



Report on an unannounced inspection of

HMP & YOI Askham Grange

by HM Chief Inspector of Prisons

19 June – 6 July 2023



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Introduction

HMP & YOI Askham Grange is a women's open prison on the outskirts of York. Its primary aim is to promote effective rehabilitation through release on temporary licence and other resettlement activities. We judged that outcomes for women remained good across all of our healthy prison tests. However, with the capacity to hold up to 128 prisoners it was disappointing to find that a quarter of spaces were empty, which was a wasted opportunity in such an important and highly effective prison.

The full purpose of the prison had been restored, with over three-quarters of the population accessing some form of release on temporary licence (ROTL). Nearly half of the women had an education, skills or work placement in the community, much of which was paid employment. Leaders had not yet been able to recruit a head of learning and skills and some teaching and training positions were vacant which impacted on delivery. The poor recording of employment skills developed through work was disappointing.

The prison was managed jointly with HMP & YOI New Hall and leadership remained strong. Women arriving at the prison were supported and helped to make the transition to living in open conditions. Promoting positive behaviour was a leadership priority and fundamental to the culture of the prison. Incentives to behave well were primarily promoted by access to ROTL and other rehabilitative opportunities. Leaders returned few prisoners to closed conditions and, when this was necessary, the decisions were appropriate and well evidenced.

Askham Grange remained a safe place to live, with no recorded incidents of violence since our last inspection in 2019. Leaders and managers had put in place effective responses to signs of heightened risks from women. Staff were knowledgeable about prisoners and were able to spot changes in mood and demeanour before they escalated into serious concerns or actual violence.

However, our survey showed some significantly worse perceptions from women, including more negative views about their treatment by staff, including more verbal abuse. In talking to women, they said this involved a very small number of staff who came across as rude and less caring, but it was a concern that the actions of these few were undermining otherwise very good relationships. Consultation with prisoners from protected and minority groups had dwindled, and leaders had not collated, analysed or used data well enough to identify potential disproportionality.

Health care provision and outcomes were generally very good and there was excellent support to help women stay in touch with their family and friends. The mother and baby unit (MBU) and Acorn House were exceptional examples of this. There was good support for women who had experienced trauma, including bereavement, and the help given by prison offender managers (POMs) and key workers was very positive. Joint working between POMs, two forensic psychologists, the family worker and two resettlement workers was cohesive, supportive and effective. However, some of the weaknesses we

found at our last inspection in the recording, application and management of child contact restrictions persisted.

We could not understand why women had to submit overly detailed and prescriptive ROTL plans four weeks ahead of each home leave. It was clearly causing women great fear and anxiety, to the point that some said they could potentially cause a ROTL failure by not sticking to every little detail of the plan. Resettlement planning for release was good but it was difficult to understand why accommodation outcomes were not being measured in a far more robust way to evidence longer-term housing after release.

Askham Grange continues to be a very high performing prison through solid and clear leadership, supported by a community ethos and excellent joint working. It is a shame that too few women are transferred there and HMPPS should look at how more women can benefit from such a valuable opportunity in preparation for release.

Charlie Taylor

HM Chief Inspector of Prisons

August 2023

What needs to improve at HMP & YOI Askham Grange

During this inspection we identified seven key concerns, of which two should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Too few women were benefiting from the excellent rehabilitation and resettlement opportunities at Askham Grange.** A quarter of places at the prison were unoccupied, even though many closed prisons were holding women assessed as suitable for open conditions.
2. **Leaders and managers had not been able to recruit to key leadership, teaching and training posts, which was limiting the range of education and training provision available to women.**

Key concerns

3. **In our survey, far more women than at our last inspection said they had felt unsafe at some point during their stay at the prison.** In addition, far fewer women than at the previous inspection said staff treated them with respect and far more that they had received verbal abuse from them.
4. **Women were unable to review or seek to improve their employment-related skills as recording of these achievements was not effective.**
5. **Plans for release on temporary licence (ROTL) home leave were unnecessarily detailed and prescriptive.** Many women described fearing failure due to the requirement to develop very early prescriptive plans. They said it was very difficult to set out, several weeks in advance, every detail of what they would be doing during home leave and exactly when.
6. **The application and oversight of child contact restrictions required improvement.**

About HMP & YOI Askham Grange

Task of the prison

Askham Grange is a women's open resettlement prison with the primary aim of promoting effective rehabilitation and success on release.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 94

Baseline certified normal capacity: 128

In-use certified normal capacity: 128

Operational capacity: 128

Population of the prison

- Around 80% of the population were accessing release on temporary licence for a wide variety of purposes, including employment.
- 113 prisoners had transferred into the prison in the last year.
- Eight prisoners a month had been referred for a mental health assessment over the last year.
- 8.8% of prisoners were from black and minority ethnic backgrounds.
- 23 prisoners were receiving support for substance misuse.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Inclusion

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison department

Women's estate

Prison Group Director

Carlene Dixon (acting)

Brief history

HMP & YOI Askham Grange is a women's open prison on the outskirts of York in North Yorkshire. The prison was opened in January 1947 and was the first prison of its type for women. It consists of a Victorian country house built in the 1880s with extensions added in the mid-1990s, including a mother and baby unit.

The prison is managed jointly with HMP & YOI New Hall, a women's closed prison near Wakefield, West Yorkshire, and shares the same governing governor and some other senior leaders.

Short description of residential units

The main house has 51 single rooms and some dormitories which each hold up to six residents. The annex to the main house provides a further 21 bedrooms.

The mother and baby unit can accommodate up to 10 mothers and 11 babies.

The Acorn Centre has 20 single rooms and one double.

Acorn House is a standalone building within the prison grounds with five bedrooms that enables women to spend time with their children and a family member, often overnight, in a domestic environment.

Name of governor and date in post

Julia Spence, August 2019.

Changes of governor since the last inspection

Acting governor Natalie McKee in post from November 2018 to September 2019.

Independent Monitoring Board chair

Stephen Beyer

Date of last inspection

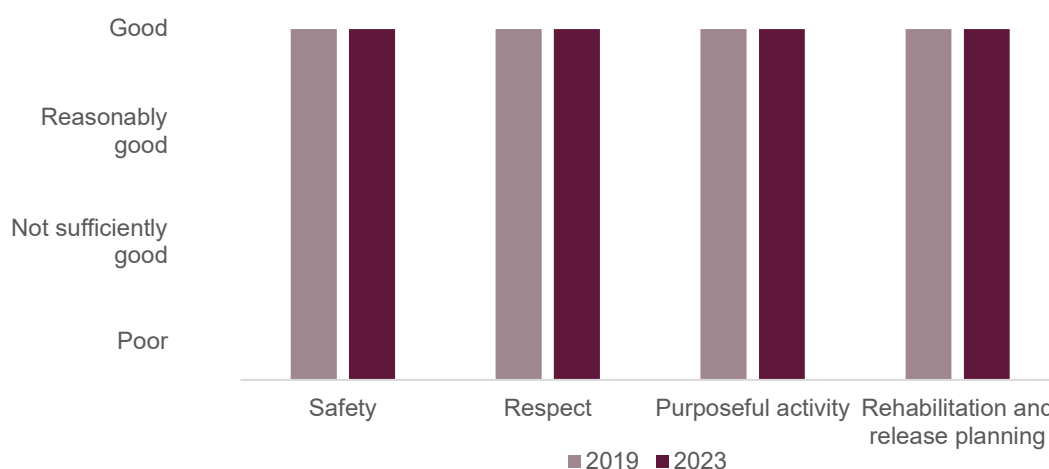
1–5 April 2019

Section 1 Summary of key findings

Outcomes for women in prison

- 1.1 We assess outcomes for women in prison against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Askham Grange, we found that outcomes for women were:
- good for safety
 - good for respect
 - good for purposeful activity
 - good for rehabilitation and release planning.
- 1.3 We last inspected Askham Grange in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Askham Grange healthy prison outcomes 2019 and 2023



Progress on key concerns and recommendations

- 1.4 At our last full inspection in 2019 we made 13 recommendations, one of which was about an area of key concern. The prison fully accepted nine of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.
- 1.5 At this inspection we found that the one recommendation about a key concern in the area of rehabilitation and release planning had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.6 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.
- 1.7 Inspectors found four examples of notable positive practice during this inspection.
- 1.8 The 'Hope' programme, a psychologically informed intervention to help women cope in an open prison setting, was a key component in the approach to promoting positive behaviour. It included work to help women understand their emotions and develop positive coping strategies when faced with significant changes in their lives. Women who had taken part were overwhelmingly positive about its benefits and the coping strategies they had developed. (See paragraph 3.8.)
- 1.9 Acorn House was an excellent facility in which women could apply to stay overnight with their children and one female adult relative. It was also used when a visit needed to be held in private, such as contact prior to adoption or children's services risk assessment sessions. (See paragraph 4.5.)
- 1.10 Safer prescribing was enhanced by the checking and reconciling of patients' medicines every three months. This reduced the likelihood of illicit trading between prisoners. (See paragraph 4.75.)
- 1.11 The range of initiatives to promote reading was impressive. These included placing a book on the bed of all new arrivals to encourage them to read and to promote the use of the library. The 'blind date with a book' project also enabled women to select a wrapped gift that provided a surprise read. (See paragraphs 3.4 and 5.4.)

