



Report on an unannounced inspection of

**HMP/YOI Styal**

by HM Chief Inspector of Prisons

2–12 December 2024



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# Introduction

Located near Wilmslow, Cheshire, Styal is a multifunctional prison and young offender institution taking women from courts in northern England and much of Wales. The prison can hold up to 454 women, from those remanded and still subject to court proceedings, to a maximum of 50 serving indeterminate sentences, including life. At the time of our inspection, 422 women were held either in the large houses – from a former orphanage, dating from the early 1900s – or in the newer but more traditional cellular accommodation of Waite Unit. Up to 25 women could be held in open conditions in a unit just outside the prison perimeter.

Overall, this is a mixed report. While there was much to commend at Styal, safety and the quality of regime had both deteriorated since we last inspected in 2021, with outcomes in our healthy prison tests of safety and purposeful activity now ‘not sufficiently good’. In our test of respect, outcomes remained ‘reasonably good’, while they had improved to ‘good’ in preparation for release.

Despite a significant increase in the number of new receptions, women were looked after when they first arrived and had a proper induction. Leaders and staff knew their prisoners well and worked hard to meet their considerable level of need. However, staffing levels meant one officer was required to supervise two or three houses at a time, which reduced access to staff considerably, a fact keenly felt by the women. This was compounded by very little key work support, which limited women’s ability to get their requests or complaints dealt with without resorting to formal systems. The lack of access to officers was arguably one of the most important issues to address at Styal.

The vulnerabilities of the women were evidenced everywhere; notably in the amount of mental health need, the four self-inflicted deaths, and near doubling of the amount of self-harm recorded since we last inspected. Many other safety indicators were similarly concerning, although the prison had introduced numerous initiatives to support women better and improve safety. The hub created to meet the needs of younger women was just one example, and interventions led by the deputy governor were having a tangible impact in reducing violence and the use of force. The rate of positive drug tests results was the highest of all women’s prisons and revealed a significant problem, but leaders were neither well sighted, nor well equipped to tackle it.

The prison had partnered with the Prison Advice and Care Trust (PACT) to bolster the support women received to maintain family ties. The new visitors centre and use of temporary release to support resettlement goals also helped, but about a fifth of women received no visits and there was more that could have been done to improve this vital area of the prison’s work.

Another priority was the refurbishment of the houses, and we were told of investment proposals to address this; although the women kept the units clean, conditions were clearly continuing to deteriorate. Other aspects of the environment were good and seemed supportive of well-being, with women benefitting from the semi-open nature of the regime. Access around the

grounds was, however, subject to additional control compared to during our last visit, and the women on Waite unit were restricted even more, with only about four to five hours a day out of cell. There was enough activity for all, but weaknesses in the quality of education provision, as well as poor attendance, contributed to an assessment of 'requires improvement' by our partners in Ofsted. The support offered to women as they prepared for release was good, but making sure they had sustainable accommodation before they left the prison was very challenging.

Styal was emerging from a lengthy period of instability with several changes of governor in recent years. The current governor was committed to the institution and aided by a deputy who was active in getting to grips with important operational challenges. Under their leadership, new priorities were being set, staff had been recruited, and a new confidence and competence were emerging, creating a sense of optimism for the future.

**Charlie Taylor**

HM Chief Inspector of Prisons

March 2025

# What needs to improve at HMP/YOI Styal

During this inspection we identified five priority concerns and seven key concerns. 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. **The positive drug testing rate was the highest of all women's prisons.** Yet the prison lacked technology or other enhanced security measures to prevent drugs from getting in.
2. **The condition of most houses needed significant investment to make them decent and restore them to a good state of repair.**
3. **Staff supervision on the houses remained too limited.** This hindered oversight of women and meant that staff were not always available to respond to women's basic queries or requests.
4. **Leaders were not providing high-quality curriculums in English and mathematics.** Nor did they ensure that women were on the right level of course.
5. **Most women were released homeless or without sustainable housing.** This included some who presented a serious risk of harm to themselves and others.

