



Report on an unannounced inspection of

## **HMP/YOI Drake Hall**

by HM Chief Inspector of Prisons

22 July – 1 August 2024



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# Introduction

Set in a rural location near Eccleshall in Staffordshire, Drake Hall is a closed prison for up to 340 women, with a small open unit for up to 25 women just outside of the main prison. Although enclosed by a secure perimeter, the prison accommodation consists mainly of single-storey houses, mostly built during the 1990s, set in an otherwise open and well-kept campus. Most women have their own room as well as good access to facilities and amenities.

This was our first full inspection since 2020, so it is pleasing to report that the prison continued to deliver some impressive outcomes for women. The jail was safe, respectful and defined by its rehabilitative ethos. In each of these three healthy prison tests we judged outcomes to be good, our highest assessment. In purposeful activity and the provision of a regime, we assessed outcomes to be reasonably good, again better than many similar institutions.

The impact of general population pressures had created a much more transient and short-term population at Drake Hall than we have found before. As is so often the case in the much smaller women's estate, many women came from outside the West Midlands, and were held far away from home, making family contact more difficult. Both factors impacted the experience of women, but the prison was doing some good work to mitigate them. Women received a good induction and although there were low numbers of officers on duty, which limited one-to-one interactions, they were positive about their relationships with staff. Much was done to support vulnerable women, with a range of interventions aimed at those who found the challenge of prison life more difficult. Most women told us that they felt safe, and data supported that perception.

There was good support on offer to help women maintain family ties. Consultation and arrangements to manage redress were generally good, and fair treatment for those with protected characteristics was actively promoted. Women were never locked in their rooms and most had plenty of education and work. Some petty rules remained which, for example, needlessly restricted movement around the prison, and some aspects of the regime, notably the gym and library, needed better promotion and access. Work to support risk reduction, public protection and resettlement was impactful and effective, although the use of temporary release from the closed site to promote some of these interventions was inconsistent and often limited.

Drake Hall was a competent and settled prison. The prison's rehabilitative ethos reflected the governor's priorities and the prison had clearly benefited from stability of leadership for several years. This was about to be tested with the governor's imminent departure. He leaves an impressive legacy and a platform of achievement that his successor will need to take forward. We highlight a number of priorities which we hope will help with that transition.

**Charlie Taylor**

HM Chief Inspector of Prisons

August 2024

# What needs to improve at HMP/YOI Drake Hall

During this inspection we identified six key concerns, of which three 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. **Plymouth and Richmond houses were beyond structural repair and had been in a poor condition for many years.** The Ministry of Justice had cancelled their demolition and replacement without making alternative plans.
2. **The opportunities women had to spend time in the open air or take exercise were needlessly restricted.** Women were only allowed to go outside of their house unit at designated times and were restricted to a small area just outside of it.
3. **Too few women were released on temporary licence from the closed site or transferred to an open prison, which limited their resettlement opportunities.**

## Key concerns

4. **The use of segregation and strip searching was high.** Segregation was being used before all other options had been considered. In many records we reviewed, the justification for strip searching was not evidenced in full.
5. **Medicine administration presented risks.** The time between two administrations in one day was too short and supervision of the issuing of medication was poor.
6. **There were insufficient opportunities, in some work areas, for women to develop employability skills in preparation for their release.**

# About HMP/YOI Drake Hall

## Task of the prison/establishment

A resettlement prison for adult and young adult women.

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

Women held at the time of inspection: 313

Baseline certified normal capacity: 340

In-use certified normal capacity: 340

Operational capacity: 340

## Population of the prison

- In the last year, there had been, on average, 43 new arrivals and 40 releases each month.
- The prison received women from all over England and Wales and, at the time of this inspection, 85% were from outside the West Midlands region.
- In the last six months, 40% of women had not had any social visits.
- 12% of prisoners were from black and minority ethnic backgrounds.
- On average, each month, 24 prisoners were referred to mental health services and 16 were referred for help with substance misuse problems.
- 40% of prisoners presented a high risk of serious harm to others.

## Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Inclusion

Substance misuse treatment provider: Inclusion

Dental health provider: Time for Teeth

Prison education framework provider: People Plus

Escort contractor: GEOAMEY

## Prison group/Department

Women's Group

## Prison Group Director

Carlene Dixon

## Brief history

During World War II Drake Hall was used to provide accommodation for female munitions workers. It became a male open prison in the 1960s but has been a women's prison since 1974. Most accommodation was rebuilt in 1994–1995. In January 2002, following erection of a perimeter fence, Drake Hall was re-designated from open to semi-open. In March 2009 it was re-designated a closed prison.

## Short description of residential units

A total of 15 houses within the perimeter fence accommodate up to 315 women. Most houses hold approximately 20 people each.

- **Norwich and Margate** – the Changing Future Opportunities (CFO) community called ‘The Hamlet’.
- **Bristol, Canterbury, Durham, Exeter, Folkestone, Gloucester, Oxford, Plymouth and Richmond** – general houses, some of which are double rooms.
- **Ipswich** – non-vaping house.
- **Keele** – induction unit.
- **Lancaster** – mostly housing long-term prisoners and lifers.
- **St David’s** – single rooms for women with social care or mobility needs.

The prison also has an open unit outside the perimeter fence that has an operational capacity of 25. Women can work in the local community on temporary licence and prepare for release. A facility for overnight children’s visits (subject to prisoners meeting the required criteria) is part of the open unit.

**Name of governor/director and date in post**

Carl Hardwick, October 2014

**Changes of governor/director since the last inspection**

From December 2022 to September 2023, Darren Hudson was acting Governor while Carl Hardwick was interim Governor at HMP/YOI Styal.

**Independent Monitoring Board chair**

Patrick Sullivan

**Date of last inspection**

27 January – 6 February 2020

# Section 1 Summary of key findings

## Outcomes for women in prison

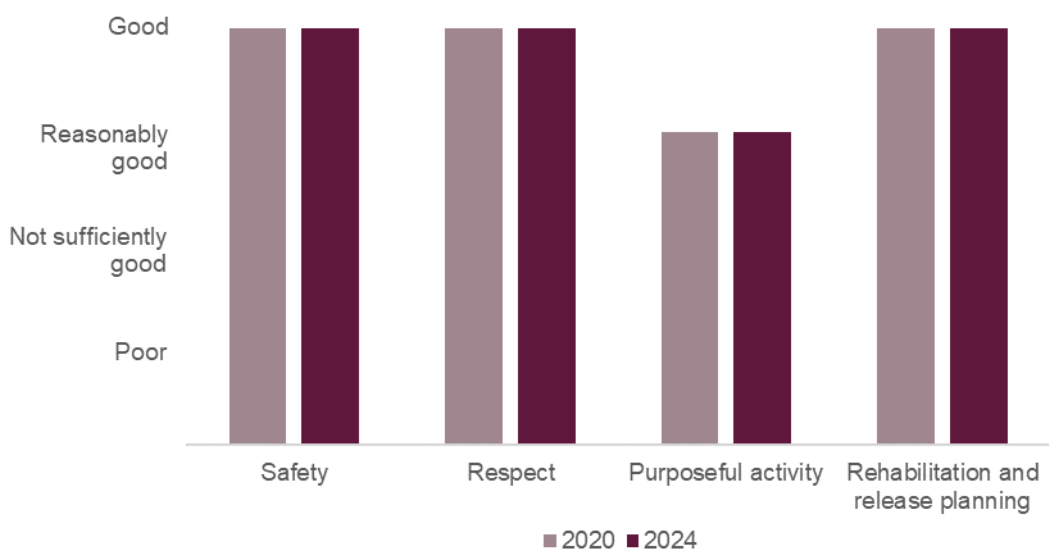
- 1.1

We assess outcomes for women in prison against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (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 Drake Hall, we found that outcomes for women remained:
  - good for safety
  - good for respect
  - reasonably good for purposeful activity
  - good for preparation for release.
- 1.3

We last inspected HMP/YOI Drake Hall in 2020. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Drake Hall healthy prison outcomes 2020 and 2024



## Progress on key concerns and recommendations from the full inspection

- 1.4

At our last full inspection in 2020 we made 21 recommendations, three of which were about areas of key concern. The prison fully accepted 20 of the recommendations and partially (or subject to resources) accepted one.
- 1.5

At this inspection we found that two of our recommendations about areas of key concern had been achieved and one had not been



achieved. A repeated key recommendation to replace the ageing Plymouth and Richmond houses was likely to remain unachieved without significant further investment from the Ministry of Justice. For a full list of the progress against the recommendations, please see Section 7.

## Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found seven examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	All houses had excellent laundry and self-catering facilities to help women maintain decency, develop life skills, and look after themselves.	See paragraph 3.13
b)	An excellent range of tools and interventions were in place to help women cope while in custody. These included the use of therapy dogs and the provision of a specialist unit called 'the Hamlet' which supported those who struggled to engage.	See paragraph 3.14
c)	There was a good range of support for neurodivergent children visiting their loved ones. For example, a private room with soft furnishings was used well to help them deal with the visit's environment and they had access to ear defenders, weighted soft toys and sensory activities.	See paragraph 4.4
d)	The prison council was organised and chaired by a prisoner who had been elected by her peers.	See paragraph 4.6
e)	Newly arrived prisoners could place a full shop order on the day of arrival and would receive this on the same day or very soon after.	See paragraph 4.17
f)	Provision for neurodivergent women was excellent. A neurodiversity passport helped staff understand individual needs and behaviours so they could offer better and more useful support.	See paragraph 4.91
g)	A dedicated domestic abuse support officer delivered a one-to-one intervention to women and developed peer supporters to help others.	See paragraph 6.16



## 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 Continuity of leadership had been very good. The governor had been in post for almost 10 years and knew the prison extremely well. He had developed and maintained the rehabilitative ethos of the prison community, and this was reflected in the priorities set out in the self-assessment report.
- 2.3 Despite some significant challenges since our last inspection, leaders had maintained positive outcomes across our four healthy prison tests. The semi-open regime was impressive, but there were unnecessary restrictions on opportunities for women to spend time in the fresh air and exercise outside. Leaders were unable to explain fully why these had been imposed.
- 2.4 In May 2023, a survey by HM Prison and Probation Service evidenced concerns from staff about some key aspects of leadership. The prison group director took prompt action and returned the substantive governor, who had been at another prison for several months, to Drake Hall. Several additional changes were made to the leadership team.
- 2.5 Our survey showed that 73% of staff now felt their well-being was supported, 80% said the organisation's priorities were clear and 90% of respondents agreed with the priorities.
- 2.6 Despite several changes in the head of offender management services over the previous year, the senior probation officer and the offender management unit team had maintained the delivery of good outcomes for women in their care. However, leaders had allowed the use of release on temporary licence, particularly from the closed site, to decline significantly since 2020. They were also not using the open unit, located outside the prison, to its full capacity.
- 2.7 Leaders worked effectively with the education provider to make continuous improvements and the education and training curriculums were ambitious. They used national employment data and needs analyses effectively to plan and adjust delivery.
- 2.8 In total, HMP/YOI Drake Hall had 69 band three officers. This meant a very small number were on duty at any one time. HMPSS had agreed

to review this resource to provide more resilience, particularly at weekends when there were fewer officers on duty. The safer custody team had been given additional resources and an administrator for equalities was providing much-needed focus and direction to the work, which had previously stalled.

- 2.9 The prison service had cancelled plans to replace Plymouth and Richmond houses, despite both being beyond structural repair, leaving leaders without an opportunity to find another solution. (See paragraph 4.12.)
- 2.10 Leaders had developed an extremely impressive and innovative range of support to help women cope. Continuous improvement had included the introduction of a sensory room, an aviary, and the Hamlet unit to support women with acute needs. (See paragraphs 3.12 and 3.14.)
- 2.11 The long-standing governor was about to move to another prison and, at the time of this inspection, a replacement had yet to be confirmed. The deputy governor was also temporary. These significant changes inevitably posed a risk to the continued success of the prison if not managed carefully.

## 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 Early days support was good. In our survey, most women (78%) said they had felt safe on the first night and they were positive about their experiences. New prisoners arrived in good time to allow them to settle in and make sure all first-night processes were completed.
- 3.2 The reception area was pleasant, and staff and peer supporters put new arrivals at ease. Prisoners were searched appropriately and offered a hot drink and food. Women spent minimal time in reception and were able to wait in a comfortable, unlocked room with easy access to staff and peer supporters.



**Reception waiting room**

- 3.3 All women had the opportunity to speak with an officer in private and were assessed by health staff in a confidential clinical room. They were not given a free phone call on arrival, but they were offered a repayable

advance for phone credit and vaping packs. Women could order and receive canteen items immediately. This helped them to avoid getting into debt if they had to wait a couple of weeks for the first order. Those who arrived with little or no personal clothing could access a reasonably good stock of items.

- 3.4 Peer supporters spent time with new arrivals, introducing them to life at the prison, and accompanied them to the induction unit where they also lived. Women we spoke to were positive about this support and valued the continued presence of peer supporters.
- 3.5 The single bedrooms on the induction unit were clean and well prepared. Women were given a welcome pack, including slippers and toiletries, which they told us they appreciated. It was positive that staff now routinely completed welfare checks on new arrivals throughout their first night as these were not in place at our last inspection.



**Induction unit bedroom (left) and first night welcome pack**

- 3.6 Induction arrangements were reasonably good, but women had little to do when not attending induction sessions. In our survey, 93% of women said they had received an induction and 59% said it covered everything they needed to know. Peer supporters went through basic information and explained what was expected. However, the focus was too often on what was not allowed rather than the many positive opportunities that existed.



**Induction association room**

## **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**

- 3.7 There were positive relationships between most women and with staff, underpinning the prison's community ethos. Staff at all levels and across departments were knowledgeable about the women in their care. The interactions we observed were respectful and relaxed.
- 3.8 There were only a small number of officers on duty at any one time (see paragraph 2.8). This made it challenging for them to appropriately supervise the women and meant they had limited time available to offer support or help with issues. In our survey, significantly fewer women (72%) compared to similar prisons (82%) said they had staff to turn to if they had a problem, and far fewer women said they had been asked about how they were getting on in the last week. Recording of key work sessions in case notes was of reasonably good quality, but sessions did not take place with sufficient frequency.
- 3.9 Women told us their peers were integral to supporting their well-being. The bedrooms were never locked, which meant women could seek support from each other.



- 3.10 Peer supporters were involved in multiple functions across the prison, but were not always used to their full potential, for example in education, skills and work (see paragraph 5.24).

### **Reducing self-harm and preventing suicide**

- 3.11 Since our last inspection, the recorded rate of self-harm had doubled, although it was still lower than in most women's prisons. Leaders used data to understand the differing needs of women who self-harmed regularly and those who did not. The monthly strategic meeting used data to identify whether women who self-harmed were engaging in purposeful activity and had social visits or key work. It also considered whether there had been any incidents among newly arrived women who had a history of self-harm. The weekly safety intervention meeting used strong multidisciplinary input from across the prison to target help for the most vulnerable women.
- 3.12 Outcomes across our four healthy prison tests remained positive. The community ethos, pleasant grounds and the fact that women were never locked in their bedrooms helped to promote well-being. Leaders had made substantial investments, including the development of a sensory room, private pods for one-to-one counselling and an aviary to provide women with therapeutic opportunities.



**The aviary (left) and outdoor pods for counselling**

- 3.13 Self-catering facilities and washing machines had been added to every house unit to encourage women to look after themselves. Being able to wash underwear in a machine rather than in cell went a long way to promoting decency (see paragraph 4.13).
- 3.14 Bereavement support, music and therapy dogs were used effectively. In addition, the Hamlet unit (see paragraph 3.23), the domestic abuse support officer and eating disorder officer all provided excellent support to help women cope and avoid periods of crisis.
- 3.15 There was only one constant supervision cell. When more than one woman required this, supervision took place in the segregation unit, which was not the best environment for them. (See paragraph 3.30.)

