

Report on short scrutiny visits to

Prisons holding women

by HM Chief Inspector of Prisons

19 May 2020

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Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

End of Custody Release Scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases>

Release on Temporary License (ROTL) issued under a Special Purpose License (SPL),

During the COVID-19 pandemic, establishments have been directed to take active steps to identify pregnant women, prisoners with their babies in custody and those defined by the NHS guidelines as 'extremely vulnerable' to COVID-19 to assess whether they are eligible and willing for compassionate release on ROTL. Prisoners should only be released if they have suitable accommodation upon release, a safe means of getting there and provision in place to meet any health and social care needs.

Key work

The key worker scheme operates across the closed male estate, with prison officers managing around five to six offenders on a one-to-one basis.

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Short scrutiny visit (SSV)

A new type of HM Inspectorate of Prisons (HMI Prisons) visit in which three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any positive practice found.

Social distancing

Social distancing measures are steps individuals should take to reduce their social interaction with others, to help reduce the transmission of COVID-19. These include avoiding large and small gatherings in shared spaces and keeping two metres apart from other people.

Telemedicine

The practice of caring for patients remotely when the provider and patient are not physically present with each other.

About this report

- A1 Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 HMI Prisons normally reports against a wide range of detailed standards, which are listed in our Expectations. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic has required a substantial revision of such norms, at least in the short term.
- A4 A detailed briefing document on our new methodology is available on the HMI Prisons website (<https://www.justiceinspectors.gov.uk/hmiprison/2020/03/covid-19-update/>). It discusses the reasons for the actions we are taking, the primacy given to public health considerations and their place within the approach of what we have termed 'short scrutiny visits'. The purpose of our current approach is to:
- fulfil HMI Prisons' statutory duty to report on treatment and conditions effectively, without adding unreasonable burdens to a system currently dealing with unprecedented challenges
 - promote transparency about the response to COVID-19 in places of detention and ensure that lessons can be learned quickly
 - use an adapted methodology which provides effective independent scrutiny while adhering at all times to the 'do no harm' principle. This means that HMI Prisons will not put detainees, prison staff or its own staff at unreasonable risk and will work in line with national public health guidance.
- A5 HMI Prisons recognises that at times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions become even more important than usual. By identifying concerns, we also aim to promote more effective and safer practices in prisons, thereby supporting public health. Our methodology will be reviewed and updated in line with changing circumstances.
- A6 Key characteristics of short scrutiny visits are that only two to three inspectors will attend establishments, including a health inspector. Each visit will take place over the course of a single day, and will focus on a small number of issues which are essential to the care and basic rights of those detained in the current circumstances. These critical areas include: care for the most vulnerable prisoners and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released.

- A7 Short scrutiny visits do not allow the exhaustive triangulation of evidence that characterises inspections. However, they do enable us to tell the story of life in prison during the current crisis and comment on the proportionality of the action being taken. Each report normally encompasses three establishments, visited on the same day by different teams. Findings in the report are presented thematically rather than focusing on individual prisons.
- A8 For more information and updates on our response to the COVID-19 pandemic, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/2020/03/covid-19-update/>.

Introduction

This report discusses findings from short scrutiny visits to HMP & YOI Bronzefield, HMP & YOI Eastwood Park and HMP & YOI Foston Hall. All three establishments are part of the women's estate and hold remand and convicted adult prisoners. Bronzefield is larger than the other two sites and can hold up to around 550 prisoners; Eastwood Park has a capacity of 400 and Foston Hall can hold around 300 prisoners.

All three establishments had implemented regime restrictions to ensure prisoners could only come out of their cells in smaller groups, generally on one landing. In addition, those who were new to custody, were vulnerable to COVID-19 or had symptoms of the virus were isolated from the rest of the population.

