



Report on an unannounced inspection of

HMP/YOI East Sutton Park

by HM Chief Inspector of Prisons

25 September – 5 October 2023



Contents

Introduction.....	3
What needs to improve at HMP/YOI East Sutton Park.....	4
About HMP/YOI East Sutton Park	5
Section 1 Summary of key findings.....	7
Section 2 Leadership	10
Section 3 Safety	12
Section 4 Respect.....	18
Section 5 Purposeful activity.....	32
Section 6 Rehabilitation and release planning.....	38
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports	42
Appendix I About our inspections and reports	47
Appendix II Glossary	50
Appendix III Further resources	52

Introduction

East Sutton Park is an open prison near Maidstone in Kent, holding just under 100 women. Set in a rural location, the main building is a former manor house, where women live in dormitories, although during our inspection some of these were closed due to fire safety concerns. Within the grounds there are excellent additional accommodation units, capable of supporting semi-independent living.

This was our first visit to the prison since 2016, and we found that it continued to deliver excellent outcomes for the women held. We assessed these as 'good,' our highest score, in three of our healthy prison tests. Only in purposeful activity had outcomes dropped slightly, to 'reasonably good.'

The prison was overwhelmingly safe and respectful, and the well-being of women was prioritised. Violence and self-harm were rare and there was much to motivate and incentivise engagement in the prison's regime, not least the extensive use of temporary release (ROTL) to support employment, family ties and resettlement. At the time of our inspection over 80% of women had access to ROTL and many had full-time, paid employment in the community. The success of this approach was further evidenced by the considerable number of women who retained their position with employers following their release. These achievements, however, were undermined by weaknesses in education provision. Our colleagues in Ofsted assessed the overall effectiveness of learning and skills as 'requires improvement' which was disappointing in the context of the more positive outcomes we identified.

The promotion of equality had stalled. We found little evidence of significant differential outcomes, but our survey indicated some more negative perceptions among some groups with protected characteristics. This suggested a need for better communication, although consultation with prisoners, as well as arrangements to facilitate redress, were generally reasonably good.

The prison was managed in partnership with the far larger Downview closed women's prison some miles away, but the governor visited regularly and the deputy governor, who was on site full time, knew the prison well and was knowledgeable about the women in his care. Leadership in the prison was dynamic, ambitious, and visible. Some officers were new and inexperienced and would have benefited from better supervision and support, but this did not affect the particularly good staff-prisoner relationships we observed, which underpinned the positive work in the establishment.

The governor had set sensible priorities, but development plans needed to be sharper and would have benefited from a more consistent use of data. East Sutton Park was, however, a good prison. The governor and her team should be congratulated on their achievements.

Charlie Taylor

HM Chief Inspector of Prisons

November 2023

What needs to improve at HMP/YOI East Sutton Park

During this inspection we identified five 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. **Improvements in outcomes, including those of greatest importance to the well-being of prisoners, needed to be evidenced through better use of data.** This would give managers more robust evidence of weaknesses which would help to develop clearer action plans and provide more robust accountability and oversight.
2. **Much of the work to promote equality and diversity had stalled.** There was a lack of data used to evidence outcomes across groups. Our survey showed significantly more negative perceptions in a few key areas and some women we spoke to described their experiences of unfair treatment.

Key concerns

3. **Women on non-accredited courses did not use their workbooks to record the range of employability skills and behaviours they had developed.** Consequently, they were not able to evidence to potential employers the range of skills they had acquired.
4. **Too many women did not understand health and safety requirements to keep themselves safe at work.** For example, in housekeeping, women did not wear appropriate personal protective equipment or understand how to use chemicals safely. They did not develop appropriate attitudes to working safely or to a high standard, which hindered the development of employability skills.
5. **Women needed much more support in education and other activities to help them acquire a fuller understanding of important values such as respect, tolerance and equality.**

About HMP/YOI East Sutton Park

Task of the prison

A women's open prison aiming to prepare women for resettlement through release on temporary licence (ROTL) in the community.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Women held at the time of inspection: 97

Baseline certified normal capacity: 98

In-use certified normal capacity: 98

Operational capacity: 98

Population of the prison

Data from the prison showed that:

- about 82% of the population were accessing ROTL for a wide variety of purposes, including paid employment
- almost 50% of women reported having a disability
- 19% of prisoners were from black and minority ethnic backgrounds.

Prison status (public or private) and key providers

Public

Physical and mental health provider: Oxleas NHS Foundation Trust

Substance misuse treatment provider: Oxleas NHS Foundation Trust

Dental health provider: Kent Community Health NHS Foundation Trust

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

Prison group

Women's group

Prison group director

Carlene Dixon

Brief history

East Sutton Park opened as a borstal for girls in 1946 and has been a women's establishment ever since. The prison comprises of a 15th century listed manor house set in 80 acres of land with a working farm. It is one of two dedicated open prisons for women in the country.

Short description of residential units

The main house – accommodation for up to 62 prisoners. Rooms vary from holding one to four prisoners. Shower and toilet facilities are shared.

The Oaks – 20 units allow single occupancy and semi-independent living. Each unit has a shower and toilet with shared access to a communal kitchen, association room and an outdoor area.

The Willows – four self-contained flats holding up to four prisoners in each. All prisoners are in paid employment in the community. They buy their own food and cook for themselves.

Name of governor and date in post

Amy Dixon, June 2022

Changes of governor since the last inspection

Natasha Wilson, 2018–2022

Robyn Eldridge, 2016–2018

Independent Monitoring Board chair

Carol Breese

Date of last inspection

8–18 August 2016

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 HMP/YOI East Sutton Park, we found that outcomes for women were:

• good for safety

• good for respect

• reasonably good for purposeful activity

• good for rehabilitation and release planning.
- 1.3

We last inspected HMP/YOI East Sutton Park in 2016. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI East Sutton Park prisoner outcomes by healthy prison area, 2016 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4

At our last full inspection in 2016 we made 23 recommendations, one which was an area of key concern. The prison fully accepted 19 of the recommendations and partially (or subject to resources) accepted four. It rejected none of the recommendations.
- 1.5

At this inspection we found that the one recommendation about an area of key concern in rehabilitation and release planning had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In April 2021, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made five recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved, two had not been achieved, and one was no longer relevant.

Notable positive practice

- 1.8 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.
- 1.9 Inspectors found six examples of notable positive practice during this inspection.
- 1.10 Staff visited prisoners who had been returned to closed conditions to explore the reasons why and to establish if any lessons could be learned. (See paragraph 3.32.)
- 1.11 Staff had in-depth knowledge of the women in their care and promoted progression and rehabilitation during their key work sessions. Ninety-eight per cent of women reported having a key worker and regular contact was evident, with 90% finding their key worker helpful. (See paragraphs 3.6 and 6.13.)
- 1.12 Change Grow Live (a national charitable organisation) provided a health and well-being therapy aimed at helping women to improve their mental health. The programme of support used cognitive skills techniques and coaching to help women develop positive thinking skills. (See paragraph 4.59.)
- 1.13 Change Grow Live also had a Connecting Communities project which gave women support after release so they could develop links with key agencies such as health, substance misuse and housing services, which reduced their risk of relapse and reoffending. (See paragraph 4.63.)
- 1.14 Excellent commitment was shown by leaders in providing women with ROTL opportunities. Many of the jobs were with companies that had opportunities nationally which meant women could transfer to a post near home on final release, helping to contribute to 60% of the women

released into paid employment still being in work six months later. (See paragraphs 5.2, 5.13, 5.15 and 6.2.)

- 1.15 Women were given a pack of personal hygiene products on release if they needed them. (See paragraph 6.21.)