- 3.16 Two safety peer supporters had their own office, a laptop, and a telephone, on which women could call for help and leave messages. However, similar to other women's prisons, only 28% of women responding to our survey said it was very or quite easy to speak to a Listener (women trained by the Samaritans to offer confidential support to their peers) if they needed to. There were three experienced Listeners in post with another three in training. Leaders had limited oversight of their contact levels, so it was not clear how well they were used. Some Listeners we spoke to were not clear about their responsibilities.
- 3.17 The quality of assessment, care in custody and teamwork (ACCT) care planning was too variable and care plans did not make full use of the range of support available. Women did not always have the same case manager to review and coordinate the support required.

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

- 3.18 Since 2016, there had been no self-inflicted deaths at the prison. But not all serious self-harm incidents were investigated. Those that were carried out were not sufficiently thorough and did not always include an interview with the woman. Identified learning was not always used to improve practice.

### **Protecting women, including those at risk of abuse or neglect**

- 3.19 The responsibility for safeguarding was not allocated to a prison manager. Leaders had still not established links with the local safeguarding adults board.
- 3.20 Some officers we spoke to were less confident about what to look for in relation to safeguarding risks. However, we saw evidence of concerns being identified and escalated to the safety intervention meeting with appropriate action taken.

### **Promoting positive behaviour**

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

### **Supporting women's positive behaviour**

- 3.21 Women's feelings about safety were similar to those at our last inspection and at other women's prisons. In our survey, 17% of women indicated they felt unsafe at the time of the inspection.
- 3.22 Since our last inspection, the rate of violence had increased, but it was rarely serious and was lower than in many other women's prisons. However, incidents involving antisocial behaviour were rising. Many



women described low-level bullying or problems caused by breakdowns in relationships between women.

- 3.23 Both staff and women told us about many success stories involving support given to help women change their behaviour. For example, for the last 18 months the Hamlet unit had provided targeted support to some of the most challenging and difficult to reach women with impressive results. The unit provided a community living environment that was supported by dedicated and consistent staff whose work promoted opportunities for self-development, increased independence, and healthier relationships.



**The Hamlet unit**

- 3.24 Women also had access to a good range of opportunities to motivate and encourage them to behave well. However, only 19% of respondents to our survey said they knew about them, and the opportunities were not well promoted by staff or peer supporters.
- 3.25 Most women we spoke to could see the benefits of being on the enhanced level of the local incentives scheme such as increased pay and the ability to buy more items from the shop. However, the main motivation for good behaviour was the opportunity to move to an open prison either at Drake Hall or elsewhere, and the chance to have meaningful ROTL from there (see paragraph 6.5).
- 3.26 The quality of case management for perpetrators or victims of violence using challenge, support and intervention plans (CSIPs) (see Glossary) was too variable. Reviews were not always timely and sometimes lacked multidisciplinary involvement. The targets to support women to change their behaviour were often too generic or did not address specific issues.

- 3.27 There was good oversight of cases at the safety intervention meeting and this mitigated weaknesses in recording in CSIP documentation. A range of professionals discussed all cases and put actions in place to assist the women.

### **Adjudications**

- 3.28 As at our last inspection, the number of adjudications was high and, in some cases, less formal measures like the local incentives scheme could have been used instead. Around a quarter of charges were not proceeded with, but the reasons for this were legitimate.
- 3.29 Hearings were still held in the segregation unit rather than a dedicated environment as we have seen in some other women's prisons. Punishments were proportionate and it was good to see that the use of community payback awards (where women carry out voluntary work around the prison) was developing well.

### **Segregation**

- 3.30 The six cells in the segregation unit provided the only secure accommodation in the prison. However, their use was high and they were often used before all other alternatives had been considered. Almost a quarter of stays involved women at risk of self-harm who were receiving support under an ACCT. We were not assured that this was always appropriate or justified, particularly when the only reason was the lack of available constant supervision facilities elsewhere. (See paragraph 3.15.)
- 3.31 Although women had daily access to showers and exercise, the regime in segregation was limited and most women spent most of the day locked up with little to do. Women rarely attended activities with peers, on or off the unit.



**The segregation exercise yard**

- 3.32 While clean, the unit and cells were bleak, but this was partly mitigated by good staff-prisoner relationships. In our survey most women who had spent time in the unit said staff had treated them well, which was better than in other women's prisons. Some women told us they behaved in ways to get moved to the unit as they had easier access to staff to help them sort out their problems.
- 3.33 The average length of stay was around seven days and only a few women stayed for longer. Positively, the effectiveness of reintegration plans had improved, and most women eventually went back to their normal location at Drake Hall.
- 3.34 A well-attended quarterly meeting provided oversight of segregation and a good range of data was collected and discussed.

### **Use of force**

- 3.35 Force had been used by staff against women at a similar rate to our last inspection, and this was lower than in most women's prisons. More than half of all incidents were low-level and did not involve full restraint. It was good to see the prison did not have anti-rip clothing or special accommodation.
- 3.36 In the sample of video recordings we reviewed, most staff were patient and compassionate. However, in a few, staff did not take the opportunity to de-escalate the situation. In a small number of cases this led to strip searching being carried out under restraint. The reasons for this were not always evidenced in full in the documentation.

- 3.37 Staff did not routinely use body worn cameras. Around two-thirds of use of force incidents had been recorded. Some of these were poor quality or did not capture events before the incident or the debrief afterwards.
- 3.38 Oversight of the use of force was reasonable but multidisciplinary attendance and the depth of discussion varied at weekly scrutiny meetings. The monthly strategic meetings identified some trends but not enough had been done to explore these to drive continuous improvement.

## 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.

- 3.39 Overall, security arrangements were well managed. Leaders proactively tackled the supply and demand for illicit drugs. In our survey 16% of women said it was easy to get illicit drugs, compared to 49% at our last inspection. Mandatory drug testing was used appropriately. Positive test rates were declining, and were better than in many other women's prisons, at an average of about 7% since the beginning of 2024.
- 3.40 Leaders had appropriate oversight of and dealt well with the demand for tradeable medication. However, supervision of medication queues was poor and this increased the risk of medication being passed between women.
- 3.41 There were adequate physical security measures and the prison was well covered by CCTV. There was more use of strip searching than we see in other women's prisons and justification for its use was often poorly evidenced. We were concerned that women who required constant supervision due to their risk of self-harm were also strip searched without evidence for the need. The restrictions on association and exercise were excessive for a semi open site. Women were also routinely handcuffed during external escorts, for example to hospital appointments, again without an individualised risk assessment to evidence the need for this.
- 3.42 Over 6,000 intelligence reports had been submitted by staff in the last year. These were processed promptly, and timely action was taken, such as suspicion testing or room searches.

## 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 PACT (Prison Advice and Care Trust, a charity that supports prisoners, people with criminal convictions and their families) provided excellent support, helping women to build bridges with their children and families and working closely with local authorities and social workers when needed. The team used video technology to promote contact such as calls to children in foster care. They also gave women the opportunity to take part in social services' reviews and parents' evenings at school. Women we spoke to valued the support they received.
- 4.2 About 85% of women were not local to the prison and 40% had not had any social visits in the last six months. Leaders had introduced an initiative to support these women which gave them time to spend with their peers in the visits hall, but these sessions had been cancelled too often.
- 4.3 The 'Storybook Mums' initiative enabled women to record videos of themselves reading stories which were then sent to their child to watch. There was sufficient availability of social visit sessions and women could access regular family days (see Glossary). However, only 26% of prisoners responding to our survey said it was easy for their family and friends to get to the prison. There was no public transport from the local train station and taxi fares were expensive.
- 4.4 The visitors' centre was pleasant and the visits hall provided a welcoming space. Leaders had invested in a range of excellent provision to improve children's experience of visits. This included ear defenders, weighted soft toys and sensory activities for neurodivergent children. There was also a private room with soft furnishings available to help children deal with the visits experience.





**Visits hall (left) and private visits room for neurodivergent children**

- 4.5 There was an open unit situated just outside of the main prison. Within this, there were two self-contained flats where children could stay overnight which was an excellent opportunity for women to bond with their children once again. Release on temporary licence was used well for the women living in the open unit to facilitate family contact. However, since our last inspection its use for family contact had reduced considerably for women living on the closed site. (See paragraph 6.5.)

