.

The sheer number of Post-its collated here shows the level of enthusiasm and passion the delegates had for the importance of the task at hand, and represent an incredibly broad range of issues that could be addressed.

Flipchart cluster 1: Mental illness

Depression/Anxiety

TALKING THERAPIES	TALKING THERAPIES	EARLY INTERVENTION	COMMUNITY	IN PRISON
Lack of access to first line counselling service	Not working – short-term counselling sessions i.e. 12 weeks, should be for as long as needed	Appropriate identification of which issue – wider/proper diagnosis - and appropriate intervention for 'condition'	Mental health services and referral pathways for people that are classed as being in transition period (child to adult)	It affects a massive amount of people which is always increasing and not everyone can or will seek help. More text service, website quiz or online friendly help of the younger generation
TALKING THERAPIES Mind – waiting lists too long in prisons	**TALKING THERAPIES** IAPT services/CBT based treatments are not effective in treating mental health conditions. Stop pumping money into these interventions – they are short term	**EARLY INTERVENTION** Often the first indication that someone is struggling – huge gaps in early intervention/support	**COMMUNITY** Community services don't provide all round support of holistic nature	**IN PRISON** Need workforce training, standardised approach
TALKING THERAPIES Women in prison should have telephone access to Talking Changes therapies	**TALKING THERAPIES** Need specialist culturally sensitive provision for ethnic women from minority groups	**EARLY INTERVENTION** Social and cultural isolation and loneliness, especially for BME women, those living in rural areas, and elderly women. Need to support specialist organisations with culturally sensitive provisions	**COMMUNITY** Create a network of mental health champions from a BAME background and use it to outreach and engage the BAME communities across the region	**IN PRISON** Education for staff and prisoners so that they can build up resilience. Barriers – money!

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TALKING THERAPIES Focus on medication rather than environment – talking therapies, peer support	**TALKING THERAPIES** Talking therapies in community are fragmented	**EARLY INTERVENTION** Lack of understanding of issues of rural BME women by public sector services		
TALKING THERAPIES Alternative therapies - 'Horseworks', confidence building using horses. Qualifications can be gained	**TALKING THERAPIES** Mental health conditions are taboo within BME communities – women suffering from anxiety and depression is on the increase. Older women are increasingly suffering, further compounded by feelings of isolation and loneliness. This is contrary to popular beliefs within Western society that BME families "look after their own"	**EARLY INTERVENTION** The language of 'hard to reach' groups needs to be replaced with the language of 'hard to access' services, that expect regular/planned attendance from women with chaotic lives		

Serious Mental Illness

CRISIS High risk to person and others	**CRISIS** Transfer times and bed availability	**PROVISION** Commissioning landscape very complicated for mental health	**SECURE UNITS AND BEDS** Commissioning of medium and high secure beds needs improvement	**PEER SUPPORT** Ideas – mental health champions in the team. Designated person to find up to date ideas
CRISIS Needs more secondary care veterans mental health teams to work with complex mental health issues and risky behaviours	**CRISIS** Better routes for referral and self-referral	**PROVISION** More provision for women with personality disorder – often they fall through the gaps	**SECURE UNITS AND BEDS** Not enough hospital beds for women who need to be transferred to a secure inpatient hospital	**PEER SUPPORT** Work in partnership more with community peer support that already exists

CRISIS Liaison and diversion teams in police custody is positive	**LACK OF SUPPORT** Easier ways in to support and better resources for community projects to know how to get support	**PROVISION** Specialist refuge provision was available in Sunderland but was lost due to funding cuts – but women impacted by trauma and abuse need a safe space to recover and rebuild lives that have been dominated by/lived around abusers	**SECURE UNITS AND BEDS** Need better facilities to house women with mental health issues, like Durham mental health wing	**SUBSTANCE MISUSE** Serious mental illness can lead to substance and alcohol misuse and offending
CRISIS Crisis teams need to be contactable at all times!	**LACK OF SUPPORT** Lack of prevention and support at outset of feeling unwell	**PROVISION** Greater awareness of specialist teams and availability appropriate to needs of individuals. Timely as needed longevity not short term	**SECURE UNITS AND BEDS** ISU at HMP Durham is amazing – need something similar for female population Totally agree with this	**SUBSTANCE MISUSE** Mental health services to be more accepting of referrals when people are using drugs and alcohol as a way of coping with their mental health rather than refusing referrals
CRISIS Links to other services and referrals should be made available sooner			**SUBSTANCE MISUSE** Better links/working relationships with substance misuse within the prison	**SUBSTANCE MISUSE** Women with substance misuse aren’t able to access mental health support in the community

Places of safety

PRISON NOT A PLACE OF SAFETY Prison not an appropriate place for women as a place of safety!	**PRISON NOT A PLACE OF SAFETY** Services seeing custody then prison as a “place of safety”. Needs to be more services for women to be put in place for release from custody	**PRISON NOT A PLACE OF SAFETY** Lack of beds in secure mental health facilities – women in prison as an alternative. Needs resolving	**RELEASE** On release – sometimes accommodation (and therefore safety) not addressed until women at point of exit	**LIAISON AND DIVERSION** Inappropriate use of prison beds for mentally unwell women. Dedicated mental health teams/officers/health care centre staff allow this to work well

PRISON NOT A PLACE OF SAFETY	PRISON NOT A PLACE OF SAFETY	PRISON NOT A PLACE OF SAFETY	RELEASE	LIAISON AND DIVERSION
Prison is not a place of safety! Vulnerable, distressed prisoners are further traumatised and staff struggle with their needs	Some women have described feeling safer in prison – indicates we are failing to protect/support them in community	Can we work together to assess need rather than risk?	On release women able to engage, participate in women's groups, organisations that they have been introduced to whilst in prison as part of resettlement	Are referral processes for liaison and diversion services succinct enough?
PRISON NOT A PLACE OF SAFETY Prison should not be the only or main option for women with mental health support needs	**PRISON NOT A PLACE OF SAFETY** A roof over a head is not sufficient – people need holistic support – feeling safe essential to success through all pathways	**PRISON NOT A PLACE OF SAFETY** More awareness to courts as prison is not appropriate to send a vulnerable female with mental health needs as a "place of safety"	**RELEASE** The North East needs more women's only groups that have a team of women working together to empower other women	**LIAISON AND DIVERSION** Imperative to allow women to address issues safely in the community
PRISON NOT A PLACE OF SAFETY Mental health services need appropriate beds/services for offenders with mental health needs – not prison	**PRISON NOT A PLACE OF SAFETY** Too many women are imprisoned for "their safety" – more liaison and diversion services. Does it work??	**RELEASE** Working well – A Way Out, Stockton on Tees. Assorted drop-ins for vulnerable women, 44 attended on Monday this week. Food parcels, support, washing facilities, assortment of workshops, clothes provision etc.	**RELEASE** Women only spaces/accommodation for HDC (Home Detention Curfew) /release from custody	**LIAISON AND DIVERSION** Do liaison and diversion services work? Why then continue to [illegible] extremely mentally unwell women?

Self-harm

COMMUNITY	TRAINING	TRAINING	TRAINING	THOUGHTS
Needs to be more support services for carers/families who are living with someone who self-harms, as this has a huge impact on their emotional wellbeing	Suicide and Self Harm (SASH) prevention training	It is something that can affect large amount of population. Have discussions at schools. Have specially trained staff who may be able to pick up on the problem before it escalates	Still need to overcome stigma and fear of talking about self-harm	Who can fund tattoo removal?

COMMUNITY	TRAINING	TRAINING	TRAINING	THOUGHTS
More referral routes needed for prolific self-harmers. Many women unable to access services they need	More awareness/support for staff when dealing with females who have complex needs	More training needed to see signs – it's easier to hide with long sleeves which may look a fashion choice	Training for all – raise awareness, mental health training improvement	Sometimes a coping strategy!
	TRAINING Assessment, Care in Custody, and Teamwork (ACCT) process works well – communication key!			**THOUGHTS** Working well – Mind Darlington self-harm project

Suicide

FAMILIES	SERVICES	SERVICES	SERVICES	SERVICES
Family awareness to be able to recognise issues i.e. psychosis – immediate rapid response, listening to concerns, not sending people away	Communication with all partners crucial to keeping women safe	Durham Police have Early Alert suicide process – links with voluntary sector 'postvention' – If U Care Share (charity)	Lack of support for those who have been close or witnessed a suicide in prison. Being given a card with a number to call is not always an effective way to deal with the trauma	Community training has been available through Area Action Partnerships
FAMILIES Suicide has a life changing effect on family members/children that are left and are at significant risk of it themselves, and mental and emotional health problems	**SERVICES** Assessment, Care in Custody, and Teamwork (ACCT) process in custody works well – review and communication is key	**SERVICES** Patients with mental health needs nursed in in-patient beds by primary care nurses – different skillset	**SERVICES** More services that help people that are not comfortable to talk on phone – text services/web chats? It's often harder to ask for help and easier to give up and end your life	**FACT** Because we lose more domestic abuse victims to suicide than to homicide
FAMILIES Support for families of those who have committed suicide often experience 'suicide shame' which can hinder their request for help and counselling to deal with their traumatic loss	**SERVICES** Need better opportunities / promotion of 'gateway' facilities to enable families to flag concerns at earliest point as women come into custody	**SERVICES** Women veterans are more likely to complete suicide than male counterparts. Why in 2018 are we still not recording consistently? Why is this happening?	**SERVICES** Mental health teams/crisis teams should show more empathy not just factual. Take time to listen – a phone number to call doesn't work	

Must–Should–Could: Mental Illness

MUST
Listen to women Not using prison as a place of safety Quicker transfer to hospital Early intervention prevention Mental health is everyone's business – challenging mental health stigma, not a blame culture Bridging the gap between services (referral thresholds) Understanding referral processes so can be used effectively Timely, better organisational communication No one size fits all services Family, carers support structure enabling families to feed in concerns Must recognise complex needs including physical/mental barriers to access
SHOULD Training for all Services identification and sign posting (better awareness) Restructuring referral process – forms are not always applicable for individual needs – without repetition of referral at the point of relapse Aftercare following crisis/prison – what happens next?! Recovery focussed Service user engagement should be better More peer support
COULD More self-referral Online access to services

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Flipchart cluster 2: Trauma

Domestic Abuse

LONG TERM SUPPORT	PREVENTATIVE	PREVENTATIVE	IMPACT OF CHILDREN	JUSTICE COURTS
Long term social support needed for victims for long term recovery and to prevent re-victimisation. Often services are focused around the immediate crisis	People don't always know they are in an abusive relationship. What can be done can help stop the signs	Education for both staff and prisoners. More Freedom courses	Impact of DV on children – focus on them to support / develop resilience	Family Court! No support Lack of understanding Prejudice
LONG TERM SUPPORT Runs through everything. Offer support for high risk or crisis but look at long term emotional support for women	**PREVENTATIVE** Breaking the cycle. Learned behaviour in families	**PREVENTATIVE** Priority links with all other areas of need e.g. drug / alcohol misuse, mental health accommodation etc.	**IMPACT OF CHILDREN** Issues around child contact being used to further abuse / control	**JUSTICE COURTS** IDVAs (Independent Domestic Violence Advisors) would be a great resource
LONG TERM SUPPORT Whole system approach to DV – looking at across the region not sure capturing everything	**PREVENTATIVE** When veterans are discharged education is a key priority to prevent DV and enable victims to make wise choices	**PREVENTATIVE** Checkpoint – Working well looking at critical pathways to reduce reoffending	**IMPACT OF CHILDREN** Safe supportive women only space with facilities i.e. childcare is essential	**MINORITY ISSUES** Mapping of services Women's services exist and need finances to support women and girls
RISK Large commissioners not focused on need – too much focus on risk	**PREVENTATIVE** Because it is the leading cause of harm to women and needs to be more than periodic attention and piecemeal funding	**PREVENTATIVE** Northumbria PCC has secured funding for a women-specific conditional cautioning scheme to divert women offenders away from the courts towards women only support and services	**IMPACT OF CHILDREN** Lack of understanding about the perpetrator's behaviour in the court system Much more training of judges Magistrates required to better support victims Same comment for social workers-children often removed / can the perpetrator not be moved instead?	**MINORITY ISSUES** Sustained Support-long term therapeutic services. Special focus on additional BME women's needs