## Key concerns

6. **Poor use of data and a lack of meaningful action planning hindered improvement in some key areas.** For instance, leaders did not understand fully the causes of violence and self-harm and had not done enough to identify and address the needs of protected groups.
7. **Too many vulnerable and very mentally unwell women had been sent to prison due to a lack of suitable services in the community.**
8. **There were too few incentives to encourage women to behave well.**
9. **Significantly more women with disabilities and those with mental health problems felt unsafe at the time of our inspection.**
10. **The applications system was not effective.**
11. **Prison leaders did not sufficiently scrutinise or challenge the prison education framework provider about the quality of education or the progress that women were making.**

12. **Attendance was low in education, skills and work activities.**

# About HMP/YOI Styal

## Task of the prison/establishment

HMP Styal receives women from courts all over the north-west of England and also Wales, either remanded or sentenced. There are facilities for mothers with babies up to 18 months. A small unit outside the main closed prison accommodates women suitable for open conditions.

## Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 398

Certified normal capacity: 469

Operational capacity: 454

## Population of the prison

- Approximately 140 women were received into the prison each month and about 1,000 had been released into the community in the last year.
- Twenty pregnant women had been admitted in the last 12 months.
- There were 30 foreign national prisoners.
- Approximately 10% of prisoners were from ethnic groups other than white.
- Just under half of all women were receiving support to address their substance misuse.
- Fifty-four prisoners were referred for mental health assessment each month.
- In the last 12 months, 39 women had been sent to the prison due to their acute vulnerabilities and the absence of specialised support in the community.

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

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Greater Manchester Mental Health NHS Foundation Trust

Substance misuse treatment provider: Spectrum Community Health CIC

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmev

## Prison group/Department

Women's Group

## Head of Women's Group

Carlene Dixon

## Short description of residential units

**Waite wing** – includes induction unit

### **Front Avenue houses**

A1 – Bronte, A2 – Gaskell

B1 – mother and baby unit (MBU)

B2 – Bruce – incentivised substance-free living unit (ISFL)

B3 – Wilson

### **Middle Avenue houses**

C1 – Oak House – perinatal house for risk-assessed women receiving extra support from the midwife and the pregnancy and mother and baby unit liaison officers (PMBLOs)

C2 – Barker, C3 – Davies, C4 – Size, D1 – Martin, D2 – Righton, D3 – Willow

### **Back Avenue houses for enhanced prisoners including full-time workers**

E1 – Mellanby, E2 – Fox, E3 – Patterson

H1 – Valentina – a small unit for women requiring temporary respite from the other units/houses

**Segregation unit** – cellular accommodation for 10 prisoners

**Bollinwood open unit** – located outside the closed prison, for up to 25 women

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

Nicky Hargreaves, January 2024

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

- Carol Angel (temporary), November 2023 – January 2024
- Carl Hardwick, March 2023 – October 2023
- Michelle Quirke, March 2021 – March 2023
- Danny Khan, May 2019 – March 2021

### **Independent Monitoring Board chair**

Mark Lupton

### **Date of last inspection**

20 September to 8 October 2021

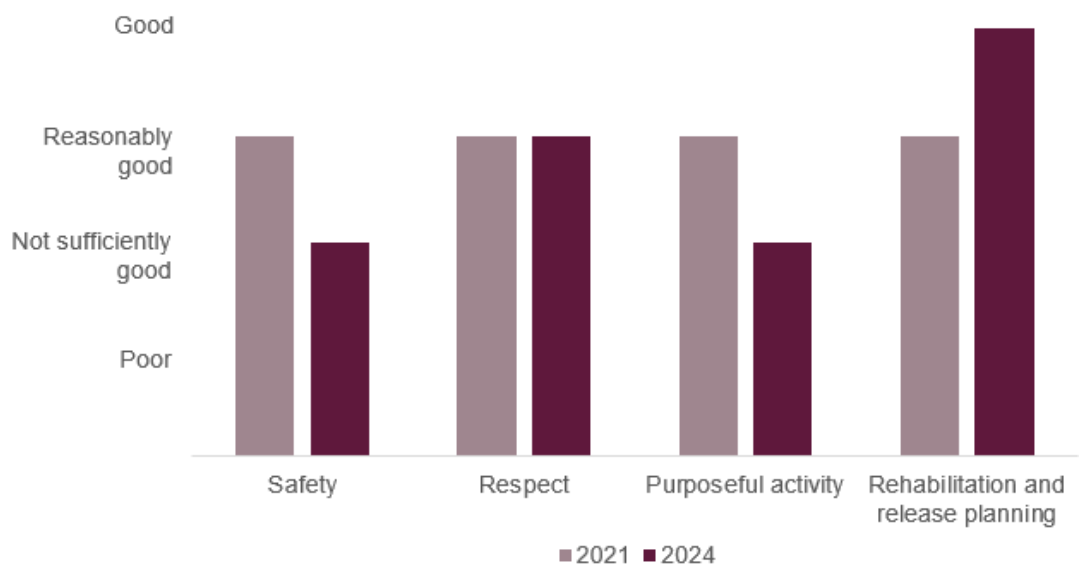


# Section 1 Summary of key findings

## 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 Styal, we found that outcomes for women were:
  - not sufficiently good for safety
  - reasonably good for respect
  - not sufficiently good for purposeful activity
  - good for preparation for release.
- 1.3
- We last inspected Styal in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Styal healthy prison outcomes 2021 and 2024