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 The governor was dynamic and ambitious and had clear values and a commitment to providing women with the best opportunities to progress. She managed the combined leadership of the prison with the larger and closed prison, HMP Downview effectively. The deputy governor located permanently at East Sutton Park, was proactive in supporting this arrangement, he knew the women in his care and was approachable. Our survey showed that 82% of prisoners said they could speak to governors or managers if they wanted to.
- 2.3 The self-assessment report set out appropriate priorities, but they lacked clear measures of success. The governor's stated first priority was to promote equality and diversity, which was appropriate as much of the work had stalled for too long and data collection was poor, which meant leaders could not be confident that outcomes across groups were equitable.
- 2.4 The security team was well led, but oversight in many other areas was inadequate. Many, such as in education, skills and work did not have coherent, up-to-date action plans and data analysis was poor.
- 2.5 Leaders had developed four independent living flats in the grounds of the prison for 16 prisoners and installed small units for another 20 to live semi-independently. The governor had ambitious plans to develop similar accommodation and turn the main house into offices, but the Ministry of Justice had not yet found a design solution for this plan.
- 2.6 Leaders had made considerable efforts to increase the number of those held, and the prison was now almost full. They had visited closed prisons to promote the benefits of open conditions and had done this with the help of prisoners on release on temporary licence (ROTL). One consequence of this good work was that just under half of the women had recently arrived creating some leadership and administrative challenges, such as the increased number of ROTL risk assessments needing to be completed.
- 2.7 The prison was fulfilling its core function very well. For example, ROTL was used extensively and almost all women had access to it in some form. Leaders had built up excellent relationships with many local

employers and half of all the women were, as a consequence, in paid work in the community. Some worked for large national companies, and in many instances this employment remained open to them following release.

- 2.8 About 40% of officers had been in post for under two years and had only worked at the prison when it had held far fewer women during the pandemic. No training in mental health or substance misuse had been delivered to officers in the previous year. Middle managers were also very inexperienced, limiting the support they were capable of giving to officers they managed.
- 2.9 Many of the staff who completed our survey said morale was low or very low (43%) and a large number (26%) did not agree fully with the governor's priorities. However, those we spoke to during the inspection were far more positive.
- 2.10 Despite leaders' efforts, there were some gaps in resources. For example, the amount of forensic psychology support was limited, despite a high level of need. The shortage of probation officers and a further reduction due in the coming months needed to be addressed to make sure good quality public protection work could continue.

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 Most women (81%) said they felt safe on their first night. All but one woman responding to our survey said they had been treated very or quite well on arrival. Reception staff and peer workers were friendly and approachable and made sure women were quickly put at ease. The reception area was pleasant, women were offered a drink and a meal and given a pack containing refreshments, biscuits, and sweets. They also received phone credit to use but very few women knew it had been added to their accounts. In our survey, only 32% said they had the chance to talk to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) on their first night.
- 3.2 Women were not interviewed in private to assess any immediate issues or vulnerabilities and, in our survey, only 49% said staff had helped them to deal with their concerns. Staff, however, took into account prisoners' individual needs when allocating a new woman to a dormitory.
- 3.3 A peer worker escorted new arrivals on a tour of the prison, including the health care centre, where they had an assessment, and they received help to arrange induction appointments. Women we spoke to who had arrived recently said their induction had been helpful, but others said appointments were cancelled at short notice. Oversight of the delivery of the induction programme was insufficient and, in our survey, only 58% said it had covered everything they needed to know.

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

- 3.4 Leaders and managers were visible and supportive. Women we spoke to described them as approachable and three quarters said they had received help from them if they needed it.
- 3.5 We saw very supportive and respectful interactions between staff and prisoners and most women described them as helpful and understanding. Our survey showed that 84% of women said they were treated with respect and 94% said there was a member of staff they could turn to for help.
- 3.6 Women were allocated a key worker (see Glossary) soon after their arrival and regular contact was evident. Almost all of the women we spoke described their key worker as accessible, friendly and helpful. This was reflected in our survey where 98% said they had a key worker and 90% found them helpful. Key workers consulted other departments regularly, had in-depth knowledge of the women in their care and promoted progression and rehabilitation during their sessions with them.
- 3.7 Nurse consultants were available to train staff, but no prison officers had undertaken training in mental health awareness in the previous two years, which was a gap given the level of need among the women.

Reducing self-harm and preventing suicide

- 3.8 Positive relationships, release on temporary licence (ROTL) opportunities, pleasant external surroundings all contributed to promoting women's well-being.
- 3.9 A number of women had very complex needs including mental health problems. Despite this, self-harm was rare with only one incident taking place in the previous year. Staff knew the women in their care well and could spot changes in their behaviour. The weekly safety intervention meeting reviewed all new arrivals, which helped identify concerns. Staff and managers had a very good understanding of the women discussed but it was not always clear what action needed to be taken.
- 3.10 Assessment, care in custody and teamwork (ACCT) case management documents for those at risk of suicide or self-harm were opened when needed and there had been 16 in the previous year. Case management was good, and most cases were only open for a short time. Reviews were multidisciplinary and included health workers and

often key workers. Most care plans were comprehensive, coordinators were consistent and interactions with women were meaningful. Leaders had only recently introduced quality assurance for ACCT documents, so it was difficult for us to be confident that this good standard was sufficiently well embedded.

- 3.11 A small group of motivated Listeners provided good support and most contact was arranged informally between the woman and the Listener. The Listener room was not very welcoming and rarely used.
- 3.12 Data collection was limited, which made identifying trends and themes difficult, and oversight had been lacking for the previous few months as strategic meetings had not taken place.

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

- 3.13 Since our last inspection in 2016, there had been no self-inflicted deaths but there had been one death due to natural causes.
- 3.14 The Prisons and Probation Ombudsman report did not identify any failings in care and did not make any recommendations to prison leaders.

Protecting women, including those at risk of abuse or neglect (see Glossary)

- 3.15 Despite recent events to raise awareness, some officers did not fully understand adult safeguarding principles and did not know what to look out for when trying to identify abuse, neglect or mistreatment.
- 3.16 Links with the local adult safeguarding board were not in place, but a new manager had been appointed. They were in the process of reviewing the policy and starting to develop it.

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

- 3.17 The prison remained very safe and physical violence was rare. In our survey, 28% of women said they had felt unsafe at some point during their time at the prison, but only 6% felt unsafe during our inspection.
- 3.18 Most women valued the benefits of living in an open prison and good behaviour was motivated by access to ROTL and gaining a place in one of the independent living units (see paragraph 4.14). A small number, however, were less engaged with the ethos of the prison and undermined behavioural expectations, which frustrated others. Limited

forensic psychology support was available, which meant there were few interventions to help women take responsibility for the impact of their poor behaviour on others.

- 3.19 Staff knew the prisoners well and were aware of issues that caused conflict, such as gossip, name calling and low-level intimidation. Staff generally responded well to prevent problems from escalating and frequently used mediation to address disagreements. It was positive that staff responded to individual issues when trying to address poor behaviour, even though some women perceived this to be an inconsistent application of the rules.
- 3.20 In the previous year, the safety team had dealt with 75 referrals concerning poor behaviour. Of those, 22 progressed to formal monitoring using a challenge, support and intervention plan (CSIP) (see Glossary), while others were managed effectively without one. Each prisoner monitored through a CSIP had a consistent case manager who met with them regularly to measure progress against targets. We were confident the process was well managed and resulted in some positive changes in women's behaviour and attitudes.
- 3.21 All prisoners remained on the enhanced level of the local incentives scheme no matter what their behaviour. Some staff did not challenge minor poor behaviour either because they lacked confidence or because they could not see women facing any consequences if they did.