Section 2 Leadership

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

- 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 ensured the prison had recovered quickly following the restrictions of the pandemic and had maintained good outcomes in our four healthy prison tests. A culture that enabled and empowered women to succeed in prison and after release was actively promoted, with release on temporary licence (ROTL) used extensively to support this.
- 2.3 The population at Askham Grange was well below capacity, with quarter of places unoccupied; this despite there being many eligible prisoners still held in closed conditions, and as such constituted a waste of valuable resource. Leaders at the prison had done their best to increase the number of women being transferred in, but this effort required more support from HMPPS.
- 2.4 The prison was well led and its joint management with HMP New Hall was effective. The deputy governor at Askham Grange was a regular presence on the wings, but women were more critical about the helpfulness of other staff.
- 2.5 The prison's self-assessment report set out sensible and appropriate priorities, but needed to include clearer measures of success. Data collection, analysis and use were weak in some areas. For example, not enough was done to identify and address disparities in outcomes for prisoners from protected groups.
- 2.6 Leaders had not yet been able to recruit a head of learning and skills and some teaching and training positions were vacant, which affected delivery. The head of business assurance was part-time, which was not sufficient for such an important function. Leaders struggled to staff the chaplaincy and, with no managing chaplain, support for prisoners was more limited than we see in many other prisons. All officers were experienced with leaders taking the decision to deploy only those with over two years in service.
- 2.7 Almost all staff agreed with the governor's priorities and morale was high compared with many prisons. Most officers led by example, but this was undermined by a few who were described by women as abrupt or unhelpful. In our survey, for example, over a quarter of women said

they had experienced verbal abuse from staff, and a third said they had felt unsafe at some point while at the prison. Both findings were significantly worse than at our last inspection. Leaders did not have a good understanding of the potential causes of these negative findings.

- 2.8 There was very effective multidisciplinary working and the oversight of risks was proactive. The two forensic psychologists were included in the senior leadership team and were valued. Leaders, for example, made excellent use of their expertise, including supporting prison offender managers (POMs) in managing women with more complex issues.
- 2.9 Promoting positive behaviour was at the heart of leadership and the culture of the prison. It was primarily promoted by access to ROTL and other rehabilitative opportunities, but leaders and managers also used challenge, support, and intervention plans (CSIPs, see Glossary) effectively and the useful risk escalation panel and safety intervention meeting added to the management of behaviour. Leaders had also implemented the 'Hope' programme (see paragraph 3.8) and had made sure that key work (see Glossary) was effective, and central to progression and encouragement.
- 2.10 Leaders had improved living conditions and had bid for further resources to make improvements. Disappointingly, funding to develop the mother and baby unit outdoor play area and to increase self-catering opportunities had been unsuccessful to date.
- 2.11 Leaders had developed and maintained strong joint working arrangements across functions and with other agencies. The education curriculum had been reviewed, and leaders and managers had an accurate overview of the provision ensuring, for example, an effective reading strategy. Education leaders and managers focused well on providing prisoners with the skills and personal attributes that they needed for successful resettlement.
- 2.12 Leaders had developed and sustained a range of support for women to enhance their chances of successful resettlement. The mother and baby unit and Acorn House were exceptional examples of additional support.

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 New arrivals were supported well, and they usually arrived early enough in the day to settle in. The reception area was a welcoming environment and new arrivals were provided with a range of information and could speak to an officer in private.



Reception

- 3.2 The refurbished information room was a pleasant and confidential space in which women could relax. The reception orderly provided refreshments and escorted new arrivals to the health centre for their initial assessment.



Information room

- 3.3 Some women described feeling misinformed by staff from their sending prison about what to expect when they got to Askham Grange, particularly the time it took to access release on temporary licence (ROTL); most thought this would happen almost immediately whereas in reality it could take up to two months to enable completion of comprehensive risk assessments.
- 3.4 The first night dormitory was in the main house, nearer to the staff office, and was pleasant and well prepared. New arrivals had a reading book and some craft equipment placed on their bed, which they described as thoughtful and welcoming (see paragraph 5.4). In our survey, 88% said they felt safe on their first night, but some found the welfare checks by staff during the night to be intrusive, although they acknowledged the need for them.



Induction dormitory

- 3.5 Leaders recognised that peer support for new arrivals had lapsed over recent months, and this was reflected in our survey results; only 28% of respondents said they had received support from another prisoner on their first night, compared with 61% at the last inspection, and only 15% said they had been offered the chance to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).
- 3.6 Women moved on quickly from the induction dormitory but the process for moving rooms had become confused. Some said that staff told them to find their own room to move into, which left them feeling very unsafe and anxious. Other officers were more supportive and helped women to identify an appropriate room, showed them round and introduced them to others they would be sharing with.
- 3.7 The induction programme had been reviewed and was comprehensive. However, in our survey only 59% said it covered everything they needed to know, compared with 79% at the last inspection. Peer supporters delivered parts of the programme, but there was comparatively little oversight from officers. While it was appropriate to expect women to contact relevant departments themselves, record-keeping of the completion of induction was weak, and we were not assured that all had done the full programme.
- 3.8 The four-session psychologically informed Hope programme was excellent. While attendance was voluntary, women were encouraged to join the group soon after their arrival and could also join at other times or repeat the group if they experienced difficulties later in their stay. The intervention aimed to support women in their transition from a closed to open prison, help them understand their emotions and

develop positive coping strategies to manage change. Women who had done the programme were overwhelmingly positive about the benefits and coping strategies they had learned. The seventh group began during the inspection week, and so far, 25 participants had completed it since its introduction in November 2022.

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

- 3.9 Leaders and staff knew their population well and had cultivated a strong sense of community with a positive culture that focused on enabling and empowering women to lead successful lives in prison and on release. Most officers understood and were invested in the ethos of the prison, and were aware of the impact that previous trauma could have on the behaviour of some women.
- 3.10 The staff-prisoner interactions we saw were constructive and respectful. Many women described positive support they had received from individual staff and departments. While some staff were more visible than others, women told us that most leaders and staff were approachable and that they felt listened to. However, in our survey, only 65% of women compared with 92% at the last inspection felt that staff treated them with respect, and 28% compared with 8% said staff had verbally abused them (see paragraph 3.19). Some women described a few staff as being curt and unhelpful and, while not widespread, it seemed the attitudes and actions of a few were undermining otherwise very good relationships.
- 3.11 Key work was a real strength and was among the best we have seen. It was meaningful, engaging and supported sentence progression. A high number of key work sessions were delivered, and contact was generally every two weeks, which was good. Records reflected evidence of information sharing with other departments and of appropriate challenge, support and praise. In our survey, 89% of women who had a key worker said they were helpful.

Reducing self-harm and preventing suicide

- 3.12 The positive ethos of the prison and pleasant environment supported women and promoted their well-being. Self-harm was rare with only two incidents in the last year, despite the prison accommodating some women with a history of self-harm. Women cited the space, freedom, support from staff and peers, and progression opportunities as protective factors that helped them cope without the use of self-harm.

- 3.13 Staff were skilled in spotting escalating vulnerabilities, and their knowledge of individuals enabled them to identify and respond quickly to changes in demeanour and behaviour. When women were struggling, staff analysed their individual risks and circumstances at a range of meetings and put in place appropriate support. A small bedsit in the main house was used to support vulnerable women who were struggling or who needed some time away from their peers.
- 3.14 The safer custody team knew the population well. They were accessible and known by women, who described them as very supportive. Women found the distraction activities helpful and regularly requested items, which included craft and artwork as well as stress relievers, such as fidget or sensory toys.
- 3.15 Assessment, care in custody and teamwork (ACCT) case management for those at risk of self-harm or suicide was not needed often - only 16 documents had been opened in the last year. They were effective in supporting women through their period of crisis, and those we reviewed were completed to a good standard. There was generally a consistent case coordinator, care plans were comprehensive and kept women purposefully occupied, reviews were multidisciplinary, and interactions with women were regular and engaging. On the rare occasions when it was necessary to return someone to closed conditions due to their risk of self-harm or suicide, staff continued to support them through their crisis and returned them to Askham Grange at the earliest opportunity.
- 3.16 Eight trained Listeners were well promoted across the prison. Although used relatively infrequently on a formal basis, they were often sought out by women more informally to provide emotional support. Women could also make free telephone calls to the Samaritans as needed.

