



Report on an unannounced
inspection of

HMP & YOI Downview

by HM Chief Inspector of Prisons

12–23 July 2021



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Introduction

Downview is a closed training prison in south London that held 210 women at the time of our inspection, nearly three-quarters of whom were serving sentences of over four years and 40% were assessed as presenting a high risk of harm to others. The site was well looked after and women lived in cells that were generally in good condition, although in somewhat tired-looking accommodation blocks. The prison had successfully come through a challenging COVID-19 outbreak earlier in the year and was beginning to lift some restrictions.

Leaders had prioritised opening up education and workshops had begun to operate, with women attending lessons in classrooms or outreach sessions on the wing. Though plans for the further rollout of education were not fully developed, Downview had made considerably more progress than we have seen elsewhere, and enthusiastic staff members were helping to drive this forward.

Although inspectors saw many friendly interactions, relations between staff and women were not as good as we have seen in other women's prisons. My colleagues and I were given many examples of staff members being rude, dismissive or unhelpful. This was particularly worrying in a prison that holds such a vulnerable population and was in marked contrast to the quality of relationships we reported in our inspection of nearby HMP Send. It was also concerning that local and national leaders had not identified improving the quality of relationships in the prison as a priority.

The governor had recognised the need for development of middle leaders and that relationships between middle and senior leaders was strained. In response, an externally-run programme had been brought in to help address these issues, but the impact was not yet apparent and further work was required to change what seemed to be some deep-seated cultural issues.

The women held at Downview generally behaved well and levels of violence were low, but more could have been done to encourage good behaviour. As COVID-19 restrictions are lifted, the prison should make sure that the incentives scheme rewards those who have earned their enhanced status.

At the start of the second week of our inspection, the prison introduced a new regime that was designed to make sure that women had more time to complete domestic tasks, socialise and exercise, particularly those who were in work. Leaders had failed to communicate this change clearly and during the week both staff and women often did not know what they were supposed to be doing or where they were supposed to be, which they said was consistent with a pattern of poor communication in the prison. Leaders needed to make sure that there was adequate consultation and more thorough communication, through a wider range of channels, before changes were made.

Inspectors saw some excellent partnerships between professionals in health care, but there were not always enough officers to escort women, which meant that a quarter of GP appointments were missed.

Though many women were still locked in their cells for too long, with some only getting out for an hour-and-a-half a day, it was heartening to see workshops open and flourishing after so many months of restrictions. The prison has the opportunity to build on this and begin to provide a fully operational service. All plans to improve Downview will be dependent on senior leaders strengthening their own relationships with middle leaders, and between officers and the women. This must be a priority for the prison and leaders should plan to spend more time on the wings modelling the behaviour they want to see and, where necessary, addressing inappropriate staff conduct.

Charlie Taylor

HM Chief Inspector of Prisons

September 2021

About Downview

Task of the prison/establishment

A women's closed training prison.

Certified normal accommodation and operational capacity (see Appendix II: Glossary of terms)

Women held at the time of inspection: 210

Baseline certified normal capacity: 356

In-use certified normal capacity: 356

Operational capacity: 356

Population of the prison

- 18 new prisoners per month.
- 25 foreign national women.
- 30% of women were from black and minority ethnic backgrounds.
- 85 women were receiving support for substance use.
- 65 women were referred for mental health assessment each month.

Prison status and key providers

Public

Physical and mental health provider: Central and North West London NHS Foundation Trust

Substance use treatment provider: Forward Trust

Prison education framework provider: Weston College

Escort contractor: Serco

Prison department

Women's estate

Brief history

HMP Downview is a closed women's prison, housing adult and young adult females. When it first opened in 1979, it was a category C men's prison. In 2001, it was converted into an establishment for women. However, in 2013, the Ministry of Justice announced its intention to turn it back into a men's prison. Shortly afterwards, it closed for two years and eight months. Following the closure of HMP Holloway, it was decided to retain Downview within the women's estate. The prison reopened in May 2016.

Short description of residential units

A wing – induction unit, including peer workers

B wing – general population

C wing north – enhanced level prisoners and the general population

C wing south – protective isolation units (accommodation for known or probably COVID-19 cases), reverse cohort units (see Appendix II: Glossary of terms) and accommodation for the general population

D wing – resettlement prisoners

E wing – high-risk transgender unit.

Name of governor and date in post

Natasha Wilson, 10 December 2018

Leadership changes since the last inspection

Robin Eldridge, 25 July 2016 – 4 December 2018

Prison group director

Steve Bradford

Independent Monitoring Board chair

Beverley Rexstrew

Date of last inspection

31 July – 3 August 2017

Section 1 Summary of key findings

- 1.1 We last inspected HMP & YOI Downview in 2017 and made 60 recommendations, four of which were about areas of key concern. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted 10. It rejected two of the recommendations.
- 1.2 Section 8 contains a list of recommendations made at the last full inspection.

Progress on key concerns and recommendations from the full inspection

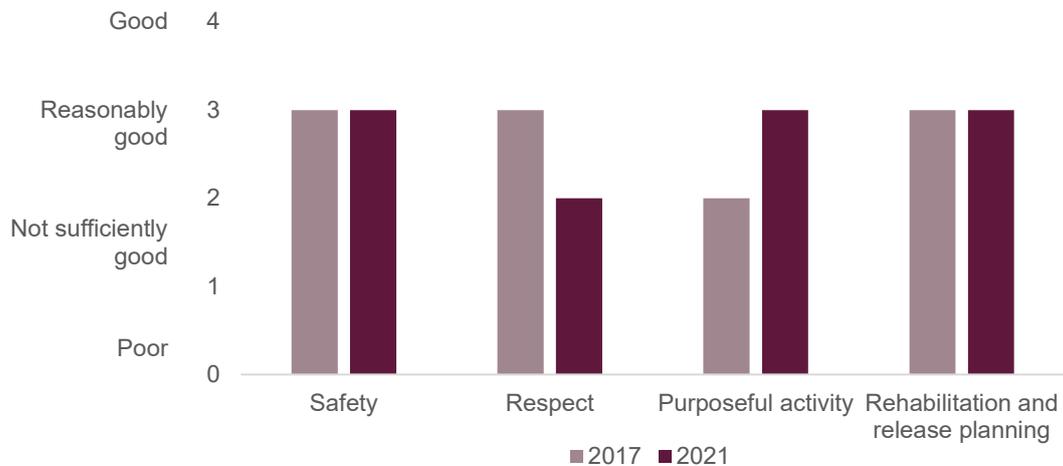
- 1.3 Our last inspection of HMP & YOI Downview took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for women prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 We made one recommendation about a key concern in the area of respect. At this inspection we found that this recommendation had been partially achieved.
- 1.5 We made one recommendation about a key concern in the area of purposeful activity. Ofsted inspectors carried out a progress monitoring visit alongside our inspection to assess the progress that leaders and managers had made towards reinstating a full education, skills and work curriculum. They judged it was too early to assess whether recommendations made at the previous inspection had been achieved.
- 1.6 We made two recommendations about key concerns in the area of resettlement. At this inspection we found that one of those recommendations had been achieved and one had not been achieved.

Outcomes for women prisoners

- 1.7 We assess outcomes for women in prison against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of HMP & YOI Downview, we found that outcomes for women had stayed the same in two healthy prison areas, improved in one and declined in one.
- 1.8 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and

Probation Service (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP & YOI Downview healthy prison outcomes 2017 and 2021



Safety

At the last inspection of Downview in 2017 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women remained reasonably good.

- 1.9 Women were treated well in reception and the induction was comprehensive. COVID-19 cohorting arrangements hindered a promising initiative, which paired new arrivals with enhanced peer support workers in the induction unit.
- 1.10 In our survey, 77% of women reported that staff treated them with respect but, as at the previous inspection, some said staff were rude, inconsistent and spoke to them inappropriately. We also observed some staff addressing women by their surname and interactions that did not reflect a trauma-informed approach. In our survey, more women (59%) than at the previous inspection (37%) reported that a member of staff had talked to them in the previous week to see how they were getting on. Intimate relationships between women were managed appropriately.
- 1.11 Following a reduction in the level of self-harm before COVID-19, rates had increased over the previous year. The safer custody strategic meeting was held regularly and examined a good range of data, but there was no strategy in place to reduce self-harm. Assessment, care in custody and teamwork (ACCT) case management documents for women at risk of suicide or self-harm were reasonable, although only 48% of women in our survey who had thought about self-harming said they felt cared for by staff. There was a reasonable mix of interventions, including counselling and one-to-one support, to help women manage their emotions and the Listener scheme (in which

prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) had restarted.

- 1.12 There had been two self-inflicted deaths since the previous inspection. Recommendations following investigations conducted by the Prisons and Probation Ombudsman were taken seriously, and progress was monitored well.
- 1.13 The incentives scheme had become largely ineffective – there was little distinction between the enhanced and standard levels, which frustrated many women. Although marginally higher than at the previous inspection, the level of violence remained low and comparable to similar prisons. Violent incidents were not always recorded accurately, and leaders were unaware of the reasons for much of the violence. The challenge support and intervention plan process (see Appendix II: Glossary of terms) was underdeveloped.
- 1.14 The small number of adjudications were well managed in the prison. Despite having been recently redecorated, the segregation unit was bleak, but fewer women were now being segregated. Force was used infrequently, but more often than at the previous inspection. Security procedures were proportionate, but the prison’s drug strategy was weak.

Respect

At the last inspection of Downview in 2017 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women were now not sufficiently good.

- 1.15 Support to help women maintain contact with their family had been limited during the pandemic, affecting the well-being of many women. There was now a promising family strategy, but no action plan. Women valued the in-cell phones, which had recently been installed. However, family days and group-work sessions were not available due to COVID-19 restrictions and the Prison Advice and Care Trust family engagement worker provided a very limited service. Social visits had restarted but uptake was low. The video calling facility was reasonably well used.
- 1.16 Some consultation had continued throughout most of the pandemic, but many women told us that communication and consultation relating to changes that affected them was poor. A new applications process had been introduced, but was not yet effective enough. Although responses to complaints were mostly timely, they did not always address the issues prisoners raised well enough. The provision for legal advice and representation was appropriate.
- 1.17 All women had their own cells, which were in good condition and well-furnished, but some toilets were unscreened. The communal areas and

facilities on the wings were well maintained, although many were not currently in use. External areas were clean and well kept. Women had few opportunities to prepare their own food. The shop was running well, although many black and minority ethnic women said it did not meet all their needs.

- 1.18 Health care partnership working had weaknesses, and problems getting women to their appointments were unresolved. Lack of prison escorting staff often delayed or prevented women from accessing health provision. Oversight of applications and waiting lists was inconsistent, which meant women's health needs might not have been triaged appropriately.
- 1.19 Mental health services provided women with good outcomes, but the psychologist was on secondment, which meant there was a gap in the mental health team. There was a memorandum of understanding between the prison and Surrey County Council to support the delivery of social care. Peer supporters provided non-personal care. The integrated clinical and psychosocial substance use service provided a good standard of care. Medicines were well organised, but women had their access to basic pain relief restricted. Dental services were good and waiting lists were short.
- 1.20 Equality and diversity work had improved since the previous inspection, but this area was still not fully developed. Although a good policy was now in place and meetings had resumed, equality data were not monitored sufficiently and disproportionalities, although identified, were not acted on. Consultation with prisoners with specific protected characteristics was limited. Our survey found that black and minority ethnic prisoners had a more negative view of several aspects of prison life, compared with their white counterparts. The support provided to foreign nationals was limited. Transgender women, who had been accommodated on E wing, had progressed to other sites, although one woman had been living there on her own for the previous six months. Responses to discrimination incident reporting forms were mixed, but staff training was planned. Faith provision had adapted well to the challenges of the pandemic and chaplains provided good pastoral care.

Purposeful activity

At the last inspection of Downview in 2017 we found that outcomes for women were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for women were now reasonably good.

- 1.21 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 5.