Adjudications

- 3.22 There had only been 54 adjudications in the previous year. The most common charges included failing to comply with ROTL requirements, being in possession of unauthorised items, refusing orders and positive mandatory drug tests (MDTs).
- 3.23 About 80% of charges were proven. Many of the positive MDT results were found to have been caused by prescribed medication so the charges were dismissed.
- 3.24 The records we reviewed showed that charges and personal circumstances were explored well before a finding of guilt. Sanctions were proportionate and many received only a caution or a suspended award. Quality assurance carried out by the governor on all records, was broadly effective.
- 3.25 Data were reviewed thoroughly during the quarterly standardisation meetings and a prisoner who had recently been subject to the process attended one of the meetings to discuss if they had been treated fairly and whether their voice had been considered during the hearing.

Segregation

- 3.26 There was no segregation unit and prisoners were never held in segregated conditions.

- 3.27 It was sensible and proportionate that individuals being returned to closed conditions were constantly supervised until suitable transport arrangements were made and they were never locked in a room to manage their risks.

Use of force

- 3.28 Force was rarely used, with only two very low-level incidents in the previous two years. Both had been reviewed, but not sufficiently robustly as there was no video footage available and scrutiny was only undertaken by one person.
- 3.29 Almost a third of staff were overdue their use of force refresher training. East Sutton Park had no instructors and was relying on other prisons to provide training.

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.

- 3.30 Leadership was strong, strategies were comprehensive, meetings useful and data analysis underpinned the work of the department. Decision making was firmly focused on keeping women safe and enabling them to progress in open conditions.
- 3.31 It was rare for women to abscond – the last time this had happened was over two years ago. There had been 21 ROTL failures in the previous year, but most were not serious, for example they included returning to the prison slightly late. Leaders' responses to these incidents were proportionate and based on multidisciplinary, defensible decision-making.
- 3.32 Every effort was made to keep women in open conditions and relatively few were returned to closed prisons. Some were reviewed multiple times by the special circumstances risk board before decisions were made, and women received good support to deal with issues that might have had an impact on their behaviour and risks.
- 3.33 The records we reviewed showed cases were considered by a multidisciplinary team and decisions were justified. It was notable that staff visited each prisoner who had returned to closed conditions to explore the reasons why and to establish if lessons could be learned. Leaders had found that by doing this, women who had been returned to closed conditions were more likely to be honest about their experience while in open conditions. They were more able to reflect on issues that caused them to fail, which allowed leaders to look at improving outcomes in the future (see paragraph 1.10).
- 3.34 A good number of intelligence reports was submitted. They were processed and received a prompt response. Decisions to search

prisoners and their living accommodation were proportionate. Few illicit items were found, and most did not pose a high risk to security, tending to be unauthorised vapes, chocolate or cigarettes.

- 3.35 There was little availability of alcohol or illicit drugs in the prison, which responses to our survey confirmed. The prison had a good programme of drug testing, and in the previous year only five drug test results were positive. These women were not automatically returned to closed conditions and were encouraged to get involved with drug services for support if appropriate.

Section 4 Respect

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

Relationships with children, families and other people significant to women

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

- 4.1 Support to help women stay in contact with children, families, and significant others was good despite many women being a very long way from their home area. Release on temporary licence (ROTL) was used extensively to enable them to spend time with their family and those we spoke to were very positive about these opportunities, which included staying overnight, often for five days at a time.
- 4.2 The Prison Advice and Care Trust (PACT) provided a good service, and, during the inspection, its staff were helping and supporting almost half the women. They were seen on arrival, and a range of support was available, including one-to-one casework, liaison with other agencies and supervised contact visits. In addition, they could refer women to an established organisation if they needed legal advice on family matters (see paragraph 4.13). Other initiatives included the popular Storybook Mums programme (in which prisoners record a story for their children to listen to at home), and family days were now held more frequently – they had increased from just four a year to one every month.
- 4.3 There was an adequate number of social visits to meet the demand. The visits hall had been refurbished and was pleasant. The prison was in a remote geographical area, so it was excellent that leaders had continued to provide visitors with transport from the local train station.



Bright visits hall

- 4.4 There were too few phones in the main house, which caused frustration, particularly during the evening when women wanted to call home. Leaders were trying to offset the problem by providing video calling facilities (see Glossary), but they were only available on Thursdays, which was far too limited. However, women on ROTL for work and other purposeful activities had access to a mobile phone, which they could use to call home.
- 4.5 Support during pregnancy and for mothers and babies was provided by a liaison officer from another prison. Each woman on the maternity pathway had a plan in place but the liaison officer was not on site often, which limited the ability to build relationships with the women.

Living in the prison community

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

Consultation and support within the prison community

- 4.6 The prison population was small. This meant that, along with women's ability to move around the site unescorted and the visibility of leaders and managers, informal communication was relatively easy to undertake. The Voice committee was a prisoner-led council that provided space for formal consultation. It had previously been well

respected by the women but had not met recently because the lead prisoners had been released from prison. However, the governor was re-establishing it during our inspection. To bridge the gap, an open consultation forum had been introduced to which all women were invited.

- 4.7 Only 43% of women responding to our survey said things changed because of consultation. However, the governor was able to list many changes, including giving women more time every day to access the prison grounds and allowing them to eat their meals where they liked rather than in the dining hall. The full range of changes made were not well publicised, so some women did not know about them.
- 4.8 Peer workers' support was effective and helped women deal with issues or seek advice and support. The peer workers were motivated and, in our survey, the vast majority (80%) of women said the support they received was very or quite good.

Applications

- 4.9 In our survey, women were far more negative about the timeliness and fairness of responses to applications compared to our last inspection but those we spoke to were more positive. Most women said issues were resolved informally or by visiting relevant staff or departments directly rather than making a written application.

Complaints

- 4.10 The main reasons for complaints included access to property, residential issues and staff. In our survey, too few women said they were dealt with on time and fairly and the prison's data showed that only 60% in the previous year had received a response within the required timescale.
- 4.11 Responses we reviewed were generally polite and addressed the issues raised. It was positive that many replies showed that staff had spoken to women directly about their complaint. While quality assurance carried out by the governor was properly focused, it had yet to address the key problem of delayed responses.

Legal rights

- 4.12 Demand for legal advice was low and there were sufficient facilities for women to meet their legal representatives either virtually or in person. It was not clear how women could book an in person visit, particularly as the government website said they were not taking place, and staff could not tell us how women could book one but this was clarified during the inspection.
- 4.13 PACT staff worked with legal assistance charity Not Beyond Redemption to provide women with free family law advice and representation, which was also available after their release from prison.

Living conditions

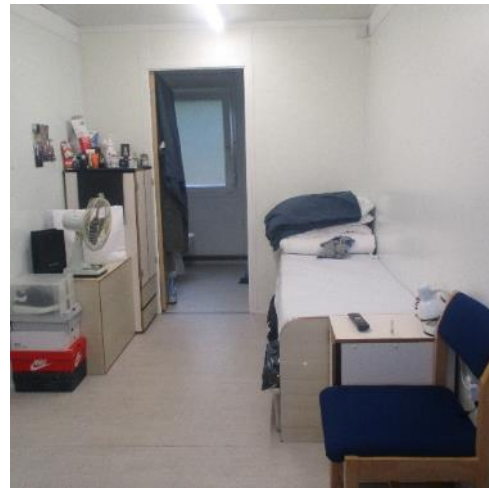
Women live in a clean, decent and comfortable environment. They are provided with all the essential basic items.

- 4.14 Women had excellent access to the expansive and impressive grounds. The main site was a listed manor house where two thirds of women lived in shared rooms for up to four in each. Half of the main house had, however, been closed because of significant fire risks and it was unclear when the issue would be resolved. Some of the shared dormitories were cramped. In our survey, only half of the women said they regularly had access to cleaning materials for their room and oversight of the standard of cleanliness in the main house was not robust.