## **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 Individual house meetings and a monthly prison-wide council meeting gave women the opportunity to discuss emerging issues with each other and staff. The council was organised and chaired by a prisoner elected by her peers; attendance was good and included staff from key functions. The chair held a pre-meeting with prisoner representatives to set an agenda and give managers the chance to invite an appropriate range of staff. Few issues were ever needed to be carried over to the next meeting and it was evident that both managers and women took consultation arrangements seriously.

### **Applications**

- 4.7 Complaints and applications were still managed on a paper-based system as HM Prison and Probation Service had not yet provided the digital technology that we see in many other establishments. There had been several versions of the applications process introduced over time,

but they had all failed to ensure a reliable service. At the time of our inspection, there was another new system and this included a tracking process which seemed to be improving the timeliness of responses and accountability. Prisoner representatives provided support to their peers and made sure that the wide range of application forms were freely available.

## **Complaints**

- 4.8 Since our last inspection, the volume of complaints had increased by around 25%. Managers attributed this to longstanding problems with the applications processes. Most houses were not staffed and the number of officers on site each day was low. Women repeatedly told us that it was hard to get help from staff as they were always busy (see paragraph 3.8).
- 4.9 Responses we checked were generally prompt, polite and addressed the issues raised. Managerial oversight was good and senior managers regularly quality assured responses.

## **Legal rights**

- 4.10 The library held a selection of legal texts and a full set of prison service instructions about legal queries or challenges. Access to legal visits was arranged via a telephone booking line at a central call centre. During our inspection we called the booking line and would have been able to book a legal visit a week later, which was reasonable.

## **Living conditions**

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

- 4.11 The grounds were well maintained and pleasant. Living conditions were mostly very good. Bedrooms across the site were in good condition and had enough furniture and space for occupants.





**Typical bedroom**

- 4.12 As at the last inspection, Plymouth and Richmond houses were beyond repair and needed replacing. Planning permission had been granted but the Ministry of Justice had cancelled the project and the buildings remained in use.
- 4.13 Overall standards of cleanliness and decency were good on all house units. There was excellent access to cleaning materials and women valued the use of the washing machine and drying facilities on their house unit. (See paragraph 3.13.)



**Typical residential corridor**

- 4.14 Each house had a well-equipped kitchen which enabled women to cook for themselves or together using ingredients bought from the prison shop. Packs of vegetables were also supplied free of charge.
- 4.15 During our inspection women were more positive about the quality of the food than at similar prisons. However, compared to our last inspection, far fewer women said it was good or very good. Portion sizes were adequate and the size of breakfast packs had increased. All women had access to toasters.
- 4.16 The main kitchen was clean and in good order. Kitchen staff worked closely with the equalities and chaplaincy teams to make sure that a wide range of cultural and religious events were catered for. The training opportunities for kitchen workers were better than we normally see and included NVQ level 2 in food hygiene, catering and customer service.
- 4.17 The prison shop, operated by DHL, was impressive. Newly arrived prisoners could place a full shop order on the day of arrival that would be delivered either the same day or very soon after. This was an excellent initiative that helped prevent women getting into debt with other prisoners (see paragraph 3.3).
- 4.18 There was a good range of catalogue and internet orders. A charity shop, known as 'Rosie's Boutique', enabled women to buy new and pre-owned clothes. Access was good and clothes were reasonably priced. All profits were given to the local Staffordshire Women's Aid charity.



**Rosie's Boutique**

## **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) 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 The health care teams, prison managers and key stakeholders worked in partnership effectively. Recognising the changes in the prison population, with a greater turnover of women arriving and leaving alongside more health-related problems, they had completed a rapid health needs assessment. In response to this, NHS England had commissioned additional access to consultant psychiatrists for women. This was a positive improvement.
- 4.21 Responses to our prisoner survey were mostly negative and only 20% thought the overall quality of provision was very or quite good. However, we found good health care leadership that was providing a clear vision for the service. In the last 12 months there had been a new head of health care and deputy plus a new manager for the mental

health services. Several teams had vacancies but leaders used long-term agency staff effectively to fill these gaps.

- 4.22 Regular local delivery boards provided oversight and assurance. This was underpinned by an effective clinical governance structure. Health care incident reporting had improved and enabled potential patient safety risks to be investigated and addressed. There were few serious incidents and these were well-managed. The clinical lead fulfilled two roles as a non-medical prescriber for primary care and substance misuse opiate substitution which posed a potential risk.
- 4.23 Health professionals were easily recognised and well trained. Staff were caring and knew their patients well. Staff had access to supervision and were up to date with, or booked in for, their mandatory training. A training plan was in development to identify additional needs to better support patient care.
- 4.24 Overall, clinical records met the required standard. Care plan audits had identified some areas of weakness but these were being addressed.
- 4.25 A proactive patient engagement lead held monthly health care forums which gathered feedback on the service. Patients could make complaints using a confidential system. The patient engagement lead visited every complainant to discuss their concerns and seek resolution. They followed this up with a letter summarising the discussion. The responses addressed the key concerns but were not always in plain English.
- 4.26 Infection control audits were carried out every three months and, where issues were identified, action was taken to make improvements. Clinical rooms were regularly assessed against infection prevention and control standards and any issues were addressed.
- 4.27 Sealed emergency bags were available around the prison and were regularly checked. It was good that replacement items were ordered well ahead of expiry dates.

### **Promoting health and well-being**

- 4.28 There was no overarching health promotion strategy. However, the health care patient engagement lead and the prison equalities lead worked together to help women improve their health and well-being. However, health promotion opportunities were hindered by the fact that women had little access to physical exercise around the grounds.
- 4.29 Regular and well-attended health promotion events were held, including those with a gender- or age-specific focus. A wealth of health information was displayed around the prison.
- 4.30 Systems were in place to manage communicable disease outbreaks and partnerships had been established with the UK Health Security Agency (UKSHA) and Public Health England.

- 4.31 All patients had access to age-appropriate immunisations and the opportunity to receive any missing childhood vaccinations. Preventative screening programmes, including retinal screening and cervical smears, were available and every patient was offered screening.
- 4.32 Blood borne virus testing was offered at the secondary health care screening. Any patients needing treatment were seen and treated appropriately.
- 4.33 There was no support for patients who wanted to stop smoking or vaping.
- 4.34 All patients were invited to a pre-discharge meeting. On the day of release, women were offered contraception and barrier protection, information on how to register with a GP, and given any outstanding hospital appointments and 14 days of medication.

### **Sexual and reproductive health (including mother and baby units)**

- 4.35 At the time of our inspection there were no pregnant women and there had not been any at Drake Hall for some time. However, there was a perinatal pathway in place to provide multi-agency oversight if needed. This included women transferring to the prison who had given birth within the last two years.
- 4.36 Women who experienced loss, through termination, miscarriage or separation, received appropriate support through the multi-agency approach. This included care via counselling services and the perinatal mental health nurse.
- 4.37 The perinatal pathway was supporting 21 women. The prison mother and baby liaison officer coordinated monthly meetings and each woman had a support plan in place which was reviewed regularly.
- 4.38 On arrival women were offered appropriate screening of their sexual and reproductive needs, including pregnancy testing and this was followed up if declined.
- 4.39 All women over the age of 40 were offered breast screening and the health care team worked diligently to make sure patients attended their appointment. As a result, there had been 100% attendance at the last screening.
- 4.40 There was a sexual health service nursing clinic and patients were referred to the local hospital for specialist support. Women also had access to contraception and barrier protection, including dental dams.
- 4.41 Most health staff had received safeguarding training which included recognising the signs of actual or suspected female genital mutilation. Staff knew how to make safeguarding referrals.
- 4.42 There was staff training and health education for women to increase awareness about the menopause. Women could access support

through the primary care team and various items were provided such as fans and cooling towels.