- 1.22 Time out of cell (see Appendix II: Glossary of terms), which had been reduced significantly due to COVID-19 restrictions, was a minimum of one and a half hours each day. The amount of time women were unlocked for domestic activities varied, and most could only exercise outside for half an hour a day, which was insufficient. However, at the time of our visit, more than 90% of the women had been allocated to an activity, although only part time in some cases.
- 1.23 The library had reopened and provided a good service. Physical education provision had been well adapted to the restricted regime but was not available during the evenings.
- 1.24 Education, skills and work provision had re-opened effectively and there were more than enough activity places for the population. The curriculum was informed by the needs of the women, with external partners providing popular work roles and qualifications. However, women did not receive enough information, advice and guidance (IAG) to help inform their education, skills and work choices. Women were frustrated about movements preventing them from arriving at prison activities on time.
- 1.25 Leaders had not considered how to help women retain the learning gained from in-cell work packs, and women were repeating lessons during face-to-face sessions. Women in most work areas developed useful skills for employment, as well as achieving relevant qualifications. Teachers and instructors were patient with women and most checked their understanding in face-to-face sessions effectively. However, most teachers provided purely positive feedback, which did not help women improve their skills or expand their knowledge. Education staff identified women with learning difficulties or disabilities effectively, but strategies to support women were not shared with staff across the prison.

Rehabilitation and release planning

At the last inspection of Downview in 2017 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women remained reasonably good.

- 1.26 Nearly three-quarters of the population were serving long sentences of over four years, and 40% were assessed as presenting a high risk of harm to others. A good recent analysis of the needs of the women had not yet resulted in a strategy or action plan. The prison's interventions lacked coordination and were not promoted well enough. The range of interventions available was reasonable, but some were not yet being delivered face to face or to full group capacity, and some waiting lists were long. There was a considerable need for support for women who had experienced trauma and abuse.

- 1.27 Not all women had an assessment of their risks and needs, and about a third of existing assessments were over a year old. The standard of some up-to-date assessments that we viewed was not good enough. While it was positive that no women had been released without an address in the previous six months, 16% were released into temporary or transient accommodation. Home detention curfew processes were well managed. Women had been unable to access release on temporary licence (ROTL) for education or work or to build family ties during the pandemic. Progress to reinstate ROTL opportunities was slow.
- 1.28 Probation officer prison offender managers (POMs) held reasonable caseloads and managed their cases well. Operational POMs were still being cross-deployed, which meant their contact levels did not support lower risk women to be motivated or to progress. Key working had started well. Women whose cases were complex did not have a key worker but received more time from their probation POM along with some good input from mental health and psychology staff.
- 1.29 Progression opportunities were limited and there had been very few transfers to other prisons in the previous year to help women access treatment and courses. There was little extra support for about 20 women serving indeterminate sentences. Most women categorised for open conditions benefited from living on D wing, the resettlement unit, but otherwise their opportunities were limited.
- 1.30 Work to protect the public from harm was good. The inter-departmental risk management team meeting provided effective oversight of high-risk women in the six months before their release. Reports that prison staff shared with probation staff in the community about the highest risk women nearing their release were very good. Monitoring arrangements continued to be sound and processes for managing prisoners who were not allowed contact with children were proportionate.
- 1.31 The number of women released had decreased since the previous inspection to about 10 a month. There was a well-staffed resettlement team, whose members provided a good service, but there was no clear plan for the provision after the summer. Practical release arrangements were sound, and good 'through-the-gate' mentoring provision was in place.

Key concerns and recommendations

- 1.32 Key concerns and recommendations identify the issues of most importance to improving outcomes for women in prison and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.
- 1.33 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

- 1.34 Key concern: As at the previous inspection, women reported that some staff were rude, unsupportive and inconsistent, leaving them feeling they had been dealt with unfairly. We observed some staff inappropriately addressing women by their surname and interactions that were not supportive of a trauma-informed and rehabilitative culture.

Recommendation: Staff's relationships with women should reflect a rehabilitative and trauma-responsive approach.

(To the governor)

- 1.35 Key concern: Support to help women maintain or develop positive relationships with their children or families had been severely limited during the pandemic. Family days and group-work sessions were no longer available and the number of prisoners receiving social visits had declined significantly. Many women we spoke to reported that long periods of time without contact with their loved ones had adversely affected their well-being.

Recommendation: The prison should ensure that women receive sufficient support to help them maintain and develop positive relationships with their children, family members and other people significant to them.

(To the governor)

- 1.36 Key concern: Inconsistencies in how the daily regime was applied caused frustration among many women and staff. Recent changes to the regime had taken place without sufficient consultation and were poorly communicated to staff and prisoners.

Recommendation: The prison should improve consultation and communication to ensure women and staff are aware of changes that affect their daily lives.

(To the governor)

- 1.37 Key concern: The prison failed to consult the local health quality board sufficiently about changes affecting patient care. Although the board identified limited patient access to services, the problem had not been resolved 12 months on. We saw approximately a quarter of GP appointments being missed because there were not enough officers to escort prisoners to their appointments.

Recommendation: Local partners and prison leaders should use the local quality and delivery board and contracts meetings to improve communication and consultation. Assurances that health services are effective should be sought, including ensuring sufficient staff to escort women to their appointments.

(To the Healthcare Partnership Board)

1.38 Key concern: There was insufficient clinical oversight of patient applications, electronic tasks, the GP waiting list and long-term conditions, which meant that women might not have had their needs met promptly.

Recommendation: Enough clinically qualified staff should be available every day to oversee patient applications, electronic tasks, the GP waiting list and long-term conditions, to optimise women's health outcomes.

(To the governor and Central and North West London NHS Foundation Trust)

Notable positive practice

1.39 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.40 Inspectors found two examples of notable positive practice during this inspection.

1.41 Some women benefited from the photography service in the Max Spielmann workshop, where photos of prisoners and their visitors could be taken and which were later available to buy. (See paragraph 4.4.)

1.42 Joint working was in place in several areas. Complex case reviews involved all relevant clinicians, which improved consistency and provided joined-up health outcome targets. Other examples of joint working were evident, such as assessments undertaken by mental health and learning disability nurses, when dual diagnosis and underlying neurodivergent needs were addressed. Prison records demonstrated that psychiatrists regularly undertook assessments, which were noted in offender management plans. Prisoners benefited from joint working by having a diagnosis and treatment. (See paragraphs 4.56 and 4.59.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for women in prison. (For definition of leaders, see Appendix II: Glossary of terms.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Leaders had responded well to the challenges of the pandemic and had demonstrated considerable commitment to managing the outbreak effectively from January to April 2021 when there were high levels of staff absence because of COVID-19.
- 2.3 Leaders had taken swift and effective action to make sure all eligible women had access to some purposeful activity. This had happened faster than we have seen in other prisons. However, the plan for the next stage of the prison's recovery had not been developed. In our surveys, two-thirds of staff said they were unaware of the prison's recovery plan (see Appendix II: Glossary of terms), and about half of women agreed that the current restrictions in place were necessary.
- 2.4 Leaders understood most of the strengths and weaknesses of the prison and had recently set six strategic priorities for improvement. They were preparing to communicate these priorities more widely and delivery plans still needed to be developed.
- 2.5 The need to improve relationships between women and staff had not been identified as a priority and we did not find evidence of a trauma-informed and rehabilitative culture.
- 2.6 Staff we spoke to, and some who commented in our survey, criticised the lack of communication and consultation. Many women also told us that communication and consistency in decision-making was poor and that custodial managers and the leadership team were not sufficiently visible. In our survey, less than a third of women said they could talk to managers and governors if they wanted to. The regime changes introduced during our visit had not been consulted on, were poorly communicated and caused confusion.
- 2.7 The need to build the capabilities of middle managers and improve relationships with senior leaders had been identified and an externally facilitated development programme put in place. The impact of this work was not clear. We found evidence of an ongoing disconnect between senior leaders, custodial managers and operational staff.

- 2.8 There was evidence of some difficulties with external providers delivering services. Problems making sure women got to their health care appointments were not resolved. Prison leaders had escalated the Prison Advice and Care Trust's failure to deliver the contract for family services to the Ministry of Justice. However, we found positive partnership working between the offender management department and the resettlement service.
- 2.9 Since the previous inspection, investments had been made to improve the physical environment, including refurbishing showers and the health care department. Other major work had been disruptive and contributed to an unacceptable delay in the installation of in-cell telephony until June 2021. There had been a missed opportunity by HM Prison and Probation Service to complete this work before the prison reopened in 2016.
- 2.10 Although full staffing levels were almost reached, there were still shortfalls in some areas, including in offender management. Staff absences had recently escalated due to the number who were required to isolate following contact from the NHS test and trace service. There was a training backlog because of the pandemic and a need to develop specific skills for newly recruited officers so they could understand the distinct concerns and needs of women and how to address these effectively in prison.
- 2.11 The senior management team meeting had a strong focus on monitoring performance and the prison had made progress against a performance improvement plan. Leaders were receptive to learning from external scrutiny to promote continuous improvement, but could have done more to learn from the practice we have seen in other women's prisons, for example in better supporting women to develop and maintain positive relationships with their children and families.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

- 3.1 Although there were no new arrivals during our inspection, women we spoke to told us that escort staff had treated them well, and that they had not been escorted alongside men. Most women reported being given advance notice of their transfer. However, in our survey, only 17% said they had received helpful information about Downview before they arrived. Women we spoke to said that this would have been valuable.
- 3.2 The reception area was clean and bright, and the provision of information was reasonable. In our survey, 93% of women told us they were treated very well or quite well in reception. Processes were respectful and appropriate. Searching was proportionate and women were not locked in the holding room. Interviews took place in private, and there was a focus on safety, allowing women to talk openly about any concerns they might have had. New arrivals could talk to a peer support worker during the reception process, which helped ease anxieties and was appreciated by the women to whom we spoke.
- 3.3 For most women, reception processes were timely. Arrangements to reunite women with their property swiftly were good and women who arrived with only one set of clothing could access second-hand items from the prison shop (see paragraph 4.25). However, for a small number of women, arrival times meant that they missed the opportunity to have a hot meal. These women could not access their property on the same day as they arrived – instead an overnight bag was provided until they received their property on the following day. All women could make a phone call when they got to the induction unit and before they were locked up for the night.
- 3.4 In our survey, 50% of women reported feeling depressed on arrival at Downview. Support arrangements included regular first night observations, and peer support provision was good. A Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) based in the induction unit contacted new arrivals. Most women we spoke to said they felt they had been able to ask questions and had someone to talk to on arrival. In our survey, 72% of women told us they felt safe on their first night.

- 3.5 A peer support worker made sure rooms were clean and ready for new arrivals. They included a personalised note to make women feel more comfortable. Women received packs that included basic items and bedding. Many rooms did not have curtains, although prison staff said they were in the process of addressing this. Showers in the unit were functional, but some women complained that they were cramped.
- 3.6 A promising initiative, designed to enrich peer support during women's early days at the prison, paired new arrivals with enhanced peer support workers in the induction unit so that they could be mentored. However, COVID-19 cohorting arrangements were hindering the successful implementation of this scheme and there was a lack of clarity over the regime, which led to some discontentment.
- 3.7 The induction programme had been reviewed and the information provided was now COVID-19 specific, comprehensive and up to date. While COVID-19 affected the delivery of an entirely face-to-face induction programme, women received information about different elements of the regime and could meet staff from different facilities. A pathway interview enabled women to discuss concerns, particularly about children and family dependants, and allowed staff to get to know what women's individual needs were. Women identified as having children under the age of two or having been pregnant in the previous two years were directed to a perinatal pathway interview, which ensured their support needs were identified and followed up.

Promoting positive relationships and support within the prison

Expected outcomes: Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Safe and healthy relationships

- 3.8 In our survey, 77% of women said staff treated them with respect and 83% said there was a member of staff they could turn to if they had a problem. Although some women provided good examples of care, others expressed frustration and felt staff and leaders overlooked them unless their behaviour was challenging. As at the previous inspection, some women said staff could be rude and spoke to them inappropriately and many thought staff were inconsistent, which led to women feeling they had been dealt with unfairly. We observed some staff inappropriately addressing women by their surnames and interactions did not support a trauma-informed and rehabilitative culture, which needed to be addressed as a priority. (See key concern and recommendation 1.34).
- 3.9 The prison was in the process of implementing the key worker scheme (see Appendix II: Glossary of terms). We observed good links between

residential staff and the offender management unit to support this work. Welfare checks had been undertaken regularly during the pandemic and in our survey, more women reported that a member of staff had talked to them in the previous week than at our inspection in 2017 to see how they were getting on (59% compared with 37%). Interactions were recorded, entries were good, and examples of positive behaviour were noted.

- 3.10 Intimate relationships between women were managed appropriately and some women in relationships could live in the same unit with each other. Relationships were discussed at the safety intervention meeting to make sure women received support should a relationship break down.