Isolation was generally managed well at Bronzefield and Foston Hall. However, at Eastwood Park managers needed to address weaknesses in the operation of the reverse cohorting unit (RCU, see Glossary of terms) for new prisoners. Social distancing was understood by both staff and prisoners and, while difficult due to some narrow corridors and small offices, was generally adhered to at Eastwood Park and Foston Hall. However, social distancing was not routinely observed at Bronzefield.

There was some variation in the regimes offered; the regime was most limited at Foston Hall where most prisoners only received 30 minutes of exercise each day. Those at Bronzefield received an hour as did the majority of prisoners at Eastwood Park. However around 20% of prisoners at Eastwood Park received two hours out of their cell each day. Face-to-face education had been largely suspended with the exception of some limited provision delivered at cell doors in Bronzefield. Instead prisoners could complete in-cell workbooks. In this context the absence of any organised PE provision to enhance time out of cell was a significant gap.

This report highlights some of the particular challenges of running women's establishments safely during this period of restrictions. The vulnerability of many women in prison is well documented and our findings highlight the particular impact many of the restrictions implemented to control the spread of the virus has had on this population.

We found that self-harm had increased from the high levels seen prior to the restrictions being implemented. Managers at all three sites had put in place measures to try and support prisoners at risk of self-harm and it was positive to see enhanced welfare checks and access to peer support at Bronzefield and Eastwood Park. Despite these efforts we were concerned about the impact of the very sudden withdrawal of a range of interventions from a small number of prisoners with very high levels of need. Local and national managers should investigate ways to safely reinstate this provision as a priority.

Health care providers had initially experienced significant staffing shortfalls at Bronzefield and Foston Hall although these had eased by the time of our visits. Governance of health care remained appropriate with partnership arrangements in place. An effective triage system was in place at all prisons with prisoners able to access a nurse or GP as necessary. Mental health services continued to provide support but this was predominantly by telephone. Medicines management and administration had been affected by staff shortages. Midwifery support for pregnant women continued and new mothers on the mother and baby units at Bronzefield and Eastwood Park received a good level of health care support.

The suspension of visits had had a particularly acute impact within the women's estate. We spoke to women who had not seen their children for two months and were understandably frustrated by the delays in supplying any video calling provision. HM Prison and Probation Service (HMPPS) managers had procured a service that was about to be trialled at Bronzefield and Eastwood Park. However, at

the time of our visits there were no timeframes for a rollout across the estate. More positively, prisoners appreciated the additional phone credit at all three sites.

The two early release schemes in operation had been largely ineffective in reducing the population. Despite the process taking up significant amounts of management time, only six prisoners had been released. This was a failure of national planning.

It was positive that all three sites had maintained release planning processes. However, this hard work was undermined by the lack of accommodation for many on release. This meant that since the start of the restrictions, 40% of prisoners released from Bronzefield and Eastwood Park and 20% of those release from Foston Hall had no accommodation on the day of their release.

This report highlights positive practice in several areas and it is a credit to staff that most prisoners we spoke to were positive about staff-prisoner relationships, despite the significant restrictions in place. However, the particularly high level of need within the women's estate makes it all the more important to prioritise work to improve the support offered to prisoners with multiple and complex needs, implement an effective alternative to visits and for HMPPS to work with other government departments to improve provision of accommodation on release.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

May 2020

Notable positive practice

- Peer support work for newly arrived prisoners continued at Bronzefield. Managers ensured this was delivered safely by issuing peer workers with PPE (personal protective equipment, see Glossary of terms).
- At Bronzefield and Eastwood Park, the Listener service continued to be offered.
- A safer custody phone line, staffed by peer support workers, provided support for more vulnerable prisoners at Eastwood Park.
- A new scheme at Eastwood Park enabled prisoners to read a bedtime story to their children.
- Eastwood Park provided transport home for those with no family members to pick them up on release.
- Across all sites, the antenatal care for women was maintained to the same level as in the community and the pregnant women we spoke to were complimentary about their care.
- The level of support offered to a premature baby at Eastwood Park, by specialist services including a consultant paediatrician and a paediatric nurse specialist, was impressive.