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

- 4.43 Newly arrived women received timely and comprehensive primary and secondary screening by a nurse. This assessment of their physical and mental health, and substance misuse, meant that needs were promptly identified and appropriate referrals were made. Prison and health care staff shared information about patient risk appropriately.
- 4.44 An appropriate range of primary care services were available every day, but not overnight, and weekend input was more limited due to lower staffing levels. This included access to a GP three days a week and a non-medical prescriber (NMP) all week. Women could choose to see a female GP. Appointment slots were 15 minutes, which was encouraging and made sure there was enough time to meet a range of needs. Urgent appointments were available weekdays and processes were in place for when health care staff were not on site. However, only about half of the prison officers were up to date with first aid training.
- 4.45 There was a range of care services including visiting professionals such as physiotherapist, optometrist, podiatrist, and a social prescriber who offered relaxation and sleep hygiene. Waiting times were not excessive.
- 4.46 Despite vacancies in the primary care team and an increased complexity of need among the women, overall waiting times were good. For example, the average waiting time for a routine GP appointment was six days.
- 4.47 The provider had recognised that care planning for patients with long-term conditions needed development. This included further staff training and a better focus on gathering patient views to ensure that the patient voice was included. Most of the cases we reviewed had a care plan, however sometimes it was difficult to find them on the electronic system. The GP or non-medical prescriber provided oversight of patients with long term conditions to make sure their needs were met.
- 4.48 External health appointments were well-managed. Few hospital escorts were cancelled by the prison. Where cancellation was unavoidable there was clinical triage of patients.
- 4.49 Pre-release arrangements were good. Women were seen before being released and given relevant medication or prescriptions.

### **Mental health**

- 4.50 In our survey 70% of women said they had mental health problems. Since our last inspection, staffing levels within the mental health teams had improved. Mental health services were responsive and provided a good range of interventions.



- 4.51 A registered mental health nurse triaged referrals and allocated them appropriately. There were 19 women on the waiting list for a consultant psychiatrist, with the longest waiting 13 weeks, which was too long.
- 4.52 The mental health and substance misuse services had recently moved from being co-located and were now in different locations across the prison. This made joint working more difficult, but they worked hard to minimise any potential impact on patient care.
- 4.53 Routine assessments were carried out within five days of the team receiving the referral. More urgent referrals were usually seen within a day. The mental health team provided a week-day service, an on-call senior nurse was available at the weekend.
- 4.54 The health care team supported about 117 women through a stepped model of care (mental health services that address low-level anxiety and depression through to severe and enduring needs). The care programme approach (mental health services for individuals diagnosed with a mental illness) supported 16 women.
- 4.55 The team provided good support to women with mild to moderate mental health issues through an appropriate range of groups, as well as one-to-one work. Patients could receive a range of therapeutic interventions which included cognitive behavioural or compassion-focussed therapy. It was positive that women had access to a counselling service for child loss, separation, and bereavement.
- 4.56 Case notes were of a good standard. Risks were identified, and care plans were completed. Monitoring was in place for patients prescribed mood stabilisers and antipsychotic medication.
- 4.57 Since January 2024, five women had been transferred to a mental health hospital. Of these women, three had waited longer than 28 days. This potentially risked further deterioration in their mental health.
- 4.58 Release planning and liaison with a range of community services to support women were good.

### **Social care**

- 4.59 A memorandum of understanding with the local authority provided a clear operational framework. It also included arrangements for when an urgent need was identified to help make sure needs would be met.
- 4.60 One woman was currently in receipt of personal care and to date this had been carried out in line with the care plan.
- 4.61 Any social care needs were screened for as part of the prison's reception process. Referrals could be made at any point and women could also self-refer. Referrals were made to the local authority and assessment was carried out promptly. Additional equipment and adaptations could be sourced by prison health care staff following an occupational therapist's review of need.



- 4.62 Some patients with social care needs, or those with mobility needs, were housed in St David's unit as it had an adapted environment which included bathrooms, kitchen and laundry room. However, getting around the prison grounds was challenging for women who used crutches or a wheelchair. (See paragraph 4.90.)
- 4.63 The prison was in the process of reviewing social care arrangements which included holding forums with women on St David's unit. One peer supporter was employed to help women who needed day-to-day support with cleaning and other basic tasks. They had a job description, a compact and had regular supervision with an officer.

### **Substance misuse and dependency**

- 4.64 There was a revised drug strategy and good partnership working between the clinical substance misuse (SMS) and psychosocial support services and prison leaders. The drug strategy team had recently introduced weekly triangulation meetings to share intelligence with the SMS team. This was a positive joint initiative and patients discussed were offered prompt support.
- 4.65 New arrivals were seen by the primary health care nurse and referred appropriately to the SMS team. They were also seen at a weekly induction session and given a pack which included a self-referral form, harm minimisation advice and the opportunity to speak to a SMS practitioner.
- 4.66 Referral and assessment processes were well embedded, and a joint weekly meeting took place for mental health and SMS teams to review and allocate new patients.
- 4.67 At the time of inspection, 72 patients were receiving opiate substitution therapy. Clinical support was jointly determined by a non-medical prescriber (NMP), a psychosocial worker and a mental health nurse. This was good. Flexible prescribing was in place and regular reviews took place. However, the NMP was not receiving prescribing supervision.
- 4.68 All joint reviews and care needs were clearly documented in medical records but there were no care plans in place.
- 4.69 The psychosocial team were experienced and knowledgeable practitioners, but they had high caseloads. They were supporting 112 patients (a third of the prison population) for drug and alcohol problems via groups and one-to-one work. There was one staff vacancy in the team and this reduced the number of groups that could be held. However, a new psychosocial worker was going through induction and plans were in place to increase the number of groups delivered.
- 4.70 All psychosocial patients' clinical notes we reviewed had patient lead recovery plans and were audited by line managers during monthly supervision. The team trained new prison officers about their service. The drug strategy lead had organised training about Naloxone (to

reverse the effects of opiate overdose) and its administration for prison officers.

- 4.71 There were no peer supporters, but one patient was being trained to fill this gap. There was an Alcoholics Anonymous group but no other mutual aid. Patients we spoke with were complimentary about the support they received, but all said they wanted more groups. We observed caring interactions between patients and the team.
- 4.72 There was no incentivised substance free living wing (which provides better living conditions to prisoners who can demonstrate that they are not using illicit drugs). This was a gap, though plans were in place to introduce one.
- 4.73 Before release, women were given an appointment for community follow-up and a pack including details of local support services and harm minimisation advice. Naloxone kits were offered on release and clinical nurses trained patients to use these.

### **Medicines and pharmacy services**

- 4.74 Pharmacy services were limited to the administration of medicines. There was no onsite pharmacist which meant there were no medicines use review clinics. This was a missed opportunity to support complex patients or the prescribers.
- 4.75 The service was provided by a highly skilled and experienced team of pharmacy technicians. They provided patients with information on their medication and supported them with access to other health care services.
- 4.76 Team members regularly attended meetings that contributed to the monitoring of prescribing, particularly medicines liable to misuse.
- 4.77 Pharmacy technicians were not trained to help to women experiencing menopausal symptoms. This was a gap.
- 4.78 Around 50% of patients had all or some of their medication in possession, and the corresponding risk assessment was recorded. Staff supported the random spot checks of medicines stored in the bedrooms to monitor for tradeable medicines and to check compliance.
- 4.79 Medicines were administered twice a day, but the afternoon administration time started at 3pm which was too early for women prescribed twice-daily medication. Several patients raised concerns about delays with the supply of their medication. However, these concerns were not always recorded so they could not be reviewed or appropriate action taken.
- 4.80 The medicines administration waiting area and the adjacent hatches were not fit for purpose. We observed poor management of patients waiting, including a lack of challenge to those who jumped the queue.

- 4.81 We noted that visibility through the hatch was limited but health care staff undertook checks that patients had swallowed their medication. However, officers did not routinely carry out follow-up checks to reduce the risk of the medication being passed onto another prisoner.
- 4.82 There was out-of-hours provision for medicines such as antibiotics, but a record was not kept of the medicines used to make sure stock was maintained. Patients could receive over-the-counter medication for minor ailments.