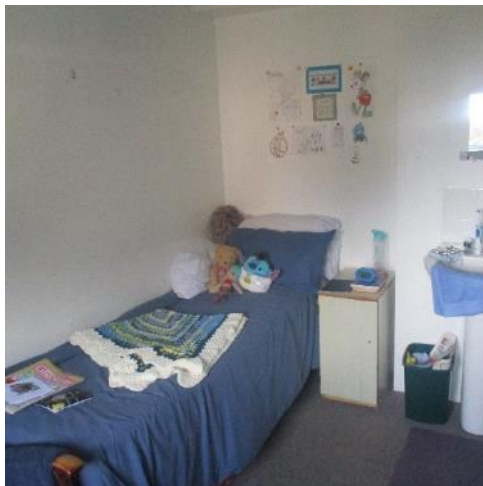


The grounds

- 4.15 Over a third of women were now housed in semi-independent accommodation which was valued by those who lived there. It included 20 pods, which were spacious and had a private shower room, as well as fully furnished flats, which included a well-equipped kitchen and lounge.



Exterior and interior of the pods



Kitchen and living room (top) and bedroom (bottom) in the flats

- 4.16 All women in our survey said they could shower every day; laundry facilities were sufficient and almost all (90%) said they got clean bed sheets every week.
- 4.17 It was positive that, in our survey, 68% of women thought the food was very or quite good and 69% said they got enough to eat at mealtimes.

Women could have two hot meals a day during the week and the prison's farm provided the kitchens with a range of fresh meat and vegetables. Those in the pods and flats could bring back food to cook when they returned from ROTL. Women appreciated this and we saw them cooking healthy meals.

- 4.18 There was sometimes a delay in new arrivals receiving their first shop order but, in our survey, 57% of women said they could buy what they needed.

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.

- 4.19 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary) 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

- 4.20 Joint working between service commissioners, providers and the prison was strong with regular partnership, contract and quality meetings that were outcome focused. The health needs assessment was not up to date, but services met the needs of the women. Clinical governance had improved since our last inspection.
- 4.21 The Oxleas NHS Foundation Trust team was well-led and gaps in staffing due to sickness were mitigated on an ad hoc basis by using agency staff, although replacements did not know the patients as well as permanent staff did. Staff were up to date with their mandatory training and were well supervised. Patients had weekly access to both female and male GPs. Clinicians interacted with prison staff, and meetings included those involving the senior management team and focusing on safety and complex case reviews. This meant health staff could support the prison in providing care for women.
- 4.22 Health staff were better at learning lessons from incidents and other sources than at the last inspection. Regular clinical audits, such as monthly case note sampling, were in place. Data were aggregated and the health provider's prisons quality lead staff member produced succinct, easy-read regular summaries and alert notices containing learning points, which were displayed for staff to see. A quarterly forum in which health services staff across Kent prisons were encouraged to share good practice was commendable.

- 4.23 The health centre was too small and some mental health patients were seen in rooms that were not appropriate for talking therapies as they lacked privacy. The health centre was clean and infection prevention auditing had improved with 92% compliance with standards. Clinical equipment, including emergency resuscitation kit, was checked regularly. Resuscitation events were rare, and unplanned births rarer, although airway management equipment was only available for adults.
- 4.24 The service operated from 8am to 4pm on weekdays, with more limited opening hours at the weekend. Some women working outside the prison found the hours inconvenient.
- 4.25 The complaints system had improved. Issues raised were minor and complaints received timely and courteous written responses. There were three compliments for every complaint.

Promoting health and well-being

- 4.26 There were up-to-date health promotion and well-being strategies. Staff used the national calendar of events to promote health improvement and awareness.
- 4.27 Staff's contact with women in all areas of health promotion was constructive and they provided advice, screenings and onward referrals. Visual displays and an extensive range of leaflets were used to engage the women. Easy-read information was accessible and was particularly helpful in explaining intimate examinations. The physiotherapist worked with the gym to support women's rehabilitation. However, opportunities to work more closely with prison departments to develop health promotion activities were not taken.
- 4.28 Women had access to local and national screening programmes, including blood borne virus, breast and cervical screenings. The regional prison lead staff member for hepatitis C visited the prison regularly to provide further assessment and interventions.
- 4.29 Relevant immunisations and vaccinations were available, including for flu.
- 4.30 Feedback from patients was used by managers to develop and deliver specific information and advice for women. For example, awareness sessions had been delivered on the menopause, and plans were in place to deliver sessions on breast cancer.
- 4.31 The service did not have any health promotion peer mentors during the inspection, but managers were in the process of identifying suitable applicants.
- 4.32 The prison had contingency plans for managing the outbreak of infectious diseases, although, since our last inspection, none had occurred other than COVID-19.

Sexual and reproductive health (including mother and baby units)

- 4.33 Staff offered all new women screenings for sexual health and to meet their reproductive needs, including blood-borne virus and pregnancy testing. Follow-up arrangements were in place for those who initially declined testing.
- 4.34 Staff from community-based sexual health services visited the prison regularly so that women had timely access to testing and treatment for sexually transmitted infections. Prisoners had easy access to the full range of contraception.
- 4.35 Extensive written information on common sexual health topics was available in the health care centre, raising awareness and encouraging women to seek advice.
- 4.36 A multidisciplinary team provided pregnant women with ante-natal care that reflected a community-equivalent model. Health staff supported women to register with the local midwifery service and they attended appointments outside the prison independently. All women had access to free-phone numbers for ante-natal care, including the NHS pregnancy advice line.
- 4.37 Alongside health care, a visiting pregnancy and mother and baby liaison officer coordinated the care of pregnant and post-natal women. The prison stored birth plans centrally, and although health care staff contributed to them during review meetings, nursing staff did not have direct access to them. Care plans were adequate, capturing women's preferences and safeguarding concerns, but they would have benefited from further development. Mothers preferring to keep their babies were relocated to a prison with a mother and baby unit.
- 4.38 There were two birth bags in case of unexpected labour, and a standard operating procedure was in place to guide staff. However, no prison or health care staff had received training in the early signs of labour. A suitable perinatal mental health pathway was in place.
- 4.39 Women who experienced feelings of loss after the termination of their pregnancy, miscarriage or separation received appropriate support, including practical, physical and emotional care.
- 4.40 Women could easily access support and treatment for the menopause.

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

- 4.41 All women received a thorough and timely screening of their health needs on reception. A second full assessment was carried out within 48 hours. Risk information was shared appropriately with the prison.
- 4.42 An effective paper-based application system was in place for medical appointments. Applications were clinically triaged, and appointments allocated to competent health care professionals. There was a suitable range of clinics, and women could be seen promptly in an emergency during working hours.

- 4.43 Managers and staff had worked hard with prison staff to reduce non-attendance at appointments, leading to a responsive service with minimal waits. Women could see the GP within three working days and had same-day access to some nurse-led clinics. Visiting professionals such as the physiotherapist, podiatrist and optician, did not have waiting lists, as all women were booked appointments with free slots available from November.
- 4.44 Patients with long-term conditions were managed well. Staff had completed relevant training and provided regular clinics to assess and review care. Performance and outcomes had improved, and regular reviews of care plans and records, which were patient centred, took place.
- 4.45 To improve the service and provide continuity of care, some health care staff were undertaking additional training related to patients' needs, such as on carrying out a cervical smear test and identifying victims of female genital mutilation.
- 4.46 Patients had access to secondary care services. The administration team managed this process effectively, and there were few cancelled appointments. Discharge information and follow-up appointments were proactively managed.
- 4.47 Those with palliative and/or end of life needs received good care.
- 4.48 Patients were offered a pre-release health check and information on community support agencies. On the day of their release, they received medicines to take home as necessary and information for their GPs.