## Progress on key concerns and recommendations

- 1.4
- At our last full inspection in 2021 we made 20 recommendations, four of which were about areas of key concern. The prison fully accepted 17 of the recommendations and partially (or subject to resources) accepted three.
- 1.5
- At this inspection we found that one of our recommendations about areas of key concern had been achieved, one had been partially achieved and two had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

## Notable positive practice

1.6 We define notable positive practice as:

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)	Extra support was given to new arrivals by the safety team who met them during their first day in prison and again a week later.	See paragraph 3.6
b)	Leaders worked with the Women's Estate Psychology Services (WEPS) team to identify incidents where good de-escalation techniques had avoided the need to use physical force. They shared this learning with staff and there had been a reduction in the amount of times force was used.	See paragraph 2.4
c)	Professional interpreters attended the prison to help patients who did not speak English engage in and understand mental health assessments.	See paragraph 4.41
d)	Leaders provided a broad range of activities, events and courses that developed women's wider knowledge, skills and interests, including workshops with professionals from the creative arts sector and inspirational guest speakers.	See paragraph 5.25
e)	Women due to live at the local probation-approved premises (AP) on release were shown a video of the accommodation to help them understand what to expect and could also have a video call with the staff to help plan for their stay.	See paragraph 6.10
f)	The provision of training to help officers understand behaviours of women in their care and the availability of supervision sessions aimed to promote confidence and competence within this staff group.	See paragraph 2.4
g)	The young adult hub provided additional support to a group of women who had been shown to be more at risk of self-harm.	See paragraph 3.19

## 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 There had been six governors in six years as well as lots of changes within the senior leadership team (SLT) which had inevitably led to a sense of instability and uncertainty at the prison. However, the current governor had expressed a long-term commitment to the establishment and she and her deputy had a good level of knowledge about women in their care. They had established a new set of priorities and had communicated these clearly to staff, and most of those we spoke to understood and supported them. The prison's self-assessment report was honest and was focused on concerns that we also identified during our inspection.
- 2.3 The deputy governor was being particularly proactive in driving forward work to reduce the use of force. The work was having a positive impact on staff confidence and attitudes. Sharing good practice examples of where staff had avoided using force by using positive de-escalation techniques was helping to give them insight into how they could respond to confrontation and challenges differently.
- 2.4 The WEPS team was very visible around the prison and was an integral and welcomed part of the SLT. Alongside undertaking risk assessments and delivering enhanced care and support to the most vulnerable women, they were leading improvements including support for cultural change. This included delivery of the Behind the Behaviour training which helped staff understand the behaviour of women alongside the importance of showing care and compassion in their day-to-day interactions.
- 2.5 Previous staffing models for the prison had included the allocation of an officer to each of the 16 detached houses which helped to provide more direct and accessible care and supervision. This resource had been lost, and the current model had one officer trying to supervise two or three houses at the same time which was not as effective. The governor had submitted a business case to return to the original staffing model which would enable women to connect better with officers when in need of care and support.
- 2.6 The complement of officers was now above the prison's budgeted staffing profile, but various absences meant too many were not

available for operational duties. However, leaders managed this shortfall well and delivered a reliable regime. The custodial manager on Waite wing was particularly impressive and proactive in her leadership but some other middle managers were new to their role, and therefore still developing their leadership skills. They, and new officers, had been supported through coaching from His Majesty's Prison and Probation Service (HMPPS) and it was very good to see that leaders at the prison were planning to extend reflective practice sessions to middle managers as well as main grade officers.

