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Chair, Independent Monitoring Board  
HMP/YOI Downview  
Sutton Lane  
Sutton  
Surrey  
SM2 5PD

MoJ Ref: SUB 83272

16 November 2020

Dear ██████████,

**HMP/YOI DOWNVIEW: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR  
1 MAY 2019 – 30 APRIL 2020**

Thank you for your Board's report for the year ending 30 April 2020. I am grateful to you and your colleagues for your hard work in capturing these helpful observations, particularly as the Covid-19 pandemic has impacted on your ability to gather information.

I recognise the Board's concern about the impact that short sentences can have on the rehabilitation of women prisoners. The number of women sentenced to custody for periods of less than six months has reduced from 5,314 in 2014 to 4,087 in 2019 and, whilst this is positive, it is recognised that there is more work to be done. The Ministry of Justice (MoJ) and HM Prison and Probation Service (HMPPS) remain committed to improving resettlement opportunities for all women and the MoJ Female Offender Strategy published in June 2018 launched an ambitious programme of work to improve these outcomes and make society safer by tackling the underlying causes of offending and reoffending. Although it will take several years to deliver the Strategy, progress has already been made. The £5 million investment announced in the Strategy has increased by £100 thousand from the Government's funding for domestic abuse and has been used to sustain and enhance existing services, as well as address gaps in provision, including supporting the opening of new women's centres, such as The Nelson Trust in Bridgwater and Sunflower Women's Centre in Plymouth. In 2020/21, a further £2.5 million of funding will be made available to the women's community sector services. This was opened for competition in July 2020 across 12 lots aligned with the new probation regions and the bids received are currently being evaluated. Successful applicants are expected to be announced in due course. In addition, in May 2020 funding was also made available to establish the first Residential Women's Centre pilot site in Wales.

Regarding the other commitments in the Strategy, improvements have been made in the preparation of pre-sentence reports (PSR), such as the Aide Memoire developed by the National Probation Service for practitioners completing PSRs. This was rolled out in August 2019 to prompt all areas related to a woman's offending to be considered and to make a robust proposal for a community sentence whenever appropriate. A new offender management model for women under supervision in the community is being piloted and a review of police forces' responses to guidance on working with vulnerable women has been undertaken. Lord Farmer's second independent review into family ties has been published and how the recommendations are being addressed by HMPPS is covered further in the annex below. A new Women's Policy Framework has been published, as well as the Review of the operational policy on pregnancy, Mother and Baby Units, and maternal separation. In addition, new training has been rolled out

for staff working with women both in custody and the community and research has been commissioned to inform the policy on black, asian and minority ethnic female offenders.

I understand the Board's concerns that the long-term segregation of women is not suitable to support their rehabilitation, particularly for those that have suffered from brain trauma. Whilst the use of segregation is to ensure the safety of all prisoners and staff, HMPPS remains responsible for its duty of care to all those across the prison estate to ensure they are treated humanely, with dignity and that their care needs are met to the best of its ability. Whilst individuals remain in segregation to manage their behaviour, access to meaningful activities is important and this is managed through local care and regime management plans. The women's estate also offers a range of programmes, both therapeutic and to address offending behaviour, which form part of these care and sentence plans to help achieve positive outcomes for women. It is recognised that the Covid-19 pandemic has created added challenges for prisons, however, as they plan for their recovery, access to appropriate regimes will be considered where it is deemed safe to do so.

The national Complex Needs Team supports the women's estate via the Centralised Case Supervision System (CCSS) providing case support and advice on the care and management plans for some of the most complex and challenging women, including those who have been segregated for long periods of time. The CCSS focuses on the wellbeing and progression of individuals, access to intervention services and supportive measures for staffing groups. The CCSS adopts a trauma informed approach, keeping the best interests of the women at the centre of all recommendations alongside operational matters and demands. Access to this national support is through a referral process and it is for Governors to identify individuals who they consider may require the additional national support.

[REDACTED]

[REDACTED] Where an individual has medical needs professionals from both HMPPS and NHS England and Improvement (NHSE&I) work closely to ensure appropriate action is taken and continues to be in dialogue to enable the individuals needs to be met in the most appropriate setting, without undue delay. There is no female specialist acquired brain injury (ABI) unit provision, however, since 1 April 2020 NHSE&I secured 100% geographical coverage for their Liaison and Diversion (L&D) to support efforts to intervene early for vulnerable offenders. A similar but separate Criminal Justice L&D service has also been developed in Wales. NHS England is also currently enhancing its women's specific pathways across all L&D services to enable it to address the specific needs of women in the criminal justice system.