Section 1. Safety

In this section, we report mainly on the actions taken to promote safety; the treatment of prisoners during arrival and early days; and the support for the most vulnerable prisoners, including those at risk of self-harm.

Actions taken to promote safety

- 1.1** Managers at all three sites had implemented restricted regimes, social distancing and isolation arrangements.
- 1.2** Isolating (referred to as cohorting in prisons) prisoners who were new to custody, were especially vulnerable to COVID-19 or had symptoms was done appropriately at Bronzefield and Foston Hall. However, contrary to national guidance and the understanding of local managers, new prisoners at Eastwood Park received time out in the open air in groups that included prisoners who had arrived on different days. In addition, these groups changed from day to day. This undermined the effectiveness of the isolating arrangements.
- 1.3** Our staff survey was completed by 205 people (96 at Bronzefield, 63 at Eastwood Park and 46 at Foston Hall). While the majority of staff were positive, this was noticeably more so at Bronzefield than at the other two sites.
- 1.4** Implementing the restrictions had been a challenge for managers at all three sites and initially regimes were more limited at Bronzefield and Eastwood Park. Prisoners at these two prisons initially spent less time in the open air. Initially, shielding prisoners at Eastwood Park and symptomatic prisoners at Bronzefield were not given access to a daily shower.
- 1.5** Across all three sites, communication regarding the need for restrictions and social distancing with both staff and prisoners had been effective. Staff and prisoners received regular written information about changes to the regime and the reasons these changes were being made.
- 1.6** As in the community, social distancing was necessary at all three establishments and in most areas at Eastwood Park and at Foston Hall we saw it working reasonably well. However, there were many areas of these two prisons where it was very difficult for prisoners and staff to socially distance. This included narrow corridors and small offices. At Bronzefield social distancing was less well adhered to by prisoners.

Arrival and early days

- 1.7** All three prisons continued to receive significant numbers of new arrivals which put pressure on reverse cohorting units (RCU, see Glossary of terms). At the time of our visit there were around 60 prisoners on the RCU at Bronzefield, the largest of the three establishments visited.
- 1.8** As with all prisons, new arrivals were separated from the rest of the population for 14 days in a designated RCU. We found reception procedures were operating well. At Bronzefield new prisoners received a safety interview and an anxiety management pack. In addition, the reception peer worker was issued with PPE (personal protective equipment, see Glossary of terms) on a daily basis to allow her to speak to new arrivals. At Foston Hall there were weaknesses in identifying and prioritising support for some vulnerable prisoners, such as

those who were new to custody and those who could not read the written information provided.

- I.9** At all sites there were enhanced cleaning procedures in place for cells and communal areas on the RCU. Prisoners continued to be provided with the equipment and clothing they needed. A shorter induction was taking place at all three sites but delivery differed between sites; at Bronzefield a brief induction was delivered in small groups whereas the other sites relied on written information which was problematic for those who could not read.
- I.10** New arrivals at all three sites were meant to receive the same restricted regime as the rest of the population. While this was the case at Bronzefield and Foston Hall, new arrivals at Eastwood Park received fifteen to thirty minutes less time out of cell than those living on the other wings. At each site, prisoners arriving on the same day could be unlocked together, keeping a two-metre distance from each other. These procedures were designed to prevent COVID-19 spreading to the main population. However, we found staff on the RCU at Eastwood Park were taking prisoners who had arrived on different days to the exercise area. We found an example of a prisoner who was about to move into the main population exercising in a group with a prisoner who had arrived the day before. This was a potentially serious oversight that managers needed to rectify.