RISK	PREVENTATIVE	PREVENTATIVE	PREVENTATIVE	IMPACT OF CHILDREN
Women with disabilities prove at risk and vulnerable. Complex and multiple needs overlooked	Work with young people needed (boys and girls) in healthy relationships	Often it appears that commissioners think 'voluntary organisations' means 'work for free'	Lack of women's refuges – especially when leaving custody	Support for women and children. Often children see the abuse which can affect them for life

Sexual Violence / Abuse

MENTAL HEALTH Increasing diagnosis of PTSD for women who have experienced sexual violence/ abuse and lack of long term provision to aid recovery	**SPECIFIC / COMPLEX ISSUES** Do we know how many women in the criminal justice system have been subject to sexual exploitation? What is available to support them? Do staff working in prisons know about sexual exploitation? Is training needed?	**SARC RELATED** Rape Crisis is a key partner – e.g. need more than just SARC	**SARC RELATED** More training required as women need to know they will be believed and not judged and will get all the support they need	**ART THERAPY** Works well - Using craft therapy and long term counselling with referral to other agencies when needed/wanted
MENTAL HEALTH MH services signpost to women's services instead of working in conjunction with them	**SPECIFIC / COMPLEX ISSUES** More recognition that rape and sexual abuse can and does happen to women in the sex industry and specific support they need to enable women to feel more comfortable to come forward without judgement – more training is needed	**SARC RELATED** Development of the national service specification for SARCs. Needs to include criminal justice and how this fits with SARCs. Needs to include full pathway including sexual violence, exploitation, same sex assaults. Crisis worker - named individuals for the prisons if needed	**SARC RELATED** PCC carrying out review of sexual violence provision along with NHS England. PCC - newly commissioned SARC provision	**ART THERAPY** The use of more creative interventions i.e. arts theatre, creative writing, Open Clasp, TWAM
SPECIFIC / COMPLEX ISSUES MST (Military Sexual Trauma) needs to be highlighted	**SPECIFIC / COMPLEX ISSUES** Working well - Tina from Changing Lives - working on sexual exploitation	**SARC RELATED** Durham Police do have specific roles linked to SARC as well as voluntary sector links	**SARC RELATED** Can we replicate a SARC in prison?? Decency / dignity	**BETTER ORGANISATION NEEDED / TRAINING** Communication to all partner agencies to improve

SPECIFIC / COMPLEX ISSUES Invisibility of BME women survivors of sexual violence in services/ agencies. Focused support needed	SPECIFIC / COMPLEX ISSUES Need specialist services for BME women that are accessible in not having to travel to the end of the region to access already oversubscribed underfunded BME services	SPECIFIC / COMPLEX ISSUES Support groups in custody		BETTER ORGANISATION NEEDED / TRAINING More training needed for the police and don't need to be asked – Why don't you just leave! Offer long term support and counselling as it is something that stays with you for a long time

Previous Trauma

VETERANS Serving members of the armed forces and veterans struggle to accept help and when they do feel let down by long waiting lists	TRAINING How do we roll out trauma-informed awareness training to all parties working at Low Newton and with women in the community?	TRAINING Role of Trauma in women's offending / mental health needs further research i.e. what works? Long term support is needed	TRAINING Trauma-informed training for all staff on Maternity units	MORE AND BETTER SERVICES More provisions to provide services to female offenders both short and long term
VETERANS High levels of MST and childhood trauma reported with women veterans, which is a barrier for women in accessing male-dominated environment	TRAINING Lack of staff trained in EMDR (TEWV staff). Creates waiting lists and impacts on wellbeing and mental health	EARLY INTERVENTION/ DIVERSION Imprisonment can further traumatise already vulnerable traumatised women. Is there another way? Need more support in the community	EARLY INTERVENTION/ DIVERSION Early intervention with girls and young women will help reduce high numbers of adult women to manage their wellbeing and self-harming behaviour	MORE AND BETTER SERVICES How we address needs of complex clients: Fitting them into system - without pigeon holing Unpicking multiple traumas Victims can be seen as offenders Trauma-informed approach Helping to engage better with services
TRAINING Trauma can be life changing and counselling is a short intervention. Training for staff	TRAINING Recognising the huge impact this has on mental health and physical health - need more awareness and key role staff training. Addressing all issues fully	MORE AND BETTER SERVICES Specialist women and girls' services needed and money to pay for them	MORE AND BETTER SERVICES Understanding of context- can move forward and build resilience More counselling support	MORE AND BETTER SERVICES Because those who are traumatised need help to see the links between how they feel and behave now and what happened back then, and to see that other women have similar experiences

Transition to Community

LINK TO HOUSING	BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS	BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS	BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS	CONSIDERATION TO MINORITY ISSUES
Accommodation - local authority often limit what can be accessed pre-release. More provision is needed and secured earlier	Need to make strong links between women's organisations and prison pathways for women	Avoid setting people up to fail - ongoing support needed long term	Intensive support needed for at least the first 2 weeks of release – daily contact	If you have been in care and disabled, mental health issues not addressed. Lack of support for social inclusion
LINK TO HOUSING	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**CONSIDERATION TO MINORITY ISSUES**
Halfway house to enable transition to being on the outside with appropriate support to increase resilience	Smoother transition for referrals to community services upon release for continuity of care	Encourage women to take part in NEPACS Heading Home Programme: Rebuilding Family Ties	Need to give a pathway to engage with other women for support and friendship	Refer BME women to local specialty organisations for longer term sustained support following resettlement
LINK TO HOUSING	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**RISKS**
Supported housing as a stepping stone between prison and community	Women's organisations - a safe pair of hands for women's transitioning	Open Gate Provide 1:1 mentoring support for women on release from prison. Practical and emotional support to access services and reduce isolation	Appropriate pathway for resettling that fits needs of each individual - isolated, not supported, no finances, no job, no family support. Need significant 'other'	Risk focus stops us looking at needs
LINK TO HOUSING	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS**	**RISKS**
Halfway house for families to stay so the woman can maintain family contacts	Could a refuge type model support transition partnerships?	Better resettlement provisions for female offenders	Mental health services – can we facilitate better discussion between prison / probation to understand what women need and how we can provide this?	Risk to homeless women – sex working

		BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS		RISKS
		BETTER PATHWAYS INCLUDING WOMEN'S ORGANISATIONS We host a women's community hub for female offenders. Once community orders are complete and there is no longer a requirement to attend women drop off. Even in the same building we have issues engaging these women into the community		**RISKS** No women should be managing the risks raised by homelessness following transition by sleeping outside a police station – shame on the system and Government that lets this happen

Must-Should-Could: Trauma

MUST/SHOULD
Training / awareness raising in specific issues to ensure services offer informed support Early interventions / preventative / trauma-informed Specific support for BME / custody / sex industry / sexual violence and exploitation / veterans / transgender / domestic abuse Resettlement pathways short – long term Housing – supported accommodation / consistent /holistic / bespoke (women only) State 'women only' spaces to address all of the above
COULD
Commissioners willing to work with women voluntary agencies to ensure they are suitably informed Find more training to allow it to be better developed Recognise the importance of specific services Listening to female service users more to allow them to inform services.

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Flipchart cluster 3: Specific issues

Psychological Therapies

POSSIBLE TO DO When in prison can give them time to engage in therapy	POSSIBLE TO DO Understand the trauma which is driving the behaviour before you treat the symptom	POSSIBLE TO DO NHS waiting lists are massive and often VCS services can provide some level of light touch support from day one!	WORKING WELL The Sanctuary counselling session working well	WORKING WELL Open Gate – provide 1:1 counselling /psychotherapy for women on ROTL or release
POSSIBLE TO DO Lack of staff trained to deliver specialist therapy	**POSSIBLE TO DO** Lack of suitable rooms to actually deliver sessions in HMP estate	**POSSIBLE TO DO** Specific types of therapies are vital and women need choices and help to understand what is available and how they can access them	**WORKING WELL** Women engage well in counselling once they are seen	**WORKING WELL** More counselling services for specific child removal DV house
POSSIBLE TO DO Appropriate quiet rooms for such services (counselling)	**POSSIBLE TO DO** We need equivalence of self-referral without helping to get diagnosis and medical label	**POSSIBLE TO DO** Veterans are a priority group yet average waiting time to be seen is 12 months by talking therapies, resulting in constant fire-fighting. Need more services	**POSSIBLE TO DO** Timely response no waiting list face to face – home support to whole family if needed	**POSSIBLE TO DO** Talking therapies too short term – not suitable for resolving long term abuse/trauma issues
POSSIBLE TO DO Bilingual counselling and therapeutic support for BME women	**POSSIBLE TO DO** Need more access to DBT/trauma-informed services in the community	**POSSIBLE TO DO** Increased availability of services and reduced waiting times	**POSSIBLE TO DO** Better counselling service for females / target the short term gap of females that do not get seen	**POSSIBLE TO DO** NHS-funded provision is becoming harder to access e.g. CPNs / therapy that is tailored! Massive increase in referrals (especially from IAPT services) into voluntary sector. We are flooded with referrals and often very complex mental health issues but do not receive additional funding

POSSIBLE TO DO What doesn't work well – not enough trauma-informed care	POSSIBLE TO DO Longer time in counselling as sometimes you only get a few weeks which is not enough	POSSIBLE TO DO Increase counselling provision in the mental health team	POSSIBLE TO DO Culturally sensitive services accessible especially to women in rural areas	

Long Term Conditions

WORKING WELL Works well – striving for health care that is equivalent to community. Wide range of primary health care services and teams – physical and mental health	WHY IT IS IMPORTANT Because many people with long term conditions have historical abuse/trauma issues that services have failed to address adequately	TO DO Long term conditions - it needs to be made a priority as it feels like you are the only one going through this. You can do this by having support groups both in person and online	TO DO Women in prison experience high levels of poor health and LTC Need to achieve high levels of wellness to reach potential	PHYSICAL DISABILITIES Wasn't a flip chart (Raz Latif, Co Durham Diverse Women's Network)
WORKING WELL Accessible services. Women have needs met that have previously not been attended to in community	FUNDING/TRAINING What could be done – more training focused on LTC and skilled interventions	TO DO We have long term residents, poor access to good exercise, diet need. More time outdoors – Vitamin D health promotion	TO DO Awareness raising of importance of looking after self to all women	
	FUNDING/TRAINING More funding to allow staff appropriate training	TO DO Long term cost socially for people who need support and economic cost especially for women with disabilities. Long waiting list. Nothing really works		

Learning Disabilities

WHY? CONSEQUENCES High risk vulnerability likelihood of becoming a victim higher all offences	**TRAINING IDENTIFICATION** Education for staff what a learning disability is	**TRAINING IDENTIFICATION** Confusion between a learning disability, learning difficulty and ASD	**SERVICES** How to provide effective care and treatment and manage conditions and wellbeing	**FOR PATIENTS / WOMEN** Reasonable adjustments
WHY? CONSEQUENCES Inmates with a LD may find understanding and following prison ratings different	**TRAINING IDENTIFICATION** 'No-one knows' report 'identifying and supporting prisoners with learning difficulties and learning disabilities'	**TRAINING IDENTIFICATION** Autism ADHD Autism support group	**SERVICES** Support upon release need for diagnosis to signpost	**FOR PATIENTS / WOMEN** Interpretation of getting 'reasonable adjustments'
WHY? CONSEQUENCES Risk of bullying by other inmates	**TRAINING IDENTIFICATION** Getting a diagnosis – who's responsible (LD)	**TRAINING IDENTIFICATION** Autism spectrum disorder and women undiagnosed	**SERVICES** Because abusers will often target women with LDs as they see them as easy to control and exploit and because abusers sometimes pass the women on to other abusers and because safeguarding systems remain inadequate in their response	**FOR PATIENTS / WOMEN** Speech, language and communication needs are addressed and supported through teaching / learning opportunities
WHY? CONSEQUENCES If needs aren't met it can increase the prevalence of challenging behaviour	**TRAINING IDENTIFICATION** Speciality nurses LD	**TRAINING IDENTIFICATION** Forensic pathway (LD specific)	**TRAINING IDENTIFICATION** What is LD – clearly needs defining	**FOR PATIENTS / WOMEN** Easy read information LD

Cancer Screening

GOOD PRACTICE	BARRIERS	BARRIERS	SERVICE IMPROVEMENT	SERVICE IMPROVEMENT
Helping young people from birth to adolescence to recognise risk factors	"Smear cats"	Non-compliance of women to attend for screening	Screening tools	Assessment tools ??? included in reception screening
GOOD PRACTICE 2 week role works very well – working with wider prison to arrange escorts over and above	**BARRIERS** Likelihood of cancer increases with having endured adverse childhood experiences	**BARRIERS** Breast screening problematic – can't get van under railway bridge therefore means hospital visit – many women choose not to	**SERVICE IMPROVEMENT** Poor venous access – vein machines to get quick access	**SERVICE IMPROVEMENT** We would welcome cancer screening services to attend our centres where there is access to hundreds of women
GOOD PRACTICE In house colposcopy works very well – maintains dignity and prevents DNA to hospital – therefore prevents further spread	**BARRIERS** Women numbers accessing cervical screening is decreasing			

Must-Should-Could: Specific Issues

MUST

"Smear cats" – non-compliance of women to attend for screening. Numbers of women accessing cervical screening is decreasing

2 week role works very well – working with wider prison to arrange escorts over and above

In house colposcopy works very well – maintains dignity and prevents DNA to hospital – therefore prevents further spread

Working well – striving for health care that is equivalent to community. Wide range of primary health care services and teams – physical and mental health

Speciality nurses for LD

Works well – accessible services. Women have needs met that have previously not been attended to in community

Poor venous access – vein machines to get quick access

What could be done – more training focused on LTC and skilled interventions

Education for staff on what a learning disability is

Assessment tools ??? include in reception screening

Screening tools

What is LD – clearly needs defining – awareness

Increase counselling provision in the mental health team and appropriate quiet rooms for such services (counselling)

Awareness raising of importance of looking after self to all women

Easy read info LD

Need more time outdoors – Vitamin D. Health promotion

Women in prison experience high levels of poor health and LTC. Need to achieve high levels of wellness to reach potential

SHOULD

Getting a diagnosis of LD - who's responsible?