Reducing self-harm and preventing suicide

- 3.11 Rates of self-harm had decreased significantly before COVID-19 but were slowly increasing at the start of the pandemic. Although the prison had identified this as a strategic priority, there was no strategy in place during the inspection to outline what work needed to be done.
- 3.12 The safer custody strategic meeting continued to be held throughout the pandemic. It looked at a good range of data on self-harm and received support from those attending the weekly safety intervention meeting so that the cases of women with multiple needs could be reviewed. An analyst role within the safer custody function was being developed to give the prison clearer oversight and to determine the reasons behind the increase in self-harm and its possible link to the pandemic.
- 3.13 Women we spoke to who were supported by ACCT case management for those at risk of suicide or self-harm reported mixed levels of care. Less than half of women in our survey (48%) who had thought about self-harming reported feeling cared for by staff and some we spoke to felt they had to self-harm to ensure they would not be overlooked by staff when they needed support (see paragraph 3.8).
- 3.14 The prison had recently implemented the new ACCT case management system. Casework was of a reasonable standard and we saw some good examples of assessments. However, staffing difficulties meant case managers were not always consistent. The use of constant supervision was appropriate.
- 3.15 COVID-19 restrictions had meant there were fewer links with external voluntary organisations, families or partners to support those in crisis. There were few designated reflection spaces, however, there was a reasonable selection of interventions to support women before they reached crisis point and to promote well-being. Women could access counselling as well as one-to-one support through the chaplaincy and psychology services (see paragraphs 6.6 and 6.9). Psychology services staff were developing a new integrated model for working on self-harm and trauma through counselling, and plans were in place to

deliver the programme, with training being undertaken during our inspection.

- 3.16 The Listener scheme had restarted a 24-hour service. As a result, 47% of women reported being able to talk to a Listener in our survey. Listeners had continued to receive support from the Samaritans by phone and now, once again, face to face. Listeners attended the monthly safer custody meeting, were valued by women and staff and said they felt listened to and supported.

Recommendation

- 3.17 **A strategy and action plan should be developed to provide effective oversight of the level of self-harm and to reduce its incidence.**

Learning from self-inflicted deaths and attempts by women to take their own lives

- 3.18 There had been two self-inflicted deaths since our previous inspection. The safer custody team looked at recommendations in reports from the Prisons and Probation Ombudsman into deaths in custody to ensure progress was monitored. Lessons learned from serious incidents of self-harm were also considered to promote continuous improvement.

Protecting women, including those at risk of abuse or neglect (see Appendix II: Glossary of terms)

- 3.19 The prison had a current safeguarding policy, but the establishment was not represented at the local safeguarding adults board. Staff had not been trained in adult safeguarding and they lacked an awareness of the difference between adult safeguarding, social care and meeting the needs of women with complex issues.

Recommendation

- 3.20 **Adult safeguarding work should be promoted through training for staff and links with the local authority.**

Promoting positive behaviour

Expected outcomes: Women live in a safe, well-ordered and supportive community where their positive behaviour is promoted and rewarded. Antisocial behaviour is dealt with fairly.

Supporting women's positive behaviour

- 3.21 An incentives scheme policy document was in place but did not include changes implemented in response to the pandemic. In our survey, less than half of women (43%) said that the incentives scheme encouraged them to behave well and only about a third (36%) said they felt they had been treated fairly under the scheme, which was low.

- 3.22 Twenty per cent more women were on the enhanced level (the highest level of the incentives scheme) than at the previous inspection, but the scheme had become largely ineffective. We found little difference between the enhanced and standard levels and many women expressed their frustrations about this.
- 3.23 Benefits associated with being on the enhanced level had been limited or paused. For example, visits were reduced from two to one a month, enhanced level women were moved to units where communal facilities were less favourable, and women and staff said access to some toasters and microwaves fluctuated depending on which staff were on duty.
- 3.24 The scheme placed the onus on women to apply for the enhanced level, rather than staff helping them to progress. There was no system in place to review access to the enhanced level or to make sure it was equitable. This meant some women who were unsure about how to ask to be moved on to the enhanced level were overlooked. Managers agreed to address the absence of reviews.
- 3.25 Consultation relating to the incentives scheme had taken place in October 2020 but not much had been done in response. However, minutes from a consultation meeting during the week of our inspection showed some good discussions on improving facilities for women on the enhanced level.
- 3.26 Violent incidents were not always recorded accurately and data about violence held by the prison differed from those held by HM Prison and Probation Service. Managers responded swiftly and had begun to reconcile their data during our visit.
- 3.27 Information from managers showed that there had been 33 incidents involving violence in the previous 12 months, which was marginally higher than in 2017. Nevertheless, the level of violence remained low and was comparable to similar prisons.
- 3.28 In our survey, 49% of women said they would not report another prisoner for bullying or victimisation, 43% said they would not report staff for bullying or victimisation and 42% said they had experienced verbal abuse from other prisoners. Only 26% of those who said they had reported such behaviour felt staff had supported them. Managers were not sure why women in our survey said they felt like this.
- 3.29 Twenty-two challenge support and intervention plans (CSIPs) had been logged in the previous 12 months, but the process was underdeveloped. Senior leaders decided who needed to be on a plan and who no longer required one every morning, but the plans were of little value. They did not have meaningful targets, and wing staff did not always know who was subject to the plans, making them ineffective. Leaders we spoke to committed to reviewing the process.
- 3.30 Formal support for victims was weak. Managers told us some staff managed conflict between women through informal mediation.

However, the incidents had not been recorded and managers were not assured of the effectiveness of an informal approach.

- 3.31 The violence reduction strategy document was comprehensive and stated that incidents of violence should be investigated. However, we found a small number of investigations had not been completed. Where investigations were undertaken, they had not taken place within 72 hours. They lacked depth and failed to provide an explanation for the violence and very few cases we looked at contained action to inform a comprehensive resolution. This meant that leaders were unaware of the causes of much of the violence that took place.

Recommendation

- 3.32 **The incentives scheme should reward positive behaviour and motivate women.**

Adjudications

- 3.33 There had been 413 adjudications in the previous 12 months, which was low and remained at a similar level to our last inspection. Thirty per cent were for disobeying an instruction, 28% for using threatening language or behaviour and less than 10% were for assaults, fights or positive drug tests. Although not always used for the most serious offences, most charges were appropriate, and outcomes proportionate.
- 3.34 Most adjudications we looked at demonstrated good levels of enquiry. Women's versions of events had been recorded and considered, and most women we spoke to said they felt they had been treated fairly.
- 3.35 The governor conducted assurance checks on adjudications, providing adjudicators with feedback and leading to good oversight. The adjudication standardisation meetings had continued to take place throughout the restrictions, and most adjudications were up to date.

Segregation

- 3.36 In our survey, 7% of women reported having experienced segregation, and prison records showed that segregation had been used 30 times in the previous 12 months, almost down by half compared with 2017.
- 3.37 On average women spent 10 days segregated and reintegration planning was largely based on good order or discipline reviews, which were chaired by the duty governor. This meant that, in most cases, there was a lack of consistency from one review to the next, which some women said was unhelpful.
- 3.38 The segregation unit was clean but bleak despite having recently been redecorated. The standard of cells was mixed, and some sinks were covered in rust.



Cell in the segregation unit

- 3.39 The exercise yard, which women could use for half an hour every day, remained cage-like and stark as at the previous inspection. Women were given 15 minutes in which to have a shower and received a total of 45 minutes' time out of cell every day.



Exercise yard in the segregation unit

- 3.40 In our survey, 92% of women said segregation staff treated them well. We spoke to a number of women who had recently been segregated and most spoke well of the staff who worked there. However, some told us that interactions with staff, although polite, were mostly superficial and they found the boredom difficult to deal with. We spoke to leaders who agreed to address the issue.
- 3.41 The segregation monitoring and review group meeting had been taking place. It was well attended and monitored basic segregation data, but there had been no routine interrogation of disproportionality (see also paragraph 3.45) despite there being evidence that black and minority ethnic prisoners were disproportionately being segregated.

Use of force

- 3.42 In our survey, 4% of women said they had been restrained and prison data showed that there had been 43 incidents involving the use of force in the previous 12 months, which was low and similar to comparator prisons, but higher than in 2017. Special accommodation continued not to be used.
- 3.43 A use of force coordinator was in post, but they needed support to catalogue filmed footage and log incident paperwork. As at the previous inspection, records of footage and corresponding paperwork were in disarray and required improvement. The use of force coordinator scrutinised every incident and provided helpful feedback. He had identified that too many staff surrounded women before being restrained and that opportunities to de-escalate the situation were often not taken, but this had not been translated into action for the use of force committee to address. The samples we looked at confirmed these weaknesses.
- 3.44 Only 43% of women who had experienced force said that someone had talked to them about the incident afterwards. Prison managers did not have systems in place to debrief women routinely after incidents. This meant that women did not have the opportunity to understand what had happened or to talk through the experience.
- 3.45 Use of force meetings now took place and were well attended. Basic data were discussed, but the meeting failed to interrogate data that showed disproportionality against black and minority ethnic women (see also paragraph 3.41). Not all the incidents were examined during the meeting despite use of force levels being low. The technology used to observe footage was unreliable, and in one meeting the coordinator talked the delegates through the incident because the footage could not be viewed, which meant scrutiny was not adequate.
- 3.46 Not all incidents were recorded on body-worn cameras and only some staff routinely used them. This meant there was limited oversight.

Recommendation

- 3.47 **Use of force incidents should be effectively recorded and monitored, as well as regularly scrutinised.**

Security

Expected outcomes: Security measures are proportionate to risk and are underpinned by positive relationships between staff and women. Effective measures are in place to reduce drug supply and demand.

- 3.48 A new security manager in post very recently had started to address outstanding issues. Security procedures were proportionate. No women were subject to closed visits during our visit, strip-searching was intelligence led and did not take place routinely.
- 3.49 The flow of intelligence into the security department remained good, as did the analysis and dissemination of information. Links with the police were still good, and security meetings had continued to be well attended throughout the pandemic. Security objectives, established as a result of the prison's local threat analysis, reflected risks that emerged from local intelligence.
- 3.50 Women considered a risk to others were supervised proportionately and escorted to activities sensitively.
- 3.51 In our survey, 16% of prisoners said they could get drugs easily and the prison focused on the diversion of prescribed medication. Prison leaders were aware of the problem, but drug testing had not been taking place.
- 3.52 As at the previous inspection, the drug strategy policy needed to be reviewed, drug strategy meetings did not take place frequently and attendance at some meetings was very poor.

Recommendation

- 3.53 **There should be a multidisciplinary approach to reducing the drug supply that links with a demand reduction strategy.**

Section 4 Respect

Women's relationships with children, family and support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Relationships with children, families and other people significant to women

Expected outcomes: Women are able to develop and maintain relationships with people significant to them, including children and other family members. The prison has a well-developed strategy to promote relationships and make sure women can fulfil any caring responsibilities.

- 4.1 Support to help women maintain or develop positive relationships with their children and families had been severely limited over the previous 18 months. Many women we spoke to reported that long periods of time without contact with their loved ones had adversely affected their well-being. The prison had introduced a promising family strategy but there was no action plan to drive improvement. (See key concern and recommendation 1.35.)
- 4.2 Women did not have in-cell telephony for most of the pandemic – it had only been installed in June 2021 (see also paragraph 2.9). Prisoners valued the fact that there were no time restrictions on the use of phones in their cells and in our survey, 98% reported that they were able to use the phone every day.
- 4.3 Almost half the population surveyed (47%) said they had a child under the age of 18. This figure was even higher (66%) in the prison's own needs analysis, where 31% of women said they had caring responsibilities for children. However, family days and group-work sessions were no longer available, and the service provided by the Prison Advice and Care Trust had been reduced throughout the pandemic. Despite some remote work being provided, provision to help women stay in contact with family was not always readily available (see key concern and recommendation 1.35). The family practitioner from the Forward Trust provided a good level of one-to-one support and advocacy.
- 4.4 In the previous month, only 7% of prisoners said they had been able to see family or friends more than once during a social visit. At the time of the inspection, social visits had recently restarted, but uptake was low – the visiting experience had been badly affected by COVID-19 restrictions. Only 27 prisoners had had a social visit in May 2021, compared to an average of 204 prisoners each month before the pandemic. Visits took place for two hours on a Thursday and Saturday afternoon, and on a Sunday morning. Some women used the photography service from the Max Spielmann workshop, to have

photos taken of themselves and their visitors, which could later be purchased (see paragraph 1.41).