- 2.7 Partnership working between health providers, Spectrum, the prison and NHS England (NHSE) was mostly effective, but the delivery of health care had been hampered by inconsistent management over the last couple of years. A new regional manager had, however, driven improvements and staffing levels were now improving. In addition, Spectrum had submitted a business case for increased funding to improve the workforce model.
- 2.8 Leaders had a range of quality assurance arrangements in place to identify the strengths and weaknesses in the quality of education, vocational training and industries. The prison education framework (PEF) provider, Novus, had not established a suitably ambitious education curriculum in English and mathematics, and prison leaders did not sufficiently probe or challenge the provider about the quality of education.
- 2.9 Leaders had developed a good range of tools to help women cope, including strengthening their early days work and developing the young adult hub (see paragraph 4.87). They had also improved the resettlement provision and joint working between agencies.
- 2.10 Leaders' efforts to stem the supply of drugs were extensive but outcomes were undermined by the lack of enhanced gate security, a property X-ray machine or a body scanner. Drug use was undermining the community and therapeutic nature of the prison, and leaders nationally had not provided sufficient resources to address this.

## 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 The number of new receptions was high, at about 140 each month and an increase of about 40% since the last inspection. Most now arrived in good time to allow them to settle in and make sure all first night processes were completed. The reception area was pleasant, and staff were friendly and approachable. New arrivals were not locked in holding rooms, so they had easy access to staff and peer workers, who were on hand to help them.



**Reception area**

- 3.2 Prisoners were searched respectfully, and processes were thorough. Interviews were conducted in private and included a first-night safety check and a health assessment.



**Interview room – reception area**

- 3.3 Women were offered a free phone call and the opportunity to shower, and given toiletries, clean clothes, food and a hot drink. They were also offered a repayable advance to buy vapes and items from the prison shop.
- 3.4 Early days support was good. In our survey, 72% of prisoners currently located on the induction wing said that they felt safe on their first night and those that we spoke to were positive about their experiences. Cells we saw were clean and well equipped, and staff checked on new receptions every hour during their first night. Those with drug and alcohol dependencies were located on the same wing but additional observations and support were in place to support their safety and well-being.
- 3.5 Those on the induction unit were more positive than other women about access to some basic provision, such as clean clothes, but only 17% said it was easy to make a complaint compared to 59% of women located elsewhere in the prison (see complaints; paragraphs 4.12 and 4.13).





**Induction unit**

- 3.6 Officers from the safety team met new receptions on their first day and again a week later, providing help and support, which was valued by the women. All new receptions were assessed by the early days services team which was led by the WEPS team. Prisoners who had experienced trauma in their lives could be referred to two services: the Hope programme (to help participants find ways to cope with life in prison), or individual sessions identifying triggers and risks which helped staff better understand the individual's behaviour (see Section 3; reducing self-harm and preventing suicide, and see also paragraph 6.17).
- 3.7 The induction session started the next working day and was delivered by an officer and the peer workers from reception. In our survey far more women on the induction wing (76% compared to 36% elsewhere in the prison) said they had received support from a peer worker.
- 3.8 Almost all women indicated to us that they had completed their induction and most said it covered everything they needed to know. However, those we spoke to who had finished it said they were bored while waiting to be allocated to an activity. The induction presentation showed new arrivals how to get telephone numbers added to their account, order meals and make applications. They had the opportunity to ask questions and were given a written copy of the information. Women undergoing detoxification were not expected to start their induction immediately and were given a chance to stabilise and settle in first.
- 3.9 Women likely to stay at the prison for over 28 days were meant to be given a laptop which allowed them to complete a wide range of tasks

including making applications and receiving replies, but they took between two and three weeks to issue, which was too long. Other women, such as those on a short recall sentence, were not given one which made it more difficult for them to undertake some of the basic tasks.

## **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**

- 3.10 Staff and leaders knew their population well and were aware of the impact previous life experiences could have on behaviour. On Waite wing, we saw supportive and positive interactions from staff who were often dealing with complex emotional issues. But on the houses, one officer was allocated to manage two or three houses which limited their accessibility and made it challenging for them to provide sufficient support and supervision. Officers had very limited time to help with issues or develop positive relationships and most prisoners we spoke to who lived in the houses told us this was a considerable source of frustration.
- 3.11 Most prisoners knew who their allocated keyworker was but few sessions had been delivered. In our survey, significantly fewer women (68%) compared to other women's closed prisons we have inspected since May 2021 (80%) said they had staff to turn to if they had a problem and this was significantly lower than at our last inspection of Styal. Very few (27%) said that most staff were interested in their personal welfare.
- 3.12 Peer support was very good, fulfilling a range of helpful roles across the prison, including induction, Listeners, education and in the young adult hub (see paragraph 4.87). During the inspection we saw many examples of peer supporters benefiting those they were working with, for example, helping to look up information on laptops and completing applications.
- 3.13 The response to intimate relationships between prisoners was appropriate and well managed by staff and leaders. Women and staff we spoke to could clearly explain the expected standards of behaviour and we did not see any evidence of women breaching these during our inspection.