Breast screening problematic – can't get van under railway bridge therefore means hospital visit – many women choose not to

COULD

Autism support group for Autism ADHD

Autism spectrum disorder and women undiagnosed

'No one knows' report 'identifying and supporting prisoners with learning difficulties and learning disabilities' (as Scotland)

Forensic care pathway (LD specific).

Flipchart cluster 4: Physical health

Substance Misuse

WORKING Working well – good relationship between non-clinical and clinical services	**WORKING** Checkpoint – Police Working well – dual diagnosis lead attends forum	**NOT WORKING** Referral to other services should happen sooner	**NOT WORKING** Services refusing referrals for mental health due to someone using drugs or alcohol but it being quite clear that they have a mental health issue and turned to substance to try and cope with this/block it out	**MORE OF** More female only recovery services needed
WORKING Addressed as soon as entering custody	**WORKING** Dual diagnosis leads for people with mental health issues and substance abuse/addictions	**NOT WORKING** Access to residents i.e. having to compete with other agencies that all have targets No FP10s (bridging scripts) for those released from court or weekend - risk	**NOT WORKING** Women focused /women-led (gender specific) services needed for substance misusing women and girls. Current services designed around men	**MORE OF** Increase in AA, NA, SMART groups
WORKING There's good working between clinical and psychosocial elements of DART	**WORKING** Peer support groups working inside/outside	**NOT WORKING** Poor services re dual diagnosis	**NOT WORKING** Better links are needed with substance misuse teams and mental health	**MORE OF** Substance abuse to work in partnerships with mental health teams
WORKING Dual diagnosis identified lead	**WORKING** Engagement in alcohol recovery services post release	**NOT WORKING** Holistic working – "not just an IVDU"	**MORE OF** The blurring of lines between mental health and addiction – where someone may not present with typical mental health needs but may present very differently when under the influence – where they fit in mental health services	**MORE OF** More awareness training for officers/general nurses/other disciplines

WORKING		NOT WORKING	MORE OF	MORE OF
Oaktrees - day rehab 12 step programmes in York, Sunderland, Gateshead, North Tyneside and Northumberland		Women use substances to cope with abuse/abuse histories in the absence of other support	Dearth of domestic violence refuge services for women who have substance misuse issues	More recovery houses needed for long-term recovery

Smoking

WORKING WELL/GOOD	WORKING WELL/GOOD	OPINION	OPINION	CHALLENGE
Improved living and working environment	Information about specific health risks to the individual and the entire family	If your mental health is not good, no amount of incentive will get you to give up smoking	I don't think we should ask women to give up smoking until we are prepared to address why they smoke	Low Newton is a smoke free jail but we have vapes – they are expensive. How do we promote vape cessation?
WORKING WELL/GOOD Links to pregnancy reducing risks to baby cot death and passive smoking 'Fresh'		**OPINION** Is it a rights issue that no smoking in prison? What impact in women's prisons?		

Physical Activity

BENEFITS	NOT WORKING	NOT WORKING	BARRIERS	BARRIERS
Positive links between physical health and emotional wellbeing – increased confidence, social capital and wellbeing Media Savvy – Pound Project used by Northumbria CRC women's group	In prison – making physical activity opportunities more varied, not just "sport orientated exercise" – also should be age appropriate	Gyms are expensive – GP referral needs for free access to exercise to improve wellbeing and reduce the strain on NHS with the obesity crisis	Gym access is available for those who want to exercise – need to combine with healthy eating programmes in conjunction with healthcare	Disabled gyms shut down – lack of accessible services for women with disability. Multiple barriers – lack of transport, affordable

BENEFITS	NOT WORKING	NOT WORKING	NOT WORKING	BARRIERS
Good physical health linked with good mental health Changing Lives and Northumbria CRC work closely with Media Savvy to do physical activities with women who offend	Restricted amount of exercise offered – more outdoor activities	Links between physical health and mental wellbeing are massive. Women often won't try physical activity unless they feel comfortable in a women-only space – bring the physical activity specialist providers into the women only space!	For BME women – need specialist services to build women's confidence and health. Lack of engagement about needs of BME women – lack of appropriate services for BME	We know that mental wellbeing is improved by physical activity but social norms get in the way of taking this time out from caring for others, housework etc.
	NOT WORKING Health promoting messages need services that appeal to women – dog walking/visits linked to Dogs Trust Freedom programme			

Food and Nutrition

PROVISION	PROVISION	SUPPORT	EDUCATION	EDUCATION
Promotion of vitamin D and folic acid in pregnancy	Diet affects mood – more choice available	Eating disorder services and support Eat Well plate education Food standards Obesity/healthy weight/healthy nutrition support	Education for women of importance of healthy eating and the impact this has on physical and mental health	Helping women learn how to cook healthy foods for one and for family
PROVISION More water coolers e.g. in dining hall	**PROVISION** Many prisoners dehydrated!	**SUPPORT** Weight Watchers starting in Low Newton. Weight management groups meet now	**EDUCATION** Education around this can improve their life and families' lives Working well – PCP health trainers	**EDUCATION** Women veterans leave service with few skills attached to cooking, healthy eating etc. as it has always been done for them. Need more education

PROVISION	SUPPORT	SUPPORT	EDUCATION	EDUCATION
More healthy choices available on the menu	Body image particularly for women in recovery from addiction, healthy eating and nutrition. Food Nation excellent organisation	BME women at risk of heart diseases, diabetes – lack of understanding, and education on healthy eating services not widely available to us i.e. specialist services for BME women needed	Education around funding a family on a budget Budgeting and life skills – many of our women haven't been parented	Cookery, nutrition and budgeting provided 1:1 for select women in prison returning to NE areas – this is a service provided by Open Gate
			EDUCATION More education to improve mental health	

Must-Should-Could: Physical Health

MUST

Substance misuse – communicate what we offer and opportunities for women

To look/review environments to assess if suitable to deliver services to/for women and to develop action plan/strategy to invest and improve

To give prisoners free/unlimited 0% nicotine vape fluid

Health promotion strategy – priority

Give tools to make informed choices re healthy lifestyles

Communication from community to prison to community

SHOULD

Community – smoking agenda

Substance misuse – continue to improve partnership working

Substance misuse – more training for staff in prisons

Physical activity – to promote benefits

COULD

Prisons – smoking reducing reasons for

Flipchart cluster 5: Pregnancy, parenting and sexual health

Pregnancy

MATERNITY CARE IN CUSTODY Excellent arrangements in place to support expression and transport of breast milk	**MATERNITY CARE IN CUSTODY** Having a dedicated midwife for Low Newton is an excellent responsive service and needs to be replicated in the other female estate	**MOTHER AND BABY UNITS** Time it takes to get a social services report for mother and baby application	**MOTHER AND BABY UNITS** Distance for mother and baby unit	**MOTHER AND BABY UNITS** Improvement of links with social services
MATERNITY CARE IN CUSTODY Trauma-informed pregnancy care	**MATERNITY CARE IN CUSTODY** Pregnancy is an important turning point in a woman's life, shown to be woman's own focus to engage with services, improve her own situation, increased resilience and need to protect her offspring	**MOTHER AND BABY UNITS** Awareness of mother and baby unit for social services in all Northern areas	**MOTHER AND BABY UNITS** Mother and baby unit within setting Keeping them together	**MOTHER AND BABY UNITS** Lack of social services awareness of the role of the mother and baby units. Location and nearest mother and baby unit
MATERNITY CARE IN CUSTODY Working well – specialist clinics and staff within hospitals dealing with these vulnerable women Need to improve – collaborative work between social services and NHS staff and police services that is sympathetic to these women while protecting the unborn child and any existing children	**PREGNANCY EDUCATION** Reduce stress in pregnancy. Reduce cortisol impact on baby (HPA (Hypothalamic Pituitary Adrenal) (*central stress response system*) axis). Timeout / protected time for talking to bump and connecting to her baby – what does it feel like, what does she enjoy, how can she connect	**MOTHER AND BABY UNITS** Safeguarding teams in the north advised of mother and baby units so information can be disseminated	**MOTHER AND BABY UNITS** Access to mother & baby units is made very difficult due to the system and process & the geography of where they are situated – not in the North East so women may not want to go outside the region during their sentence. Everyone who is pregnant should have the choice to access mother and baby unit direct from Court. Need mother & baby beds in the North East	**MOTHER AND BABY UNITS** Impact on 1001 Critical Days and outcomes for mother and baby

PREGNANCY EDUCATION	PREGNANCY EDUCATION	MOTHER AND BABY UNITS	MOTHER AND BABY UNITS	MOTHER AND BABY UNITS
More grass root work with BAME communities to promote breast feeding peer support project and to encourage BAME women to breast feed	Bespoke pregnancy education programmes *regionally* standardised	No clear criteria for accessing mother and baby unit or timescales for applications and decisions	Location of mother and baby unit	Ease of referral to mother and baby units should be opt out not opt in in most cases
PREGNANCY EDUCATION Stress levels of pregnant mums. Housing, social services, other dependents	**PREGNANCY EDUCATION** Education: Antenatal Parenting			

Perinatal Mental Health

GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING	GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING	FURTHER SERVICE DEVELOPMENT	FURTHER SERVICE DEVELOPMENT	FURTHER SERVICE DEVELOPMENT
Finalists in Health Service Journal Awards for patient safety	Standard perinatal mental health pathways. Pregnancy to 12 months post pregnancy	More support – long term needed for women who have children taken away	Good practice having own midwife at Low Newton	Clear signposting for release
GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING Having a dedicated midwife who is fundamental in involvement with perinatal pathway – working very well	**GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING** Sunderland Psychology Wellbeing service starting to work better and more efficient	**FURTHER SERVICE DEVELOPMENT** More training / awareness – peer mentor	**FURTHER SERVICE DEVELOPMENT** Specialist therapy for PND (Post Natal Depression) for the women needs to be identified	**FURTHER SERVICE DEVELOPMENT** Perinatal / pregnancy multidisciplinary working – G4S, TEWV, OMU (Offender Management Unit), Midwife, etc. etc.
GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING Promote our perinatal pathway that has been put in place at Low Newton by dedicated staff	**GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING** Made a priority due to 1001 Critical Days impacting on pregnancy childbirth onwards	**FURTHER SERVICE DEVELOPMENT** Co-ordinated services	**FURTHER SERVICE DEVELOPMENT** Lack of specialist perinatal mental health services	**FURTHER SERVICE DEVELOPMENT** Peer support can be vital for perinatal mental health

GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING	GOOD MDT (MULTI DISCIPLINARY TEAM) WORKING	FURTHER SERVICE DEVELOPMENT		
Workforce development for supporting PNMH needs to be standardised to promote equality	Pregnancy and perinatal pathway excellent Good links across disciplines in Low Newton	Perinatal mental health service in TEWV. Not well known		