Support for the most vulnerable prisoners, including those at risk of self-harm

- I.11** All sites had accommodation in which to isolate prisoners with symptoms of, or those who had been confirmed as currently having, COVID-19. We had concerns about how symptomatic prisoners were treated at Bronzefield and Eastwood Park. Initially at Bronzefield the regime for any prisoner who developed symptoms had been poor, with no time in the open air and a shower only every three days, though this had recently begun to improve. However, at Eastwood Park, while symptomatic prisoners had a shower in their cell they did not spend time out of their cell or in the open air for up to seven days.
- I.12** In addition, all three sites had identified prisoners who were vulnerable to infection and needed to be shielded (see Glossary of terms). Bronzefield and Eastwood Park had designated shielding units. At Bronzefield most prisoners who had been asked to shield for medical vulnerabilities had agreed to do so. These prisoners had in-cell showers and daily access to time in the prison's gardens. At Eastwood Park, cells on the shielding unit did not have in-cell showers, which made prisoners living on other units more reluctant to move to this unit. Around half of the prisoners initially identified had declined to shield. The lack of in-cell showers made it more difficult to deliver a consistent regime for these prisoners. Managers at Eastwood Park planned to move shielding prisoners to a unit where prisoners had a shower in their cell.
- I.13** In contrast, at Foston Hall there was no discreet shielding unit but most of the shielding women exercised together, separately from the general population.
- I.14** Levels of bullying and violence against prisoners had reduced at Eastwood Park and Foston Hall. However, there had initially been an increase in assaults on staff and prisoners at Bronzefield after the imposition of the restricted regime. It was positive that managers at all three sites had continued oversight meetings and investigations into bullying and incidents of violence.
- I.15** Self-harm had risen since the start of the restrictions at Bronzefield and Foston Hall. The number of incidents was beginning to reduce at Foston Hall in May but remained above the level seen before the restricted regime was implemented. The number of incidents remained

similar to that before the restricted regime was imposed at Eastwood Park but the population had reduced meaning the rate of self-harm had increased.

- I.16** Managers at all three sites were aware of the increase in self-harm: safer custody meetings continued at all three sites and directed actions to support prisoners at risk of self-harm. At Bronzefield, managers had implemented a weekly complex case management meeting which focussed on the most prolific women. The prison's own analysis showed that most self-harm occurred among a few long-staying prisoners.
- I.17** At Bronzefield, seven Listeners continued to see prisoners: they were stretched but met demand. Eastwood Park had established good internal telephone support services for prisoners, including a safer custody phone line to prisoner safer custody orderlies and phone access to the prison's Listeners. Foston Hall had initiated telephone welfare checks and interventions. In contrast with the other sites, the Listener scheme at Foston Hall had been suspended which left a gap in provision.
- I.18** Additional welfare checks and support had also been instigated at two sites. At Bronzefield there were good systems in place to identify any deterioration in women's moods. Regular welfare checks from wing staff had been in place for a month. The safer custody team offered one-to-one wellbeing sessions. Key working (see Glossary of terms) had just been resumed for more than 70 of the most complex women and offender management unit (OMU) caseworkers still saw women regularly. At Eastwood Park, the prison had increased the size of the safer custody team. Safer custody officers carried out daily checks on prisoners who had been identified as more vulnerable to the effects of the restrictions on their mental health. In addition, regular checks to identify and follow up anyone who was not making telephone calls or not requesting in cell distraction activities had been implemented.
- I.19** Despite these efforts we had concerns about a small number of prisoners with very high levels of need. These prisoners were previously receiving significant structured support from a range of agencies. At the start of the restrictions this had stopped or been drastically curtailed at all three sites, creating a risk that these prisoners' welfare could seriously deteriorate.
- I.20** Assessment, care in custody and teamwork (ACCT) processes continued at all three sites and reviews continued to involve prisoners in person.
- I.21** Despite the work of staff, the very restricted regime meant prisoners at risk of self-harm felt isolated from others and craved more human contact.

Section 2. Respect

In this section, we report mainly on living conditions and health care.