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

- 3.17 There had been one self-inflicted death since the last inspection. The Prisons and Probation Ombudsman had investigated the suicide and leaders at the prison had responded well to addressing the three recommendations.

Protecting women, including those at risk of abuse or neglect

- 3.18 Staff we spoke to had a reasonable awareness of the safeguarding policy and understood the principles of protecting women (and children who lived in the prison) at risk of abuse, neglect or mistreatment. Although links with the local safeguarding adults board had deteriorated since the last inspection, leaders were working hard to reinstate them (see paragraph 4.63).

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

- 3.19 The prison remained calm, relaxed and safe. In our survey, only 13% of prisoners said they felt unsafe at the time of the inspection, and there had been no recorded incidents of violence since the last inspection. But some negative perceptions were reflected in our survey. For example, 35% said they had felt unsafe at some point at Askham Grange, compared with 13% in 2019. However, women we spoke to described feeling unsafe due to worries about failing and being returned to closed conditions rather than the risk of violence or threats. There had been an increase to 28% in those who said they had experienced verbal abuse from staff, from 8% in 2019, and women said a very small number of officers had a more negative attitude towards them (see paragraph 3.10).
- 3.20 There were many meaningful incentives for women to behave well. Progressing to ROTL was the key motivating factor, as it allowed women to access work and spend time in the community with their children, families and others important to them (see paragraph 4.2). Good behaviour was also promoted through the positive ethos of the prison, opportunities to take up peer working roles, the very pleasant outdoor space (see paragraph 4.18), good living conditions and proactive support provided by key workers, POMs and others.
- 3.21 A creative reward and recognition scheme had been reviewed and re-introduced. This included staff nominating women for a reward, and a quarterly ceremony where women were presented with certificates from the deputy governor and also given a small amount of money to spend at the café in the main house.
- 3.22 The safer custody department had received around 150 referrals in the last year for low-level antisocial behaviour, including bullying and arguing. Throughout the inspection, women said that staff were effective at identifying bullying when it did happen, and that the safer custody team was approachable and supportive. Responses to any incidents of antisocial behaviour were quick and effective, which stopped them escalating into violence. The daily tasking and update briefing meetings and the weekly safety intervention meeting enabled staff to identify issues quickly and deal with them responsively and constructively, for example moving women to different locations in the prison if needed.
- 3.23 Women were encouraged to resolve conflicts informally and to engage with mediation. This was normally delivered by the safer custody team who had good relationships with prisoners and had also recently

received training from the psychology department in how to promote conflict resolution.

- 3.24 Challenge, support and intervention plans (CSIPs, see Glossary) were rarely needed but, when they were used, they provided good individual support. A consistent case coordinator from the safer custody team, alongside staff from other departments such as mental health and offender management unit (OMU), met regularly with those on a CSIP. Targets were relevant to what each prisoner needed and were achieved before the CSIP was closed.
- 3.25 Most women were on the enhanced level of the incentives scheme. Oversight of the few on standard required improvement as one prisoner had remained on this level despite many recent positive entries from a range of staff.

Adjudications

- 3.26 There had been 121 adjudications in the last 12 months, which was more than at the previous inspection. The most common charge, issued in about half of cases, was when women failed a mandatory drug test. Most of these were dismissed as women had tested positive because of the prescribed medication they were taking.
- 3.27 Some charges were for prisoners who failed to comply with their ROTL conditions, for example returning to the prison late. Records showed that in these situations there was sufficient exploration of the reasons behind what happened, as well as a thorough review of the prisoner's behaviour, which was considered before deciding if a sanction was necessary. In the 10 adjudications we reviewed, the awards given were sensible and proportionate.
- 3.28 A quarterly standardisation meeting reviewed the tariffs and monitored data. Around 10% of adjudications were quality assured by the deputy governor each month. This was effective in identifying some minor procedural errors and recording practices, which were subsequently addressed.

Segregation

- 3.29 While there was no segregation unit, women waiting to be returned to a closed prison due to increased risks of absconding were sometimes locked in a small bedsit. Their length of stay here was not monitored well enough and paperwork authorising removal from association, which would normally include input from the health care department, was not completed. We had raised this issue at our last inspection, but leaders had not addressed it.

Use of force

- 3.30 The use of force against women to manage poor behaviour had not occurred since our last inspection. There was appropriate oversight and systems to review and scrutinise any use of force should it happen.

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.

- 3.31 Security was well managed and proportionate to the risks associated with an open prison. There were good links with the local police to share information and manage potential risks. The 1,355 intelligence reports submitted by staff in the last year had been collated promptly and analysed by the regional intelligence team. Risks identified were shared at the daily tasking and update briefing meeting to make sure that all staff were aware of them.
- 3.32 Leaders had reviewed the local searching strategy based on intelligence and data to make sure the number of routine searches before visits and upon returning from ROTL remained proportionate and necessary. All intelligence-led searches, alcohol and mandatory drugs tests had all been carried out in good time.
- 3.33 Despite our survey results showing that women thought drugs and alcohol were easy to get in the prison, little other evidence supported this. In the last year, there had only been 15 finds of items such as drugs, alcohol and phones, and the mandatory drug test (MDT) positive rate was very low at under 1%.
- 3.34 In the last year, there had been 21 ROTL failures, with six in the previous month. Most were not for serious breaches and included prisoners returning to the prison later than they should have. These were managed appropriately through the adjudication and incentives schemes, and most women stayed at Askham Grange. More serious ROTL failures, such as leaving a work placement without permission, were dealt with appropriately by leaders and these responses, which sometimes included a return to closed conditions, were justified (see paragraph 3.27).
- 3.35 In the last year, 25 women had been returned to closed conditions. There was a range of reasons for this, including an escalating risk of absconding, repeated poor behaviour or specific health care needs. Every effort was made to make sure that they could continue their progress by returning to open conditions once the risks or needs had been managed, and this had happened in 10 of the 25 cases.
- 3.36 The introduction of a risk-escalation board improved leaders' decision-making and provided good oversight and effective management of women. In situations where the board agreed that women could remain in open conditions, a detailed support plan was put in place to manage the risks and associated behaviour.
- 3.37 Two women had absconded from the prison in the week before our inspection, but such incidents were very rare. Leaders had responded

quickly through a local investigation and review to identify the reasons behind them and see if any improvements to security were needed.

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 Work to help women maintain contact with their children and families remained a strength and the range of support available was impressive. In our survey, 69% of women said that staff had helped them to keep in touch with their family and friends.
- 4.2 ROTL was one of the main ways women were able to maintain relationships (see paragraph 3.20). Around 14% of all ROTLs in the last year were aimed at maintaining family ties (see paragraph 6.4) and they were valued by women. In our survey, when we asked what the most positive thing about the prison was, one respondent said:

'Access to ROTLs. Being able to go home and re-establish my relationship with my children. This is such an amazing opportunity, one for which I am very thankful. Having access to this has helped me to spend valuable time with my children, which improves their mental health as well as my own.'

- 4.3 Leaders had developed several other initiatives. PACT (Prison Advice and Care Trust) had recently started family days for adults in addition to those involving children. The family days for adults included an introduction from various departments about their work with women, followed by a tour of the prison and visits to the prisoner's bedroom, gardens and the library, before finishing with an extended social visit. Themed family days run by Action for Children (AFC) were also very popular.
- 4.4 Women appreciated the good support they received from the PACT family engagement worker who helped them communicate effectively with schools and local authorities, often through using video-calling. PACT welfare grants were also available to women who needed help after release. These could be used at supermarkets and on school uniforms for children. In the last year, 67 grants had been issued to prisoners and their families (see paragraph 6.25).

- 4.5 Acorn House was an excellent facility where women could stay overnight with their children and one female adult relative. The facility also allowed other types of contact, such as final visits by children before adoption. In the previous year, 33 prisoners had used Acorn House for overnight stays with family, supervised contact with children or final contact sessions.



Acorn House

- 4.6 Living conditions on the mother and baby unit were clean, comfortable and welcoming, but the outside play area required improvement. It was positive that babies and children had regular opportunities to experience time in the community with their mothers or nursery staff.