Parenting

EDUCATION AND SUPPORT Breaking cycle of generational learned negative behaviours	**EDUCATION AND SUPPORT** Teach parenting skills – not everyone is a natural parent	**SOCIAL SERVICES** Break down in links with social services. Limited knowledge of mother and baby units	**HEALTH SERVICES** Health visitor links needs work (although in progress…)	**COUNSELLING** Counselling for adoption and long term fostering for parents
EDUCATION AND SUPPORT Learned behaviour – it's becoming a generational issue where people are lacking parenting skills	**EDUCATION AND SUPPORT** Should be made a priority because if you're a parent / carer / mother it's your most important role (your first job)	**SOCIAL SERVICES** For services (social services) to recognise that if women are involved in choice based sex work this doesn't make them a risk to their children. Some areas working well but others need more awareness	**HEALTH SERVICES** Need for health visitor services with prison for women to access	**COUNSELLING** A high percentage of looked after children likely to develop attachment issues. Only 1 family engagement worker – need more!
EDUCATION AND SUPPORT Parenting skills class /workshop	**EDUCATION AND SUPPORT** More service support for mothers with identified vulnerabilities to enable them to be a positive parent. Too many times a child is removed resulting in further decline in the parent's mental state and lifestyle choices	**CHILD / PARENT** Impact of the developing brain and its consequences on a baby throughout life, i.e. cortisol levels in pregnancy	**HEALTH SERVICES** Breast milk provision	**COUNSELLING** Women veterans often are discharged with few skills relating to parenting, leading to family breakdown

EDUCATION AND SUPPORT Peer support and bespoke parenting education - STANDARDISED	EDUCATION AND SUPPORT Parenting classes not just DART	CHILD / PARENT The Angelou Centre provides BME parenting training and support for BME women survivors of DV and SV	CHILD / PARENT Child parent visits on weekends so children don't miss too much school	CHILD / PARENT More use of parenting resources 'apps' – web based offline version of Best Beginnings 'Baby Buddy' and 'Baby Express Magazines'
EDUCATION AND SUPPORT Peer support groups	EDUCATION AND SUPPORT Open Gate – starting parenting courses in HMP Low Newton very soon	CHILD / PARENT Mother child and family days at Low Newton are an invaluable opportunity for bonding and renewal of parenting role	CHILD / PARENT NEPACS child and family support in Low Newton second to none!	CHILD / PARENT NEPACS
EDUCATION AND SUPPORT Parenting classes	EDUCATION AND SUPPORT Need antenatal approach throughout pregnancy to support transition to parenthood and impact on family and continued through ages and stages of child development	EDUCATION AND SUPPORT DART have family worker who works alongside partners to support residents and their families	CHILD / PARENT Reduce imprisonment of mothers with dependent children – trauma is being passed on	

Sexual Health

ACCESS TO SERVICES Specific sexual health services for people in the sex industry rather than a one size fits all questionnaire. Women should be able to be open about what they do	ACCESS TO SERVICES Women need to know how to access sexual health services when they leave prison	STAFF AND RESIDENT EDUCATION Drop in CASH in prison	STAFF AND RESIDENT EDUCATION Yes! The women in prison are available for education and treatment	STAFF AND RESIDENT EDUCATION STI prevention through education and screening; needs to be better

ACCESS TO SERVICES Excellent sexual health services at Low Newton. DBST (dry blood spot testing) has massively helped with BBV (blood borne viruses) and syphilis screening	ACCESS TO SERVICES Working well – self swabbing kits, less embarrassing. People likely to get tested. Suggestion – make condoms easier access, postal services with request form available online and self-test kits	STAFF AND RESIDENT EDUCATION Women need to be aware of all services they can go to. Very important for their health and how they can assess them in a confidential manner	STAFF AND RESIDENT EDUCATION Need more culturally sensitive services to give women confidence to get information	STAFF AND RESIDENT EDUCATION BME women feel frightened. Lack of understanding. Women need to access women staff. Hardly any BME staff. Cultural barriers not discussed and difficult for disabled women, especially BME
ACCESS TO SERVICES Really important service for female offenders	ACCESS TO SERVICES Referral to CASH services as part of the perinatal maternity pathway			

Must-Should-Could: Pregnancy, Parenting and Sexual Health

MUST Good pregnancy outcomes - healthy attachment (cortisol), 1001 Critical Days, baby brain development Promotion of MBU in custody Promote / increase contact of children / mothers Education and access to sexual health services – standardised Counselling services for mothers where child(ren) removed
SHOULD Peer support and education standardised Change family days to weekend to minimise school days lost and time off work Parenting skills and child development – understanding of ages/stages/bonding/attachment
COULD Role of specific social worker role in prisons for child and families/wider integrated team/ specialists

Flipchart cluster 6: Holistic needs

Education and Skills

PARENTING	EDUCATION TRAINING AND EMPLOYMENT	EDUCATION TRAINING AND EMPLOYMENT	CUSTODY	LINKS TO SELF ESTEEM AND CONFIDENCE BUILDING
Open Gate - to start parenting course in HMP Low Newton very soon	Working well – A Way Out - Blossom project Stockton on Tees. Women 18-24 years Assorted drop ins and delivery Self-care, life skills, healthy living	Courses that are at the right level to support women who have not had experience of maximum services and that can take into consideration the individual personal needs of learners	Long term residents have completed most when in for a while. More variety in courses	Motivation and engagement Workshops Confidence building Assertive skills
PARENTING Parenting skills: Understanding children's behaviour. Confident parenting. Prepare for when coming out of prison	**EDUCATION TRAINING AND EMPLOYMENT** Importance for women to engage in education and skills development for routes out into safety, support as well as personal development	**EDUCATION TRAINING AND EMPLOYMENT** Problems: Mainstream training courses often don't have flexibility or the capacity to adapt to enable women with numerous barriers to take part, thus prevent these names to progress	**CUSTODY** More collaborative working with other departments. Use opportunity to discuss MH issues in education. Regime restricts residents not going into education	**LINKS TO SELF ESTEEM AND CONFIDENCE BUILDING** Life skills – independent learning – don't just assume
PARENTING Parenting and relationships skills boost confidence - practical tools for communication care	**EDUCATION TRAINING AND EMPLOYMENT** Make schools, colleges, universities aware of issues a person may have	**EDUCATION TRAINING AND EMPLOYMENT** Self-care courses and wellbeing – fund them!	**CUSTODY** CF03 (Co-financing organisation round 3) provision - lack of awareness about this provision. Available custody and community	**LINKS TO SELF ESTEEM AND CONFIDENCE BUILDING** Confidence – self esteem training but in a more creative way: theatre – arts music – creative writing
	EDUCATION TRAINING AND EMPLOYMENT Raise aspirations and provide appropriate learning opportunities. SFA funding is not suitable	**EDUCATION TRAINING AND EMPLOYMENT** Barriers: Money – expecting organisations to do it for nothing		**LINKS TO SELF ESTEEM AND CONFIDENCE BUILDING** Assertiveness training - raising self esteem

Employment

LACK OF AWARENESS OF PROVISION What 'offer' is available and to whom?	**LACK OF AWARENESS OF PROVISION** More support and fewer sanctions – pressure from Job Centre, money is a way of a barrier to gain skills, further education, and training for interviews and buying smart clothes for interviews	**BARRIERS AND DIFFERENCE TO MEN** Importance of how employment can increase confidence in women and expand opportunities. Barriers - poverty	**DISCLOSURE AND OFFENDING** The criminal records of women for prostitution wiped to allow better employment prospects. Some places still stigmatise	**DISCLOSURE AND OFFENDING** Having stable employment and ability to support yourself is key to a person's MH and wellbeing. Pride attached. Work to be done to reduce stigma of offenders and ex-offenders at work
LACK OF AWARENESS OF PROVISION CR03 provision – lack of awareness of this provision, available custody and community	**LACK OF AWARENESS OF PROVISION** Employment should be more important than this! (Not very many post its?)	**BARRIERS AND DIFFERENCE TO MEN** Why? – Route out of poverty. Social determinant of health	**BARRIERS AND DIFFERENCE TO MEN** Stigma of mental health - employers made aware of	**DISCLOSURE AND OFFENDING** The need to go through the disclosure process automatically reduces the chances of employment. Need increased links with the community
LACK OF AWARENESS OF PROVISION Potential incentives being looked at. Core employers to take on those who offend	**LACK OF AWARENESS OF PROVISION** MOVE programme Northumbria CRC - involving employers in education courses	**LACK OF AWARENESS OF PROVISION** More encouragement and focus on employment for female offenders. Work experience	**LACK OF AWARENESS OF PROVISION** Improve link with community	**DISCLOSURE AND OFFENDING** Because employment opportunities are likely to be blighted by a criminal justice system that punishes women too readily and too early in their offending

Finance/ Money

COMMISSIONING Fragmented services	**COMMISSIONING** Poor staff retention in the voluntary sector due to gaps and / or lack of long term funding	**POVERTY** Access to funds and support to buy items for pregnancy/ birth – underwear, bras etc.	**POVERTY** Open Gate provide 1:1 support to develop financial knowledge and skills to women in prison	**UNIVERSAL CREDIT** Major rant Poor assessments

COMMISSIONING	COMMISSIONING	POVERTY		
Commissioning of SARC services is not working well. It is very complex due to the number of different commissioners with responsibility for different aspects of the pathway. This needs to be reviewed and a detailed service specification written which is inclusive. The funding arrangements needs changing so **one** responsible commissioner for the whole pathway covering entry into, during and out of SARC services	Commissioning in your own image should be illegal - like recruiting in your own image was illegal decades ago. Commissioners should be made to explicitly explain the equality impact of their decisions and not just pass on equality issues to those they commission	The biggest factor in all of these issues is poverty. You can't afford to access education or transport so you cannot improve your life chances. In rural areas – no internet and digital facilities exist in these areas. No equality of opportunity		

Housing

COMPLEXITIES AND RISK/ BARRIERS TO HOUSING	HOMELESSNESS	REFUGE	SAFETY/SUPPORT SERVICES	OPPORTUNITIES AND SOLUTIONS
Lack of housing Lack of transition Providers declining referrals due to risks Out of area people are refused by LA	Providing the priority for social criteria. Many vulnerable people still fall through the gap and end up homeless	Refuge provision for women upon release is important	Still a risk that prevents people leaving abusive relationships	New homelessness act - an opportunity
COMPLEXITIES AND RISK/ BARRIERS TO HOUSING	**HOMELESSNESS**	**REFUGE**	**SAFETY/SUPPORT SERVICES**	**OPPORTUNITIES AND SOLUTIONS**
Stigma : 1 Mental health 2 Offending	Women should not be released homeless!	More women refugee centres across the region	Feeling safe in own home is essential where housing must be appropriate!!	Access to appropriate housing essential. Reducing re-offending group LSCOP? Has accommodation sub group. How do we make sure we have all the partners?