### **Dental and oral health**

- 4.83 The quality of dental provision was good and waiting times were acceptable. Dental clinics were available one day a week, with a combination of dental examinations and treatment by a technician or dentist.
- 4.84 Women could access all dental services expected as an NHS patient. There were processes in place for urgent needs and when the dental team were not on site.
- 4.85 The dental suite was clean, and all equipment had been properly maintained and tested appropriately. There was an adjoining decontamination room with appropriate equipment to ensure this process could be carried out effectively.
- 4.86 Governance processes were robust. Regular audits and checks were carried out and staff received appropriate training.
- 4.87 Dental records we viewed were detailed and clear. They showed that consent was obtained, the risks of different treatments were explained, and women were given options. During appointments, the dentist offered education and advice on oral hygiene and a range of leaflets were available. The dental team's involvement in wider health promotion events was good and included innovative approaches to maximise learning, such as a quiz that provided toothpaste samples as prizes.

### **Fair treatment and inclusion**

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of prisoners with protected characteristics, or those who may be at risk of discrimination or unequal treatment, 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.

- 4.88 In our survey, responses were similar from women with protected characteristics to those without. The prison's rehabilitative ethos promoted fair treatment and was respectful. Inclusivity was encouraged and promoted with a good range of religious and cultural events celebrated throughout the year by both staff and prisoners.

- 4.89 The equalities team was in the process of reviewing women's needs and there was a leader to champion each protected characteristic. A few forums had been held to support prisoners and understand the issues that affected them and further consultation with different protected groups was conducted in response to emerging issues. The semi-open nature of the prison meant that women were more able to seek help when they needed it or ask for advice. House meetings provided another useful way of promoting fair treatment as women could share their experiences openly with each other (see paragraph 4.6).
- 4.90 In our survey, 60% of women said they had a disability. Women who had a physical disability were identified and considered for a care plan. St David's unit provided adapted facilities (see paragraph 4.62) but, due to the narrow and often uneven pathways, access around the site was difficult for those using crutches or wheelchairs.
- 4.91 Support for women with neurodivergent needs was excellent. A small team, including an impressive peer supporter, met every prisoner identified as potentially neurodivergent and designed care and support plans for them. They received a 'passport' (see paragraph 5.23) with descriptions of their likely behaviour in response to certain scenarios. This helped staff understand and respond to their needs more sensitively and constructively.
- 4.92 Along with the managing chaplain, the deputy governor led on the support for older prisoners and championed the need for menopause awareness. They held regular events and, on occasion, accompanied women to appointments. A focus group for younger prisoners had been held but there remained little understanding among staff of their specific needs and few specific age-related activities.
- 4.93 There was a small number of foreign national prisoners and support for them was reasonable. A telephone-based interpreting service was routinely used for those who needed it.
- 4.94 There were two transgender prisoners at the time of the inspection. Support for them was good and both routinely met with a designated manager to discuss their care. An appropriate range of clothing and toiletries was available to them.
- 4.95 Responses to complaints about discrimination were polite, timely and addressed the issues raised. The deputy governor quality assured each one and offered guidance to staff where needed.

### **Faith and religion**

- 4.96 There was an excellent, well-led chaplaincy team. Alongside regular services, festivals and religion-based classes, it provided a wide range of support to women that improved their daily life at the prison.

- 4.97 We witnessed the team's regular interactions with prisoners and saw their care and compassion while dealing with a wide range of emotional issues. Women and staff spoke highly of the team.

## Section 5 Purposeful activity

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

### **Time out of cell, recreational and social activities**

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

- 5.1 Women were never locked in their bedrooms and had free access to the excellent facilities in their houses. Each house was run as a small community and prisoners had time to interact and support each other.
- 5.2 Except for the Hamlet unit, there were unnecessary restrictions on women's movement outside of their house units. Women were not allowed to leave the house, except at designated times of the day. They were also not allowed to mix with prisoners from other houses unless they were on their way to work and education or other appointments.
- 5.3 Designated exercise areas for each house were far too small and women were not allowed to leave them. For example, they could not walk around the house unit or visit the aviary and they were not allowed to use the exercise equipment next to some houses.
- 5.4 The gym was open seven days a week and had good facilities including spin bikes, an outside artificial pitch, a recently refurbished sports hall and a weights room. However, only 25% of the population took part in PE. This, alongside the rules that prevented women moving any distance from their houses during their daily period in the open air, meant that most women did not take part in any regular exercise.



### **Sports hall**

- 5.5 Prisoners we met in the gym greatly valued the facility, but not enough had been done to make the provision more relevant to specific groups. An exception to this was the specialist sessions aimed at women experiencing the menopause. Attendance at the gym typically took women away from their workshop or classroom which reduced the amount of time they had in formal education, training and work activities.
- 5.6 The Twinning Project partnership with Port Vale Football Club had ended, but personal trainer qualifications were being reintroduced in the gym.
- 5.7 The library was conveniently located at the centre of the prison, between the employment hub and the coffee shop, and most women were members. The librarian was employed by Staffordshire County Council so there was good access to books across the county. However, the library was small and cramped, with no space for tables or study areas and its opening days and times were far too limited. As with the gym, attendance was only allowed during education, training and work times which interrupted these activities.





The library

## Education, skills and work activities



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

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

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

Overall effectiveness: Good

Quality of education: Good

Behaviour and attitudes: Good

Personal development: Good

Leadership and management: Good

- 5.9 Leaders made sure that enough full-time education, skills and work spaces were available for the entire prison population. Almost all women took part in full-time purposeful activity. They also had the opportunity to combine work with study.
- 5.10 The curriculum met the women's rehabilitative needs. Prisoners could study vocational subjects, such as hairdressing and hospitality, up to level 3. Women could access work and training which gave them valuable new knowledge and skills and was not gender stereotyped. For example, leaders worked with national employers such as Halfords to offer women courses that led to employment.
- 5.11 Leaders also focused on women's needs beyond education and employment, such as the development of their self-esteem and self-confidence. Art therapy classes provided a calm and supportive environment to help reluctant learners take part. A 'cooking with confidence' course helped women learn about healthy eating and how to cook for friends and family. Charity activities gave women the opportunity to support causes such as homelessness.
- 5.12 Induction and allocation processes were thorough and prompt. Inductions provided suitable information, advice and guidance about work and study options. Staff used this information to allocate women to the right activities for them. Women generally started work and education within a few days of completing their induction.
- 5.13 There were small, but manageable, waiting lists for subjects like functional mathematics and English. In a very small number of cases, women with English language support needs could not access necessary training to develop their knowledge of grammar and vocabulary.
- 5.14 Leaders had implemented a local pay policy that incentivised women to work to a high standard. In almost all roles, women gained a higher rate of pay and more responsibility once they became competent in key aspects of the work. In most placements, except the DHL workshop, women could become mentors or team leaders.
- 5.15 The curriculum was ambitious, and reflected the women's needs and career goals. Teachers and trainers were suitably qualified. For example, English teachers had completed appropriate training on phonics.
- 5.16 Most teachers planned their curriculums well. When they planned topics to cover, they carefully considered women's starting points. Teachers and trainers clearly explained new concepts and topics and how to develop technical and subject-specific vocabulary. For example, women who studied hairdressing at levels 2 and 3 benefitted from a

‘word wall’ to develop their knowledge of new and challenging vocabulary.