- 4.5 Video calling was reasonably well used compared to other women's prisons and central data found that in the month before our inspection, 124 calls were made by 72 individuals (33% of the population). Women reported that the technology sometimes froze, compromising the quality of the call.

Living in the prison community

Expected outcomes: Women live in a prison which promotes a community ethos. They can access all the necessary support to address day-to-day needs and understand their legal rights. Consultation with women is paramount to the prison community and a good range of peer support is used effectively.

Consultation and support within the prison community

- 4.6 The prison council continued to meet throughout most of the pandemic and there was evidence of some changes as a result of these meetings, although they did not list the action that needed to be taken to make sure outcomes were followed up. In our survey, only 31% of prisoners said consultation led to change. Other consultation forums, for example, the popular Women's Institute, no longer took place as a result of the pandemic, but the prison planned to restart this group imminently. Many prisoners said communication and consultation about changes that affected them was poor, such as a recent change to the daily regime, and needed to improve. (See key concern and recommendation 1.36.)
- 4.7 We identified some positive peer support work and mentoring on the induction wing (see paragraphs 3.4, 3.5 and 3.6). However, they were limited in the wider prison community.

Applications

- 4.8 A new applications system had been introduced in May 2021, which attempted to track and monitor responses. Women were encouraged to discuss issues with staff, but if they could not be resolved, prisoners could submit an application in writing. It was then processed and tracked by staff on the wing. In our survey, most prisoners (83%) said it was easy to make an application, however less than half (43%) of prisoners said their applications were dealt with within seven days. The new system was not effective enough – we spoke to prisoners who mentioned there were some delays in the responses to applications. During the inspection, there was no quality assurance system for applications, but the prison planned to start one soon.

Complaints

- 4.9 A total of 356 complaints had been received in the six months before our inspection. In our survey, 72% of prisoners stated that it was easy to make a complaint and of these, 45% reported that it had been dealt with fairly. There was now a tracking process in place to log and monitor response times to complaints, which identified any disproportionality by prison location and ethnicity.
- 4.10 Despite this, prisoners from a black and minority ethnic background had significantly poorer perceptions about the timeliness and fairness of complaints compared to their white peers. In our survey, 56% of prisoners from a black or minority ethnic background reported that it was easy to make a complaint and of these, only 21% said their complaint had been dealt with fairly, compared with 79% and 57% for white prisoners, respectively.
- 4.11 Responses to complaints were mostly timely – in the previous six months, 75% of responses were relayed to prisoners within seven days. However, responses did not always address the issues raised well enough. For example, some prisoners had not been able to speak to anyone to discuss the issues in their complaint. Leaders had identified this issue and had recently started to review all responses to complaints at an earlier stage to make sure staff received constructive feedback on the quality of their responses more swiftly. This was starting to improve responses and ensured that more prisoners received a face-to-face response about their complaint.
- 4.12 There had been improvements in the governance of confidential access complaints (those that are about staff or are particularly sensitive or personal) and they were now logged. Despite this, we found examples of complaints about members of staff being answered by the person about whom the prisoner had raised concerns, which was inappropriate.

Recommendation

- 4.13 **Women should have confidence in the complaints process, which should be effective, timely and appropriately managed.**

Legal rights

- 4.14 The provision for legal advice and representation was appropriate. Legal visits had resumed with the easing of COVID-19 restrictions and facilities for video-conferencing calls with legal representatives were readily available. Because video-conferencing facilities at the prison did not have the required level of security, many women with court hearings were taken to HMP Bronzefield, where approved facilities were available.

Living conditions

Women live in a clean, decent and comfortable environment. They are provided with all the essential basic items.

- 4.15 All women had their own cells or rooms, which were in good condition and well furnished. However, there was damp and mould, as well as evidence of an ant infestation, in some cells on B wing.
- 4.16 In most areas, toilets were in the cells but on D wing, there were separate small en-suite rooms with a sink. Toilet seats were broken in several cells on different wings. We were informed that they broke regularly, largely because of their poor quality. Most of the toilets had a privacy curtain, but many cells on different wings did not. Several women told us they did not want a curtain in their cell, but others had been given one, but had no way of hanging it up.
- 4.17 There were communal showers on all wings, but they did not always work properly, and their state of repair varied. There were issues with low water pressure and regular blockages that sometimes led to flooding in the shower room. The prison was in the middle of a programme of replacing the showers and refurbishing the shower rooms, but we were informed that decisions about prioritising this work were not made locally.
- 4.18 The communal areas and facilities on the wings were clean and well maintained. The serveries were kept clean as were association areas.
- 4.19 Rubbish, which had been thrown out of the cells on the top floor, lay in the netting below the gutters on the higher parts of C wing. We were informed that this was usually cleared regularly, but the cherry picker crane that was used for this had broken down.
- 4.20 The external areas were clean and well kept, and there was a particularly attractive and well planted garden area with a fishpond outside the administration block.



External area and garden outside the administration block

- 4.21 Stored property was held in reception and many women experienced delays in getting access. We were told that this was because the hours that reception was open were more limited than before the pandemic.
- 4.22 There was a reasonable choice of good quality food available at mealtimes. Hot meals were provided at lunchtime and lighter meals, such as sandwiches and salads, were available in the evening. We were informed that there were plans to reverse this so hot food would soon be available in the evenings during the working week. Eight of the women working in the kitchen were taking national vocational qualifications in partnership with the Clink Charity.
- 4.23 We observed food being served on several wings – servers were appropriately dressed, and the process was well supervised. The communal dining areas remained closed, so most women collected their meals from the serveries and ate in their cells.
- 4.24 Most women had limited opportunities to prepare their own food and drinks and few had ready access to cooking facilities, such as an oven, microwave and toasters. Most women were not allowed to have a kettle, in case they overloaded the electrical supply. We were informed that work to address the electrical issue was going to start shortly. Although women could fill flasks with hot water, on some wings the latest opportunity to do so was in the late afternoon, which meant they could not have a hot drink in the evening.
- 4.25 The shop, which sold second-hand clothing, among other items, was running well, although many black and minority ethnic women considered that the provision did not meet all their needs, particularly in relation to skin and hair products.

Recommendation

- 4.26 **Women should be able to access their stored property promptly.**

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

- 4.27 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Appendix II: Glossary of terms) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III: Further resources).

Strategy, clinical governance and partnerships

- 4.28 An up-to-date health needs assessment identified the needs of the current population. Although the number of partnership and contract meetings had been reduced, strategic oversight by Public Health England had been particularly strong during the pandemic. This support made sure that COVID-19 outbreaks were managed robustly and that the national vaccination programme was implemented successfully. Local partnership working arrangements had weaknesses in communication and consultation. (See key concern and recommendation 1.37.)
- 4.29 The head of health care chaired local quality board meetings, which were well attended by all health providers and the prison senior management team. The meetings monitored patient outcomes and patient access. However, problems in making sure women got to their appointments, identified at this meeting, remained unresolved 12 months on. (See key concern and recommendation 1.37.)
- 4.30 There was a strong culture of reporting incidents and learning lessons. However, not all deficits relating to women's access to health care, which had a direct impact on patient outcomes, were being reported. For example, we saw approximately 25% of GP appointments being missed because of the lack of officers available to escort prisoners to their appointments. (See key concern and recommendation 1.37.)
- 4.31 A confidential complaints system had received 61 complaints in the previous six months. Complaints were managed well. Responses were mostly appropriate and apologetic, with some exceptions. Plans were in place to improve the quality assurance oversight of complaints.
- 4.32 Motivated and skilled staff were trained and supervised well but were under pressure due to shortages. This resulted in the head of health

care undertaking clinical work to fill gaps at the expense of oversight requirements. It was unclear why these roles had not been filled with temporary staff (see key concern and recommendation 1.38). The newly refurbished health unit was infection prevention and control compliant. However, the new build had some significant snagging issues that required prompt resolution to make the site safe and suitable.

- 4.33 Health care staff were trained in immediate life support, and emergency response equipment was checked and appropriately maintained.

Promoting health and well-being

- 4.34 There was no prison-wide approach or overarching health promotion strategy. A holistic well-being programme being developed by the physical and mental health provider Central and North West London NHS Foundation Trust (CNWL) in partnership with the prison was promising. It aimed to tackle obesity and included providing psychological services offering advice on emotional eating.
- 4.35 Substance use treatment provider the Forward Trust displayed a good range of health promotion material across the prison. The team had organised activities for Hepatitis C Awareness Day, which staff from the Hepatitis C Trust attended. CNWL had limited health promotion material, although it did have a few posters in various languages in the health care centre. The lack of material was due partially to the recent relocation of the department – new racks for displaying leaflets had been ordered and CNWL planned to follow national NHS health promotion campaigns.
- 4.36 The uptake of non-COVID-19 immunisations and vaccinations was low. A range of prevention screening programmes was available, including retinal screening. Smoking cessation support, NHS health checks and physical health checks for patients on mental health medication were offered.

Recommendation

- 4.37 **An overarching health promotion strategy should be established to support women to improve their health and well-being.**

Sexual and reproductive health (including mother and baby units)

- 4.38 All new arrivals were routinely offered a health screening at the monthly consultant-led sexual health clinics and tested for hepatitis C and other blood borne viruses, while in reception.
- 4.39 Pregnancy testing and emergency contraception were available for the rare event that it would be needed. Contraception, barrier protection and related health advice were available and discussed during preparation for release.
- 4.40 Cervical screening had been maintained, and ongoing education, support and encouragement attempted to increase uptake. If any

abnormal changes were detected, the patient was referred to the hospital for colposcopy.

- 4.41 Routine breast screening had been paused due to the pandemic but had now resumed.
- 4.42 It was rare for the prison to receive a pregnant woman. The service had links with local community midwifery services to provide antenatal care when it was needed. Pregnant women would be carefully managed through multidisciplinary complex case meetings, which included the substance use non-medical prescriber and mental health team with access to a specialist perinatal mental health service for women in prison provided by CNWL.
- 4.43 Choice for Change (a counselling service for women in prison who have experienced pregnancy loss, child bereavement and/or child separation issues) provided skilled one-to-one counselling for women who had lost a baby or had been separated from their children through bereavement or adoption. (See paragraph 6.5.)
- 4.44 An annual health check was offered to older women. Women experiencing the menopause received appropriate information, guidance and treatment. The primary care and mental health team were establishing a menopause group to provide a holistic approach to managing the menopause.

Primary care

- 4.45 The primary care service operated a seven-day service from 7.15am to 6.15pm with slightly reduced hours at weekends. Out of hours, prison staff called 111 or 999 if medical assistance was required.
- 4.46 Reception and secondary health screening had continued with appropriate referrals to other services. Arrangements were in place for holding women in the reverse cohort unit and isolating any symptomatic women. All women were offered COVID-19 PCR tests, which they took on arrival and on day five.
- 4.47 A dedicated primary care team had continued to carry out face-to-face nurse triage throughout the pandemic. Applications to see the health care team were triaged by health care assistants, which created a risk. A new process was implemented during our inspection for nurses to triage applications every day. The health care team used an electronic system to allocate tasks. There were 450 open tasks at the start of our inspection, many of which had been actioned but not marked as complete. Historic tasks had not been removed, and there was no system for overseeing or auditing the list to make sure all tasks had been actioned appropriately. (See key concern and recommendation 1.38.)
- 4.48 Clinics run by allied health professionals had been reintroduced and they were working through their waiting lists. Waiting times to see the optician exceeded nine months, which was excessive. Restrictions due

to the pandemic, as well as the provider serving notice, had led to significant delays. However, a new provider was due to start in August.

- 4.49 GP clinics were held each weekday morning and slots were available to accommodate urgent needs. Women requesting an urgent GP appointment were seen in a timely manner and women making routine requests were placed on the waiting list. At the start of our inspection, 39 women were on the GP waiting list – they had been waiting up to three weeks, despite slots being available. Managers told us that nurses oversaw the list and the appointments schedule. However, recent low staffing levels meant that this task had not been completed. During our inspection, all 39 women had a GP appointment scheduled, but we were not confident that there was sufficient oversight of the list, which meant women might not have had their health needs addressed promptly enough. (See key concern and recommendation 1.38.)
- 4.50 NHS England's quality and outcomes framework was used to identify women with long-term conditions. However, oversight was weak, and of the 16 patient records reviewed, only three women had an up-to-date care plan. (See key concern and recommendation 1.38.)
- 4.51 Administrative and clinical oversight of external hospital appointments was effective, and nine slots were available every week for external escorts. Twelve-week waiting times were not always met for a variety of reasons. However, two-week urgent appointments were prioritised.
- 4.52 Women were seen in reception before their release and received medication to take with them. Formal discharge clinics were not yet in place.