Clockwise from top left: the outside of the mother and baby unit; the view from the unit; inside the unit

- 4.7 Pregnant women or those who had recently had a baby described the pregnancy, mother and baby liaison officer as being incredibly helpful and supportive. The introduction of this role had been very positive and ensured that women could access a broad range of help, such as getting contraception before ROTL, attending hospital appointments and also support with parenting skills.
- 4.8 Social visits took place in the dining hall on Saturdays and Sundays for two hours. There was a colourful soft play area for children as well as a refreshments bar that served snacks and hot drinks.
- 4.9 There were no telephones in the bedrooms and some persistent problems with the quality of the phone line caused considerable frustration for women. The prison's own mobile phones would have provided a cheaper and more reliable option, but hardly any were available.

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

- 4.10 The small population, free movement around the site and informal channels of communication enabled women to have their views considered by staff and leaders. The deputy governor was visible around the prison, which promoted consultation, but prisoners said some other leaders were less visible and in our survey, 58% said they could speak to leaders or managers if they wanted to. Women's perceptions about consultation had deteriorated since our last inspection. In our survey, only 58%, compared with 86% at our last inspection, said they were consulted about key issues, and only 41%, against 72%, said things changed as a result.
- 4.11 The prison council provided a formal avenue for women to raise issues. Despite some evidence of changes resulting from the meetings, women continued to lack confidence in its effectiveness and said that some recurring issues persisted. Leaders did, however, promote changes made by them through 'You said, we did' newsletters. The whole community was invited to attend council meetings, which was impressive, and leaders were adapting the timetable to make them more accessible to women who were out of the prison on ROTL.
- 4.12 Peer support was used well with 24 posts available. These were voluntary and covered a range of departments, including safety, equalities and the Hope programme. Some peer worker roles lacked sufficient oversight from staff, for example, Buddies and the induction mentors.

Applications

- 4.13 The applications system was effective, and forms were readily accessible in the prisoner information room. In our survey, most women said that it was easy to make an application and were positive about them being dealt with fairly and in reasonable time.

Complaints

- 4.14 There had been 116 complaints in the last year. Most were about access to property and issues such as room sharing. In the sample of 10 complaints we reviewed, women received prompt responses and there was some evidence that they were spoken to directly to resolve their issues, which was good. Responses were polite and explored the issues in detail.

- 4.15 Despite this, only 26% of women in our survey who had made a complaint felt they were dealt with fairly, compared with 71% last time. Reasons for these perceptions were unclear. Forty-six per cent of women surveyed said they had been prevented from making a complaint, and the lack of freely available health care complaint forms may have contributed to this (see paragraph 4.34).

Legal rights

- 4.16 The legal rights provision was adequate for the type of prison. It was rare that women required legal visits, although they could see their legal representatives in a private room or via video calls. There were appropriate processes to make sure that legal mail was not opened unnecessarily, and the library provided a range of legal texts.
- 4.17 There were nine women actively pursuing legal issues through the family court and it was positive that they were supported in this.

Living conditions

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

- 4.18 Living conditions were good and had benefited from investment to make improvements, with further bids in the pipeline. The living environment was welcoming and enhanced by expansive grounds, which were very pleasant and well used by the women.



The grounds

- 4.19 Communal areas were decorated with creative and informative displays, and several had soft furnishings for women to use during recreational and social periods, including the café and library. In our survey, 83% of women said communal areas were clean.
- 4.20 Shared bathrooms and toilets were kept extremely clean and laundry facilities were in good working order. In our survey, almost all women said they had enough clean clothes and sheets each week.
- 4.21 Bedrooms were well-equipped and personalised by the women. They lived in the main house, the annexe, the mother and baby unit or the Acorn centre. Most accommodation in the main house was in spacious shared rooms, with mainly single rooms in other accommodation across the prison. The mother and baby unit was clean, comfortable and welcoming, but the outside play area needed repair.



The main house



A bedroom in the main house

4.22 In our survey, 78% of women said the food was good. The unlimited salad bar at lunchtime was excellent, as was the opportunity to eat meals together in the dining hall. Funding bids to install self-catering facilities had not yet been successful, which was a missed opportunity to encourage women's independence.



Salad bar

- 4.23 The shop provision was adequate, although in our survey fewer women than last time said it catered for them (62% compared to 83% in 2019). It was positive that those accessing ROTL could make online purchases, and women could buy snacks and refreshments from the in-house coffee shop with a personal top-up card, which was a welcome initiative.

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance misuse 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.

- 4.24 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.25 There was effective partnership working between the health service commissioners and providers and the prison via a regular partnership board, quarterly service review meetings, informal liaison with the head of health care and oversight from the North of England Female Prisons Partnership Board. Planning for a new population health needs assessment, necessary to guide service developments, had commenced as the previous one was out of date.
- 4.26 Health services were provided by Practice Plus Group (PPG), which subcontracted mental health and substance misuse psychosocial services to Inclusion (Midland Partnership University NHS Foundation Trust). PPG and Inclusion had an integrated approach to care delivery and governance. Health services were well led.
- 4.27 Clinical governance had improved since our last visit with better oversight, including an on-site senior nurse who was supported by the head of health care for Askham Grange and New Hall prisons. The clinical team was small, with regular agency staff to cover sickness and annual leave. Staff were in date for mandatory training and were well supervised.
- 4.28 Clinicians worked cohesively with prison leaders and attended key meetings, such as the safety intervention meeting (see paragraph 3.22), and met weekly with the mother and baby unit staff to coordinate care. The health department held twice-daily staff handover meetings which, along with weekly complex case meetings, ensured that emerging clinical and safeguarding concerns were mutually considered.

- 4.29 Local incident reporting was encouraged through the Datix system, and the head of health care had good oversight of national PPG lessons learned. Clinical audits occurred as stipulated by PPG, for example twice-yearly 'protect' audits and regular sampling of clinical notes. Lessons learned were shared with staff to improve the service.
- 4.30 Staff were well trained and professional. They had access to necessary, regularly checked equipment. There were robust arrangements to respond to medical emergencies when the health care team were on-site. Clinical staff were additionally trained in paediatric basic life support, and resuscitation equipment contained relevant paediatric airway support.
- 4.31 The health centre was welcoming, well maintained, clean, and met infection prevention and control standards.
- 4.32 The service operated from 7.30am to 5.30pm on weekdays with medicines administration only at 8.30am to 10.30am at weekends, which did not suit the needs of women working outside the prison. External workers had to request time off to attend medical appointments, and those we spoke to expressed a preference for evening or weekend access to health care. The head of health care was aware of this gap and had taken steps to raise the issue with commissioners.
- 4.33 Patients had access to a female GP on request, though this option was poorly advertised. There was a twice-daily opportunity for women to attend health care for triage if they felt unwell, which was valued by those we spoke with.
- 4.34 The health complaints system was poorly advertised. Patients wanting to complain had to request a form from the health care receptionist, which may have resulted in low numbers of complaints being received. (see paragraph 4.4) This process required improvement, which the senior nurse agreed to address.

Promoting health and well-being

- 4.35 There was no prison-wide strategy for promoting prisoner well-being, although there were various events throughout the prison. The governor accepted that better coordination of activities could be more efficient.
- 4.36 A monthly PPG patient newsletter contained useful information about waiting times and missed appointments, and promoted health topics. A recent evening sleep awareness quiz had been well attended, with good feedback.
- 4.37 Extensive health promotion information was displayed throughout the prison, but only in English. We were informed that other languages were available on demand. Telephone interpreting services were available for health appointments, if required.

- 4.38 Patients had access to disease prevention measures such as checks on sexual health and blood-borne viruses. The practice nurse reviewed all new patient notes and invited them to attend for national programmes, such as breast cancer and cervical smear screening.
- 4.39 There was a new peer health champion, supervised by a nurse. The champion was revamping the well-being leaflet and had planned a programme of health care forums and patient events from July 2023, which was promising.
- 4.40 The service had adopted national guidance on managing outbreaks of communicable diseases, and followed national guidance on the management of COVID-19, which was good.