COMPLEXITIES AND RISK/ BARRIERS TO HOUSING Difficulties with local authorised and housing women with complex needs and issues. Barriers to overcome. Needs seen as 'antisocial behaviour'	**COMPLEXITIES AND RISK/ BARRIERS TO HOUSING** Setting foundations of addressing other complex areas. Lack of women's provisions due to risk	**HOMELESSNESS** Can't refer to MH service with no address! Makes the individual higher risk	**REFUGE** More supported housing (one stop shops) straight from prison for specific issues - ones that exist are working well but there are not enough beds	**REFUGE** Complete clearance of women-only supported accommodation. Mixed not suitable for vulnerable women
COMPLEXITIES AND RISK/ BARRIERS TO HOUSING Our organisation often has to give references for housing – stigma attached to ex-offenders upon release	**COMPLEXITIES AND RISK/ BARRIERS TO HOUSING** Local authorities need to be more trauma-informed and aware of the complexities of women in custody	**COMPLEXITIES AND RISK/ BARRIERS TO HOUSING** Lack of housing support due to risk posed upon release from custody i.e. violent behaviour, fire starting, previous rent arrears	**REFUGE** Need more housing and supported accommodation for people leaving prison with NFA No fixed address	

Travel and Transport

GEOGRAPHY Families visiting prison. Some take over 2 hours travel time, not good if children are visiting their mother, times out of school etc.	**GEOGRAPHY** Small discreet services in a big North East geography makes access difficult	**PROMOTION OF EXISTING SERVICES** Is there a charity that will fund travel and & subsistence for residents at Low Newton on temp release? NEPACS WOULD!!	**TRANSPORT SERVICES** Long distances between families to provide support - frequency limited visiting	**TRANSPORT SERVICES** Because women are often sent to a prison which is a long way from home their families cannot afford to visit
GEOGRAPHY Rural Women Veterans struggle to access: Treatment Welfare Support Community More work needs doing with travel companies	**GEOGRAPHY** Difficult access for women / anyone with disabilities – especially trains - lack of wheelchair access	**PROMOTION OF EXISTING SERVICES** Heavy promotion of assisted prison visits scheme (low income families can get resources to visit women in prison)	**TRANSPORT SERVICES** Women often far from home in prison. Difficult for family/ children to visit due to travel constraints	**TRANSPORT SERVICES** Access to courts - closed down particularly in rural areas

GEOGRAPHY Women in rural areas are so isolated and often lack money for transport. County Councils should do more work with travel companies to resolve the lack / reduced provision of public transport in rural areas	GEOGRAPHY Some kind of safe secure transport to aid women escaping from domestic violence in the community	GEOGRAPHY Public transport travel in the North East is very expensive. Low income women unable to access services/ appointments without worker supports	PROMOTION OF EXISTING SERVICES Offer a free minibus service for women to access appointments, interviews and other things that may improve their wellbeing. Public transport is expensive and often very stressful to plan, organise and even be on. Can cause severe MH stress panic attacks etc. which is highly likely to cause some to avoid this, not benefitting from the beneficial service	
GEOGRAPHY Transport unreliable especially in rural areas	GEOGRAPHY Reduced access to women's provision in rural areas			

Must-Should-Could: Holistic Needs

MUST Lack of funding for families visiting (apart from assisted prison visits scheme) Opportunities / alternatives suggested – promotion of existing provision - particularly in community Acknowledge employment barriers are different Joint approach with providers and local authority Joint / real commissioning
SHOULD Life skills/self esteem/confidence should be built into every course – underlying principle Priority should be to ensure we are capitalising on current opportunities – e.g. Prison ETE contract but multi-approach. Commitment to employing ex-residents Complexities and barriers in benefits system - DWP to increase provision of custody

Flipchart cluster 7: Approaches for specific groups

BAME Women

WORKFORCE	EDUCATION / CULTURE	ISOLATION	DIVERSITY / DOMESTIC VIOLENCE	BAME DEDICATED SERVICES
WORKFORCE Increase diversity of workforce	**EDUCATION** Not enough ESOL provision for people from BAME background, thus preventing women to progress	**ISOLATION** Small numbers of BME - isolation	**DIVERSITY** Where has the public sector equality duty gone?	**BAME DEDICATED SERVICES** Support for dedicated BME services needed
WORKFORCE More local training for staff in this area to ensure appropriate care and support	**CULTURE** Cultural barriers and lack of various cultural norms More cultural awareness training	**ISOLATION** BME women particularly isolated in rural areas. Multiple barriers to access in services. Lots of responsibilities for extended families. Lack of personal transport	**DIVERSITY** Experience in custody	**BAME DEDICATED SERVICES** Continued development of support to enable women to have access to specialist services which understand additional barriers these women face
WORKFORCE More diverse workforce with dedicated specialist support to address the needs of BAME women	**CULTURE** Many BAME communities do not want people to know about mental illness because it would affect any arranged marriages in their family especially for daughters	**ISOLATION** Lower numbers of BME women and their families – support needs to be addressing issues of exclusion marginalisation	**DOMESTIC VIOLENCE** We need to address the link between domestic abuse, trafficking and modern slavery and the impact this has on women who often see their victimisation 'trumped' by their immigration status	

LGBTQ Women

ABUSE	TRANSGENDER	EDUCATION AND AWARENESS	EDUCATION AND AWARENESS	EDUCATION AND AWARENESS
Because abuse can and does occur within LGBTQ relationships but is often minimised and not fully addressed in terms of its importance	Transgender - 8 people at Low Newton and rising	Please stop lumping lesbian and bisexual women's needs with transwomen	Services are well highlighted at Low Newton	How do we promote safe sex in custody for lesbians?

	TRANSGENDER Addressing risk of females when transgender prisoners/offenders are using women's services. Evidence suggests trans women offend at same rate as males, rather than lower rate of females	**EDUCATION AND AWARENESS** How do we support women married to women involved in the criminal justice system?	**EDUCATION AND AWARENESS** These is general lack of education and feeling of inhibition and embarrassment in many of us to tackle this	**EDUCATION AND AWARENESS** Over 25% of people resident in UK identify as non-heterosexual
	TRANSGENDER Refuge places needed where trans women can be supported	**EDUCATION AND AWARENESS** Lesbians have individual needs separate to GBTQ		

Older Women

RECOGNISING AGE-SPECIFIC NEEDS Older person's health and social care strategy – pilot imminent!	**RECOGNISING AGE-SPECIFIC NEEDS** How do we support women whose sentence means they will die in custody? They will not have resettlement needs. How do they fulfil their potential and contribute?	**AGE APPROPRIATE ACTIVITIES** Age appropriate activities taking into account interests, preferences and needs of older women in prison increases sense of self-esteem, feeling valued and combating isolation	**AGE APPROPRIATE ACTIVITIES** Small proportion of 'older' residents means smaller peer groups for support etc. It's getting bigger all the time	**ADAPTED AND ACCESSIBLE ENVIRONMENT** E.g. no lifts, lack of cells that are adapted. Will become an issue as prison population ages
RECOGNISING AGE-SPECIFIC NEEDS Older offending population, different needs especially for the longer serving women being released	**RECOGNISING AGE-SPECIFIC NEEDS** The experience of abuse amongst older women is often hidden or simply not counted (e.g. ONS data) so needs not recognised	**RECOGNISING AGE-SPECIFIC NEEDS** How do we promote menopause awareness in the jail if it's never mentioned – except perhaps in GP consultation? How do we raise awareness of colleagues?	**ADAPTED AND ACCESSIBLE ENVIRONMENT** Lack of accessible environments for those who have limited mobility etc.	**ADAPTED AND ACCESSIBLE ENVIRONMENT** Lack of disabled access

RECOGNISING AGE-SPECIFIC NEEDS	RECOGNISING AGE-SPECIFIC NEEDS			ADAPTED AND ACCESSIBLE ENVIRONMENT
Social isolation among older women is a massive problem. More opportunities for social/light touch interaction are vital and this could be linked into the physical health checks. In terms of mental health older women often refuse to recognise they are suffering therefore different approaches are needed	Unfortunately this is the forgotten and invisible group. Improved help to this group will lead to better integration and actually engaging this group's help in community projects as they have had experience and are usually willing to help			Social care and access to suitable accommodation when needs change – having cells/rooms that can accommodate the use of wheelchairs and other mobility aids

Therapeutic Activities

HEALTHY ACTIVITIES Grounding activities and skills Pets or visits Allotment support	**HEALTHY ACTIVITIES Grounding activities and skills** More use of creative therapies such as Open Clasp, Media Savvy	**RELATIONSHIP BUILDING** Mind have set up a loss group and will be setting up an interpersonal relationship group	**THERAPEUTIC** The Angelou Centre provides bilingual therapeutic counselling for survivors of domestic and sexual violence	**FUNDING** Need an evidence base to make a case for funding
HEALTHY ACTIVITIES Grounding activities and skills 'Horseworks'-confidence building and qualification	**HEALTHY ACTIVITIES Grounding activities and skills** More centres where women can go and learn different crafts, feel safe, make new friends, socialise with like-minded people with similar issues	**RELATIONSHIP BUILDING** Peer support aids recovery	**THERAPEUTIC** Open Gate has a new exploring mindfulness group in HMP Low Newton. Run 7 weekly on a rolling basis	**PRACTICAL SKILLS** Because many women need support to prioritise their own needs

Choice and Empowerment

SUPPORTING CHOICE Speech, language and communication development needs are supported – increase in talking, listening and knowledge and understanding needs to be thought through	**SUPPORTING CHOICE** We need to ensure women know how the system works so that they can make choices	**INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM** We need to think about routes to self-empowerment for women involved in criminal justice system in and out of prison	**PARENTING** Infant feeding choices, e.g. breast milk expressing plans wherever possible. Increased utilisation of prison mother and baby units to retain parenting empowerment. NO MBU at Low Newton!	**VETERANS** Women veterans need their voice to be heard instead of being a hidden population of women who struggle
SUPPORTING CHOICE Without empowering to assist in decision making we cannot help women achieve their aims – pursue their dreams, improve their life chances	**SUPPORTING CHOICE** Need better links between women's organisations and women's prisons – self-empowerment is our business	**INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM** Courses as part of resettlement? View 'choice' under patriarchy and impact on women	**PARENTING** Aspire offers childcare on site to remove this barrier to choice – raise aspirations	
SUPPORTING CHOICE Women having a choice ensures 'normality', needs promoting constantly	**SUPPORTING CHOICE** Learning to make good decisions. Learning about consequences and positive choices and promoting success and positive cycle	**INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM** Durham Police Checkpoint Scheme (albeit not women only) helps divert people away from criminal justice system. Women-only services are accessed but we could do with more! (Research from women's diversion scheme helped inform practice)	**PARENTING** Not working well is access to mother and baby units. The process appears long and complicated – should be default that any women pregnant is offered mother and baby unit as a default – can be moved out to main wings if issues arise or risks are present. Need some mother and baby beds at Low Newton	

SUPPORTING CHOICE Staff being advised that involvement with support services is a choice	SUPPORTING CHOICE Choice based sex work recognising that some women's choices are different to what society expects and accepting them anyway without judgement or disparity	INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM Conditional cautioning – custody diversion schemes		

Must-Should-Could: Approaches for Specific Groups

MUST

Be creative with resources, professionals or clients (people) where there is no cash e.g. initial assessment to identify client's skill (e.g. nail painting) to run sessions

Can-do attitude

Find out what is therapeutic to the individual

Work with other agencies

Increase awareness and partnership with specialist orgs (BME, LGBT, Age UK, etc.) – invitation and dialogue and sharing of knowledge

Additional flipcharts

What Have We Missed?

SEX WORKING	CHAPLAINCY	VETERANS	FAMILY	FAMILY
Choice based sex work e.g. women working online who need specific services and society recognition. Benefits of decriminalising	Linking to facilities communities/ chaplaincy	Women veterans a unique population with unmet needs	Women as carers not only as a parent	Protective factors - women in prison need their family (where this a positive experience). Family links are key
SEX WORKING Inclusion and recognition of women in the sex industry both survival and choice based. Very few services offer specific support for women who work online- more training is needed	**SEX WORKING** Sex working is as a specific topic has been raised: Helping women to leave this way of life Keeping them safe Pregnancy Mental health / trauma Addictions All linked			

Post-it Park

COLLABORATION	COLLABORATION	WELLBEING	COMMISSIONING	FEEDBACK
Joined up services – communication and sharing of info between services needs improving	Use/involve cultural organisations to reach	Importance of befriending and community group activities to combat isolation	Definite lack of understanding among commissioners about the importance of women only space	Thanks – this event is what we needed!
COLLABORATION Looking at post-it notes on other flip charts it's evident that lot of good work happening but not all joined up - services working into Low Newton do not know that services are being provided e.g. Open Gate doing parenting but midwife and commissioners not aware of this		**WELLBEING** Quicker access to prescribed meds when women enter custody. I'm not talking about addiction prescribing, more about antidepressants and other health needs medication	**WOMEN'S STORIES** Herstory – history – looking back to look forward. Why, who, how have things changed (or not) for women? Women represent the spectrum of experiences/voices and stories now for future generations. I/we existed – this is our story!	**WOMEN'S STORIES** Where do women's stories (contemporary life) of justice system go? Where are they preserved and recognised as a valuable asset to learn from?

Project proposal plans

The afternoon discussion segment of the workshop enabled each group sitting around tables to work up some high level project plans to give more thought to what actionable pieces of work within each topic area might look like. Some plans were given more detail than others, and some will be picked up by other organisations to take forward, but we have captured everything here which will inform our thinking for the next stage of planning the workstream.

Developing Advocacy and Peer Mentorship

Aim: To provide opportunities for advocacy and peer mentorship as an effective way of supporting women inside and outside of Low Newton.