Mental health

- 4.53 Mental health services were delivered by a small but dedicated team Monday to Friday. Most staff saw prisoners face to face on the wings; however, it was not possible to book a room for appointments, which meant they could be cancelled if a room was unavailable.
- 4.54 In our survey, 71% of women said they had a mental health problem and of this group, 63% said they had received help. There were approximately 60 referrals per month, which were reviewed and allocated on every week day. A very impressive complex case meeting was held every week, involving all specialists, which made sure care was holistic and joined up.
- 4.55 All patients had a care coordinator and a care plan, which was regularly audited for quality. The care programme approach was used effectively to support patients with severe and enduring mental illness.
- 4.56 A range of professionals provided a variety of treatment. They included a learning disability nurse who was oversubscribed but closely involved in joint assessments and integral to the development of the neurodiversity pathway. An art therapist, psychiatrists and assistant

psychologists delivered care based on a trauma-informed model (see paragraph 1.42).

- 4.57 The reduction in psychology provision due to an 18-month secondment was affecting approximately 13 women who remained on a waiting list for more complex interventions, such as post-traumatic stress disorder, obsessive compulsive disorder and trauma. Three had been waiting since August 2020. However, they were all monitored through regular welfare assessments. Women could access alternative psychological interventions, such as dialectical behaviour therapy (a type of talking intervention) and counselling (see also paragraph 4.43). Support was also available for vulnerable women. (See paragraphs 6.11 and 6.12.)
- 4.58 Mental health nurses attended initial assessment, care in custody and teamwork (ACCT) case reviews for women at risk of suicide or self-harm, but the ongoing mental health nurse vacancy meant the team could not provide a duty worker, so most reviews had to be managed around booked appointments at very short notice.
- 4.59 Some impressive pathways were being developed through the proactive psychiatry team, which made sure there was input into offender management support for women serving life sentences, more treatment to address neurodivergent needs and joined up care for those suffering with menopausal symptoms (see also paragraphs 4.44 and 1.42).
- 4.60 In the previous 12 months, two patients had been assessed as requiring a transfer to hospital for treatment under the Mental Health Act. Both had been transferred within 14 days, which was good.

Recommendation

- 4.61 **Women should have access to appropriate psychological interventions to meet their identified mental health needs.**

Social care

- 4.62 Surrey County Council (SCC) and the prison had a comprehensive and up-to-date memorandum of understanding to support the provision of social care. Women identified as needing support were referred and assessed promptly. Care plans contained detailed information about women's needs and the support they required. During the inspection, two women were receiving personal care. Women we spoke to were complimentary about the care they received from staff, who knew them well. The women felt fully involved in planning the care and support they required. Women were also assessed by an occupational therapist and aids were provided to assist them with everyday activities.
- 4.63 Risk-assessed peer workers provided women with support for their non-intimate social care needs. The peer workers received ongoing training and supervision from SCC. Additional support offered to women included planning work six weeks ahead of their release alongside long-term support. The social care team had well-established

links within the prison, local community and surrounding prisons. SCC staff also attended multidisciplinary complex case meetings to discuss women's ongoing needs, had positive working relationships with the prison and attended relevant partnership meetings.

Substance use and dependency

- 4.64 Integrated clinical and psychosocial substance use services provided a good standard of care and treatment, which included a family connections service.
- 4.65 Due to the pandemic, services, such as the comprehensive group programme, had been curtailed, but the team had continued to provide individual support to women on their caseload. They were currently supporting 97 women (46% of the population). A range of self-help literature, workbooks and information about substances and their impact was available.
- 4.66 Small groups to allow social distancing had just restarted, beginning with awareness workshops, such as on coping with triggers, and progressing to more intensive groups.
- 4.67 Dates had been set for mutual aid groups, including Narcotics Anonymous and Alcoholics Anonymous, to be reintroduced, and two well supported peer support workers had just restarted.
- 4.68 The integrated team had received 65 referrals during the previous six months. Substance use clinical staff and psychosocial staff met every day as one team and were due to be based in the same office.
- 4.69 The clinical team saw women at reception to establish their treatment needs. Twenty-seven women were receiving opiate substitution therapy (OST) – 20 were on a maintenance dose and seven were detoxing. A non-medical prescriber with specialist substance use training followed national guidance. Prescribing was flexible and patient-led and there were regular reviews. We observed caring staff, who knew women well, administering OST competently. However, the timing of medicine administration was protracted because not enough officers were allocated to supervise the sessions. This sometimes affected women's ability to have a shower or made them late for work.
- 4.70 During the previous three months, the integrated team had received 26 written compliments but no complaints or concerns. We found several clinical policies were out of date. During the inspection, the Forward Trust's corporate governance team confirmed that the policies were under review and that their dates had been extended until the end of the year.
- 4.71 A member of the integrated team attended the drug strategy meeting although meetings had been intermittent (see paragraph 3.52). There had been a drug recovery wing at the previous inspection that was no longer in operation. Initial discussions had taken place about having a drug-free living unit instead.

- 4.72 The amount of intelligence received from the security team about any suspected use of illicit substances had declined throughout the pandemic. A clinical or psychosocial team member provided women with support and harm minimisation information.
- 4.73 Pre-release planning was good, and arrangements were made to continue OST if required. Naloxone (a drug to manage substance misuse overdose) was also provided.

Medicines and pharmacy services

- 4.74 Medicines were supplied safely and effectively. A near-by prison pharmacy supplied medication against prescriptions, which were faxed to the pharmacy every day. A prescribing formulary was in place and used. Health care assistants or the pharmacy technician administered medicines from the wings twice a day. When staff were not available, the pharmacist was seen administering medication, reducing their availability for overseeing the pharmacy.
- 4.75 There was no night-time provision, so some patients were provided with their medicines in possession every day, which is not recommended. Some women were prescribed medicines twice a day, rather than four times a day, because of the constraints of the prison regime and the service provision. The provision of paracetamol was inadequate, with single doses being supplied up to three times in any month, unless a prescription was received, when 16 or 32 tablets would be supplied.
- 4.76 About 70% of medicines were supplied in possession. There was an in-possession policy, and risk assessments were carried out. Those prescribing the medicines usually adhered to them. The reasons for deviating from the risk assessments were not always recorded and there were no regular reviews, even after a woman had been transferred to the prison from elsewhere. All medicines were supplied as patient-named items and had appropriate labelling and a dispensing audit trail. Items in the out-of-hours cupboard were pre-labelled by the supplying pharmacy, rather than being sourced from a supplier with the appropriate assembly licence. Patients on higher-risk medicines were monitored routinely. Prisoners received an adequate amount of medication on discharge or provisions were made for them to obtain medication in the community.
- 4.77 Medicines were transferred securely from the in-house pharmacy room to the wings. Adequate space and storage were available in wing treatment rooms, although one was quite small. They were tidy and clean. Controlled drug management was generally good. Some prescribing audits had taken place.
- 4.78 A full range of standard operating procedures and policies was in place. A few medicines were available without being prescribed. None were on the shop list. The pharmacist clinically screened all prescriptions and before the COVID-19 pandemic, joint medication

reviews had been carried out between pharmacist and prescriber. Women could make an appointment to see the pharmacist.

Recommendations

- 4.79 **Medicines should be administered at the right times for optimum therapeutic effect.**
- 4.80 **Women should have the same access to paracetamol as they would in the community.**
- 4.81 **Women given medication to hold in their possession should be monitored regularly to be sure this remains safe, especially following their transfer to the prison.**

Dental and oral health

- 4.82 A good dental service was available. There were twice weekly clinics, in a newly refurbished dental suite. Governance arrangements and quality assurance processes helped make sure good outcomes were achieved.
- 4.83 Appointments were prioritised according to clinical need. 'No access visits' (when women were not brought to their appointment) were not recorded. However, during the inspection, staff made sure records reflected appointments offered. Waiting lists were well managed, and there was a waiting time of three weeks.
- 4.84 An appropriate range of NHS dental treatments was offered, and advice on oral hygiene and disease prevention promoted. Good audit processes meant the dental room met infection prevention and control standards. There was a small, clean decontamination room, but dental staff had to cross a small corridor to get to it, which required careful planning to prevent any contamination while they were moving the equipment. Equipment was well maintained, and routine servicing was monitored and scheduled, and oversight was good.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics (see Appendix II: Glossary of terms) are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

Strategic management

- 4.85 Equality and diversity work had improved since the previous inspection but was still not fully developed. The prison had a good diversity and inclusion policy and the diversity and inclusion team included most of the senior managers.

Well-attended equality action team meetings, which took place every two months, had resumed in November. The prison was now producing equality data reports, which were reviewed at the meetings, but most of the data covered periods several months before the meetings took place. Data analysis was not thorough, and while instances of disproportionality had been identified, such as in relation to making complaints, where Asian women had been overrepresented and black women underrepresented, this had rarely led to further action to better understand or address concerns. (See also paragraphs 3.41 and 3.45.)

- 4.86 There was only one prisoner representative during the inspection, based on A wing. While she had a good understanding of her role, she had not received training. COVID-19 restrictions meant she could not visit other wings to assist women with equality issues.
- 4.87 Discrimination incident reporting forms (DIRFs) were available on all wings. In the previous year, 32 DIRFs had been submitted. We found that responses to DIRFs were mixed, but it was positive that the prison was working with the Zahid Mubarak Trust (ZMT) to improve its work in this area. The diversity and inclusion officer had recently received 'training for trainers' on DIRFs from ZMT and was scheduled to train staff responsible for responding to them. ZMT had reviewed and commented on a sample of previous DIRF responses, which provided helpful guidance for dealing with future cases.

Recommendation

- 4.88 **The prison should produce, regularly review, and act on, up-to-date equality data.**

Protected and minority characteristics

- 4.89 Since the restricted regime had been in place, there had been no group consultations of women with specific protected characteristics to identify or understand their needs. There had been limited progress on addressing issues that had been highlighted before groups had been suspended, such as barriers to accessing certain buildings that were faced by women with disabilities. However, we did see evidence that some of these issues were included in action plans. Senior managers were responsible for leading work on specific protected characteristics, but at the time of our inspection, this had not led to any meaningful action being taken.
- 4.90 Our survey found that women from black and minority ethnic groups had a more negative perception of several aspects of prison life, such as the complaints and applications process, than their white counterparts. Of particular concern was that only 64% considered that staff treated them with respect, compared with 84% of white women. (See also paragraphs 3.41, 3.45 and 4.10.)
- 4.91 We met several foreign national women with complex cases and specific needs. There was no longer a dedicated staff member working

with these women, although ad hoc initiatives had provided them with assistance, such as a drop-in surgery with an immigration officer.

4.92 Work had been undertaken on E wing with transgender women, most of whom had progressed to other sites in the women's estate. One transgender woman had been living on her own on the wing for the previous six months. Although she could exercise with women from another wing, she otherwise had no contact with other prisoners. She was due to be transferred to another prison in the women's estate, but an exact date had not been set.

4.93 The needs of women with other protected characteristics, such as LGBT prisoners, young adults or older adults were given little consideration, and work with these groups was limited.

Recommendation

4.94 **Women with protected and minority characteristics should be consulted regularly to ensure their individual needs are met.**

Faith and religion

4.95 Faith provision had adapted well to the challenges of the pandemic. A team of full- and part-time chaplains and volunteers met the faith and other needs of the women. Restrictions had been eased to allow services to take place for groups of women. Christian services took place mainly in the chapel, while Muslim prayer was still largely taking place on the wings. This led to a perception among some Muslim women that they were subject to different treatment because of their faith.

4.96 The chaplaincy provided good pastoral and other support to women. Members of the team visited all newly arrived women and those on ACCTs. They also attended ACCT reviews. Even at the height of the pandemic, chaplains and volunteers were able to visit vulnerable women on the wings. The chaplaincy played an important role in providing emotional support to women who had suffered a bereavement.