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

- 3.14 There was a high level of personal problems among the population. For example, our survey showed that just over three-quarters of respondents said they had a mental health problem.
- 3.15 In the last 12 months, 39 women had been sent to the prison due to their acute vulnerabilities and the absence of specialised support in the community. Prison was clearly not the right place for them as options for treatment were far more limited than in a hospital, and prison officers were not equipped to provide the necessary care which required specialist health care support. In the same period, 30 women had been transferred to a secure mental health hospital due to their ongoing, acute mental illness (see paragraph 4.52).
- 3.16 The rate of self-harm had doubled since the last inspection, with 5,262 incidents reported in the last year, which was the second highest of the twelve women's prisons. However, the number of individuals involved and the severity of the incidents remained broadly similar to the last inspection. The increased rate was influenced by a small number of women harming themselves multiple times. For example, a quarter of all incidents involved just three women, with one harming herself over 400 times across the year, sometimes multiple times each day. This individual was eventually transferred to a mental health hospital.
- 3.17 For some women, day-to-day frustrations undermined their ability to cope, which led them to self-harm. For instance, they were unable to get responses to their queries through the application system or they were locked up for long periods. They also struggled with anxieties like not being with their children, as well as past traumatic events. Leaders did not routinely record or analyse the reasons women self-harmed which was a missed opportunity.
- 3.18 A wide range of interventions were available to support women who self-harmed or were at risk of doing so (see paragraph 6.17). This included the use of safer custody officers, the WEPS team, mental health services, and practical support, such as distraction packs. Since the last inspection, a short programme called Hope had been implemented for women new to custody and at heightened risk of self-harm. This aimed to help women cope and feel safer by learning how to manage their emotions. While this was a promising intervention, the scale of delivery was small with about 60 women completing it in the last year.
- 3.19 Leaders focused well on getting those who were struggling to cope or in crisis into a job or some other form of purposeful activity to keep them occupied and give them a sense of achievement. In our checks, almost all the women who were at risk of self-harm or had self-harmed were in some form of activity. The use of an intervention called 'Stepping Stones' remained a good way of engaging some women who struggled to take part in formal activity sessions, and the young adult hub (see paragraph 4.87) helped staff to engage with some of the

younger women, who accounted for a significant proportion of self-harm incidents.

- 3.20 Leaders had held regular sessions with case managers to drive forward improvements in the assessment, care in custody and teamwork (ACCT) process, and the same case manager provided support throughout the period of need. Most case reviews we looked at were detailed. However, there was still more to be done to ensure that the care plan reflected the range of help the woman needed.
- 3.21 The use of constant supervision was not recorded, so we were unable to ascertain how many times or for how long it had been used. The daily routine for women under constant supervision on Waite wing was far better than we usually see, as they were able to access their normal routine, including going to work or the library, and they continued to socialise freely with others on the wing. There were only two constant supervision cells and one of these was in the segregation unit, which was not an appropriate environment for a woman in crisis.

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

- 3.22 Since the last inspection, there had been four self-inflicted deaths and one unexplained death. Another death, a couple of weeks after this inspection, was also assumed to be self-inflicted.
- 3.23 Leaders had taken action against most of the Prisons and Probation Ombudsman's published recommendations, such as improving the ACCT processes. However, they were not doing enough to reinforce or embed some recommendations, such as the use of emergency codes that might expedite operational responses to a crisis or ensuring meaningful contact between women and their key worker. However, recommendations related to health care were much more robustly reinforced and embedded.

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

- 3.24 There was a designated safeguarding adults lead manager, and most of the staff we spoke to had a reasonable understanding of safeguarding principles and knew how to report issues, such as concerns about abuse or neglect. The weekly safety intervention meeting (SIM; see Glossary) served as an effective multidisciplinary forum for raising concerns.