Living conditions

- 2.1 Prisoners we spoke to were positive about staff and we found relationship between prisoners and staff were good at all three sites. Key work had been maintained at Bronzefield and Foston Hall, though at Foston Hall the quality of this was inconsistent.
- 2.2 At Bronzefield, 15 prisoners who spoke little or no English had been identified, received support from an ESOL (English for speakers of other languages) tutor and were visited daily by a peer worker.
- 2.3 Prisoners at all three sites were kept informed about key changes to prison life. This was particularly well developed at Eastwood Park, where the governor sent out a daily briefing to both staff and prisoners in addition to a weekly newsletter.
- 2.4 Communal areas were in good order across all three sites and managers had acted quickly to implement a COVID-19 cleaning schedule. Prisoners at all sites had been trained to clean common touch points, and additional cleaning was carried out by staff overnight. However, at Bronzefield touchscreen kiosks were not cleaned after each use to ensure infection control.
- 2.5 Prisoners at all three sites reported easy access to soap, toiletries and menstrual care products.
- 2.6 Prisoners at Bronzefield came out of their cells and collected all three meals from wing serveries; those at the other two sites collected their lunchtime and evening meals, which was well managed. In addition, prisoners received twice-weekly 'comfort packs' (containing drinks and snacks).

Health care

- 2.7 Following some initial confusion around interpreting guidance, effective communication between health providers, the prison, commissioners and Public Health England was evident within all the prisons we visited. COVID-19 local operational service delivery plans were in place and there was good access to PPE (personal protective equipment, see Glossary of terms).
- 2.8 Health care staff shortages, exacerbated by the pandemic, had initially been challenging (particularly at Bronzefield and Foston Hall). This situation had improved as staff gradually returned to work and some new ways of working to support the prisoners' health had been implemented at all sites.
- 2.9 Reception health screening continued with clear arrangements in place for reverse cohorting and receiving symptomatic women, particularly at Bronzefield and Foston Hall. There was some confusion around both at Eastwood Park which needed to be addressed (see paragraph 1.10). All sites had 24-hour nursing cover which allowed for appropriate monitoring of new arrivals, particularly for women who were detoxing from drugs and/or alcohol. Information was given to all women about COVID-19.

- 2.10** All sites had identified medically vulnerable women, in line with shielding guidance, and given advice about isolating with varying levels of uptake at different sites. Bronzefield and Eastwood Park had established a shielding unit; most of the identified women were shielding on the unit at Bronzefield, and only around half at Eastwood Park, due to poorer accommodation (see paragraph 1.12). At Foston Hall, the shielding arrangements were working well, with most prisoners having a single cell with an integral shower and toilet and separate association and exercise periods. These prisoners were all seen or contacted regularly by health care staff.
- 2.11** There had been no positive cases at Bronzefield and Foston Hall had two confirmed cases at the time of our visit. At Eastwood Park, there were five symptomatic prisoners at the time of our visit.
- 2.12** At all prisons, effective triage and pre-planned telephone consultations ensured women were being seen by the nurse or GP when necessary. Some primary care clinics such as wound care, blood borne virus testing and some sexual health screenings were still operating on a risk-assessed basis. Hospital consultations were still taking place following prioritisation by external specialists and were also being facilitated over the phone.
- 2.13** Most allied health professionals' clinics were curtailed in line with the community, although plans were in place for some services to return. At all prisons we visited, prisoners had access to emergency dental treatment.
- 2.14** Inpatient unit services had been sustained at Bronzefield with multidisciplinary oversight, but the regime was sometimes unpredictable. At Eastwood Park, access to vulnerable patients was not always enabled in a timely manner which impacted upon the delivery of care.
- 2.15** At all three prisons, pregnant prisoners continued to receive regular midwifery support and attend their scans. The prisoners we spoke to were complimentary about the antenatal care and support they had received.
- 2.16** Both mother and baby units were shielded from the main population although a few of the women were in isolation due to sickness or having just arrived on the unit. At Bronzefield, the health visitor was visiting weekly which was valued by the prisoners and at Eastwood Park the health visitor rang regularly. A consultant paediatrician had provided ongoing advice and a paediatric nurse specialist had visited to provide face-to-face consultations for one premature baby at Eastwood Park, which was impressive.
- 2.17** Bronzefield and Foston Hall had women with social care needs. Social care staff were still coming in to deliver this but the provision had been reduced and health care staff were covering any deficits in social care should they arise during this time.
- 2.18** Contingencies to manage medicines during the pandemic were overseen by a pharmacist at all sites and in-possession medication had increased following robust risk assessment. Administration for most medicines including opiate substitution treatment continued to be administered at the hatch. For a brief period until significant health care staff shortages at Bronzefield had improved, non-health care staff had been used, following training, as the second signatory for Controlled Drug administration. A few women at Foston Hall said there were some short gaps in supplying in-possession medication, but medicine prescribing and supply was largely unaffected at all sites. Some medication was transported and administered at the cell door and services had put controls in place to manage this.
- 2.19** Although the range of mental health services was diminished due to the pandemic, health care staff at all prisons continued to support prisoners on their caseload via telephone. Some face-to-face consultations for vulnerable women with individual members of the team, including the psychiatrist, were also still available. There were good links with the safer