Sexual and reproductive health (including mother and baby units)

- 4.41 Screening for women's sexual and reproductive needs commenced at reception and was followed up as necessary with pregnancy and other diagnostic tests, assessment and treatment. Clinical staff were trained and prepared to recognise signs of female genital mutilation, as were the midwives.
- 4.42 Emergency contraception was available, and we observed women dropping into the health centre to discuss their health concerns. Contraception and sexual health advice were delivered by suitably qualified staff with barrier protection, including dental dams, available to women and on release. Women considering termination of a pregnancy had access to essential counselling services.
- 4.43 The prison menopause ambassador, PPG menopause champion and a GP with a special interest offered confidential and informed advice to women experiencing effects from the menopause.
- 4.44 Preparation for childbirth was to NHS maternity standards. All frontline staff had been trained to recognise the signs of the onset of labour and premature labour and knew what steps to take. Emergency birthing packs were strategically sited at reception and in the mother and baby unit (MBU).
- 4.45 The MBU and nursery were enabling environments being modern and well equipped, promoting psychological well-being for mothers and children, and had selected and trained staff to work in this sensitive environment.
- 4.46 There was usually at least one pregnant woman at the prison at any time. A comprehensive perinatal pathway was in place, overseen by the prison's MBU liaison officer who was, helpfully, based on the MBU. Mothers spoke highly of the two named midwives who regularly visited the prison and who were easily available by telephone. All mothers confirmed they had birthing plans, prepared with the midwife and liaison officer.
- 4.47 Postnatal health care for mother and baby was to NHS standards. Mothers had extended contact with midwives post-delivery and valued

the health visiting service, which gave clear advice enabling women to make informed choices about raising their babies. Additionally, a perinatal mental health nurse was accessible, if required. Women told us they appreciated the support available to them.

- 4.48 The MBU staff and health visitors were clear on evidence-based maternal and child nutrition, including breast-feeding advice, which mothers could reiterate, although they could order and/or cook other foods for themselves and the children if they preferred. There were suitable 24-hour arrangements for mothers who were formula-feeding. One mother volunteered that she had been supplied with training and suitable equipment to express and store milk in a refrigerator in her room.
- 4.49 The liaison officer carefully coordinated the work of other departments so that children and mothers due to be separated received sensitive and individualised support to minimise distress. They also supported women following the loss of a child or would signpost to suitable services.

Primary care and enhanced units (inpatients and well-being units)

- 4.50 Primary care services were well managed, met the needs of the patients and achieved good outcomes.
- 4.51 Nursing staff ensured all new arrivals received an initial thorough screening and secondary health assessment, focused on the needs of women. Patients' clinical records were obtained from the community GP with consent, and practitioners used the patient's history to inform treatment. On arrival, medicines were also checked with community prescribers to enable continuity of treatment. There were suitable contingency plans to meet the needs of women arriving without the required medicines.
- 4.52 Primary care services were accessible promptly. Health appointments were well managed. A confidential and effective system allowed patients to access the appropriate health care professional as clinically indicated. Waiting times were short and women told us there were no difficulties accessing health services.
- 4.53 Patients with long-term conditions and complex health needs were well managed. Although some care plans required more detail, nursing staff identified care needs and delivered the required health inputs.
- 4.54 In our survey, women were less positive about health care than in 2019, although we found the care provided was to a high standard, promoting good outcomes.
- 4.55 Patients received suitable secondary care services, and health care professionals were able to enter the prison when needed to treat them. Where care was required in the community, the prison enabled patients to attend their appointments without disruption.

- 4.56 When patients were preparing for release, health services shared appropriate information with partner health services to provide continuity of care.
- 4.57 At the time of the inspection, there were no patients receiving end-of-life care. The prison had a local policy to make sure that, if necessary, a patient's needs would be met.

Mental health

- 4.58 The Inclusion mental health team of nurses and visiting psychiatrist had been enhanced with regular clinical psychology sessions, and the prison's own neurodiversity service. Staff were well supervised and highly competent. The needs of the patients were well met.
- 4.59 Women were screened during reception and, impressively, all frontline staff and many non-operational staff had been trained in mental health awareness and used the threshold assessment grid (TAG) to identify women to refer for assessment.
- 4.60 About a third of the population required mental health services and received prompt assessments with short waiting times for therapy. There was an expanded range of cognitive and psychotherapeutic approaches to meet the diverse needs of patients, especially those with trauma-related problems. Additionally, the Samaritans and Cruse bereavement counselling were available to support women if needed.
- 4.61 Mental health practitioners supported the work of other departments including forensic psychology, neurodiversity, the MBU liaison officer and safer custody to coordinate multidisciplinary care of patients.
- 4.62 Clinical notes were excellent, with 96% compliance with standards at audit. Use of the care programme approach was infrequent but correct.

Social care

- 4.63 York City Council had not yet signed a memorandum of understanding for the provision of social care, despite repeated approaches by prison leaders. In the absence of social care provision, women requiring assistance with personal care out of hours would have to be transferred back to a closed prison, which was unacceptable. The local authority took steps to address this situation when we brought it to their attention.
- 4.64 It had not been possible to arrange a social care assessment for a woman in need recently. However, PPG had forged links with the local NHS community occupational therapy team, which had promptly completed an assessment and had resulted in the prison purchasing recommended equipment for social care support, in the absence of local authority service provision.

Substance misuse and dependency

- 4.65 Women told us their needs were met by the Inclusion substance misuse service. Women spoke highly of the support on offer and described a caring and proactive team. All women entering the prison were seen by Inclusion within five days and offered support specific to their needs.
- 4.66 Staff were skilled and knowledgeable, and the care provided was effective and in line with current clinical guidance. Women were involved in constructing their recovery plans, which were of good quality, and demonstrated that they had choices in developing individual treatment approaches.
- 4.67 Few women were in receipt of opiate substitution therapy (OST). OST was administered safely, as prescribed. Staff liaised with the previous prescriber where necessary to meet women's clinical needs. Multidisciplinary medication reviews were conducted in line with guidance to ensure effectiveness of the treatment. Clinicians had commenced prescribing prolonged release medication (buvidal), which had improved outcomes for several patients.
- 4.68 The service was active in identifying innovative ways to support women. This included the use of community mutual aid groups, such as Alcoholics Anonymous and Narcotics Anonymous, including one specifically for women. The team had credible plans to improve group work packages and provide more evening sessions for women unable to attend during core working hours, which would improve accessibility.
- 4.69 Harm-reduction advice was given at every stage of treatment and was specific to the women's needs. Women approaching release were involved in constructing their release plans and appropriate referrals were made to community providers. Harm-reduction advice was given to leavers, and training in use of naloxone (a drug to manage substance misuse overdose) and supplies were given to women choosing to have it, an improvement since 2019.
- 4.70 The prison's drug strategy included appropriate supply reduction and recovery treatment components, and Inclusion participated with key stakeholders in its implementation and delivery. Prison officers had received training to understand the issues affecting women with substance misuse needs, which enabled a supportive approach.

Medicines and pharmacy services

- 4.71 Pharmacy services had been brought in house by PPG, resulting in professionalisation and lower risks to safety. Pharmacy technicians were on site weekly for stock and standards checks and to give advice to patients on medicines use. The regional pharmacist ensured professional oversight of the pharmacy and supervised technicians.
- 4.72 The medicines supply chain was more secure with deliveries from HMP New Hall direct to the health centre. The medicines administration

room had been improved. Management of named-patient, over-the-counter and patient group direction (PGD) medicines (prescription-only medicine supplied and administered by authorised appropriate health care professionals) was robust. Unused medicines, including controlled drugs, were disposed appropriately.

- 4.73 An independent nurse prescriber was on site who, along with the visiting GPs, provided swift access to prescribed medicines. Junior nurses were being trained in the use of PGD medicines by the nurse prescriber, which would enable wider access for patients.
- 4.74 Medicines administration was now available at weekends, ensuring those requiring controlled drugs received them as prescribed.
- 4.75 Around 98% of medicines were given to named patients, with paper copies of each prescription, which made it possible to audit levels of in-possession medicines precisely. Medicines were reconciled every quarter, which reduced the likelihood of illicit trading of medications between prisoners. A new medicines locker had been installed, which enabled women working out of the prison to collect medicines at times suitable to them. There was no evidence of the trading of prescribed medicines.
- 4.76 Take-home medicines were provided for patients on release, following a medicines review. Patients on ROTL usually received their not in-possession medicines daily, prior to going out, which worked well.

Dental and oral health

- 4.77 The women made use of community based dental services and reported that they were able to access services when needed, with waiting times comparable to the community.

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 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

- 4.78 Despite the small number of women at the prison, there was a fairly diverse population. Whilst our survey did not show any significantly different outcomes for protected and minority groups, leaders had not collated, analysed or used data well enough to monitor potential disproportionality. Although in its infancy, leaders were beginning some work to address this.