Mental health

- 4.49 Mental health services had improved since our last inspection. The team consisted of a mental health nurse, visiting psychiatrist, sessional clinical psychologist and counsellor. Staff were well-supervised and highly competent. They worked closely with the prison's neurodiversity lead staff member, which meant care and treatment were joined up.
- 4.50 Screening for mental health problems began at reception, and there was a swift open referral system thereafter. We observed women dropping into the health centre to ask to see someone and receiving a welcoming response. Women were triaged by the following working day, and those listed for assessment by sessional practitioners were seen within the following two weeks, so access was prompt.
- 4.51 Many women at the prison had complex needs. Twenty-five to 30 women were in contact with the mental health care team, and a similar number with the neurodiversity lead staff member. Patients received pertinent therapies, including cognitive behavioural therapy and a range of counselling to address trauma-based issues.
- 4.52 About 10% of women with complex needs were in treatment for serious mental disorders, and those with a dual diagnosis received collaborative multi-agency care from Oxleas NHS Foundation Trust and

the substance misuse provider Change Grow Live (CGL). The mental health nurse supported the prison through assessment, care in custody and teamwork case management reviews for those at risk of suicide or self-harm and safety meetings, which meant collaborative care was offered. Care plans and patients' notes were suitably detailed. No one had required a transfer under the Mental Health Act.

Social care

- 4.53 Kent County Council (KCC) supplied a copy of the memorandum of understanding for social care provision, which was appropriate and covered several Kent prisons. Oxleas NHS Foundation Trust had a comprehensive local operating procedure for the effective identification of women's social care needs and for making referrals to KCC for an assessment.
- 4.54 Eight women had been referred for an assessment since April 2023. The county council's response was timely, and it provided independent advocacy to women requiring support. All referrals had resulted in the provision of aids to living and mobility, but nobody had required a social care package (see Glossary).

Substance misuse and dependency

- 4.55 Most women we spoke to told us they had gained confidence as a result of the support they had received from drug recovery workers.
- 4.56 The prison's drug strategy contained relevant demand reduction and treatment components but lacked an associated action plan. We were informed the plan was being developed. Few prison officers had received dedicated local training on substance misuse in the previous two years.
- 4.57 A peer worker assisted CGL recovery workers, for example, they co-facilitated groups, such as Navigating Open Prison, an induction course to reduce anxiety about living in an open prison. Thereafter, there was an open referral system to CGL. We observed women presenting themselves for help, and they received a prompt response.
- 4.58 CGL provided caring and innovative psychosocial recovery services to about 25% of the population. Motivational one-to-one work and groups were used to encourage patients to adopt better choices in their lives. Recovery, family and health and well-being practitioners offered individually tailored support. CGL recovery planning and record keeping was exemplary. Women were encouraged to become involved with mutual aid groups such as Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous.
- 4.59 The CGL health and well-being lead staff member had developed a therapy that used a blend of cognitive-based techniques and coaching to help women move from feeling helpless to feeling hopeful (see paragraph 1.12).

- 4.60 Only one or two patients were receiving opiate substitution therapy (OST). They were prescribed buprenorphine (a heroin substitute) or methadone. Prolonged release buprenorphine (buvidal) had yet to be initiated as part of a Kent prisons approach, although patients arriving on buvidal could continue to receive it.
- 4.61 Joint clinical reviews at five days, 28 days and 13 weeks involved the patient's drug recovery worker in line with national guidance. OST could be prescribed remotely so patients could reduce their dosages without waiting for the next review, which showed patients' needs were accommodated.
- 4.62 Recovery workers appropriately prepared clients for release in conjunction with the offender management unit. This entailed providing harm reduction advice and naloxone (to counteract an opiate overdose) if required.
- 4.63 CGL Connecting Communities workers undertook impressive work with patients from 24 weeks before their release and remained in contact with them for 12 weeks afterwards to support their transition from prison to community living. They provided women with support so they could develop links with key agencies such as health, substance misuse and housing services, which reduced their risk of relapse. (See paragraph 1.13.)

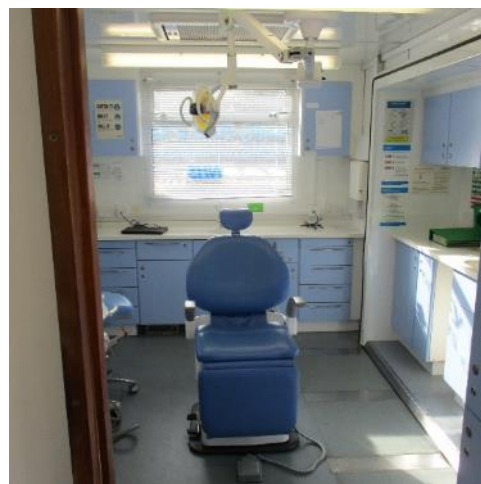
Medicines and pharmacy services

- 4.64 Medicines management had improved, and medication was dispensed and delivered by an external pharmacy contractor three times a week. Outside the usual delivery times, staff could access stock medicines or obtain medication that could be processed by a local community pharmacy.
- 4.65 Registered nurses administered medicines safely. A pharmacist attended the prison at least once a month to conduct review clinics and destroy unneeded controlled drugs. Recruitment was in hand so more pharmacist support could be provided to the prison. Patients could also access a video appointment with a pharmacist to discuss medicine issues.
- 4.66 Medicines administration records were clear and met required standards. Medication was stored securely in lockable cupboards. Controlled drugs were well-managed and audited regularly. Medicines for use in emergencies were checked every week, or more frequently if used.
- 4.67 Fridge and room temperatures were monitored on days the medicines room was in use. Records showed that temperatures were within the recommended ranges. When fridge temperatures were outside the range, appropriate action was taken to safeguard the medicines' integrity, following advice from the pharmacist.

- 4.68 Patients had most of their medicines in possession, subject to a regular risk assessment. The medicines administration area was clean and had handwashing facilities. Only one patient at a time entered the medicines administration area and medication was safely administered.
- 4.69 Patients could easily access medicines to treat minor ailments through the over-the-counter medication policy or patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine).
- 4.70 Records showed that medicines reconciliation was being completed for each patient in line with national guidance and the records we reviewed showed that medication was being received as prescribed.
- 4.71 Risks were safely managed. Staff completed regular audits that reviewed the safe and secure handling of medicines, including controlled drugs. Staff reviewed missed doses and shared lessons learned from medicines-related incidents. Pharmacy leaders met quarterly to discuss medicine issues and action plans were in place for managing risks.

Dental and oral health

- 4.72 The dental service was provided in collaboration with a local community health trust using a mobile dental van, from which a full range of NHS dental treatments was available, and access had improved.



Exterior and interior of the dentist van

- 4.73 There were two monthly dental sessions, each providing six appointments and one emergency appointment. Between sessions, the primary care team offered pain relief, as necessary.
- 4.74 The average wait for treatment had recently increased to approximately eight weeks, with the longest at about 19 weeks, which was excessive. Two additional sessions had been delivered to reduce the waiting time and work was ongoing with health care providers, the dental service and commissioners to address this. Data analysis identified that an

increase in the population since May 2023 included women arriving with unmet dental needs, which had contributed to longer waiting times.

- 4.75 Decontamination of all reusable dental equipment took place off site. Governance arrangements were good, staff completed regular audits of equipment and documentation to make sure patient care and treatment were safe. Staff received training and supervision appropriate for their roles.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics (see Glossary) 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.