custody team, and attendance at assessment, care in custody and teamwork (ACCT) reviews was prioritised. A focus on providing support to all prisoners to promote their health and well-being was evident.

- 2.20** Patients dependent upon drugs and alcohol continued to receive clinical support with a focus on stabilisation and maintenance. All at three sites, psychosocial support was provided through in-cell work and telephone support with some face-to-face interventions.
- 2.21** Transfer of patients under the Mental Health Act had been prompt at Foston Hall and Bronzefield with three and eight patients respectively being transferred swiftly to medium secure units. This had not been the case at Eastwood Park, where two patients were awaiting transfer with an imminent release date fast approaching.
- 2.22** All prisoners were seen prior to release by a nurse and medication was supplied for seven days at Bronzefield and 28 days at Foston Hall and Eastwood Park. We were told that Naloxone (which reverses the effects of opiates) training and support was provided at all sites. Links with community services were made to continue care.

Section 3. Purposeful activity

In this section we report mainly on time out of cell and access to activities.

- 3.1** The regime at all three sites had been severely restricted. This meant that most prisoners across the three sites spent 23 hours a day in their cells. Staffing levels were sufficient at all three sites to ensure that the restricted regimes were run consistently.
- 3.2** The most limited regime was at Foston Hall where prisoners received just 30 minutes out of their cell to exercise each day.
- 3.3** At Bronzefield, the regime was more limited to start with, though this had recently improved to ensure all prisoners received 30 minutes in the open air each day. In addition, prisoners were unlocked for half an hour to take a shower and use the electronic kiosk to make applications, although this time was reduced where prisoners had in-cell showers. The segregation regime remained the same and prisoners on the mother and baby unit had two hours in the open air.
- 3.4** There was a better regime for prisoners at Eastwood Park where most received one hour for exercise in addition to time out of cell for a shower. A significant minority, around 20% of the population, living on units 7 and 10 (the semi-open unit and the psychologically informed physical environment) received two hours for exercise.
- 3.5** Prisoners employed in key worker roles received significantly more time out of cell. This was around 15% to 30% of the population at all three sites.
- 3.6** In-person education had ceased at all three sites. However, at Bronzefield education staff had remained on site and continued initial assessments for English and maths. At Bronzefield just over 50% prisoners had elected to complete in-cell packs. Some limited one-to-one teaching support was given at cell doors and prisoners still worked towards qualifications. At the other two sites the education provider was off site but still providing workbooks to prisoners.
- 3.7** Prisoners at Eastwood Park had been able to continue with their distance learning throughout the COVID-19 pandemic, but this had been restricted to in-cell study. Changes were made just before our visit, allowing a small number of prisoners engaged in distance learning to access the computer resources they needed.
- 3.8** All three sites provided prisoners with a wide range of in-cell activities and crafts. At Bronzefield, prisoners were very appreciative of extra TV channels and weekly film screenings on in-cell TVs. Managers at Foston Hall had purchased extra DVD players and staff had donated DVDs.
- 3.9** The library service had been significantly altered at all three sites. At Bronzefield, provision was most developed: each house block had weekly access to a library trolley service. In contrast, at Eastwood Park, while boxes of books were distributed to living units, many staff and prisoners were unaware of this and prisoners who did know about the scheme told us they had insufficient time when unlocked to choose one.
- 3.10** There was a complete lack of gym provision at all three sites and no formal exercise classes, that took account of social distancing requirements, were offered in its stead. This was a missed opportunity to provide exercise and improve the regime on offer to prisoners.