- 4.79 Formal consultation meetings with prisoners in protected and minority groups had dwindled. Although leaders had made efforts to run several forums, they had struggled to get women to attend. However, this was mitigated by strong key work and the comprehensive knowledge that staff had about women, which allowed them to meet individual needs.
- 4.80 Seven discrimination incident reporting forms had been submitted in the last year. While responses were prompt, investigations lacked rigour and some prisoners did not receive a formal written response. These weaknesses had already been identified through quality assurance and leaders were taking steps to improve the process, including consultation with the Muslim Women in Prison organisation and training from the Zahid Mubarak Trust.

Protected and minority characteristics

- 4.81 Just under 10% of the population were from a minority ethnic background. Those we spoke to told us they had received or observed differential treatment from both staff and other prisoners, who they felt did not understand their background and experiences.
- 4.82 There were some weaknesses in meeting the needs of women with physical disabilities. The stairlift was currently out of use, which limited access to classrooms for those with mobility issues. Personal emergency evacuation plans were in place when needed, but they lacked sufficient detail. There was an active Buddy scheme, but Buddies were not trained and oversight from staff was too limited (see paragraph 4.12).
- 4.83 The neurodiversity support manager was highly valued across the prison and had increased awareness among staff and prisoners. There were currently 16 women on the neurodiversity register, not all of whom had received a diagnosis but were supported nevertheless. Some of this support included developing individual profiles, which helped staff to better understand the needs of prisoners. For example, giving attention to small details, such as using a 12-hour clock when giving out appointment slips.
- 4.84 The majority of women were aged between 30 and 50, although 22% were over 50. There had been some sporadic over-50s initiatives, such as coffee meet-ups, which brought these prisoners together, and also some brief care plans for women who needed them. There was a good focus on menopause awareness and supporting women through this. It was, however, disappointing that the gym provision did not cater for specific age groups. Only four women were under 25 and it was positive that they were routinely reviewed at the safety intervention meeting to assess if any individual support was needed.
- 4.85 It was encouraging to see a newly formed team focusing on supporting prisoners who had experienced the care system as a child, with tangible plans to support them, including partnership working with external organisations.

- 4.86 Leaders supported transgender prisoners well. They had, for example, pioneered a swap shop with other establishments so they could provide appropriate clothing.

Faith and religion

- 4.87 In our survey, the majority of women said their religious beliefs were respected, that they could speak to a chaplain in private if they needed to and they were able to attend religious services. The lack of a managing chaplain was unusual, and the chaplaincy provision was not as proactive as we usually see. Staff vacancies limited the range of support provided and delivery of corporate worship was not possible for all faith groups, particularly Roman Catholic and Buddhist women.
- 4.88 The chapel, known as the sanctuary, was well decorated and readily accessible. The chaplains delivered some faith-based classes and provided pastoral support when they were on site. Some prisoners had made use of ROTL to attend church in the local area for services and Bible study.

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, women's perceptions about their health and well-being were good, with 71% saying that they were able to lead a healthy lifestyle at the prison. As an open site, women were never locked in their rooms and had free access to the extensive grounds all day and well into the evening, including at weekends. At the time of our visit, 80% of the population were regularly spending time outside of the prison on release on temporary licence (ROTL); some had progressed to having home leave for several nights at a time.
- 5.2 A very good range of recreational, social and creative activities was available during evenings and occasionally at weekends. These included a regular book club, weekly evening yoga sessions and a very well-attended craft club.
- 5.3 The library was at the centre of the prison community and was a positive place in which women could meet and relax. The comfortable and welcoming space was valued by women, with almost half visiting daily. Access was good as it was open every weekday, including evenings, as well as alternate Saturdays. In our survey, 99% of women said they were able to visit the library once a week or more, compared with 85% at our last inspection.
- 5.4 More than three-quarters of women who used the library (77%) said it had a wide enough range of materials to meet their needs. The range of books included some that were suitable for mothers to read to their children, as well as texts that promoted women's health and well-being. Several local initiatives also helped to promote reading, such as: bookcases on the landings; a 'book on the bed' for each new arrival to encourage them to visit the library; and 'blind date with a book', wrapped books that woman could select for a surprise read if they wished.



'Blind date with a book'

- 5.5 The gym facilities were reasonable and included a range of weights and cardiovascular machines that women could generally access daily from 7am to 7.30pm. Other exercise sessions available on weekdays included 'legs, bums and tums', badminton and a walking group. York City Football Club ran sessions every Monday evening that focused on training and developing women's sports leadership skills. There had been a recent charity 'race for life', involving staff and prisoners running, jogging or walking 5km in the prison grounds. This was a popular event and 28 women had participated, raising over £700 for Cancer Research UK.
- 5.6 The physical education department had recently partnered with the health care department and planned to deliver sessions to promote healthy living, covering menstrual cycles, the menopause and sleep.
- 5.7 There were no specific exercise sessions for older women, new mothers or those with particular health needs, which was a gap.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

5.8 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: outstanding

Personal development: good

Leadership and management: good

5.9 Leaders' and managers' vision and mission focused on developing the skills and behaviours that women needed for successful resettlement. This was articulated well in the education, skills and work strategy that prioritised improvement, and ensuring the provision met the needs of the population. Leaders had an accurate overview of the quality of the provision. Quality assurance arrangements had been strengthened and were leading to improvements. However, the action plans lacked precise success measures, so progress made was not clear. Key posts, such as the head of learning and skills, and some teaching and training posts remained vacant despite attempts to recruit to them. This was delaying the development of provision and the opportunities for women to accredit their skills in a few vocational areas.

5.10 Activity places were sufficient for the population. All women had a full-time timetable consisting of a combination of education, training and work relating to their resettlement objectives. The allocation process was efficient and informed by the outcomes of induction and initial

careers information, advice and guidance. Local prisoner pay rates were equitable and not a disincentive to attending education.

- 5.11 Leaders and managers provided a good range of employment opportunity through ROTL. Placements were planned effectively and nearly half of the population accessed work in the community, much in paid employment. Prison staff carefully matched women to job roles. Women developed important skills, such as regular attendance, teamwork and resilience, while at the prison and displayed these attributes well during community work placements. The vast majority became valuable members of the teams where they worked. However, many women were frustrated at not being able to access paid work within the first few weeks of arrival as they did not understand the process, even though prison leaders liaised with sending prisons on the requirements for ROTL.
- 5.12 Teachers and trainers were well qualified and experienced. They kept their curriculum knowledge up to date through frequent training. For example, they received training in teaching methods to support women with additional needs, and best practice in using technology in teaching. Staff felt well supported by leaders and managers and their workloads were manageable.
- 5.13 The education and skills provider, Novus, delivered an effective curriculum. Women could gain qualifications in most areas, with the exception of catering and horticulture, due to staffing shortages in these areas. Teachers and trainers planned and sequenced the curriculum well. Teachers were experienced and well qualified, and they used their skills effectively to provide good quality teaching and support. Women demonstrated positive attitudes to their learning and work. A high proportion improved their skills and confidence as well as successfully achieving qualifications. However, very few progressed from level 1 to level 2.
- 5.14 Leaders and managers had developed and implemented an effective reading strategy, which was being promoted successfully throughout the prison and had led to women improving their reading skills and reading more. In education, women benefited from initiatives such as books of the week, 'Drop everything and read', and 'blind date with a book' (see paragraph 5.4), as well as reading text passages followed by discussion in classes. The librarian was particularly proactive in promoting reading. The few women assessed at below entry level 3 in English undertook a further reading assessment to identify their specific needs, and they were supported well by education and library staff to improve their reading.
- 5.15 Women said that they felt safe in education, training and employment activities. Leaders and managers provided a safe environment where bullying and harassment were not tolerated.
- 5.16 Teachers in English classes planned the curriculum logically, enabling women to develop their knowledge and skills over time. They used their knowledge of starting points well to plan individualised learning, and

the women made good progress. The few mentors in education were well qualified and deployed effectively. Where women could achieve qualifications sooner, teachers encouraged them to do so.