Turning to your continued concern about recruitment and retention within the education provider, I am unable to intervene regarding the current pay arrangements for the staff of the Prison Education Framework (PEF) providers. As advised in my response of 3 June 2020 to last year's annual report, the provider at HMP/YOI Downview, Weston College, is contracted to provide a service and how they manage their staff in providing this service is a matter for them and not for the MoJ or HMPPS. However, we will continue to ensure that all learners receive a quality service and where this is not the case the providers delivery will be challenged at site, lot and national level.

Despite your concerns, it was reassuring to receive your comments that the prison is safe, and women are treated fairly and humanely. I was pleased to note that the physical and mental health needs of prisoners are generally being met, particularly given the current pandemic, and that there is a renewed commitment to diversity inclusion with the Downview Forum providing opportunities to discuss ideas. It is encouraging to read that progress has been reported following previous concerns with healthier food choices and a successful transition and improved regime on E wing. It also pleasing to note that since a

prison performance improvement plan was instigated in September 2019 significant progress has been made across the prison and I wish to thank staff for their hard work in achieving these improvements.

I note you have raised some local issues of concern in your report which the Governor will continue to keep you aware of as work continues. HMPPS comments in response to other issues raised in your report are set out in the attached annex.

The Justice Secretary and I appreciate the valuable role played by members of Independent Monitoring Boards throughout the estate and we are very grateful for your continued hard work on behalf of HMP/YOI Downview.

Yours sincerely,

A handwritten signature in black ink that reads "Lucy Frazer". The signature is written in a cursive, flowing style.

**LUCY FRAZER QC MP**

## HMP/YOI DOWNVIEW: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR 1 MAY 2019 – 30 APRIL 2020

### HMPPS comments on matters raised in the report

#### **Farmer Review**

The MoJ and HMPPS remains committed to supporting all women in custody and ensuring they have access to family contact, as well as progressing with the recommendations made in Lord Farmer's Review for Women. Six of those recommendations have already been completed, including video calling technology which is now available across the women's estate. The work of the core team delivering implementation of the Review's recommendations has also been embedded into the Family Strategy Working Group as recommended by the Review. Progress continues to be monitored through engagement with the recommendation leads and is reported to Lord Farmer on a quarterly basis.

It is recognised that it is important to understand the caring responsibilities of women in custody and that there is a need for improved collection and transparency of data on primary carers in prison and their dependents in the community. This information is monitored locally by prisons to ensure the appropriate support can be provided to women and their families and, on reception into custody, all prisoners are asked if they have any children living at home and what their ages are. While this information is not currently captured in a way that can be centrally monitored, there are also challenges with parents being reluctant to disclose the information due to fear of involvement from social services. However, consideration continues to be given on how to capture, monitor and publish this information.

#### **Key Workers**

In light of the impact of Covid-19, implementation of the Offender Management in Custody (OMiC) model in the women's estate and the male open estate was suspended. However, the OMiC Project Board has recently agreed to begin implementation activities and regular consultation is taking place with the relevant unions, who have agreed with the plans to start this process. The governance structure for implementation has been set up and the OMiC Team are supporting governors through the implementation process. The intended go live date is 31 April 2021 for both key work and case management, however this will be kept under review should the work need to be paused further due to the Covid-19 pandemic.

#### **Heating and Electrics**

A large proportion of the heating at HMP/YOI Downview is on a continuous loop system which makes it difficult to control, taking time to heat up and to cool down. It is for this reason that the heating was not put back on in the Spring. Some of the heating system is not as old as the Board suggests as the boiler equipment on C wing was replaced approximately 18 months ago. However, it is recognised that the available funding at the time to replace the equipment on C wing did not enable zone controls to be included. HMPPS will therefore be submitting an estates investment bid for zonal controls to help improve the heating on both C wing and other wings across the prison in due course.

It should also be noted that the alternative arrangements for ablutions on B wing was not due to problems with the heating and hot water but to allow essential maintenance to be carried out to replace rotting floors, bath panels and damaged extractor fans. The issue with the water supply not heating up properly in some of the residential accommodation has now been resolved.

#### **E Wing Strategy**

HMP/YOI Downview's E wing policy provides a framework for the care and case management of those individuals who have been placed there by the Transgender Complex Case Board. The wing is being used to support transgender women holding a Gender Recognition Certificate, but who have been assessed as being a high risk of harm to or from other women in custody which cannot be safely managed on normal location within the women's estate. Whilst it is recognised that there may be fewer women located on the wing than its capacity, developing E wing in to such a facility advances the ability of HMPPS to avoid isolation of high risk transgender individuals in custody who may otherwise have been located in Care and Separation Units or in-patient healthcare units when there is no clinical justification.