- 4.76 Much of the work around promoting fair treatment had stalled and there was a lack of data analysis to highlight differential outcomes or weaknesses in delivery which meant that improved outcomes were difficult to progress. The limited data available did show that, at the time of our inspection, women from minority ethnic backgrounds were underrepresented in those living in the semi-independent living units which was causing some feelings of inequity.
- 4.77 A lack of fair treatment was reported by some of the prisoners we spoke to during our inspection. Many of those from a minority ethnic background told us that staff did not understand them or were not aware of their cultural or religious backgrounds. Older prisoners we spoke to found sharing a room difficult when age gaps were large, for example, they were more likely to have different preferences when it came to sleeping patterns, television channels and room temperature.
- 4.78 Prisoners said that consultation did not take place frequently and none had involved younger or older women in recent months. Six months before the inspection, women had asked to restart monthly race forums but only one had taken place since then.
- 4.79 The views we heard from prisoners were supported by our survey results which showed that those from a black and minority ethnic background and Muslim women were significantly more negative about their experiences of some key aspects of prison life than others. For example, 64% of the small group of Muslim women said they had experienced bullying or victimisation from staff and far fewer Muslim prisoners and those from a black and minority ethnic background felt their well-being was being promoted or that they could lead a healthy lifestyle at the prison.
- 4.80 Poor experiences of the complaints system were also reported by women from a black and minority ethnic background and in our survey,

70% said they had been prevented from making a complaint compared with 16% of white prisoners.

- 4.81 Over half of the women identified as having a disability but the buildings and external environment were unsuitable for those with very limited mobility. However, lower-level needs were catered for appropriately through social care adaptations (see paragraph 4.54). Staff were unable to identify all the women needing help to evacuate the buildings in an emergency and some personal emergency evacuation plans lacked detail.
- 4.82 Some prisoners with neuro diverse needs felt that staff had yet to understand them, but a neurodiversity manager was providing good support to the 25 women who needed help. Transgender prisoners were supported well through case boards that identified and met specific needs. It was positive that leaders had enabled foreign national prisoners to access ROTL opportunities to undertake voluntary work or spend time with their family, despite uncertainties about their immigration status.
- 4.83 There had been 15 discrimination incident reporting forms (DIRFs) submitted in the previous year. Investigations into the complaints were not always thorough, and some complaints did not receive a response. These weaknesses had been identified through the quality assurance process undertaken by leaders, but they had not yet been addressed. Leaders had tangible plans to involve an external organisation to quality assure DIRFs in the future.
- 4.84 Overall, there had been far too little strategic oversight of equality and diversity, which left leaders lacking insight into the experiences of women from protected characteristic groups. Strategic meetings had not taken place for too long and there was no strategy or up-to-date action plan to drive improvements.

Faith and religion

- 4.85 Faith provision was good. The chaplaincy supported nearly all faith groups using sessional chaplains and volunteers, with the exception of the Rastafarian faith. A part-time managing chaplain oversaw the provision and women were positive about the team. The multi-faith room was small but sufficient. It was good that it was always kept open.
- 4.86 As well as delivering faith services, chaplains delivered some non-faith specific courses such as Understanding Loss. They also ran the official prison visitor scheme for those who had no family or friends to visit them and had recently introduced a choir.

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 (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 As an open prison, women were never locked in their bedrooms and had free access around the extensive grounds all day and up to 11pm. In our survey, 76% of women said they could lead a healthy lifestyle always or most of the time.
- 5.2 Over three-quarters were regularly spending time outside the prison on release on temporary licence (ROTL), with some having overnight stays at home. Women had been released on over 8,000 occasions in the previous year, which was impressive. The range of community-based employers offering work to women was good and some were national companies, which meant women could potentially transfer to a branch near home when they were released. Data from the prison showed that about 60% had maintained their paid employment six months after release, which was very good and the highest among all women's prisons.
- 5.3 Women's access to social and recreational activities in the community when on ROTL was very good, but opportunities in the prison were less well developed. Some activities, such as arts and crafts, were available, and leaders had recently organised team events which included a treasure hunt that woman had enjoyed alongside staff.
- 5.4 The library was bright and welcoming, and access was excellent as it was open every day of the week, even when library staff were not on duty. In our survey, 97% of prisoners said they could visit it once a week or more, which was better than at the last inspection (75%). Some of the orderlies who worked in the prison library also worked in the community library when on ROTL.



Library

- 5.5 The library had a wide range of materials and 76% of women in our survey said it met their needs. Leaders were not using data to drive improvements or to engage any underrepresented or hard-to-reach groups.
- 5.6 The library hosted several activities, including a monthly book club. Leaders had also welcomed members of a community-based reading group into the prison. A few women had gone on ROTL to attend a literacy festival. (See also paragraph 5.23.)
- 5.7 More needed to be done to encourage women to take part in physical exercise. According to the prison's data, only about 20% of women participated in PE and fitness, despite the gym being open most of the time. Women told us they would have preferred it to be open later in the evening as there was not enough time for them to go after returning from work. Women who attended physical activities could be issued with their own gym kit.
- 5.8 A run route had been marked out around the external grounds, but the sports hall was filled with cardiovascular and weights equipment with little space for team sports or games. Remedial gym sessions and partnership working with health and physiotherapy staff were good. Women could also participate in a lake walk and yoga, but many told us they would have liked broader and more consistent provision.

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.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.10 Leaders had identified many of the issues recognised during this inspection. Managers' implementation of action plans to support improvements had been too slow, which had significantly affected the progress of planned improvements. In addition, managers had not prioritised recommendations made at the last full inspection.
- 5.11 Leaders and managers had put in place a curriculum that met the needs of most women and that was not stereotypical in its range of opportunities. They had a clear focus on supporting women to develop the skills they needed to be successful in their future learning and work. Despite this, there were too few opportunities to meet the needs of those who did not want to undertake physical work or who had health conditions, which restricted the range of suitable employment options open to them.
- 5.12 Oversight of key information on the quality and management of education, skills and work was insufficient. Managers' compilation of local datasets meant that leaders did not have oversight of all essential

information. For example, as a result of staff absences, managers were not able to provide inspectors with evidence of the quality assurance of activities in gardening, horticulture or butchery. Leaders and managers could not consistently track or be assured of the impact their actions were having on improving education, skills and work or monitor the progress of all women.

- 5.13 Leaders and managers provided sufficient activity spaces for the prison population, and, as a result, all women were fully occupied with a range of education, skills, work and ROTL activities. ROTL placements were planned effectively, and about half of the population had access to paid work in the community. There were no unemployed women during the inspection.
- 5.14 Leaders had successfully integrated careers information, advice and guidance (CIAG) into women's induction. Careers staff used discussions with women to direct them to the most suitable courses and opportunities for work, linking them to their short- and long-term goals. However, targets were not always sufficiently specific or related to women's individual career paths. Staff did not consistently make sure all women received an effective review of their career goals or guidance on how to plan their next steps.
- 5.15 Most ROTL placements were purposeful and helped women prepare for their lives on release. Leaders and managers had successfully established relationships with local and national employers in the hospitality, customer service and food preparation sectors (see also paragraph 5.2). They used local and national labour market information to plan learning, skills and work activities that enabled women to develop the skills they needed to gain employment on release. For example, they had introduced barista training in response to the increase in employment requiring these skills. A small proportion of women interested in hair and beauty roles were not supported sufficiently well to secure ROTL opportunities with employers in these sectors.
- 5.16 Managers did not make sure women on non-accredited courses used their skills workbooks to capture the range of employability skills and behaviour they had developed. Consequently, they were not able to reflect on the range of sector specific and transferrable skills they had acquired.
- 5.17 In vocational training, women benefited from the opportunity to gain short industrial qualifications in topics, such as strimming, mowing and food hygiene, as well as Construction Skills Certification Scheme cards, which improved their employability.
- 5.18 Women completed a well-planned and logically structured course in butchery, which developed their knowledge and skills of meat processing. They used their knowledge and skills effectively to prepare meat products, which they sold in the prison farm shop. Staff had well established links with the Agriculture and Horticulture Development Board and had created helpful workbooks that aligned to the board's

assessment criteria. However, women were not able to complete the online assessment and so could not achieve an award. As a result, they missed out on the opportunity to demonstrate their competency to employers on release.