Recommendation

4.97 **Muslim prisoners should be able to attend services in the chapel or multi-faith room.**

Section 5 Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Time out of cell, recreational and social activities

Expected outcomes: All women have sufficient time out of cell and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 In our survey, 30% of women said they usually spent less than two hours out their cell on a typical weekday, compared with 10% during the previous inspection. At the other end of the scale, only 5% of women said they usually spent 10 hours or more out of their cell on a typical weekday compared with 25% in 2017. During our inspection, more than 90% of the women had been allocated to an activity, but for some this was part time.
- 5.2 The prison aimed to provide all women with at least one and a half hours out of their cell each day for domestic activities. While we found that this was generally being achieved, there were inconsistencies. We found that both the amount of time provided and how it was administered varied significantly between wings and even between staff shifts on the same wing. Disparities in, and uncertainties about, time for domestic tasks caused grievances among the women.
- 5.3 Women who were working told us that they did not always get the chance to have a shower when they finished their shift. A new regime had been put in place during the week of our inspection, which provided time in the early evening for off-wing workers to shower. However, the change in regime was not clearly communicated and there had been very limited consultation of frontline staff or the women themselves before the regime had been revised. We were informed that the regime would be revised again to address some of the concerns that had been expressed.
- 5.4 Most women only spent 30 minutes a day exercising outdoors. There were only two outdoor exercise slots available every day for women in the protective isolation units (accommodation for known or probably COVID-19 cases) so if there were more than two cohorts of such women, they would not have been able to exercise every day.
- 5.5 Women on the resettlement wing could spend up to three hours in the open air every day but, because of COVID-19 restrictions, those on two different floors were not allowed to be outside at the same time. This was not consistent with the situation on other wings, where many more women could be outside at the same time.

- 5.6 The areas and facilities where women took their outdoor exercise varied considerably. Women from A and B wings exercised in the gardens outside the administration block, while women on C wing exercised in an austere yard. The weather during our inspection was extremely warm but women were not provided with sun cream for outdoor exercise or work duties.
- 5.7 Indoor association was not taking place, limiting the availability of social activities, which was detrimental to the women's well-being.
- 5.8 The library had provided a mobile service during most of the pandemic but had re-opened in May. Wings were allotted specific slots for library access. In our survey, 93% of women said they could visit the library at least once a week or more compared with 70% in 2017, and 79% thought the library had a wide enough range of material to meet their needs.
- 5.9 The gym had reopened and provided women with good opportunities to exercise. Women could attend the gym four times a week for 45-minute sessions. In our survey 73% of women said that they typically went to the gym or played sports twice a week or more, which was higher than we have seen elsewhere. However, many of the gym sessions clashed with activity times and women had to choose between attending activities or the gym.



Sports hall at Downview

- 5.10 A range of exercise machines was available. Equipment was well-maintained and cleaning procedures had been enhanced. Women had recently been allowed to play badminton, as well as use equipment. Outdoor exercise opportunities were limited.

Recommendations

- 5.11 **Indoor association should be resumed and should offer women a range of social and recreational activities, facilities and equipment.**
- 5.12 **Gym provision should be extended into the evenings, particularly for those working during the day.**

Education, skills and work activities



This part of the report is written by Ofsted inspectors. From May 2021 Ofsted began carrying out progress monitoring visits to prisons to assess the progress that leaders and managers were making towards reinstating a full education, skills and work curriculum. The findings and recommendations arising from their visit are set out below.

- 5.13 Ofsted assessed that leaders were making reasonable progress towards ensuring that staff teach a full curriculum and provide support to meet women's needs, including the provision of remote learning.
- 5.14 Senior leaders approached the re-opening of the education, skills and work curriculum effectively. They provided more than enough activity places for the prison population. Very few women were unemployed. Leaders prioritised access to education for those who would benefit the most from it. About half of job roles, and a small proportion of education, were part time. Leaders had ensured that accredited learning was available for most subjects, including in prison-led work areas.
- 5.15 The current and planned future curriculum was well-informed by the needs of the women. Leaders worked with external partners to provide popular work roles and qualifications, including London College of Fashion and Max Spielmann photography. Leaders had secured new subcontracted provision to expand the curriculum further to include animal care and therapy, music, mindfulness and yoga.



Max Spielmann photography training room

- 5.16 Leaders had carefully considered which aspects of the curriculum would open first for face-to-face delivery. They quickly increased the provision to include almost all programmes and work available pre-pandemic, albeit with reduced capacity due to restrictions. Leaders maintained many essential work roles throughout the pandemic, in areas such as, gardens, the laundry and kitchens. There was also an increased number of cleaning jobs.
- 5.17 Leaders had not considered how to help women retain the learning they had acquired by completing in-cell work packs. Women did not undertake tasks or activities to reinforce their learning while they waited for access to practical or classroom-based lessons. As a result, they had to repeat areas they had previously covered as they had not retained this knowledge.
- 5.18 Leaders had been too slow to reintroduce opportunities for women to access external work and education placements through release on temporary licence (ROTL). Leaders recognised this issue, and it was part of the prison's strategic priorities.
- 5.19 Leaders and managers did not monitor the quality or impact of the curriculum well enough. They identified appropriate operational issues through regular meetings with education and prison managers. However, they focused too heavily on performance data, rather than on the progress that women made.
- 5.20 Leaders and managers did not inform women about their education options. Women felt frustrated about the lack of information about education. As a result, too few women were using in-cell learning packs and not enough classes were at full capacity.
- 5.21 Women did not receive sufficient information, advice and guidance (IAG) to help inform their choices about education, skills and work. Too

many women were yet to meet with IAG staff due to a long period when this post was vacant. Recently appointed advisors did not obtain information held by the education team on women's English or mathematics levels or their support needs when devising learning plans.

- 5.22 Teachers and instructors were patient with women in group settings. They explained concepts clearly to help women understand their subjects. Most teachers and instructors checked women's understanding in face-to-face sessions effectively. They were attentive to each learner in the small groups. They made sure that all learners contributed to discussions and provided answers to the questions posed.
- 5.23 Most work and education activities were sufficiently challenging. Women produced written work of an appropriate standard for the level of programme they undertook, and they used technical language accurately. Women in most work areas, such as in kitchens and gardens, as well as in photography and fashion and textiles workshops, developed useful vocational skills, as well as achieving relevant qualifications.
- 5.24 Women were frustrated because they were not moved to activities on time. Too many arrived late to their education classes or work roles.
- 5.25 In-cell work packs were well constructed and informative. However, women often demonstrated skills above the level of the work pack, particularly in vocational areas. For example, women who had previously completed level 2 hairdressing qualifications completed level 1 beauty packs, which contained a lot of repetition and crossover with previous learning.
- 5.26 Feedback from teachers did not address women's errors. Most teachers only provided positive feedback, which did not help women understand how to improve their skills or expand their knowledge.
- 5.27 Education staff identified women with learning difficulties or disabilities effectively. They put appropriate support strategies in place. However, they were not shared with staff beyond the education team. Consequently, women in non-education areas did not receive the support they needed. Classroom assistants did not help women in group sessions well enough. Teachers did not direct assistants appropriately to make sure they supported women well during lessons.

Recommendations

- 5.28 **Leaders and managers must make sure that women retain and reinforce their knowledge. They should introduce strategies to help women catch up with lost learning when planning their return to face-to-face lessons and work areas.**

- 5.29 **Leaders and managers must make sure that women receive helpful advice and guidance so that they feel well-informed when choosing their education, skills and work activities.**
- 5.30 **Leaders and managers should make sure that staff provide feedback on women's work that helps them to improve and assist those engaged in work activities with any learning needs.**

Section 6 Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Reducing reoffending

Expected outcomes: Planning for and help with rehabilitation and resettlement starts on arrival at the prison. Opportunities are provided for women to access help and support aimed at developing individual strengths and providing opportunities to reduce their likelihood of reoffending.

- 6.1 Nearly three-quarters of prisoners were serving long sentences of over four years, an increase since our previous inspection. Forty per cent were assessed as presenting a high risk of harm to others and about 40% had been at the prison for more than a year.
- 6.2 Some good recent work had been done to understand the needs of the population – a needs analysis at the end of 2020 was carried out through a survey involving approximately 40% of the population. The needs analysis also included information, such as, factors likely to lead to criminal behaviour, that were outlined in offender assessment system (OASys) reports, to inform the interventions provision. During the inspection, the reducing reoffending strategy and subsequent action plan were being reviewed and were not yet in place.
- 6.3 The reducing reoffending committee had met four times over the previous year. There were some gaps during the COVID-19 outbreak at the prison. Attendance by staff from some departments was variable, but the meeting addressed all aspects of the provision available. An additional pathways meeting had recently been convened, which involved a range of services including: the Prison Advice and Care Trust, the resettlement team and the Shaw Trust (an employment charity). The meeting was a positive development as the prison's interventions were not promoted well enough and lacked coordination. In our survey, 68% of prisoners said their experiences at Downview had made them less likely to reoffend in the future.
- 6.4 Many women reported experiences of trauma and abuse in their lives. The prison's own needs analysis found that 83% of prisoners reported that they had experienced some form of trauma. Approximately 42% reported that they had been in a violent relationship with a current or ex-partner before entering custody. Although a reasonable range of interventions was available, some were not yet being delivered face to face or to full groups and some had long waiting lists.

- 6.5 Choice for Change helped women handle their pregnancy, the loss of a child or the pain of separation from their children and was available through the health department (see paragraph 4.43). The service had been affected by COVID-19 restrictions, but had now resumed its face-to-face counselling sessions. An evaluation of the service showed that some women who participated in the programme reported improvements in their well-being as a result.
- 6.6 The chaplaincy also offered some interventions through the charity Essence. This included in-cell workbooks focusing on managing emotions and relating to others. Chaplaincy-run interventions such as: Understanding Loss and Understanding Forgiveness, as well as the Sycamore Tree course on victim empathy, were yet to return to face-to-face sessions.
- 6.7 Not all women had an OASys report and about a third of the assessments were over a year old and had not been reviewed within the previous 12 months. A total of 20 initial assessments were overdue. The standard of some up-to-date assessments that we viewed was not good enough and failed to reflect women's lives at the prison and the interventions they required. (See also paragraphs 6.27 and 6.31.)
- 6.8 Some pre-release support was available for women who had been involved in sex work through the domestic abuse safety advisor who was part of the resettlement team. There were no interventions for women who had been victims of human trafficking.
- 6.9 Some services had been affected by the COVID-19 restrictions, however, women who had been able to participate in some interventions, such as the Thinking Skills Programme (TSP), dialectical behavioural therapy (DBT) and bespoke one-to-one support from the psychology team, had benefited.
- 6.10 TSP, the accredited offending behaviour programme at the prison, had stopped at the beginning of the COVID-19 restrictions, but had restarted in June 2021 using an adapted delivery format. During the inspection, four prisoners had just completed the course and another four were due to start in August. There was a substantial waiting list of 44 prisoners, which meant that delays in delivery were likely.
- 6.11 DBT was also running during the inspection. It aimed to teach prisoners core skills, such as emotion regulation, mindfulness and distress tolerance. The intervention had not been available from September 2020 to April 2021 as a result of the restrictions. However, it had recently restarted, and the team was currently working with eight women, with a further eight on the waiting list. (See also paragraph 4.57.)
- 6.12 The psychology team, based in the offender management unit (OMU), had maintained a presence throughout the pandemic and continued to work on psychological assessments for parole and sentence planning. Team members had delivered bespoke one-to-one interventions for 10 prisoners throughout the restricted regime, including some prisoners

who had committed sexual offences. During the inspection, one prisoner was also receiving support to complete the Fire-setting intervention programme for prisoners. The team also worked alongside prison staff to deliver support through enhanced management plans for three prisoners who were involved in prolific self-harming behaviour, violence and regime disruption. (See also paragraph 4.57.)

- 6.13 The resettlement team had worked hard to make sure most women leaving custody had positive outcomes and no women had been released to no fixed address or homeless in the previous six months. Despite this, during that period, 13 prisoners had been released to short term, transient accommodation, such as hotels and B&Bs.
- 6.14 Finance, benefit and debt support had continued throughout the pandemic and was reasonable. The resettlement team had helped 17 prisoners to open bank accounts before their release, and Jobcentre Plus had continued to work remotely to assist with universal credit applications. The Shaw Trust also helped to provide prisoners with identification and birth certificates before their release if they needed them. An adapted money management course, run by Essence, had also been developed for women to complete in their cells during the pandemic.
- 6.15 Home detention curfew (HDC) processes were well managed, and few prisoners were held after their eligibility date. In the six months before our inspection, 31 prisoners were eligible for HDC and 17 had been approved. Delays were mostly due to a lack of suitable accommodation on release.
- 6.16 Prisoners had been unable to access release on temporary licence (ROTL) for work or to build family ties during the pandemic. Before COVID-19, ROTL was relatively well used by prisoners who lived on D wing, and, in the six months before March 2020, approximately 18 prisoners per month were using ROTL. Most instances of ROTL were purposeful, for example, for paid work in restaurants or high street shops or for voluntary work in charity shops. Some prisoners also used ROTL to meet family members in the community. One prisoner had recently used ROTL, but progress to reinstate ROTL opportunities was slow and placements that allowed prisoners to continue the work they had completed in custody were needed.