- 5.17 In digital skills, the curriculum was designed effectively to improve basic information technology knowledge and understanding. For example, women were taught how to use online shopping and banking. Women developed their digital skills well, including how to stay safe online, use common applications, and how technology was used both at work and in their everyday lives.
- 5.18 In vocational training, the curriculum was designed to meet national skills shortages. Hospitality and employment skills had been identified as central, and women could achieve qualifications in hospitality and in front-of-house reception duties. In horticulture and catering, the skills that women were developing could not be accredited due to staff vacancies. Trainers sequenced activities and used personal development plans and skills files effectively to measure the progress made. However, managers did not make sure that measures to capture the good employability skills and behaviours that women were developing were sufficiently recorded. A new arrangement had been introduced to record the skill levels achieved and knowledge acquired, but it was too soon to see the impact of this.
- 5.19 A high proportion of women had additional learning needs. These were assessed accurately, and they were provided with the support and adaptive equipment they needed to make progress in learning. Staff worked well with the neurodiversity support manager to make sure women received the help needed to engage positively in learning and work.
- 5.20 A range of teaching methods were used well to help women remember and apply the concepts that they had learned. Teachers frequently recapped previous learning and encouraged women to answer questions correctly with helpful prompting. They encouraged women to take detailed notes on terminology related to both English writing and digital skills. Trainers in vocational workshops and supervisors in the community volunteering placements gave clear advice and support to enable women to perform tasks to a good standard. Trainers supported women effectively to develop their English and mathematics skills. For example, in catering they calculated portion control accurately and were aware of costs when catering as a business.
- 5.21 Teachers assessed women's knowledge and skills well through effective questioning, probing for deeper knowledge and prompting to enable them to answer questions. They also assessed work in lessons through written tasks, group discussions and practice examination papers. Tutors on most vocational courses assessed the progress women made effectively.
- 5.22 Women following distance learning programmes, including Open University degrees, benefited from helpful support that enabled them to engage fully in the curriculum. They had access to laptops, online

learning resources, tutorial support and time to complete assignments. The 'virtual campus' offered a wide range of study support and materials through internet access to community education, training and employment opportunities.

- 5.23 Kitchen staff collaborated and liaised effectively with the Clinks charity to support women to complete catering qualifications they had started at other prisons, and to date, all women had successfully completed their qualifications. Managers worked closely with the charity to support women who were following a hospitality and catering career route on release.
- 5.24 Women displayed very positive and highly respectful attitudes in education, work and employment in the community. They treated other women and staff with respect and were polite and considerate of each other. Women we spoke to felt that the culture in the prison was positive with high levels of mutual respect. They understood the importance of working hard towards their release plans and used their time very productively. They understood their resettlement targets and how to improve their chances of these being successful on release.
- 5.25 Attendance was high and punctuality very good in education, training and work. The women were highly motivated, worked conscientiously and were very keen to progress with their plans for resettlement. Women arrived ready to learn at their activity and had very positive attitudes to learning.
- 5.26 Leaders and managers provided a good range of enrichment activities for the women's broader development and recreation. Education staff had developed an annual calendar to celebrate national and international events, such as International Women's Week and National Allotments Week. Activities took place in the daytime, on some evenings and at the weekend, giving everyone the opportunity to attend something, even when working during the day. However, leaders and managers did not review the effectiveness of the provision or formally evaluate the quality of what was offered.
- 5.27 Careers information, advice and guidance staff provided effective information to prepare women for their next steps in custody, during ROTL and on release. All women were interviewed on arrival, where they agreed and documented short- and long-term goals. As a result, they had a very good understanding of their resettlement plan, and clear ideas about jobs, courses and how to improve their chances of successful resettlement.
- 5.28 Staff prepared women well for ROTL and employment on release. Several partners supported women to find employment. A 'Get Ready for Work' programme helped with curriculum vitae writing, mock interviews and disclosure. The Smartworks charity provided a range of support, including industry-specific job coaches and clothes for interviews and work. The prison employment lead collaborated well with a range of partners, including the Department for Work and Pensions and local and national employers, to improve the range of

opportunities. A recently developed employment advisory board worked with several employers and was creating wider employment choices for the women, for example, in construction and engineering.

- 5.29 Women on ROTL were encouraged to become self-reliant and conduct their own job searches using providers in the community, such as Jobcentre Plus. For the few women not able to access ROTL, the prison and other organisations supported them with job search at the prison using online resources.
- 5.30 Staff prepared the women well for life in modern Britain. Several women developed responsible active citizen roles through their work in the prison and in the community. Teachers developed their understanding of democratic values and equality and diversity through topic-based work, such as Pride Week and the fourth of July celebrations.

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 Askham Grange held a small population of about 90 women, typically from the north of England but also some from further afield. Despite efforts by leaders at the prison, about 25% of available places were unoccupied, even though there were nearly 200 women in the closed estate deemed suitable for open conditions. The unused spaces at Askham Grange were a waste of such a scarce and valuable resource.
- 6.2 The range of rehabilitation and resettlement support was not informed by an analysis of offending-related needs of the population, which made it difficult to see if there were any gaps. Leaders and managers did not record or analyse enough data to understand if the resettlement services they offered were used well or effective.
- 6.3 The use of release on temporary licence (ROTL) to help women re-establish family ties and access work was still the prison's overwhelming strength. Taking into account the smaller population, access to ROTL was slightly better than at the last inspection.
- 6.4 There had been about 9,000 instances of ROTL in the last year: 62% had involved women completing paid work in the community, mostly jobs in catering and hospitality; 7% had allowed prisoners to carry out unpaid work, for example in charity shops; and 14% had enabled women to stay overnight at an approved address, spend time with their children or build family ties (see paragraph 4.2).
- 6.5 It typically took about eight weeks for the necessary risk assessments to be completed before women could access ROTL; these assessments were comprehensive. Virtually all women had a recently reviewed OASys (offender assessment system) assessment and sentence plan to support the risk assessment. Most women accessed ROTL promptly, but there were too often delays obtaining approval from a community offender manager (COM), either because of short staffing in community probation offices or because there was no named COM for the offender management unit (OMU) to contact. As at the last

inspection, some women transferred to Askham Grange with too little time left to serve to start accessing ROTL.

- 6.6 The requirement for overly detailed and prescriptive ROTL plans four weeks ahead of home leave caused women great anxiety. The detail required included, for example, the exact time and location they would shop for food or eat meals, when they would take showers and get dressed, and when they would read a book to their child. This level of detail was totally unnecessary.
- 6.7 There was good support for women who had experienced trauma, including bereavement, with a rich variety of help available in the prison through health care (see paragraph 4.60) and strong support from a counselling psychologist. A volunteer from Cruse, the bereavement charity, attended the prison weekly and had helped 13 women since August 2022. The resettlement team had also made strong links with several charities in York: IDAS (a Northern charity supporting people affected by domestic abuse and sexual violence); the Kyra Women's Project (helping women in and around York); and the Changing Lives York Women's Wellness Centre (supporting women with challenging circumstances, with criminal justice involvement and those excluded from other services). Women typically accessed these services on ROTL.
- 6.8 As an open prison for those typically nearing the end of their sentences, provision to help address their attitudes, thinking and behaviour was limited. Nonetheless, some women still needed help to manage their behaviour and the presence of two forensic psychologists from the women's estate psychology service was a huge asset. Among a variety of support they offered, they had led delivery of the Hope programme since November 2022 (see paragraph 3.8) and supported POMs in their work with women with more complex personal issues.
- 6.9 In our survey, 67% of women approaching release said they needed help finding accommodation, a rise from 26% at the last inspection. Successful outcomes depended heavily on resettlement staff at the prison making sure that offender managers in the community made the necessary referral. There was no housing worker in the prison and the quality of support varied depending on the woman's release area.
- 6.10 Data about outcomes only considered housing on the day of release and were incomplete, partly because the local strategic housing specialist role shared with HMP New Hall was vacant. This meant that managers did not understand whether the women they released had been able to sustain accommodation. As far as we could tell, only one woman had been homeless on the day of release in the last 12 months, but some others ended up in very temporary and transient accommodation, such as bed and breakfast, which would not support good resettlement outcomes.
- 6.11 There was good support for women to manage their finances. A work coach from the Department for Work and Pensions attended weekly and could help women organise benefit claims. A new worker had just

started who could help women open bank accounts. A caseworker from Ingeus/CF03 HMPPS social inclusion programme attended weekly to give individual advice and practical support to women with major debts, helping them to set up repayment plans and contact their creditors.

- 6.12 Virtually all eligible women were approved for release on home detention curfew (HDC) and processes for this were sound. In the last 12 months, 28 women had been released on HDC, almost always on their eligibility date.