## 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

- 3.25 Our survey showed that 19% of women felt unsafe at the time of this inspection, which was comparable to the last time we inspected HMP/YOI Styal and the other women's prisons we had inspected since May 2021. However, significantly more women located on Waite wing (34%) and those with mental health problems (24%) or disabilities (29%) said they felt unsafe at the time of this inspection.
- 3.26 Recorded levels of violence had increased significantly since the last inspection, with 189 assaults on staff and 167 between prisoners in the previous 12 months. However, most incidents did not lead to significant physical harm, and many were related to low-level disagreements between prisoners, poor mental health and debt.
- 3.27 A safety summit had taken place which focused on mental health as a concern, but this had not resulted in an action plan and leaders needed to do more to understand the needs of women and develop additional ways of supporting them.
- 3.28 Overall, the quality of case management to deliver challenge, support, and intervention plans (CSIPs) was variable. Individualised interventions were mostly managed through the weekly SIM, but these were often not recorded on the CSIP.
- 3.29 There were some good interventions to address poor behaviour. For example, the safety team provided mediation and targeted support. The mental health team provided psychological therapies. The WEPS team provided enhanced support to some very disruptive women and also provided guidance to staff on how best to support these and other women. It had also delivered training that gave staff considerable insight into managing difficult behaviour and identified techniques officers could use during incidents. This had seen some promising results including a reduction in staff assaults (see paragraph 3.43).
- 3.30 In our survey of prisoners, only 21% said there were opportunities and rewards to motivate and encourage good behaviour. Leaders had not yet fully developed their approach to promoting positive behaviour that could build on the community ethos within the prison and recognise the strengths women already had. There was an over reliance on the use of a local incentives scheme, but those we spoke to said that it did not actively motivate good behaviour.
- 3.31 Positive staff-prisoner relationships promoted positive behaviour and some women were motivated by the chance to move to the semi-independent living houses, where they could cook for themselves and

purchase additional items outside of the prison shop. However, there were too few spaces for the number of women eligible for a place. Moving to open conditions was clearly another incentive some women aimed for.

- 3.32 There were 32 women on the basic regime of the incentives policy. Removal of their TV was punitive, especially given individuals' mental health problems and having to be locked in their cell for much longer. Reviews should have been held every seven days, but in many cases, paperwork was missing, so we could not judge whether ongoing restrictions were necessary or appropriate.
- 3.33 A safety meeting was held monthly but there was no violence reduction strategy to help drive improvement. Data was not analysed fully and there was no specific action plan against which to measure progress.

### **Adjudications**

- 3.34 Prison data showed there had been 1,692 adjudications in the last 12 months which was high and had increased by 78% since the last inspection. Too many charges (27%) had been dismissed or not proceeded with and in some cases, such as where women had refused instructions from staff or used bad language, these could have been better dealt with if the prison had a better incentives scheme.
- 3.35 Punishments were generally proportionate and often suspended to encourage a change in behaviour. However, the use of community payback awards (such as painting rooms, weeding or litter picking), rather than loss of earnings, a television or association had not yet been implemented.
- 3.36 Quality assurance of adjudications was undertaken by the deputy governor, but adjudication standardisation meetings were not held very often, and trend analysis was poor, which made it difficult to determine the appropriateness or fairness of sanctions.

### **Segregation**

- 3.37 The rate of segregation was similar to our last inspection; however, some complex and mentally unwell women continued to be held in the unit. Most stays were relatively short, and there was good reintegration planning to help prisoners return to main location. The weekly Safety Intervention Meeting (SIM – see Glossary) was a useful, multidisciplinary forum in which segregated prisoners were discussed.
- 3.38 We saw some good care being provided to the women in the unit and it was clear that staff knew them well. We saw bespoke responses to individual needs; for example, some women had a television and an in-cell laptop, and where risk assessment allowed, women were able to continue to attend interventions off the unit.
- 3.39 However, the daily routine for most was still too limited. Although leaders had made small adjustments, such as allowing women to

collect their meals from the servery, most were locked up for long periods.

- 3.40 There had been some good improvements to the conditions of the cells, which now all had plug sockets, and most were in reasonable condition, although many were missing curtains. The exercise yards remained austere.