Recommendations

- 6.17 **The reducing reoffending strategy and action plan should be in place to drive improvement and ensure evidence of success can be recorded.**
- 6.18 **The oversight and coordination of the range of interventions available across the prison should be improved and communicated to relevant staff and women.**
- 6.19 **All OASys documents should be up to date.** (Repeated recommendation, 4.17)

- 6.20 **The prison should make better use of ROTL for education or for paid or voluntary work placements.**

Motivation, engagement and progression

Expected outcomes: Women are fully engaged to progress throughout the custodial sentence.

- 6.21 As in 2017, probation officer prison offender managers (POMs) had reasonable caseloads of about 40 women who were high risk or highly complex. This experienced group of POMs managed their cases well and records of their contact with women reflected good probation practice. The women we spoke to were generally positive about their relationship with their POMs. Levels of contact overall were adequate and tended to be the most frequent before key events, such as parole board hearings and other reviews.
- 6.22 Operational officer POMs continued to suffer a high level of redeployment as at our previous inspection. This meant that contact levels were not sufficient to motivate lower risk women or help them progress. Operational officer POMs were often given no notice of the redeployments, which disrupted their planned work. Many of the women we spoke to who were in the lower risk group could not identify their POM and relationships were poor.
- 6.23 An effective and well-motivated OMU staff group was organised so that each POM worked with the same case administrators. We found all staff had a good knowledge of individual cases, which contributed to better outcomes. The processes underpinning this work were sound and leadership in the department was good, which meant there were timely interactions with women at key points in their sentence.
- 6.24 The absence of a senior probation officer was noted by many members of OMU staff. This had not adversely affected women, but areas, such as professional supervision, had suffered. Arrangements to cover this gap were in place and the prison had access to other senior probation officers at nearby prisons and elsewhere so that advice could be sought and processes, like counter-signing key reports, could continue.
- 6.25 The prison had begun to roll out key working about three months before the inspection. Most women had been allocated a key worker and we saw regular entries in P-Nomis (a database used in prisons for the management of offenders) describing their contact with women. The same key worker contacted each woman so that a relationship could be built. The women we spoke to were all able to name their key worker and were generally very positive about the relationship. We saw some evidence of the POM and key worker discussing the women they both worked with, which further enhanced the quality of their interactions with women. Despite a strong start to key working, the prison had not consolidated this work.

- 6.26 Women with particularly complex needs did not have a key worker but received more time from their POM. We saw the mental health and psychology team provide positive input for this group.
- 6.27 In cases we inspected in detail, all sentenced women had an OASys report, including sentence plans, but nearly a third had not had a review for over a year (see also paragraph 6.7). Sentence plans we inspected focused well on women's individual needs and POMs made referrals for required interventions and services promptly. In a quarter of these cases, OASys reports had been written by operational and probation POMs based at Downview. These sentence plans were the best and women in this group made the most progress. Outcomes for women in this group were good because the plans were better at specifying objectives that could be delivered at the prison.
- 6.28 The suspension of offending behaviour programmes due to COVID-19 had affected many women's sentence plan objectives. In cases we inspected, we saw a wide range of lower-level interventions being delivered through a variety of methods. Some women told us they were involved in them through their own initiative, making direct approaches to the department concerned. Others told us they became aware of the particular intervention through other women or by making their own enquiries. We saw little evidence of POMs, key workers or women being aware of all the interventions that were available and incorporating them into sentence plans.
- 6.29 We found good joint working with community offender managers (COMs) to support women reaching the end of their sentence. Cases were transferred promptly, and handovers were comprehensive and involved the woman concerned.
- 6.30 The psychology team had undertaken some risk reduction work to make sure transgender women on E wing were moved to other women's establishments. (See also paragraph 4.92.)
- 6.31 About 20 women were serving indeterminate sentences, six of whom had OASys reports that were more than a year old (see also paragraph 6.7). Not enough extra support was provided for this group to maintain their motivation or promote engagement through some potentially very long sentences. The POMs responsible for these cases received good annual reports from the psychology service, which attached a priority rating to the cases, reflecting the needs of the women concerned.
- 6.32 Progression opportunities were, however, limited and there had been very few transfers to other prisons in the previous year to help women access treatment or courses. The resettlement focus was on D wing, where many women had worked hard to be categorised for open conditions but had not moved on. Women we spoke to said living conditions – including single rooms – were good and they found them more attractive than the accommodation at the destination open prison. ROTL, the main progression opportunity had been curtailed (see paragraph 6.16). Women had little motivation to progress towards D wing or open status.

Recommendations

- 6.33 **Prison officer operational POMs should have sufficient time to work consistently and support women on their caseloads.**
- 6.34 **Women serving long or indeterminate sentences should receive appropriate advice and support to enable them to progress in custody.**

Protecting the public from harm

Expected outcomes: The public are protected from harm during the custodial phase and on release.

- 6.35 The local public protection policy was reviewed annually, and the latest version (from July 2021) was in place. Although the three probation officer POMs played a significant and effective role in public protection, they received support from an experienced public protection clerk and a wider OMU staff team, who had a good understanding of the issues.
- 6.36 The interdepartmental risk management team meeting provided effective oversight of women presenting high risks and high complexities in the six months before their release. Although they were first listed at the six-month point, women remained on the agenda month by month until their release, which made sure that outstanding risk or resettlement issues were addressed. This was to be extended to a 10-month window in the near future to align with offender management in custody processes (see Appendix II: Glossary of terms). Attendance by staff from across the prison was good and the resettlement team was also involved.
- 6.37 Joint working with the COM and POM and women was good in most cases and their risk of harm received appropriate attention. Plans to manage those presenting a higher risk on release were good. In cases where the COM had been slow to respond, we saw evidence of prison staff's persistence and of cases being escalated. Reports that the prison was required to submit to the COM and other parties, such as the group involved in multi-agency public protection arrangements, about the highest risk women nearing release were consistently very good.
- 6.38 Monitoring arrangements continued to be sound. The number of women subject to monitoring had declined since the previous inspection, based on proportionate and well-considered decision making.
- 6.39 More than 10% of the population were not allowed to have any contact with children. An experienced staff group managed these restrictions well. Reviews of all child contact restrictions were carried out annually.

Preparation for release

Expected outcomes: The specific reintegration needs of women are met through individualised multi-agency plans to maximise the likelihood of successful resettlement.

- 6.40 The number of women being released had decreased since the previous inspection to 10 women a month. Following recent changes to probation services, which meant community rehabilitation companies no longer provided pre-release services, a well-staffed resettlement team delivered release planning work for women three months before their discharge. It was a concern that the resettlement team had still not been made aware of plans for the future of the resettlement service, although at the time of our inspection the team was integrated and well-staffed.
- 6.41 Following a short period of remote working during the prison's COVID-19 outbreak, women were once again seen face to face to discuss their resettlement needs. Resettlement plans were good. There was evidence of good casework and staff were aware of risks, making sure that women's needs were met. Communication between community and prison offender managers was good and supported by a new digital referral system, which had recently been implemented, and which the resettlement team had reported to be a positive step forward.
- 6.42 Women In Prison, a national support charity, provided a good through-the-gate mentoring service. This involved women meeting mentors while they were still in custody either virtually or face to face, depending on their level of risk. This work continued in the community and women who were assessed as presenting a high risk of harm could continue to receive support for up to 12 months after their release. Practical release arrangements were sound. Women could charge their phones beforehand and obtain bags and suitable clothing if necessary.

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

- 7.1 Key concern (1.34): As at the previous inspection, women reported that some staff were rude, unsupportive and inconsistent, leaving them feeling they had been dealt with unfairly. We observed some staff inappropriately addressing women by their surname and interactions that were not supportive of a trauma-informed and rehabilitative culture.

Key recommendation: Staff's relationships with women should reflect a rehabilitative and trauma-responsive approach. (To the governor)

- 7.2 Key concern (1.35): Support to help women maintain or develop positive relationships with their children or families had been severely limited during the pandemic. Family days and group-work sessions were no longer available and the number of prisoners receiving social visits had declined significantly. Many women we spoke to reported that long periods of time without contact with their loved ones had adversely affected their well-being.

Key recommendation: The prison should ensure that women receive sufficient support to help them maintain and develop positive relationships with their children, family members and other people significant to them. (To the governor)

- 7.3 Key concern (1.36): Inconsistencies in how the daily regime was applied caused frustration among many women and staff. Recent changes to the regime had taken place without sufficient consultation and were poorly communicated to staff and prisoners.

Recommendation: The prison should improve consultation and communication to ensure women and staff are aware of changes that affect their daily lives. (To the governor)

- 7.4 Key concern (1.37): The prison failed to consult the local health quality board sufficiently about changes affecting patient care. Although the board identified limited patient access to services, the problem had not been resolved 12 months on. We saw approximately a quarter of GP appointments being missed because there were not enough officers to escort prisoners to their appointments.

Recommendation: Local partners and prison leaders should use the local quality and delivery board and contracts meetings to improve communication and consultation. Assurances that health services are effective should be sought, including ensuring

sufficient staff to escort women to their appointments. (To the Healthcare Partnership Board)

- 7.5 Key concern (1.38): There was insufficient clinical oversight of patient applications, electronic tasks, the GP waiting list and long-term conditions, which meant that women might not have had their needs met promptly.

Recommendation: Enough clinically qualified staff should be available every day to oversee patient applications, electronic tasks, the GP waiting list and long-term conditions, to optimise women's health outcomes. (To the governor and Central and North West London NHS Foundation Trust)

Recommendations

- 7.6 Recommendation (3.17): A strategy and action plan should be developed to provide effective oversight of the level of self-harm and to reduce its incidence. (To the governor)
- 7.7 Recommendation (3.20): Adult safeguarding work should be promoted through training for staff and links with the local authority. (To the governor)
- 7.8 Recommendation (3.32): The incentives scheme should reward positive behaviour and motivate women. (To the governor)
- 7.9 Recommendation (3.47): Use of force incidents should be effectively recorded and monitored, as well as regularly scrutinised. (To the governor)
- 7.10 Recommendation (3.53): There should be a multidisciplinary approach to reducing the drug supply that links with a demand reduction strategy. (To the governor)
- 7.11 Recommendation (4.13): Women should have confidence in the complaints process, which should be effective, timely and appropriately managed. (To the governor)
- 7.12 Recommendation (4.26): Women should be able to access their stored property promptly. (To the governor)
- 7.13 Recommendation (4.37): An overarching health promotion strategy should be established to support women to improve their health and well-being. (To the governor and Central and North West London NHS Foundation Trust)
- 7.14 Recommendation (4.61): Women should have access to appropriate psychological interventions to meet their identified mental health needs. (To the governor and Central and North West London NHS Foundation Trust)

- 7.15 Recommendation (4.79): Medicines should be administered at the right times for optimum therapeutic effect. (To the governor and Central and North West London NHS Foundation Trust)
- 7.16 Recommendation (4.80): Women should have the same access to paracetamol as they would in the community. (To the governor and Central and North West London NHS Foundation Trust)
- 7.17 Recommendation (4.81): Women given medication to hold in their possession should be monitored regularly to be sure this remains safe, especially following their transfer to the prison. (To the governor and Central and North West London NHS Foundation Trust)
- 7.18 Recommendation (4.88): The prison should produce, regularly review, and act on, up-to-date equality data. (To the governor)
- 7.19 Recommendation (4.94): Women with protected and minority characteristics should be consulted regularly to ensure their individual needs are met. (To the governor)
- 7.20 Recommendation (4.97): Muslim prisoners should be able to attend services in the chapel or multi-faith room. (To the governor)
- 7.21 Recommendation (5.11): Indoor association should be resumed and should offer women a range of social and recreational activities, facilities and equipment. (To the governor)
- 7.22 Recommendation (5.12): Gym provision should be extended into the evenings, particularly for those working during the day. (To the governor)
- 7.23 Recommendation (5.28): Leaders and managers must make sure that women retain and reinforce their knowledge. They should introduce strategies to help women catch up with lost learning when planning their return to face-to-face lessons and work areas. (To the governor)
- 7.24 Recommendation (5.29): Leaders and managers must make sure that women receive helpful advice and guidance so that they feel well-informed when choosing their education, skills and work activities. (To the governor)
- 7.25 Recommendation (5.30): Leaders and managers should make sure that staff provide feedback on women's work that helps them to improve and assist those engaged in work activities with any learning needs. (To the governor)
- 7.26 Recommendation (6.17): The reducing reoffending strategy and action plan should be in place to drive improvement and ensure evidence of success can be recorded. (To the governor)
- 7.27 Recommendation (6.18): The oversight and coordination of the range of interventions available across the prison should be improved and communicated to relevant staff and women. (To the governor)