Objectives: Develop a programme of development that facilitates the development of a person from being an offender into becoming a volunteer and then into paid work as an advocate.

Drivers

Women who have survived the system may be willing to assist others and by providing skills in relation to being advocates this may help develop a person into paid work.

We know offenders that have come through this system have an impact on offenders in a positive way.

Constraints, Barriers or Challenges Identified

There will be issues relating to acceptable risk linked to the vulnerability of the women. We will need to identify examples of what already works for reassurance. Also there will need to be a budget for this and possibly some economic analysis relating to return on investment.

Resource Requirements

Funding to be agreed.

An organisation to develop the programme.

Who will be involved?

Low Newton.

A commissioning body.

A provider.

Offenders to provide some insight into whether this is worthwhile.

Benefits of the Project

Women & families

Developing skills and opportunities for paid work.

Individuals working with women

Linked to above.

Organisational

Support provided is expected to provide a return on investment, but this may be spread across a number of organisations. So there needs to be a willingness to share the risk and the savings.

Improving Communication

Aim: Better communication between community and prison services.

Objectives: Understand the needs of women at release.

Understand what community services are available to meet those needs.

Identify a platform/space/method of communication that allows community services to make public information about what they do that could be useful to women being released from prisons. The information needs to be useful and kept up to date.

Drivers

Staff from Low Newton commented that there are very few services available to support the needs of women on release from Low Newton.

Community services said they do not know how to offer their services to Low Newton Prison as there are a few third sector organisations present who said they weren't being contacted by Low Newton.

Baseline - Current Situation / Issues

There appear to be no directories available that describe the services that are needed for people leaving Low Newton.

Services in the community find it hard to let organisations know what they do.

Outcomes and Measures

Identifying a directory or directories (given Low Newton's catchment area) that can provide timely and accurate support to women prior to or at discharge and in their community.

Project Methodology

Check with each Local Authority to see if they have such an electronic directory. E.g. Durham Council does have a database https://www.durhamlocate.org.uk/. Sunderland and South Tyneside http://wellbeinginfo.org/

Constraints, Barriers or Challenges Identified

Keeping a directory up to date is a big undertaking. It requires the organisations themselves to continue to ensure their information is current.

Resource Requirements

Publicise the directories that are found.

Who will be involved?

Local Authorities and staff at Low Newton

Benefits of the Project

Women & families

Support on discharge and in the community is possible

Individuals working with women

As above

Organisational

As above

Not Using (Low Newton) Prison as a Place of Safety

Aim: Work with the courts, Police and Crime Commissioners, and the Police Forces to identify and reduce opportunities where (Low Newton) Prison has been seen as the only place of safety.

Objectives:

- Identify a number of case studies from women who are believed to be in Low Newton with the prime aim of it being a place of safety.
- Review the details of the case identifying what other support could have prevented a custodial sentence.
- Establish a meeting/forum for multi-agency review of the cases identified and examine underlying causes and opportunities for change.

Drivers

HMI report (May 18) regarding Low Newton commented, 'We remained concerned that courts were inappropriately using the prison as a place of safety for some women with more severe and acute mental health problems.'

Numbers of women are being detained for their own safety where mental health issues are increasing their vulnerability. Their detention is not replacing their need for mental health support and sometimes a woman's transition from prison back to the community where she lives recreates the environment where her vulnerability and mental health issues manifest again.

Baseline - Current Situation / Issues

How many women get sent to Low Newton as a place of safety (number and percentage)?

How has this varied over time?

Does it vary across the different police /health boundaries?

What criteria are being used to assess the situation?

Do we know how police / courts make their decisions?

How does this compare to other women's facilities? How does this compare to the male estate?

Outcomes and Measures

Case reviews of each woman that is perceived to be sent to Low Newton as a place of safety. This is to include the impact on her family of not providing appropriate care.

Estimate the cost of inappropriate use of place of safety.

Project Methodology

Gabrielle Lee, Governor of Low Newton Prison, to lead a review of use of place of safety over a defined time period.

Identify the themes and geographical issues relating to this cohort.

Identify key organisations that are implicated in this inappropriate care.

Undertake a multi-agency root cause analysis of the cases and continue this into a multi-agency action plan to effect a reduction in cases. It is anticipated that a significant number of women have underlying issues that are not addressed by a custodial sentence. Using Low Newton as a place of safety may address the acute need without addressing the long term issues.

Constraints, Barriers or Challenges Identified

Many of the women in this cohort will be known to a number of agencies – health, social care and criminal justice services. There will be some obvious information governance hurdles to overcome in sharing information. However, there will also be a lack of services and detail behind what services are able to offer

during a crisis when prison may be seen as the most appropriate place of safety.

One of the big challenges is where the resources lie to make changes. Not using Low Newton as a place of safety frees up staff time. However, the appropriate level of resource needs to be available in the community and this comes from a different commissioning pot. So co-operation and an innovative approach to joint commissioning will be required.

Resource Requirements

Time from Low Newton staff to undertake audit of cohort.

Women in Low Newtown to be given the time to tell their stories regarding their views on Low Newton being used as a place of safety.

Who will be involved?

The project will be led by Gabrielle Lee. It will involve both Low Newton staff and health care staff in Low Newton.

Following collation of the information the next steps will depend on the response of the Police forces involved and the courts. It will also involve senior staff from Mental Health Trusts –TEWV and NTW in particular. Clinical Commissioning Groups will also need to be aware of the lack of services available that leads enforcement agencies to deem Low Newton to be used as a place of safety.

Zoe.soppitt@nhs.net – liaison and diversion practitioner at Durham Police Station

It may be after initial fact finding and discussions it is appropriate for the Mental Health Clinical Network to host a summit to discuss the issue and look for sustainable solutions.

Benefits of the Project

<u>Women & families</u>

Women who are inappropriately placed at Low Newton where it is used as a place of safety.
The children and other family members of these women.

Individuals working with women

This could allow appropriate support for women if other places of safety and community support are available.

Organisational

Appropriate use of resources.

Process mapping of women through their offending to prison and back to the community

Aim: To examine opportunities and missed opportunities in supporting a woman through these transitions

Objectives: It was suggested that project Alpha may be beginning this process and Jeanne Trotter of the Local Criminal Justice Board is the best person to talk about this.

There may be an opportunity to link this to patient held records in the project developed at NTW.

Drivers

Joining up of support for women to offer opportunities to break free from this vicious cycle of revolving door.

Baseline - Current Situation / Issues

Data on the numbers of women involved needs to be assessed.

Will project Alpha be able to identify missed opportunities i.e. organisations that could play a role but are not currently involved.

Outcomes and Measures

Improved pathways

Project Methodology

Speak to Jeanne Trotter

Constraints, Barriers or Challenges Identified

Have all the key organisations been identified.

Have all the commissioners been engaged in the process.

Resource Requirements

Facilitation

It was reported that System 2 being in place at Low Newton would allow them to view mental health records. No dates of implementation were given.

Who will be involved?

Low Newton; Jeanne Trotter; healthcare services will have facilitators trained in process mapping who could be used.

The Clinical Network would be interested in being engaged in this whole system development so that it can be linked to STP developments.

Benefits of the Project

Women & families

Yes but to be agreed by the project (ditto below)

Individuals working with women

Organisational

Examining funding streams for 3rd Sector advocacy and training

Who will be involved?

Commissioners need to discuss opportunities for sustainable funding of third sector organisations.

The Network may be able to pick this up as it develops a commissioners' forum.

Substance misuse (identified as the initial project, although this could quite easily change its focus to cover other areas)

Aim:

To explore the development of a provider's network bringing key stakeholders together, that identifies & addresses communication issues from community to prison to community.

To focus upon improving services that deliver better outcomes for the mental health and physical well-being of vulnerable women.

This could include other vulnerable groups in the longer term.

Objectives:

To scope out the potential gaps in current service provision and address unmet needs across the sector.

Drivers

2018/19 Mental Health Network work plan: objective for physical health in mental health

Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England – Public Health England, 2018

The Contribution of the Women's Voluntary and Community Sector to Health and Social Care Integration in the North East – Women's Resource Centre/NE Women's Network, 2016 Women in the Criminal Justice System in London: A Health Strategy - London Health in Justice and Other Vulnerable Adults, London Clinical Networks (HiJOVA LCN), 2016 Taking a Forward View on Women and Mental Health: Key Messages for Government – Women's Health and Equality Consortium, 2017
Baseline - Current Situation / Issues The current reality is that across the North East and North Cumbria there are high levels of social deprivation which in turn contributes to some vulnerable women falling into a life affected by substance misuse, domestic and sexual violence, and interaction with the criminal justice system. If women avoid a custodial sentence when convicted of a crime, there is too often a lack of support provision available in their community to help them address the mental health and social issues which they may be living with. For those who are imprisoned, even with the care provided within the prison establishment, this in itself creates more emotional instability and puts strain on mental health, especially if she is a mother separated from her children. Evidence shows that many women in the criminal justice system are themselves victims of prior abuse or assault, and should be provided with trauma-informed care to enable them to enter recovery from associated mental health issues, ranging from depression and anxiety to post-traumatic stress disorder. The nature of the violence that many will have experienced can be a substantial barrier to accessing future routine healthcare, notably sexual health and screening for cervical and breast cancer, which may prove particularly difficult for survivors of sexual assault to engage with. Resources for prison healthcare are stretched, and similarly for community provision. Often third sector organisations provide the support that mainstream NHS or social care services are unable to provide. Waiting lists are huge for counselling, and there is little integration between prison healthcare and follow-up on release, meaning it is easy for women to fall through the cracks and not access the care they need in the community. Women in contact with the criminal justice system are more likely to have continuing vulnerabilities such as homelessness, addictions, and exposure to abuse, and have poorer levels of physical health compared to the general population. The prevalence of vulnerable women having these 'co-morbidities' of mental health, physical health and social care needs means that the demand for co-located, gender-sensitive, joined-up women's services is a very real one but one that is rarely met by current provision. Smaller local organisations can struggle to make meaningful connections with wider public services for the benefit of the women they support, and there are likely to be opportunities to make those connections happen with some focused work
Resource Requirements Initially an agreed date, a room and the commitment of this core group to come together.

Who will be involved?

Angela Star, Nursing & Quality Manager, NHS England

Rachael Edwards, Locality Manager, *Change, Grow, Live*

Gabrielle Lee, Governor HMP Low Newton, HMPPS

Abi Hamoodi, Health & Justice Public Health Specialist, Public Health England

Prison Healthcare Leads , TEWV/G4S

Alan Tallentire, Tees & Wear Prison Group Director (Tim Allen to discuss with)

Dr Sue Robson, Development Officer, Women's Resource Centre

Promote parent/child contact in prisons

Aim: Positive secure attachment with mother/child dyad (where applicable)

Objectives: To appoint a Family Social Worker (independent) to act as a link between social services, families, in-prison perinatal services and NEPACS visitors centre. This role will link health visitors to promote/support women in bonding and attachment, parenting skills, ages and stages of child development.

Drivers

Speeding up information sharing

Face-to-face contact with the mother, minimising waiting times and anxiety/stress

NICE Guidance Antenatal and Postnatal Mental Health (CG192)

Healthy Child Programme Best Start in Life

Baseline - Current Situation / Issues

No health and social care workers to coordinate family care pathway to enable a positive, safe, secure attachment and to promote positive parenting.

Outcomes and Measures

Referrals to mother and baby service applications are currently monitored by prison

Appropriate identification of perinatal/infant mental health issues and support offer

Project Methodology Tender for an independent social worker Use of screening on child outcomes: NBO/NBAS support Child development outcomes
Constraints, Barriers or Challenges Identified Funding for the post, skillset required Training and development of workforce Caseload management/supervision
Resource Requirements Funding for a full-time independent social worker Commissioners for offender health (North of England)
Who will be involved? Teresa Purvis (tpurvis@nhs.net), Sue Robson, Fiona Dry, Linda Vasey *There is potential for the Network to assist in setting up a collaborative commissioning task and finish group (potentially best led through Claire Braid's Network in this area, with support from Emily Henderson in her role as CYP MH Lead and Rachel Tomlin as lead on PNMH), and linking partners with those in workforce planning, commissioning and other areas as needed. The Network might also ask the national team for examples of good practice upon which to model the commissioning of this post. Two people present at the event may also potentially be involved Jessica Redhead, Commissioning Manager, NHS England and Jeanne Trotter, Criminal Justice Programme Lead, Police Crime and Victims' Commissioner (who is in Claire Braid's Network).
Benefits of the Project **<u>Women & families</u>** An identified professional able to give them face-to-face contact and share information on a personal level. Reduce the stress levels of pregnant mothers by quickly sharing information. **<u>Individuals working with women</u>** Help to build supportive relationships. **<u>Organisational</u>** Clear identification of responsible professional.