- 5.19 Women working in housekeeping did not benefit from a well-planned curriculum. Managers had not made sure that they had the training or support they needed to make sure that cleaning practices across the prison were safe. For example, women did not wear appropriate personal protective equipment or understand how to use chemicals safely. They did not have work rotas and there was no quality assurance in place. This meant they did not develop appropriate attitudes to working safely or to a high standard, which hindered the development of their employability skills.
- 5.20 Leaders and managers did not effectively manage women's attendance in work areas, such as in cleaning, in the kitchens or in peer worker roles. Consequently, they could not be confident that all women attended work, were deployed to appropriate activities or remained in work for the time allocated. For example, women would return unchallenged to their bedrooms halfway through a shift. Managers did not have adequate oversight of the progress women made in developing the new knowledge, skills or behaviour they required for their next steps. Women's attendance at education, farms, butchery and gardens was good.
- 5.21 Achievement rates in mathematics were very low and in English required improvement. Prison leaders and managers did not prioritise improving women's levels of English or mathematics and they did not challenge those below level 2 in these subjects to attend lessons or to sit their examinations.
- 5.22 There was a clear local pay policy in place. Prisoners were reasonably paid for the work they did. Payment to attend education was aligned with that of work. However, most women aspired to access paid employment in the community and therefore were not motivated to attend education courses in English or mathematics.
- 5.23 Leaders and managers had collaborated with staff and partners to successfully embed reading in all aspects of women's lives. As a result, more women were reading, and many had improved their literacy skills. For example, industry magazines, such as on gardening, cleaning and hospitality were made available in the respective work areas. Women benefited from initiatives such as Storybook Mums (in which prisoners record a story for their children to listen to at home), Family Reading and The Big Book Share. Women hosted the local community book club and invited authors to come into the prison to speak to women. The librarian was extremely proactive in promoting reading. They supported activities, such as attendance at literacy festivals and linked reading to the books the women's children might have been reading, for example for their GCSE examinations. (See also paragraph 5.6.)

- 5.24 Women could access the virtual campus (prisoner access to community education, training and employment opportunities via the internet), which was particularly useful for those on Open University or distance learning courses. Tutors supported women with their learning, including in writing and submitting their assignments. They provided support to develop women's study skills, such as help with note taking, stress and time management and sitting assessments. As a result, women were confident enough to learn independently.
- 5.25 Milton Keynes College had taken over the management of education from Weston College at the start of April 2023. It offered a well-considered curriculum that met women's development needs. Teachers were experienced and well qualified, and they used their skills effectively to provide good quality teaching and support. They had developed female-specific training materials in topics such as assertiveness and how to travel safely using public transport. Staff supported women to develop their digital skills, enabling them to keep up to date with technologies required for work and everyday life. As a result, women had learned many of the skills required to live independently on their release.
- 5.26 Teachers and trainers were professionally qualified and experienced. They kept their curriculum knowledge up to date through frequent training. For example, they received training in using phonics (a teaching method which matches sounds with individual letters or groups of letters) to support the teaching of reading and English.
- 5.27 Leaders and managers had not made sure women were taught the importance of social values or the dangers associated with radicalisation well enough. They did not promote them consistently throughout education, skills or work. While women understood the importance of inclusion and respect, too few understood or recognised the importance of democracy, tolerance or freedom of speech.
- 5.28 Women said they felt safe in education, training and employment activities. Leaders and managers provided a safe environment where bullying and harassment were not tolerated.

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 The population was small with just under 100 women, of which over 80% were coming towards the end of a long sentence and a quarter were assessed as presenting a high risk of harm to others in the community.
- 6.2 Release on temporary licence (ROTL) remained a real strength (see paragraph 5.2). An employment hub had been opened and an employment lead appointed, which helped women obtain meaningful paid work in the community (see paragraph 5.2). Alongside paid employment, ROTL was used well to help women undertake voluntary work, attend college, complete interventions and maintain family ties, some involving several overnight stays at home. Women told us they really valued the opportunities and said ROTL helped them prepare well for release.
- 6.3 Some women experienced delays in accessing ROTL to visit their home, which was caused mainly by community-based offender manager (COM) or police delays in approving the address. However, offender management unit (OMU) staff tried to manage the delays by chasing information so that they could ease the frustrations it caused women.
- 6.4 Each ROTL event required women to complete an itinerary about how they would spend their time in the community. This helped OMU staff to complete spot checks on the woman to make sure she was complying with agreed plan. Leaders had recently reduced the amount of detail needed, but some women remained confused by what they had to include, and some still thought they had to add every bit of detail about the plans for each day including where they were at what time and what they would be doing when.
- 6.5 Some women arrived without an up-to-date assessment of their risks or needs, but the OMU worked hard to bring them up to date. Those undertaken by prison offender managers (POMs) were of a good quality but those completed by COMs did not consider the risks posed

by being in open conditions for individual women, such as risk to the public if she absconded.

- 6.6 There was a range of available interventions, including courses supporting life skills, and building self-esteem, as well as support for women convicted of sexual offences and a small number of courses for victims of domestic violence or other significant trauma. There was no provision, however, for women who had been involved in sex work and there was too little forensic psychology support to meet need.
- 6.7 There was a good focus on making sure women weren't released homeless and most women left to settled accommodation. Many returned home to family or friends, and some went to approved probation hostels or other supported housing. However, data collected was limited as it did not monitor outcomes beyond the first night after release, so it was impossible to evidence longer-term outcomes for women.
- 6.8 Women received a good level of support to address finance, benefit and debt issues. A representative from the Department for Work and Pensions attended the prison every week to see women on arrival and before their release. Those with debt problems could access specialist advice, helping them to set up repayment plans and contact their creditors. Prisoners could open bank accounts and apply for identification.
- 6.9 Strategic management of reducing reoffending had weaknesses. For example, the strategy was not based on an analysis of needs of the population although this work had started recently. Action planning was limited, and strategic meetings did not use data effectively to monitor progress made and the outcomes.

Motivation, engagement and progression

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

- 6.10 In our survey, 76% of prisoners said opportunities to progress at the prison were good. They included accompanied ROTL through to overnight stays and moves from shared to independent accommodation, which women said were good targets to strive towards. Soon after arrival, women attended an allocation and sentence planning meeting, which identified their needs and assisted them by setting clear, attainable goals. In our survey, 88% said they had a sentence plan, 98% of whom understood what they needed to do to achieve their targets. In the cases we reviewed, we could see evidence of women making progress.
- 6.11 Offender management resources were stretched. While the pool of prison officer POMs was small it was fully staffed. However, there was only one out of two probation officers in post, and this post was to

become vacant in the very near future. In addition, there was a shortage of administrators.

- 6.12 Despite having a small team of offender managers contact with women was very good, and they spoke highly of the support they received. POMs not only knew their own cases very well, but also those of their colleagues and were appropriately focused on managing risks of harm to others.
- 6.13 Key work (see Glossary) took place regularly and most sessions were meaningful and supported women's progression. As well as the allocated key worker, leaders had implemented a backup member of staff, which promoted consistency and built trust and rapport, irrespective of staff absences. Overall, the women we spoke to appreciated the support. Leaders used key workers well to accompany prisoners on ROTL, which helped further build relationships.