Section 4. Resettlement

In this section, we report mainly on contact with children and families, and release planning.

Contact with children and families and the outside world

- 4.1 Prisoner across the sites were particularly frustrated by the suspension of social visits. This had had an acute impact on the women's estate because of the higher proportion of prisoners who were previously primary carers for children. Managers at all three sites and nationally had been slow to implement video calling. A system had been procured by Her Majesty's Prison and Probation Service (HMPPS) and was about to be piloted at Bronzefield and Eastwood Park. However, we were told there were some technical problems at Bronzefield which might delay implementation.
- 4.2 HMPPS were unable to give us timeframes on the roll-out of video calling across the rest of the women's estate. The delay in implementing a solution meant that at the time of our visits, some prisoners had not seen their children for two months.
- 4.3 All three prisons were providing prisoners with an additional £5 a week phone credit. All prisoners had phones in their cell and could make a call at any time.
- 4.4 There was some positive practice: at Bronzefield, family engagement workers and offender management unit (OMU) case workers had remained on-site throughout to provide women with face-to-face support arranging care for their dependents. At Eastwood Park, managers had established a scheme where prisoners could read a bedtime story to their children each evening.
- 4.5 All three prisons had also received two tablet computers to facilitate on-screen compassionate visits for prisoners who had been bereaved.

Release planning

- 4.6 The End of Custody Temporary Release scheme (see Glossary of terms) had proven to be ineffective. There had been significant work from managers who had tried to release prisoners, despite six revisions of the scheme since its inception in April 2020. At the time of our visits around 120 prisoners had been reviewed as potential candidates for early release, but only two had been released. Local managers were rightly frustrated by the large abstraction of staff time to achieve such a minimal impact on the population.
- 4.7 Similarly, efforts to consider pregnant prisoners, medically vulnerable prisoners and mothers with babies for release on special purpose licence (see Glossary of terms) had only resulted in the release of four prisoners across all three establishments.
- 4.8 Public protection arrangements continued across the three sites including forums to assess risk and impose contact restrictions. Managers also continued to contribute to multi-agency public protection arrangements (MAPPA) as needed.
- 4.9 However, despite a continued need to release prisoners who had come to their release date, most community rehabilitation company (CRC) staff, across all three sites, had withdrawn from women's establishments and provided a remote, paper-based service. This

meant they did not meet prisoners to discuss their resettlement needs, which undermined effective release planning.

- 4.10** Managers had ensured practical support for the day of release remained in place. This included support from visitor centre staff at Foston Hall, including a charged mobile phone to contact community support services. A similar service had just begun at Bronzefield, operated by CRC staff. At Eastwood Park, prisoners without a phone were given a pay-as-you-go handset. In addition, the prison provided transport, where needed, for prisoners who did not have a safe way to travel on release.
- 4.11** There was still some through the gate support for the most complex women who were released from Bronzefield and Eastwood Park, though this was now provided remotely at Eastwood Park.
- 4.12** In many cases, release planning was undermined by the lack of accommodation for prisoners on release. Since the COVID-19 restrictions had been imposed, 20% of prisoners were released homeless from Foston Hall and 40% at Bronzefield and Eastwood Park. This was not a safe way to release potentially vulnerably prisoners, especially during a pandemic.

Section 5. Appendix

Scrutiny visit team

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