Addendum

Following the initial circulation of the draft version of this event report, we received feedback from Helen Attewell, CEO of NEPACS, who was unable to attend this discussion session, and had important additional information to add as follows:

By including this work within the MOJ Family and Significant Others specification, the intention was to ensure that the potential protective factors for women associated with positive family contact are enhanced and that family ties are retained where possible. Families are crucial in flagging up where they have concerns about women's mental health, and also act as an incentive to get better and address underlying issues which have contributed to their imprisonment. Currently NEPACS works with many families where kinship carers such as grandparents, siblings and occasionally daughters are caring for women's children in the community. We also work with foster carers, social workers and with women who are at risk of permanently losing their children to the care system / adoption.

The role for a specialist Social Worker that is described is very much what our current Family Engagement Manager is tasked with – although the extent of her work is severely limited by time. This is a model which has been developed by NEPACS in partnership with Pact for many years, and was part of a NOMS pilot project in 2011–13 which has been positively evaluated. I would say that the key remit of this role is to co-ordinate a family care pathway to enable positive, safe and secure attachment and to promote positive parenting. Our Family Engagement Worker (Gill Ismail) is the embodiment of a link between social services (at literally dozens of different local authorities), families, in-prison perinatal services (Gill is already involved in these multi-agency meetings and provides one to one support to expectant mothers) and the visitors' centre (including development of our special visits provision, which I agree should be reviewed and if possible, re-located to a Saturday morning session). Due to Gill's role, we are able to fast track women on to our weekly mother-child sessions, sometimes in a matter of days, which is crucial for sustaining bonding / attachment. I would therefore say that it would make more sense to augment the existing resource rather than create a new role with a different management structure.

Specialist Counselling around Trauma and Separation

Aim: To provide counselling to mothers in prison who either have 1) children who have been permanently removed or 2) general issues about being separated from children e.g. women who are entering prisons or whose children have been removed for adoption/long-term foster care.

Objectives: To produce a clear pathway to support services for mothers losing care of their children.

Drivers

To reduce the trauma and angst across the whole prison system.

Baseline - Current Situation / Issues

Very little in existence nationally for birth mothers specialising in that particular trauma. Possibly models in the LD world could be transferred.

For example, the Open Nest severance project www.opennest.org.uk - a very small project that does not provide counselling.

Project Methodology

Trauma informed specialist separation trauma.

Feminist methodology self-empowerment of women.

Constraints, Barriers or Challenges Identified

Little existing specialism.

Resource Requirements

Pathway identified by current mental health provider.

Who will be involved?

Counselling Psychologist, outside voluntary agencies, women's agencies, peer support groups, family rights groups

Stephanie Addison (Raindrops to Rainbows)

The Open Nest

Advisory Sue Robson

Caroline.Parker10@nhs.net (MIND Counsellor Mental Health)

Dr Shobha Srivastava

*There is currently no scope for Network involvement as the group agreed to take things forward internally

Benefits of the Project

Women & families

Lessen the burden that women in refuges, asylum seekers suffer from anxiety and depression.
Custody experience along with guilt from difference, signpost to other mental health services which may be disclosed. Mother accepts courts' decisions and establishes appropriate relationships with other family members, foster carers, etc.
Help manage emotions, less reliance on medication for anxiety and depression.

Organisational

Potentially minimise the reliance upon substance abuse and aid women to recovery. Reduce the drug rates and such violence associated incidents in the prisons.

Addendum

Following the initial circulation of the draft version of this event report, we received feedback from Helen Attewell, CEO of NEPACS, who was unable to attend this discussion session, and had important additional information to add as follows:

The gap around 'After Adoption' care for women who have permanently lost contact with their children is particularly acute. Although NEPACS can (and does) facilitate 'last contact visits' at the prison and liaises with relevant local authorities' after adoption services, I absolutely agree that there is more need for counselling and support for these women. At one point, NEPACS managed to raise money from the Pilgrim Trust for additional specialist help, but since the advent of TR, the Pilgrim Trust (alongside a number of other funders) has withdrawn support for work in prisons.

Improve education and access to contraception and sexual health services

Aim: To ensure contraception and sexual health services are accessible to all in the prison setting, and to address associated challenges e.g. cognitive, language and cultural issues.

Objectives: To ensure CASH services addressed as part of perinatal pathway and/or prior to release.

Drivers

Need to ensure equivalence of care regarding offer of CASH prior to release i.e. standardisation

NICE Guidance

Baseline - Current Situation / Issues

Services are available but not always accessed effectively or offered appropriately.

Outcomes and Measures

Audit process

Identify most effective process

Project Methodology

Identify pathway from NICE Guidance

Local equivalence of care

Constraints, Barriers or Challenges Identified

Cognitive, DOLS, cultural, language/literacy issues.

Resource Requirements
An identified individual is required. Agreed at multidisciplinary team to 'counsel' and support re-access to and referral to CASH service in-house. Identified on perinatal protocol.
Who will be involved? Perinatal multidisciplinary team in HMP: Fiona Dry and Teresa Purvis CASH clinical lead in HMP *This project will be pursued by HMP multidisciplinary team and does not require Network input at this stage.
Benefits of the Project **Women & families** **Individuals working with women** **Organisational** Buy-in from HMP teams

Mandatory training and awareness raising on trauma-informed care for people working with women in the criminal justice system
Aim: To make staff better equipped to work with women in the criminal justice system. **Objectives:** To improve skills of staff working with women. To raise awareness amongst workers of the issues facing women involved in the criminal justice system
Drivers Large numbers of women in the criminal justice system have experienced trauma/ abuse.
Baseline - Current Situation / Issues Training is patchy currently dependent on services/ locality

Outcomes and Measures Numbers of people attending training Confidence measure of using trauma informed practice pre and post training Feedback from service users Training made mandatory for staff induction
Project Methodology **Multi-agency task and finish group** Identify training facilities Standards Content
Constraints, Barriers or Challenges Identified Funding Barriers to multi-agency working Time out for staff Travel
Resource Requirements Human – trainers, task and finish group members IT – online training Service users – training development and delivery
Who will be involved? Sophie Mitchell (Northumbria Uni) Helen Bates (TEWV) Gaynor Truman
Benefits of the Project **<u>Women & families</u>** Women's experiences of contact with services will be improved. Improvement to mental health and wellbeing

Individuals working with women

More confident and expert staff

Organisational

Directory of women's services created

This is my story (Needs a better name!)

Aim:

Women are able to tell their story once and have this recorded, electronically or documented, for their use to avoid repeatedly having to disclose sensitive and difficult information.

Women will be informed about what is available in their communities to support them when they are released. This will include statutory and voluntary organisations as well as other 'safe' community spaces such as museums, community centres etc.

Women will be aware of their rights, particularly around sexual and domestic abuse and will be empowered to enact them.

Objectives:

To develop a mechanism for women to record their story.

Highlight existing directories of services/ community information to women and support them to explore what is available in the communities they are being discharged to.

Improve women's knowledge around what constitutes domestic and sexual abuse and empower them to enact their rights.

Baseline - Current Situation / Issues

Women often have to repeatedly tell their story to different professionals. This can be upsetting and frustrating and result in women not articulating their needs, being seen as problematic, and therefore not getting the support they need when they are released. This often means that women fall back into the same situation they were in previously.

Outcomes and Measures

Reduced reoffending rates as women avoid going back in to the situations they were in prior to their time in custody.

Women feel more settled into their community.

Constraints, Barriers or Challenges Identified How/where information should be held – GDPR, do women have a safe place to keep the information if they want to keep it with them? Keeping community information up to date is notoriously difficult.
Resource Requirements A working group is needed to further develop the idea. Funding may be required to support production and possible printing of the pack.
Who will be involved? The Millin Charity – kirstym@themillincharity.co.uk Jacqueline Hall Amanda Rose and Kelly Mennear at First Point Training Jeanne Trotter Durham Police, Crime and Victims Commissioner Office Zoe Soppitt Liaison and Diversion Practitioner **Zoe Brown Tyne and Wear Archives and Museums **Clara Shield Tyne and Wear Archive and Museums and Little Big Butterfly ** Had great ideas about how to capture stories and the benefits of doing so.
Benefits of the Project **<u>Women & families</u>** Not having to repeatedly tell story. Women will be aware of their rights, i.e. what is domestic violence, and will be empowered to enact them to avoid the continued cycle of abuse, crime, imprisonment etc. Better links into the community when released give women a better chance of developing a new life. **<u>Individuals working with women</u>** Easy access to women's stories to better understand their needs.

Whole system approach to domestic and sexual abuse

Original aim: To develop a timeline of interventions to prevent women from experiencing repeated abuse.

It then became clear that there is work already ongoing relating to this through Vera Baird's PCC office. They currently lack input from health and the work is not being promoted particularly well. For example, one of the ladies on the table is a domestic abuse champion. She had no idea that this was part of the whole system approach project.

We realised that the Network could have a role in facilitating links into health to support the PCC work and a separate project is not needed!

Jeanne Trotter was at the event and would be happy to link us up with Vera Baird's office.

New aim: To support Northumberland PCC to develop a whole system approach to domestic and sexual abuse.

Objectives:

Understand aims and scope of PCC project.

Facilitate engagement with CCG's, NHS Providers and other health agencies as appropriate.

Baseline - Current Situation / Issues

When woman are released from prison they often go back to the same situations they were in prior to conviction. This can lead to a cycle of abuse, crime, custody, release. A whole system approach encompassing everything from education in schools to prevent abuse, educating women about healthy relationships and their right, support to address trauma, pre-release planning (see This is My Story project plan) and post-release support is needed to end this cycle.

Who will be involved?

The Millin Charity – kirstym@themillincharity.co.uk

Jacqueline Hall

Amanda Rose and Kelly Mennear at First Point Training

Jeanne Trotter Durham Police, Crime and Victims Commissioner Office

Zoe Soppitt Liaison and Diversion Practitioner

**Zoe Brown Tyne and Wear Archives and Museums

**Clara Shield Tyne and Wear Archive and Museums and Little Big Butterfly

** Had great ideas about how to capture stories and the benefits of doing so.

Cancer Screening

Aim:

Increase the number of women attending screening for bowel, cervical, ovarian and breast cancer.

Drivers

Existing pilot in Sunderland could be utilized

National targets for the whole population

QOF

Health and Justice Indicators of performance

Comparison with other facilities

Baseline - Current Situation / Issues

Lack of compliance

Issues attending due to issues around dignity

Outcomes and Measures

Better understanding of what is involved in screening

Statistics on uptake

Project Methodology

Peer mentors

Sketches

Roadshows to spread awareness

Motivational interviewing

Constraints, Barriers or Challenges Identified

Access (The van won't fit under the bridge!)

Perceptions

Fear & embarrassment

Resource Requirements

Skill up nurses

Machines for highlighting veins and enabling blood tests

Visiting consultants and better/increased telemedicine

Who will be involved?

Nurses and staff in the prison

Julie.bowmaker@uk.g4s.com Head of HCC (G4S) Low Newton kim.hogg@uk.g4s.com Primary Care Coordinator HMP Low Newton

Benefits of the Project

Women & families

Prevent early mortality and morbidity
Better life chances for women and their families
Better health outcomes

Individuals working with women

Reduced frustration
Better relationships
Feeling of doing a good job / achievement

Organisational
Resources saved on treatment
Escorts not needed as often.

Learning Disabilities

Aim: Develop a forensic care pathway, agree screening tools, identifying cases earlier, setting out who is responsible.

Objectives:

A commissioned service to address the needs of those diagnosed.

Improved process at first meeting to identify people with LD.