Protecting the public from harm

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

- 6.14 Public protection measures were implemented reasonably well. A regular interdepartmental risk management meeting took place and was well structured, but the minutes recorded lacked detail and attendance varied too much, which potentially undermined its effectiveness.
- 6.15 Risk assessments for ROTL were detailed and robust. In the lead up to being granted ROTL, all women attended a workshop, where processes were explained and where they could discuss any apprehensions they had. The ROTL board involved the prisoner as well as contributions from others in the prison and the community. Risks and triggers were discussed, while exploring the prisoner's motivations and expectations. Enhanced behavioural monitoring assessments were completed when needed to provide women with a further level of support.
- 6.16 Leaders, POMs and other staff had a clear focus on risk management and would suspend temporary release if required. Seventeen suspensions had been agreed in the previous year, the decisions being appropriate. In addition, risk boards were held if a prisoner's behaviour was becoming a concern so action to support them and address their behaviour could be implemented to prevent problems from escalating.
- 6.17 Multi-agency public protection arrangement (MAPPA) management levels were not confirmed in advance of temporary licence. We found examples of women who had been leaving the prison regularly on ROTL without a confirmed MAPPA management level assigned by the community offender manager, only to find out that on final release they would have to abide by additional restrictions, which caused confusion.

- 6.18 Systems were in place to manage child contact arrangements. No prisoners were on offence-related monitoring during the inspection, but we were assured they were applied when necessary.

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.

- 6.19 On average, only six prisoners were released every month. Handovers to community offender managers took place in sufficient time and women were involved in these meetings which meant release planning could be discussed and agreed.
- 6.20 It was positive that women could use their time on ROTL to resolve any remaining resettlement issues, but this also gave them chance to attend probation appointments, which allowed them to get to know their offender manager officer in the community.
- 6.21 Practical arrangements on the day of release were good. Transport to the local train station was provided if required and it was positive that personal hygiene packs were offered to women who needed them. These packs were provided by the Prison Advice and Care Trust (PACT) and included some basic toiletries and hygiene products bought from high street supermarkets to enable women to get through their first few days without facing additional worry (see paragraph 1.15).



Release pack

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

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 2016, journeys to the prison were generally short and the support women received on arrival and during their early days at the prison was good. Nearly all women said they felt safe and problematic behaviour was rare. Mediation was effectively used to resolve disputes associated with communal living. Levels of self-harm were very low and vulnerable women received good support. Security effectively supported the resettlement focus of the prison. Use of disciplinary measures and force were rare. Substance misuse provision was very good. Outcomes for women were good against this healthy prison test.

Recommendations

The governor should initiate contact with the local director of adult social services and the local safeguarding adults board to develop safeguarding processes specific to East Sutton Park.

Not achieved

The establishment should have its own substance misuse strategy policy, and the action plan should reflect the recent needs analysis and current service developments. Future service provision should include family work.

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, women in our survey and in person were positive about most aspects of their treatment. They benefited from the excellent general environment but dormitories remained too cramped and lacked privacy, and some areas needed refurbishment. Good relationships were key at the prison and women were very well supported. Outcomes for minority groups in the population were equitable. Faith provision was good. Relatively few formal complaints were submitted, but some management processes needed to be stronger. Legal services were appropriate. Health care was good overall. The food was excellent and shop arrangements were reasonable. Outcomes for women were good against this healthy prison test.

Recommendations

Procedures for reporting, investigating and quality assuring discrimination incidents should be improved and include some external scrutiny.

Not achieved

A robust system for managing and filing confidential complaints should be introduced.

Achieved

The health centre should comply fully with all infection control standards.

Achieved

Local policies should be updated to reflect current practice.

Achieved

Clinical governance requires improvement to ensure lessons are learnt and services enhanced. This includes recognition and recording of incidents affecting clinical care and effective systems for monitoring and analysing trends from complaints and incidents.

Achieved

All women should have timely access to a podiatrist and external hospital appointments.

Achieved

All medicines within the pharmacy room should be stored in lockable cupboards and the gated door should be locked at appropriate times.

Achieved

There should be a wider range of PGDs so nursing staff can supply more potent medicines, where appropriate.

Achieved

Women should receive equal access to dental services irrespective of their ROTL status. The partnership board should review women's access to ensure their oral health is not compromised.

Achieved

All custody officers should receive regular mental health awareness training so they can identify a prisoner with mental health problems and take appropriate action.

Not achieved

Purposeful activity

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

At the last inspection, in 2016, women had excellent time out of their rooms and access to the attractive grounds. Community living was well used to support rehabilitation. Overall Ofsted rated the learning and skills provision good. Leadership and management were effective, and some particularly impressive partnerships had been developed. The prison and provider worked closely together to achieve some very good outcomes, although punctuality needed to be more consistent and some activities were not formally accredited. All women were engaged in activities and the range offered was appropriate. Most aspects of women's personal and social development were good and achievements were very good. Both the library and gym provided good access and opportunities. Outcomes for women were good against this healthy prison test.

Recommendations

Prison managers should introduce rigorous quality assurance processes that cover all learning and skills activities in education and vocational training.

Not achieved

Tutors should ensure short-term targets in education are meaningful and help women develop skills and knowledge rather than simply reach qualification goals.

Not achieved

Women identified as requiring additional support should receive specialist one-to-one assistance where appropriate.

Achieved

Staff should be made aware of the need to promote English and maths in a vocational context, so that women are able to develop their employment skills.

Not achieved

Women attending classes in education should arrive for lessons on time and stay for the full duration.

Partially achieved

Prison managers should: regularly canvass the prisoner population's views to ensure the stock and resources meet all their needs; analyse data; encourage attendance at the library; and develop further women's literacy skills.

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 2016, work to prepare women for release was central to the prison. Offender management work provided women with good support to reduce their risk of harm to others. Preparation for release work was excellent, and ROTL was used extensively for this purpose. Some very good, accessible support was offered in the resettlement pathways. Very good, innovative provision helped women with family matters. Outcomes for women were good against this healthy prison test.

Key recommendation

The prison should explore the feasibility of security cleared prisoners who are not on ROTL being given controlled and monitored access to selected secure websites to support resettlement planning and education.

Not achieved

Recommendations

Opportunities for long-term and life-sentenced prisoners to practise independent living skills, including to cook for themselves, should be introduced.

Achieved

The prison should work with external organisations to develop appropriate specialist services for women who have experienced domestic violence or been involved in sex work.

Partially achieved

Staff should be trained in issues around trafficking, including identifying victims; a single point of contact should be identified to ensure support is put in place.

Not achieved

Specialist housing advice, that can maximise women's opportunities to access secure and sustainable accommodation should be provided.

Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 2021.

The health care partnership board should review how medicines administration is recorded to ensure that best practice standards and continuity of clinical information are maintained.

Achieved

Leaders should promptly re-open the training kitchen to ensure women can complete accredited learning in customer services and hospitality and catering.

Achieved

Leaders must make sure that they extend their quality assurance activities to prison work areas. They should ensure that the action set as a result of quality assurance focuses on improving the quality of teaching and learning.

Not achieved

Managers and staff should ensure that women can access resources and information that help them retain the new knowledge they gain from in-cell learning packs while they wait for practical areas to open.

No longer relevant

Managers should make sure that staff supporting women in work areas recognise the progress women make in developing wider skills beyond those required for the qualifications.

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.justiceinspectorates.gov.uk/hmiprisons/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:

Martin Lomas	Deputy Chief inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Dawn Mauldon	Inspector
Kellie Reeve	Inspector
Dionne Walker	Inspector
Donna Ward	Inspector
Isabella Heney	Researcher
Samantha Moses	Researcher
Helen Ranns	Researcher
Sophie Riley	Researcher
Paul Tarbuck	Lead health and social care inspector
Celia Osuagwu	Pharmacist specialist
Jo White	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Viki Faulkner	Ofsted inspector
Jane Hughes	Ofsted inspector
Dianne Koppit	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.

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).

Protecting women 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).

Secure video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

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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