- 5.17 As a result of good quality planning and teaching, most women developed substantial levels of new knowledge and skills. Women who studied art as beginners learned to shade well with different types of pencil. High numbers of women passed their education and vocational training courses. However, too few women progressed to level 2 functional mathematics or English.
- 5.18 Classrooms and workshops were of a high quality. The hairdressing salon was of a similar standard and layout to professional salons and the DHL workshop replicated those warehouses in the community. In education classes such as English, women learned in environments conducive to study and had good-quality resources to help them develop their reading and writing skills.
- 5.19 Staff assessed women’s progress well on most courses and in work areas. They checked knowledge systematically and provided clear feedback. This helped women understand how they could work to a higher standard. In warehousing, for example, trainers gave women feedback about taking their time and double-checking work when they made errors with orders. In functional English and art, women knew well which topics they needed to focus on.
- 5.20 Most teachers and trainers planned broad and demanding curriculums. Women who studied music learned about vocal arrangements and chords and developed their wider knowledge of the creative arts. On hairdressing level 2 courses, women learned a suitable variety of cutting techniques and customer service skills. Women who worked in the prison kitchen or coffee shop developed subject-specific skills as well as employment skills, such as retail and customer service.
- 5.21 However, in a significant minority of areas, women did not study curriculums which focused closely enough on their employment skills. For example, although women in the DHL workshop and gardens developed the ability to complete a range of work tasks competently and efficiently, staff did not plan to develop the broader employment-ready skills that these women needed.
- 5.22 In work areas, there were not consistently enough opportunities for women to gain useful accredited qualifications. Although women had access to these in gardens and kitchens, leaders had stopped offering qualifications to industrial cleaners due to contractual issues. Too few women who worked in the DHL workshop took accredited warehousing qualifications.
- 5.23 The support for women with learning difficulties and/or disabilities (LDD) was good. Staff with responsibility for LDD used induction to identify women’s needs and create support plans. Women benefitted from adaptive technology to meet their needs and ‘this is me’ neurodiversity passports. The passports accurately identified women’s needs and strategies to help them. Teachers, trainers and instructors

used the passports effectively in education, vocational training and work. (See paragraph 4.91.)

- 5.24 Teachers, trainers and instructors mostly worked well with peer mentors. Most of the mentors had clearly defined roles, were effective, and the women they supported valued their help. However, in hairdressing, new mentors were less clear about their roles and as a result were far less helpful to their peers. They did not benefit from sufficient support, such as specific job descriptions, to help them understand their responsibilities.
- 5.25 Leaders had implemented a largely effective reading strategy. They linked well with partners such as the library, People Plus and the Shannon Trust to develop this. Women who were beginner or emerging readers benefitted from screening and one-to-one support. This helped them to progress to higher levels of study or to start reading for pleasure. A lack of trained mentors meant that a few women had not received such support.
- 5.26 Reading was also promoted through book corners in classrooms and workshops, and initiatives such as 'Bookflix' reading reviews. The reviews that women wrote were published in the prison magazine or displayed in the education building. Some women were inspired to become avid readers. However, while reading was well promoted in hairdressing, English and the laundry, it was less well promoted in work areas such as DHL.
- 5.27 Women produced a good standard of work in most subjects. Women in the DHL workshop worked to challenging commercial targets and those who worked in the gardens maintained the grounds well. Women who studied hairdressing completed high-quality cuts for clients.
- 5.28 Women mostly developed new skills and knowledge which prepared them for their next steps. Training and employment opportunities in preparation for release were good, including hairdressing and the chance to start work with national employers such as Halfords.
- 5.29 Women were also given opportunities to work or study via release on temporary licence (ROTL). They got jobs in industries, such as warehousing and hospitality, or studied at university. Employers were positive about the women's work and had productive relationships with prison leaders. However, in a small number of cases, women's ROTL opportunities were delayed due to administrative processes that prison staff needed to complete.
- 5.30 Women had largely positive attitudes towards their work and study. There was a calm and productive atmosphere in workshops, classrooms and vocational training areas. Women were proud of their achievements and the work that they produced, such as high-quality artwork which they entered into the Koestler Arts competition. Women had high rates of attendance in almost all areas, although they were not consistently punctual to education or work activities.

- 5.31 Staff helped women to understand equality and diversity. They promoted this through planned activities on topics such as disability awareness, poverty and sexuality. Women spoke confidently about what made them unique and about the importance of providing all women at the prison with the same opportunities. However, women had less firm knowledge of British values such as democracy. Teachers and trainers did not cover these topics in enough depth.
- 5.32 Leaders and managers offered an effective careers programme. This included substantial opportunities for contact with employers, as well as individual advice. Employers provided women with information about employment opportunities and carried out job interviews. Staff from the prison advised women about suitable work and study options to match their career goals and helped them prepare job applications. Women close to release could search for jobs using digital platforms.
- 5.33 Leaders, including staff from People Plus, worked effectively to scrutinise the education, skills and work curriculum. Representatives from across the prison attended high-level management meetings, analysed data and conducted quality assurance activities such as lesson visits. They used these activities to identify weaknesses and set targets for improvement.
- 5.34 In the last six months, leaders had successfully implemented many improvements, such as a significant increase in attendance rates. They had also made sure that staff improved on weaknesses identified at the last inspection, such as the quality of feedback which instructors gave to women.

## Section 6 Preparation for release

**Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.**

### Reducing reoffending

Expected outcomes: Women are helped to change behaviours that contribute to offending. Staff help them to demonstrate their progress.

- 6.1 Since our last inspection, the prison population had changed considerably. The shortage of spaces in women's prisons that served the courts meant that more women transferred to Drake Hall were either very new to custody, serving short sentences, recalled, or had already spent prolonged periods on remand and had little time left to serve.
- 6.2 There were two leaders in the offender management unit (OMU). One, a senior probation officer, had provided strong, stable leadership with a clear focus on risk and driving improvement. The second manager had changed several times in the last three years, which had caused instability and a lack of continuity for OMU staff. The unit had a full complement of prison offender managers (POMs), including four probation officers, but there were not enough fully-trained case administrators.
- 6.3 OMU managers and staff had coped well in administering a variety of early release schemes including SDS40, a new national scheme which would start in September 2024. This had entailed recalculating release dates for most of the population.
- 6.4 There was a good range of provision to help women improve their lives and develop coping skills, and women told us that the culture was rehabilitative. They benefitted from an array of support that included a well-maintained environment, an aviary, self-catering on every house, a support phone line run by the women and welcoming outdoor pods for one-to-one counselling.
- 6.5 However, the use of release on temporary licence (ROTL), a strength at the last inspection and a key tool for rehabilitation, had reduced significantly. ROTL from the closed site was now rarely used. A small, separate unit just outside the prison gate provided open conditions for suitable women. They could go to work in the community and spend time with their families while released on temporary licence. However, the unit was rarely full and at the time of our inspection, only 15 of the 25 spaces were in use. In addition, very few women had been



transferred to the two designated open prisons within the female prison estate at Askham Grange or East Sutton Park.

- 6.6 Since June 2024, women serving over four years were eligible for release on home detention curfew, but there was hardly any suitable accommodation for them to go to (see paragraph 6.25). Consequently, at the time of this inspection, 17 women were being held in prison beyond their earliest eligibility date.
- 6.7 It was positive that almost every woman had a sentence plan and that nearly 80% of them had been completed within the last 12 months. The quality of the plans we reviewed was reasonably good with appropriate objectives, and most women were making good progress against them. In particular, the achievement of targets linked to emotional well-being was notably strong.
- 6.8 Women we interviewed were able to name their POM and key worker and almost all valued these relationships. Overall, contact with POMs was good and meaningful. Where women were assessed as particularly complex, their POM gave them the additional support they needed. Contact varied appropriately depending on what point the women had reached in their sentences.
- 6.9 Key work delivered by prison officers was too infrequent and women typically got a session once every two months (see paragraph 3.8). However, they were delivered by the same officer each time and the quality of recorded entries was reasonably good. Some sessions were aligned to sentence plan objectives and in these cases it was clear that the key worker had liaised with the POM before seeing the woman.

## Public protection

Expected outcomes: Women's risk of serious harm to others is managed effectively. Women are helped to reduce high risk of harm behaviours.

- 6.10 About 40% of the population were assessed as a high-risk of serious harm to others and the application of public protection measures was reasonably good.
- 6.11 The monthly interdepartmental risk management meeting had good oversight of almost all high-risk women approaching release. The senior probation officer also had a good, robust focus on the risks presented by some of the women. Overall, contact between POMs and community offender managers to plan for release in individual cases was good. However, inevitably, the OMU staff had better, more established links with probation offices in traditional release areas like the West Midlands.
- 6.12 In all but one of the cases approaching release we checked, recorded multi-agency public protection (MAPPA) management levels could be identified. POMs' contributions to MAPPA meetings were generally of a

good standard and offered critical analysis of the woman's behaviour, rather than just presenting a list of events from her sentence.