Drivers “No one Knows” report (Scotland) National drivers on LD/IDD
Baseline - Current Situation / Issues 10% of the prison population can fall into the LD category Autism not falling under the LD banner, this introduces barriers to appropriate help being given.
Outcomes and Measures Increased identification Better awareness Screening Tools Availability of materials
Project Methodology Introduce a specialist team across North East prisons An LD pathway developed Awareness and communications plans for prison officer awareness A centre of excellence (mirroring the “Primrose beds” initiative)
Constraints, Barriers or Challenges Identified Working with people with LD is not part of the contract of the existing mental health nurse. There is already a long waiting list for diagnosis in the community
Resource Requirements Interventions to support people with learning disabilities to live in the general prison population Life skills training
Who will be involved? Awareness trained staff Caroline.parker10@nhs.net (Mind counsellor, mental health team)

Benefits of the Project

Women & families

Increased life chances
Appropriate signposting on release
Improvements for whole families
A diagnosis helping to make people with learning disabilities less vulnerable

Individuals working with women

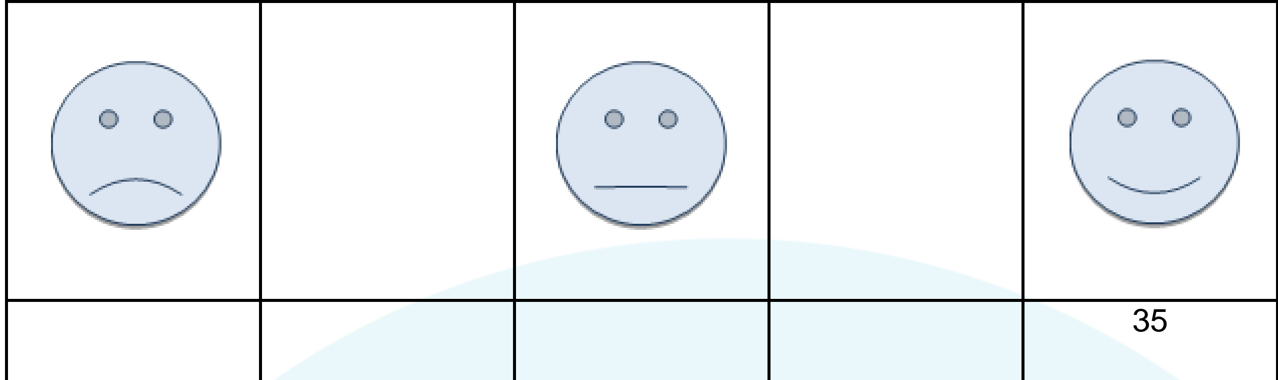
Better understanding
Tools for managing difficult behaviour

Organisational

Reduced impact on community services
Reduced reoffending.

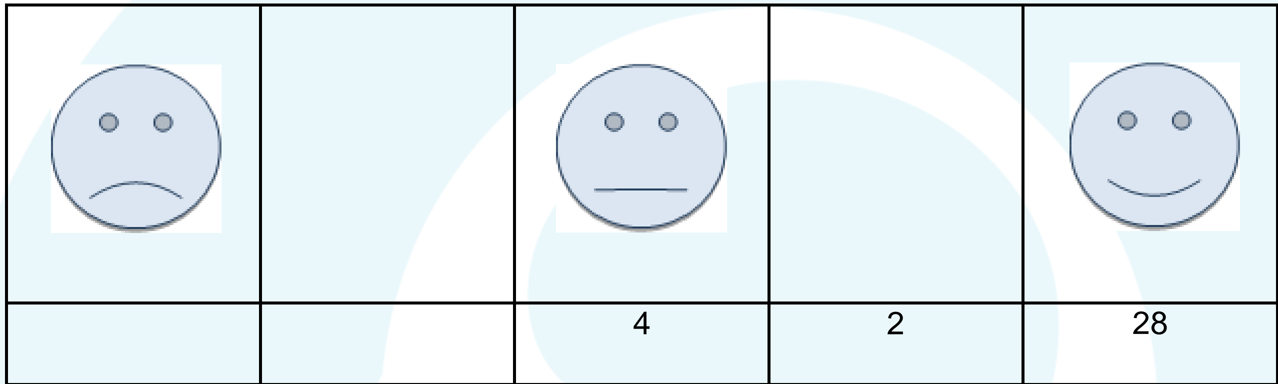
Evaluation summary

1. Participation and interaction were encouraged (no. of responses):



				35

2. Ideas and concepts were communicated:

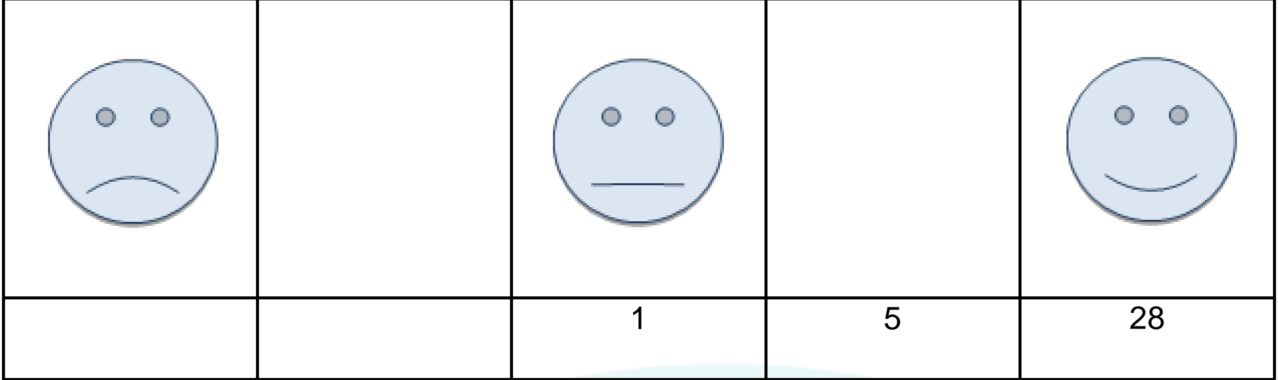


		4	2	28

3. Presenters and facilitators were knowledgeable:

		1	5	29

4. The content was organised and easy to follow:



		1	5	28

Those attending on behalf of a women's organisation or service:

Have the following improved as a result of today's event?	✓	X
We are able to meet with public sector representatives and communicate with them using language, behaviours and cultures that are mutually understood and respected	22	1
We believe that public sector organisations understand the women's specialist sector in our local/ specialist area	14	7
We believe that public sector organisations are aware of our organisation and the services that we offer	13	9
We believe that public sector organisations understand the need for local collaborations and partnership or consortium as an appropriate delivery mechanism to achieve effective outcomes for women and families	18	4

Those attending on behalf of a public sector or commissioning organisation:

Have the following improved as a result of today's event? **(comments received)**	✓	X
We are effective in engaging with the women's sector (Further training needed)	16	1
We are able to meet with women's organisations and communicate with them using language, behaviours and cultures that are mutually understood and respected (Further training needed)	17	
The women's sector effectively presents the case for women only services (Need more money and respect from the Local Authority)	15	2

The women's sector effectively presents the case for intersectionality and promoting, protecting, developing and supporting organisations that are "led by and for" particular equality groups of women (Again message gets lost because of lack of political interest and marginalisation of women)	14	1
The women's sector uses data effectively to demonstrate the impact that their services have	10	4
We understand the need for local collaborations and partnership or consortium as an appropriate delivery mechanism to achieve effective outcomes for women and families	16	

Comments and additional feedback about any aspect of the day:

Great day - hopefully this will all be passed to the relevant people such as commissioners etc.- **Gaynor Trueman, GST Consultancy**

Speakers were amazing and really inspiring. It would be good to have discussions and reviews of this nature more often. – **Kirsty McDine, The Millin Charity**

It may have been useful to understand where people were from but more importantly what services they offer and represent. The lack of understanding of everyone's services meant some suggestions and comments were not always relevant. Saying all of that, the discussions on the afternoon about the projects to come out of this are very exciting to take forward. - **Angela Star NHSE**

An enjoyable day relevant to my role and enabled me to identify services that relate to clients I work with in custody and offer support on release to help break the chain of criminality and offending behaviour. - **Zoe Soppitt, Liaison and Diversion, Durham Police Station**

There is a lack of awareness of what is commissioned and available within the prisons by many. It would have been beneficial to explain this at the start/ask us to explain this? Overall a great event! - **Jessica Redhead NHSE**

Tricky last session as so many 'own agendas' - lost a bit of focus perhaps upon 'women in custody'. Altogether a brilliant way of capturing needs and taking work forward. Thank you. – **Anon**

Good day – being able to network and meet other professional services. - **Joanne Pendleton, TEWV**

Good discussions - we can start working together to find solutions and ideas we are taking on board. Importance of signposting. - **Anon**

Very useful event- opportunity to meet public sector organisations. Need more to develop joined-up thinking and strategies as well as focused commissioning to improve women's services that support women. – **Anon**

Really good day – lots of ideas. - **Lianne Jamfrey, HMP Low Newton/ TEWV**

Listening actively, telling/retelling stories, better communication, better organisation, communication are important to moving forward. – **Anon**

I have met with people who collectively make a huge difference to/with women's services. My hope is that cultural organisations are seen as crucial to women's health and wellbeing as both preventative and when

accessing services when in ‘the thick of dealing with issues’. - **Zoe Brown, Tyne and Wear Archives and Museums**

Excellent chance to Network – a great day thank you. - **Helen Baxter, TEWV**

Greater knowledge around roles of attendees - name badges would have aided networking. A marketing place approach initially would have given a better profile of the group attending/organisations represented. - **Fiona Dry, PMP Midwife**

It was an excellent event- I loved the methodology with the flipcharts and post-it notes and the way that everything came together at the end. It felt like a really level discussion - there didn’t seem to be any hierarchies in the room and that was very refreshing. - **Sue Robson WRC**

Very useful networking times and interesting discussion. - **Anon**

Very informative and lots of information. - **Anon**

Very helpful sharing. We need follow up and facilitation and evaluation of progress - with steering group maybe? - **Gabrielle Lee HNP Low Newton**

The day allowed for participation, great knowledge and view to come to the fore. I will use the learning from the day to help develop national policies. Lots of positive work to focus on! - **Tim Allen HMPPS**

Very informative and well put together. Very interactive. Seems very positive and optimistic for the future. - **Jade Smith, Just for Women Centre**

Brilliant! Thank you! - **Tammy Edwards, Police**

Additional comment received

“I’ve just come out of Low Newton after running a project with the under 25’s (two week intense course). We tour nationally with *don’t forget the birds* in the Autumn, a play created with a woman now released (from Low Newton) looking at the impact of prison on her and her daughter. Next year we tour nationally with *Sugar* in 2019, a play created by women affected by the criminal justice system (Low Newton, Probation, and women living in a homeless hostel in Manchester). Both productions can contribute to all conversations that support the voices of women to be heard.” – **Catrina McHugh MBE, Artistic Director and Writer, Open Clasp Theatre Company**

Next Steps

Following the event we have taken the opportunity to review all of the project plans created on the day and are starting to formulate some ideas for taking various pieces of work forward. Some of the actions will be led by the Networks and other projects will be followed up by our external stakeholders and other organisations already working in specific areas. We will not be in a position to address every issue directly but would encourage those who may have some influence or who are able to further explore some avenues outlined in this report to do so, and to contact us if anything seems to fit this bill for you or your organisation.

Initial developments since the event include discussions with the Women's Commissioning Support Unit to co-host a round table event with commissioners in October 2018, on the subject of meeting the needs of vulnerable women and girls by commissioning gender-specific services; some potential engagement with NEPACS and other stakeholders with an interest in family support services and promoting attachment and bonding between prison residents and their children; and an ongoing mapping process of the journey of women from sentencing through their time in prison, with a scoping of the assessments that take place and the interventions that are available, being coordinated by the National Probation Service 'EQuiP' process management programme.

It is important to remember that this event was just the start of a developing workstream within the Networks, addressing the needs of vulnerable groups. It began by looking at issues affecting women with experience of the criminal justice system, but is already beginning to explore how these issues affect the lives of all women in the wider community, whilst acknowledging the specific needs of certain groups as it evolves.

We would be very keen to hear from anyone not yet engaged with us to get in touch and let us know your areas of expertise and interest, and an indication of any of the suggested projects you may like to be involved with as they develop. Equally, if you have anything to contribute to any aspect of the outputs from the day, even if it is just a post-it note that catches your eye, we would be glad to hear from you.

Contact

Project Lead:

Jenny Hicken, Network Delivery Facilitator, Northern England Clinical Networks

jennifer.hicken@nhs.net

Connect with the Northern England Mental Health and Dementia Network on Twitter **@NorthMHNetwork**