### **Use of force**

- 3.41 Since the last inspection, there has been a significant increase in the number of times physical force had been used against women, with 739 incidents reported in the last year, up from 199 in the year leading up to our previous inspection. Women's refusal to follow instructions and staff trying to prevent violence and self-harm were the most common reasons for using force, and some women with complex needs had experienced force being used against them multiple times.
- 3.42 Almost three-quarters of staff had completed the Behind the Behaviour training programme (to teach staff how the mind and body work, as well as providing skills practice to enable them to work effectively with others). There was a recent, clear reduction in the number of times force had been used to prevent self-harm, with the monthly average reduced by 94% in the three months prior to this inspection, compared to the nine months before that.
- 3.43 In addition, leaders had completed training and briefings with staff to embed strict criteria for when force should be used on women who were self-harming, this had also led to a reduction in force being used, down from 117 incidents in the last year to only 10 in the last three months. This measure had also helped to reduce assaults on staff, which had previously been a feature of attempts to stop a woman harming herself (see paragraph 3.36).
- 3.44 Scrutiny and oversight of the use of force was good. All incidents were triaged, and some were reviewed at a weekly meeting chaired by the deputy governor and attended by a member of the WEPS team. In footage we reviewed, most incidents were justified and proportionate, and we saw evidence of good de-escalation techniques being used.
- 3.45 In addition, leaders were identifying incidents, captured on body-worn video cameras, where using force had been avoided through good de-escalation skills and were sharing these with other staff to promote their confidence and capability.
- 3.46 In the last year, anti-tear clothing had been used 126 times and leaders had recognised that this was far too often. Once again, leaders had embedded strict criteria for its use and communicated this to middle managers, which had seen a reduction in use from double figures each month to single figures. Following this, new national guidance for women's prisons had been piloted at Styal in the two months before this inspection, and since then anti-tear clothing has not been used at all, which was very positive.

## 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.

- 3.47 In our survey, 44% of women said it was easy to get hold of illicit drugs in the prison, which was significantly higher than in other women's prisons. Almost a quarter (24%) of women said they had developed a drug or alcohol problem while in the prison and this rose to 44% for those on Waite wing.
- 3.48 One woman said: 'There's a really bad drug problem here. It's sad watching inmates fit and traumatising to us inmates who have never been around hardcore drug users. This needs to change.'
- 3.49 The rate of positive drug test results was the highest in the female estate. Procedural errors in the reporting of results left leaders unsure about exactly how many women were using drugs. Our review of available data over the six months prior to the inspection showed that at least 23% of mandatory drug tests had proved positive for illicit drug use and this had reached a peak of 41% in one month over the summer.
- 3.50 The routes of ingress for drugs were varied and included mail purporting to be from legal representatives, the passing of packages at social visits and family days and women recalled to prison with drugs secreted on them. Leaders had attempted to reduce supply by testing all the mail, increasing the use of regional dog units to search prison property and increasing strip-searching for short periods when intelligence indicated it was necessary. However, the lack of investment in enhanced gate security, an X-ray machine to check women's property and a body scanner to detect secreted items seriously undermined these efforts.
- 3.51 The security department received a high volume of intelligence; over 12,000 reports in the last year. Reports were analysed well but the response was mostly ineffective due to a lack of resources for searching and suspicion drug testing. In the last six months, only 27% of requested suspicion drug testing had taken place. Only around half of all targeted searching had been completed, and even when conducted, these searches were often late, limiting their effectiveness.
- 3.52 Women were frustrated with some security measures, for example, the lack of free movement from the houses, delayed access to their property while it was searched by drug dogs, or restrictions on family days (see paragraph 4.6). While these measures were proportionate given the concerns over the supply of drugs in the prison, the blanket approach meant that women who were not involved in drug supply who had acquired enhanced status were negatively affected. However, it

was positive that leaders from security had met women to discuss their concerns and explained the need for such tight restrictions.

## Section 4 Respect

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

### **Relationships with children, families and other people significant to women**

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

- 4.1 Support to help women maintain or develop links with their children and families was developing well. A reasonably well-staffed Prison Advice and Care Trust (PACT) team had taken over the family service and the support they offered had been bolstered by the addition of two 'family resettlement workers'. This pilot scheme focused on sentenced women within three months of release who needed practical help and emotional support; examples included support to get in touch with social workers to propose resuming contact with their children. Not Beyond Redemption (a charity providing free family law advice and representation) offered a free clinic for women wanting advice about resuming contact with their children. There was, however, no social worker based in the prison to provide a wider range of support and information to mothers, which was a gap.
- 4.2 PACT also continued to run a service which supported a few Welsh women by bringing their children to the prison to visit them. There were improving links to schools and in the last 12 months, PACT had helped about 35 women to stay in touch with their children's progress, sometimes by video call. The Storybook Mums scheme (see Glossary) was running in the library.
- 4.3 Care for pregnant women, new mothers and those who had recently experienced separation or loss was a real strength. The mother and baby unit (MBU), managed by Action for Children (AFC), was fully staffed at the time of our inspection and delivered very good support. Although the building required investment like the other houses, it provided a well-equipped and comfortable environment. A prison officer was now located to the unit each day to support its running and make sure women could access a full regime.
- 4.4 There were good multi-agency assessments in place to determine if a woman could move onto the MBU, though delays sometimes happened due to waiting for agreement from the community-based social services. Mothers could go to work while their children attended the nursery, and babies were taken out of the prison by AFC staff to



experience the outside world. Approved carers could now go onto the MBU to collect the baby rather than at the gate, which was much more private and respectful. Several MBU residents had been granted release on temporary licence (ROTL) to spend time with their baby and families at home.