- 7.28 Recommendation (6.19): All OASys documents should be up to date. (Repeated recommendation, 4.17) (To the governor)
- 7.29 Recommendation (6.20): The prison should make better use of ROTL for education or for paid or voluntary work placements. (To the governor)
- 7.30 Recommendation (6.33): Prison officer operational POMs should have sufficient time to work consistently and support women on their caseloads. (To the governor)
- 7.31 Recommendation (6.34): Women serving long or indeterminate sentences should receive appropriate advice and support to enable them to progress in custody. (To the governor)

Section 8 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, journeys to the prison were managed reasonably well. However, reception, first night and induction arrangements were underdeveloped. More women than at comparable prisons said they felt safe on their first night at Downview. The number of violent incidents was relatively low and tensions and conflict were reasonably well managed. Rates of self-harm were lower than expected, although serious incidents were not properly investigated. Support for those subject to assessment, care in custody and teamwork (ACCT) case management arrangements for prisoners at risk of suicide or self-harm were generally good. Staff were not sufficiently aware of or knowledgeable about safeguarding. Security measures were proportionate but aspects of the adjudication procedure required overhauling. Force and segregation were used infrequently, although better quality assurance was required. Support for women with substance misuse issues was progressing. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

Prison staff should interview new arrivals in private to ensure emotional well-being issues are identified and addressed. (1.12)

Achieved

The induction programme should be better coordinated and supported with appropriate material. (1.13)

Achieved

Staff should receive formal training in conflict resolution and mediation. (1.25)

Not achieved

The safer custody meeting should use 'Timeline' information to inform the department's strategic approach to preventing incidents. (1.26)

Not achieved

The IEP system should be reviewed to ensure women have sufficient incentives to progress. (1.27)

Not achieved

Serious incidents of self-harm should be thoroughly investigated to help the prison learn lessons and build a better understanding of women at risk of self-harm and suicide. (1.38)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.44)

Not achieved

The prison should ensure that staff understand how to identify and refer prisoners with safeguarding needs. (1.45)

Not achieved

The complex needs meeting should formalise action and care planning. (1.46)

Achieved

The establishment should complete and implement the substance use strategies without delay and ensure all associated action plans are monitored and updated regularly. (1.52)

Not achieved

Charges for offences against prison rules should reflect the circumstances of poor behaviour. Multiple charges arising from one incident should only be laid when necessary and should not be duplicated. (1.57)

Achieved

Managers should monitor and analyse adjudications more frequently to determine if there are any trends or issues. (1.58)

Achieved

The prison should monitor and analyse use of force regularly and address any trends or issues. (1.62)

Partially achieved

The segregation monitoring meeting should be held more frequently and action should be taken to address any trends or issues identified. (1.68)

Achieved

The aims and objectives of the DRW should be set out in a strategy agreed between Forward and the prison. The strategy should be disseminated among staff and prisoners. (1.74)

No longer relevant

Action plans for the short- and medium-term should be established. They should include details of a more activity-focused daily regime to optimise the existing skills and experience of staff and motivate the women in the unit. (1.75)

No longer relevant

Forward should publish detailed information explaining how women can move on to buprenorphine as an alternative OST. (1.76)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, accommodation and communal areas across the prison were generally good, although washing machines broke down often and caused considerable frustration. Most women were positive about their interactions with staff and said there was a member of staff they could turn to if they had a problem. A minority was less positive. Equality and diversity work was poor. The chaplaincy's work was reasonable. Responses to complaints were good, but too many were late. Healthcare provision was generally very good, although waiting times for dental care were a concern. The food was reasonable overall and many women were positive about the onsite shop. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

The prison should develop a clear, coordinated approach to promoting equality and diversity. The distinct needs of women in each protected characteristic group should be recognised and addressed. (S43)

Partially achieved

Recommendations

Women should have weekly access to laundry facilities that work reliably. (2.11)

Achieved

Personal officers should ensure that women are aware of entries in their files. (2.16)

No longer relevant

Foreign national women should be given at least one month's notice of a decision to detain them. (2.30)

Not achieved

The chaplaincy should improve its contact with outside community groups and increase support for the prison's resettlement work. (2.36)

Achieved

The prison should implement measures to improve women's confidence in the complaints process. All complaints should receive a prompt response. (2.43)

Partially achieved

Confidential access complaints should be governed robustly. (2.44)

Achieved

Legal visits should take place in a confidential setting. (2.49)

Achieved

Medicine administration times should meet patients' needs and required medicine dose intervals. (2.78)

Not achieved

Fridge and room temperatures and storage arrangements should comply with national standards to reduce the risk of medicines deteriorating and ensure prescribed medicines are safe. (2.79)

Achieved

The prison should expedite the replacement of the dental chair to ensure treatment for women is not compromised. (2.82)

Achieved

Breakfast should be served on the day it is eaten and the weekend evening meal should not be served before 5pm. (2.96)

Not achieved

Women should be able to cater for themselves. (2.97)

Not achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2017, fully employed women had a reasonable amount of time out of their cells, but those who were not working spent too much time locked up. An appropriate range of learning and skills provision was offered but quality assurance was underdeveloped. There were not enough activities for the population and work allocations required more attention. Teaching and learning were too variable, although outcomes overall were good. Women attending some high-profile workshops had good experiences. The National Careers Service (NCS) was inadequate. The library and gym were good. Outcomes for women were not sufficiently good against this healthy prison test.

Key recommendation

Prison managers should make sure there are sufficient activity, work and training places for all women and that they are used to their full capacity. (S44)

Not assessed at this inspection

Recommendations

Women should have at least 10 hours out of their cells on weekdays, other than in exceptional circumstances. Women should be able spend at least one hour exercising in the open air every day. (3.4)

Not achieved

Prison managers should monitor the quality of all training across all activities. (3.11)

Not assessed at this inspection

Prison managers should strengthen the process for allocating women to work and training by considering all the information available, including skills action plans and an individual's work and training history. (3.12)

Not assessed at this inspection

More level 3 and higher level training and activities should be provided so that learners serving longer sentences are able to progress. (3.18)

Not assessed at this inspection

Prison managers should make sure all women know and understand what work and training is available so they can plan for their resettlement while in the prison. (3.19)

Not assessed at this inspection

All training staff should promote English and maths in everyday vocational training and work activities. (3.30)

Not assessed at this inspection

Tutors and education managers should make sure all work is marked and all learners receive good quality feedback that will help them improve. (3.31)

Not assessed at this inspection

Tutors should make sure they are aware of all learners' progress and make good use of individual learning plans to monitor individual progression and success. (3.32)

Not assessed at this inspection

Prison managers should stop non-teaching staff interrupting training and education. (3.33)

Not assessed at this inspection

Women should be encouraged to record and recognise the employment and other transferable skills they develop to help them prepare for future employment. (3.38)

Not assessed at this inspection

Support for women identified as requiring additional learning support should be improved so that they achieve as well as their peers. (3.44)

Not assessed at this inspection

Library staff should make better use of the data they collect to analyse and evaluate why some prisoners do not use the library. (3.50)

Achieved

Prison managers should enable gym staff to deliver and assess accredited vocational training so women can work in the fitness industry on release. (3.55)

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2017, relationships across departments delivering resettlement support were good. Work on a strategic approach was still being developed, but the overall vision was appropriate. There was a good range of services but they were not co-ordinated well enough. ROTL was well managed but the numbers accessing it were disappointing, especially for a women's prison. Survey responses on offender management were negative and, while we found probation offender supervisors' work to be good, officers' work was more variable. Public protection arrangements were appropriate as was work with indeterminate sentence prisoners. Reintegration planning was reasonably well managed and resettlement plans were generally good. Most pathway provision was reasonable, but more employment support was required. Outcomes for women were reasonably good against this healthy prison test.

Key recommendations

The reducing reoffending strategy should outline how the prison will meet women's resettlement needs and help them desist from offending. It should also show how it will build a culture of rehabilitation. (S45)

Not achieved

The prison should develop a clear strategy to support family work, which should be coordinated to ensure the women's needs are met. (S46)

Achieved

Recommendations

Staff and prisoners should know what services are available to aid resettlement and reduce the risk of women reoffending. Work on sequencing activities and interventions should be expedited and expanded. (4.8)

Not achieved

The prison should make better use of paid or voluntary ROTL work placements. (4.9)

Not achieved

Prison officer offender supervisors should have sufficient time, training and support to work consistently and proactively with the women allocated to them. (4.16)

Not achieved

All OASys documents should be up to date. (4.17)

Not achieved (recommendation repeated, 6.19)

CRC staff and offender supervisors should work together to complete resettlement plans. (4.25)

Achieved

Visits should start and finish at the published times. (4.32)

Achieved

Women should be able to take care of their children. They should not have to wear a sash during visits. (4.33)

Achieved

Women not receiving visits should receive additional support. (4.34)

Not achieved

Women with experiences of bereavement, abuse, rape, domestic violence and involvement in prostitution should be provided with appropriate counselling and support services throughout their sentence. (4.37)

Partially achieved

Staff should make sure all women receive a copy of their skills action plan so they can use it to inform discussions about their work and training while in prison. (4.43)

Not inspected

The NCS should make sure high levels of security are maintained when confidential prisoner skills action plans are handled to ensure other prisoners do not have access to them. (4.44)

Not inspected

Prison managers should use data about women's destinations on release to support or modify the training offered to women while at Downview. (4.45)

Not inspected

Staff should make sure all women have appropriate access to the virtual campus so they can search for jobs and complete distance learning courses. (4.46)

Not inspected

Women should have access to appropriate and timely interventions to help them address their offending behaviour. (4.55)

Not achieved

Appendix I About our inspections and reports

Her Majesty's Inspectorate of 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.

All inspections 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.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For women's prisons the tests are:

Safety

Women, particularly the most vulnerable, are held safely.

Respect

Women's relationships with children, family and their support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for women are good.

There is no evidence that outcomes for women are being adversely affected in any significant areas.

Outcomes for women are reasonably good.

There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for women are not sufficiently good.

There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for women are poor.

There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for women and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; surveys of women in prison and prison staff; discussions with women in prison; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/womens-prison-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of women in the prison and a detailed description of the survey methodology can be found on our website (see Appendix II: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

| | |
|------------------|---------------------------------------|
| Charlie Taylor | Chief inspector |
| Sara Pennington | Team leader |
| Martyn Griffiths | Inspector |
| Ali McGinley | Inspector |
| Chris Rush | Inspector |
| Esra Sari | Inspector |
| Rebecca Stanbury | Inspector |
| Caroline Wright | Inspector |
| Heather Acornley | Researcher |
| Annie Bunce | Researcher |
| Rahul Jalil | Researcher |
| Shannon Sahni | Researcher |
| Tania Osborne | Lead health and social care inspector |
| Maureen Jamieson | Health inspector |
| Dee Angwin | Care Quality Commission inspector |
| Dayni Johnson | Care Quality Commission inspector |
| Missbah Chaudhry | General Pharmaceutical Council |
| Sue Melvin | General Pharmaceutical Council |
| Mary Devane | Ofsted inspector |
| Rebecca Perry | Ofsted inspector |

Appendix II 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, available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of women that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme

The key worker scheme is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out. Implementation of OMiC in the women's estate began on 30 April 2021. The

OMiC model that has been developed for women is an integrated model which incorporates both key work and case management.

Protected and minority characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protecting women, including those at risk of abuse or neglect

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime to the least as they ease COVID-19 restrictions.

See: <https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services>.

Reverse cohort unit

Unit where newly arrived women are held in quarantine for between seven and 10 days.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time women are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed copies distributed to the prison). For this report, these are:

Care Quality Commission Requirement Notice



Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

The inspection of health services at HMP & YOI Downview was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/>). The Care Quality Commission issued 'requirement to improve' notices following this inspection, which are published on our website.

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of women in the prison is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

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Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

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