Motivation, engagement and progression

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

- 6.13 A good range of progression opportunities was available, typically through ROTL. During the inspection, 80% of the population were accessing some form of ROTL and greatly valued it; 41 women, nearly half the population, were currently accessing education, skills or work in the community (see paragraph 5.11). We talked to some of these women, who were gaining confidence and, in some cases, had even been promoted in their workplaces. Some had found their own work and, alongside ROTL to rebuild family ties, they were much better prepared to face life on release.
- 6.14 Data for the last 12 months indicated that only about 20% of women were in permanent employment six weeks after release. The reasons for this low outcome included the high cost of staying in York after release and the fact that many returned to being full-time carers at home.
- 6.15 The OMU was well staffed. Low caseloads enabled POMs to deliver good quality work and risk assessments, and they were well supported by their line managers. Their contact with women was very good, regular and appropriate to risk. Most women were seen monthly, and the more complex women were seen fortnightly. All the women we interviewed valued this support and spoke highly of their POMs.
- 6.16 Joint working between POMs, the two forensic psychologists, the family worker and the two resettlement workers was cohesive, supportive and effective. These teams were heavily invested in, and ambitious for, good outcomes for women. For instance, POMs received excellent support from the forensic psychologists, who helped them to manage the most complex prisoners. In the previous financial year, these psychologists had carried out 64 case consultations with POMs.
- 6.17 Key work (see Glossary) was regular and meaningful, and supported sentence progression, which we rarely see (see paragraph 3.11). There was good evidence that key workers liaised with POMs to make sure there was a consistent approach that complemented the work of the OMU.

Protecting the public from harm

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

- 6.18 About 20% of the population were assessed as a high risk of serious harm to others. The application of public protection measures was reasonably good. Crucially, local risk assessments to allow women release on temporary licence were detailed, thorough and robust. It was positive that women were present at their initial ROTL boards and any later boards that changed the scope of their licence. However, due to longstanding HMPPS policy, women who would potentially require MAPPA (multi-agency public protection arrangements) oversight when they were finally released from custody were allowed into the community on ROTL without a confirmed MAPPA management level and the safeguards that multi-agency work could provide.
- 6.19 The monthly interdepartmental risk management team (IRMT) meeting considered all MAPPA-eligible women eight months ahead of their eventual release. It was also well attuned to emerging risks and how these could be tested, for instance using monitoring. However, the meeting was routinely poorly attended by other prison departments, which undermined its effectiveness.
- 6.20 In the cases we checked, POMs were very proactive in establishing contact with COMs ahead of release, and there were some good examples of joint working involving the prisoner. Some women also met their COM while on ROTL in their home areas, which helped to build a positive supervisory relationship.
- 6.21 Mail and telephone monitoring was used sensibly to understand and manage risk in cases where POMs had concerns. However, the process to initiate and review monitoring needed improvement. In one high-risk case we looked at, monitoring had been carried out for a month and then stopped without the senior probation officer, MAPPA panel or IRMT even being made aware of its use and the reasons behind this.
- 6.22 There were still some weaknesses in the arrangements to manage child contact. Managers and POMs had a very good overview of the risks in particular cases. However, we found examples where, despite a history of offending behaviour against children, there was no guidance to help staff overseeing visits, mailroom and prisoner phone accounts understand whether women should have contact with children. In one case, a woman was not allowed to have contact with a specific child while on ROTL, but no similar advice was recorded about whether phone calls, letters and visits with this child were allowed in custody.

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.

- 6.23 About 90 women had been released in the last 12 months. ROTL was a huge asset in helping women to prepare for release. Many regularly travelled back to their home areas, or in some cases spent nights staying at the approved address where they would ultimately live on release. They gained experience of daily life in mainstream society and were able to make links with potential employers.
- 6.24 Two experienced part-time resettlement staff worked closely alongside the POMs. They were especially proactive in making sure that COMs made the necessary referrals if women had outstanding resettlement needs. They provided women with excellent support and signposting to local charities (see paragraph 6.7).
- 6.25 Since June 2022, 51 prisoners had benefited from £7,600 of welfare grants provided by PACT (Prison Advice and Care Trust) in the form of shopping vouchers. This had allowed them to support their families on release and buy items, including school uniforms, bedding and toiletries (see paragraph 4.4).

Section 7 Progress on 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.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, prisoners still travelled to open conditions in secure escort vans, which was unnecessary. Reception and first night processes were very good and helped prisoners settle into their new surroundings. Most prisoners felt safe and there was little violence. Staff focused well on challenging antisocial behaviour and supporting vulnerable prisoners so that they could remain in open conditions and progress. Levels of self-harm were low and those at risk were well managed. Security arrangements were suitable for the population and the number returned to closed conditions was not excessive. Substance use work was good. Outcomes for women were good against this healthy prison test.

Recommendations

Women judged suitable for open conditions should not have to travel in cellular vehicles.

Not achieved

Staff from the health care department should attend all ACCT case reviews or make a written contribution if they are unable to.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, external areas remained impressive and living conditions were good. Working relationships between staff and prisoners were among the best we have seen. Outcomes for prisoners with protected characteristics were broadly in line with those for other prisoners, but strategic management was weak. Support for mothers with babies and children was very good. Faith provision was reasonable, although the service was stretched. The number of complaints was low, but trend analysis had just begun. Health care was good. The food remained excellent and prisoners valued the improved shop provision. Outcomes for women were good against this healthy prison test.

Recommendations

Self-catering facilities should be available to help prepare prisoners for resettlement.

Not achieved

Patients should have access to specialist support from a clinical psychologist.

Achieved

There should be an agreed level of support and management presence on site to ensure that oversight is effective and that practitioners receive appropriate supervision in line with the provider's policy.

Achieved

The prison should introduce monitoring arrangements so that any discrimination against prisoners with protected characteristics can be identified and addressed.

Not achieved

Purposeful activity

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

At the last inspection, in 2019, in line with other open prisons, prisoners were never locked in their rooms and had free access around the site for most of the day. The range of recreational activities was reasonable, but more could have been done to identify what other activities prisoners might have enjoyed. Ofsted rated the overall provision of learning and skills as outstanding. Links with external employers were exceptional. The range of accredited qualifications through prison work was limited. The quality of teaching, learning and assessment was excellent and prisoners developed a good level of self-confidence. Outcomes for prisoners were very good. The library provided prisoners with a positive focal point and physical education provision remained good. Outcomes for women were good against this healthy prison test.

Recommendation

Prisoners should have the opportunity to gain accredited qualifications, so that the work they complete is recognised.

Partially 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 2019, the prison's ethos and very good use of release on temporary licence (ROTL) supported effective rehabilitation. Strategic oversight of resettlement was too limited and over half of new arrivals had little time left to serve, which presented additional challenges. Offender management was good and appropriately focused. ROTL risk assessments were robust. An effective inter-departmental risk management team (IRMT) was now in place. Assessments for prisoners posing a risk to children were not always completed and existing contact restrictions were not always enforced. Resettlement work across the pathways was good and support to help prisoners maintain contact with their family was particularly impressive. The population's specific offending behaviour needs had not been analysed. Outcomes for women were good against this healthy prison test.

Key recommendation

The OMU should assess prisoners posing a potential risk to children in consultation with other relevant bodies and the parent or carer to determine if they present a continuing risk. Any required contact restrictions should be applied consistently.

Not achieved

Recommendations

Prisoners transferring to Askham Grange should have sufficient time left to serve to benefit from the full range of ROTL opportunities.

Not achieved

The prison should identify prisoners who have experienced victimisation and abuse and provide them with good support.

Achieved

The number of prisoners in sustainable accommodation 12 weeks after their release should be monitored to determine longer term outcomes.

Not achieved

Access to naloxone should be available to prisoners on their release.

Achieved

The prison should analyse the needs of the population to ensure that prisoners with outstanding offending behaviour needs have access to appropriate interventions.

Not achieved

Appendix I About our inspections and reports

HM 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, 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 HM 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:

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for women in prison. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list 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; prisoner and staff surveys; discussions with prisoners; 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 outlines the priority and key concerns from the inspection and our judgements 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.justiceinspectors.gov.uk/hmiprison/our-expectations/womens-prison-expectations/>). Section 7 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 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:

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Liz Calderbank	Inspector
Sumayyah Hassam	Inspector
Kellie Reeve	Inspector
Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Grace Edwards	Researcher
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Helen Ranns	Researcher
Alex Scragg	Researcher
Paul Tarbuck	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Jacob Foster	Care Quality Commission inspector
Dayni Johnson	Care Quality Commission inspector
Karen Anderson	Ofsted inspector
Mary Devane	Ofsted inspector
Dan Grant	Ofsted inspector
Sheila Willis	Ofsted inspector
Johnny Wright	Ofsted inspector

Appendix II Glossary

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

Introduced under the Offender Management in Custody (OMiC) model, prison officer key workers aim to have regular contact with named prisoners.

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.

Protected characteristics

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

Protection of adults at risk

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).

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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 reports distributed to the prison). For this report, these are:

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.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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This publication is available for download at: <http://www.justiceinspectrates.gov.uk/hmiprisons/>

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
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