- 6.13 At the time of our inspection, phone and mail monitoring was used appropriately for about 20 women presenting a risk. The process was generally well managed, and logs were up to date, but calls in languages other than English were not translated. This meant in this small number of cases the OMU did not always fully understand the level of risk. Where prisoners breached restrictions on contact, this did not always result in consequences such as an adjudication.
- 6.14 Measures to restrict child contact were confused. Some decisions recorded about a prisoner were not consistent across the OMU's local database and the HMPPS case recording system. OMU managers recognised that existing restrictions needed reviewing.

## Interventions and support

Expected outcomes: Women are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.15 There was an impressively wide range of interventions to help women make positive changes in their lives and support them in dealing with previous trauma. For example, the Dove Service offered counselling to deal with loss and separation from children and Staffordshire Women's Aid offered support to women who had experienced domestic and sexual abuse.
- 6.16 There was also a domestic abuse support officer, funded as part of a pilot scheme, who delivered a series of one-to-one sessions to women at risk of returning to abusive relationships upon release. Peer supporters helped with this scheme, and also shared information and raised awareness among the population.
- 6.17 The women's estate psychology service team was stretched due to staff shortages, but the trainee forensic psychologists got good remote support from colleagues in other jails. The team contributed an impressive amount of work to progress and support women.
- 6.18 The Hamlet unit offered a well-supported environment where the most vulnerable women could progress and engage with rehabilitative activities (see paragraph 3.23). However, during the inspection, an eight-week course that taught women life skills was not running.
- 6.19 The accredited programmes team had faced some staffing challenges and, compared to our last inspection, delivery of the Thinking Skills Programme had reduced. There was currently a waiting list of 58 women and, since September 2023, about 100 eligible women had been released without completing it.
- 6.20 Since our last inspection, leaders had employed a strategic housing specialist and prison employment lead. Together with the health care

team, these roles had recently organised a resettlement fair that had been attended by more than half the women. In the last 12 months, 43 women were still in employment six months after release.

- 6.21 Provision to help women manage their money and debts was not well developed. There were too many unnecessary barriers to opening a bank account and, in the last year, two-thirds of all applications had been declined. A good on-site specialist debt advice service run by Birmingham Settlement had stopped and women now depended on remote support from their commissioned rehabilitative services provider. However, in some instances, this resulted in no help being given. A member of staff from the Department for Work and Pensions was on site and saw all women before release.

## Returning to the community

Expected outcomes: Women's specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.22 The number of women transferring to Drake Hall who would previously have stayed at HMP/YOI Styal or HMP Foston Hall to complete their sentences had increased, and when they arrived they were often close to release. This meant that each month, about 40 women were released from Drake Hall. They returned to areas across England and Wales because women's prisons are few in number and serve much larger geographical areas than men's. Only about 15% of all releases returned to the local West Midlands area.
- 6.23 Over the last year, the pre-release team had been under-resourced. However, two impressive probation service officers reviewed women's resettlement needs well and made calls with agencies in the women's home areas. They also ran a monthly multi-agency pre-release meeting to check individual release plans, identify gaps and avoid duplication.
- 6.24 Women arrived at Drake Hall from across the country and there were 21 different commissioned rehabilitative services providers involved in delivering resettlement help. This meant that women received different forms of support depending on where they lived and it was hard for prison leaders to understand all of the outcomes. A minority of those providers most local to the jail attended to meet women in person. This face-to-face contact was valued by prisoners and meant that these providers were better integrated with resettlement staff inside the prison. Most prisoners relied on off-site providers; this was problematic because of the burden it placed on the pre-release staff to facilitate contact and the lack of enough video link sessions to meet the volume of communication required.
- 6.25 In the last year, only about 40% of women had been released to settled and sustainable accommodation. About 50% of women went to temporary accommodation and, despite staff's strenuous efforts, 10%

went out homeless. Early release schemes, such as the extension of home detention curfew to those serving sentences over four years, had overwhelmed what little suitable housing stock was available. Plans for housing were often last minute, causing women significant anxiety.

- 6.26 The addition of a PACT (Prison Advice and Care Trust) family resettlement worker at the start of 2024 was positive. The worker was enthusiastic and had so far addressed some practical problems preventing families from staying together, such as a lack of housing and the end of tenancies, and was providing the women with much-needed support. (See paragraph 4.1.)
- 6.27 Some women who left the prison did not have a mobile phone and others had not been charged by staff. This made it difficult for them to contact agencies and loved ones.
- 6.28 On the day of release, there was no facility outside the prison where women could wait out of the rain, meet their families, get a hot drink and plan their onward journeys. However, it was good that staff made sure that women who were not being collected were driven to a nearby railway station.

## Section 7 Progress on recommendations from the last full inspection report

### 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 2020, we found that outcomes for women were good against this healthy prison test.

#### Key recommendations

The availability of illicit drugs should be reduced through the implementation of an evidenced-based, robust supply reduction strategy.

**Achieved**

#### Recommendations

Staff should carry out first night welfare checks on all new arrivals.

**Achieved**

All violent, bullying or intimidating behaviour should be reported to the safer custody team for thorough investigation.

**Partially achieved**

Management plans developed for individual prisoners should include specific, meaningful targets that address their poor behaviour.

**Partially achieved**

Reintegration planning should be meaningful and address the reasons for the behaviour that has led to segregation.

**Partially achieved**

#### Respect

**Prisoners are treated with respect for their human dignity.**

At the last inspection, in 2020, we found that outcomes for women were good against this healthy prison test.

## **Key recommendations**

The Plymouth and Richmond units should be replaced with suitable accommodation.

**Not achieved**

## **Recommendations**

Prisoners should have easy access to support and advice from staff and the personal officer scheme should be effective.

**Not achieved**

A formal interpretation service should be used for prisoners with a limited understanding of English.

**Achieved**

Care plans, which should be audited, should be drawn up with the patient to ensure they reflect their wishes.

**Not achieved**

Oversight of medicines stock, storage and transportation should be improved to ensure the safety and integrity of medicines.

**Partially achieved**

Prisoners with mental health problems and/or psychosocial needs should be able to access group therapies.

**Achieved**

Peer supporters should be supervised and trained to deliver support.

**Achieved**

## **Purposeful activity**

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

At the last inspection, in 2020, we found that outcomes for women were reasonably good against this healthy prison test.

## **Key recommendations**

Prison managers should ensure that they have accurate and up-to-date information on the number of prisoners going into education, training and employment following their release so that they can better evaluate the impact of the curriculum on prisoners' rehabilitation and adjust it to ensure activities prepare prisoners well for release.

**Achieved**



## Recommendations

The prison should recognise, record, and, where possible accredit the skills and behaviour that prisoners develop in work so they can provide evidence of their work experience when released.

**Partially achieved**

In vocational training and work, instructors and assessors should ensure that prisoners act on the feedback provided so they make swift progress.

**Achieved**

Attendance at the gym should be improved.

**Not achieved**

## Resettlement

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

At the last inspection, in 2020, we found that outcomes for women were good against this healthy prison test.

## Key recommendations

None

## Recommendations

The prison's reducing reoffending strategy should be based on a needs analysis to ensure that the interventions and support available meet the needs of prisoners in their care.

**Not achieved**

Contact between prisoners and their offender supervisors should take place regularly, be meaningful and support sentence progression.

**Achieved**

There should be a sufficient number of BASS spaces so prisoners approved for HDC can be released promptly.

**Not achieved**

The prison should check written correspondence to and from prisoners who are subject to child contact restrictions.

**Achieved**

Access to through-the-gate support should be based on prisoners' needs rather than probation area.

**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.

### **Preparation for release**

Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

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 [Expectations – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmip/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
Jonathan Tickner	Inspector
Kellie Reeve	Inspector
Sumayyah Hassam	Inspector
Paul Rowlands	Inspector
Martyn Griffiths	Inspector
Alicia Grassom	Researcher
Joe Simmonds	Researcher
Samantha Moses	Researcher
Jasjeet Sohal	Researcher
Sarah Goodwin	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Helen Jackson	Pharmacist
Cat Raycraft	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Alun Maddocks	Ofsted inspector
Hilary Speight	Ofsted inspector
Jemma Peacock	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.

### **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.

### **Family days**

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

### **Leader**

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

### **Protected characteristics**

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

### **Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**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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