- 4.5 A fortnightly meeting had oversight of all women on the perinatal pathway and two well established pregnancy and mother and baby unit liaison officers (PMBLOs) and a specialist midwife had formed a strong working partnership to support them. They based themselves on Oak House (the perinatal unit) where some pregnant women lived. They also worked closely with women who had lost or been separated from their child, facilitated final contact visits, and had supported some women through extraordinarily difficult visits to their children in hospital.
- 4.6 The newly built visitors centre was welcoming, but despite the increase in remands and recalls, there were not enough social visits. Only 80 women each week could get a visit across four afternoon sessions and those held at the weekend were almost always fully booked. There were no sessions in the mornings or evenings and visits were not especially creative, for instance, they did not incorporate a homework club or other activities. Family visits had become very unpopular because of recent security restrictions relating to the supply of drugs (see paragraph 3.52). Some events had been cancelled and others were poorly attended. Video visits were underused.
- 4.7 Managers had identified that about 20% of the population had no visits from their family or friends and there were firm plans to start running regular events for these. The official prison visitor scheme run by the chaplaincy only had one active volunteer.
- 4.8 As well as the women living on the MBU, ROTL was being used to help those living on the Bollinwood open unit to re-establish family ties. Overall, in the last 12 months, there had been just over 700 instances of women being released on temporary licence to see their children, either on day or overnight release (see paragraph 6.24).

## **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**

- 4.9 Women had few opportunities to engage with leaders to discuss and resolve their concerns. Over the past 12 months, only a handful of prisoner council meetings had taken place. Meetings were not well publicised, and women had little advance notice, so they could not prepare topics for discussion. Attendance by women and leaders was

poor. As a result, actions arising from the meetings were minimal and many issues were raised repeatedly without resolution, leading to frustration for prisoners.

## **Applications**

- 4.10 In our survey only 58% of women said it was easy to make an application, which was significantly worse than at the last inspection and similar prisons we have inspected since May 2021.
- 4.11 Over the past 12 months, more than 102,000 had been submitted which was an unprecedented number. This was partly because applications, except for those related to health needs, were now submitted digitally through women's in-room laptops and if they did not get an answer, they would keep trying all avenues to get a response. Replies to applications that we reviewed were often unhelpful and did not always address the request made. Only 50% of women responding to our survey said applications were dealt with fairly.

## **Complaints**

- 4.12 Around 930 complaints had been submitted over the last 12 months which was slightly lower than at the last inspection. Complaint forms were not always freely available on all residential units and women often had to ask staff for one, which was not appropriate.
- 4.13 Women lacked confidence in the complaints system, and in our survey, far fewer than at other women's prisons we have inspected since May 2021 (15% compared to 31%) said they received a response within seven days, and only 28% thought their complaint was managed fairly. Most initial responses we checked were timely, professional, thoroughly investigated, and included speaking with prisoners as part of the process. However, sometimes the initial reply was only a holding response and resolution often took longer, with delays varying in length depending on the complexity of the issue being investigated.

## **Legal rights**

- 4.14 There were adequate opportunities for women to liaise with their legal representatives in private, through face-to-face appointments and video calling.
- 4.15 Drugs had been sent into the prison through mail purporting to be from solicitors, so it was appropriate that leaders had strengthened their searching of this type of mail. This was reflected in our survey, where 80% of women said their legal mail had been opened without them being present.

## Living conditions

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

- 4.16 The grounds and outdoor areas remained very pleasant. Most women lived in the detached houses, while Waite wing provided cellular accommodation. Women living in the houses were never locked in their rooms and shared amenities such as bedrooms, kitchen and bathrooms. Bedrooms were sometimes too small to hold three or four women comfortably, and most of the houses needed urgent and significant investment to address fire safety concerns and provide basic levels of decency. Many were dilapidated and suffered from electrical failures; for instance, it was impossible to use the kettle and microwave at the same time in the kitchens. Bathrooms in some houses suffered from damp and mould, and temperature regulation was difficult, leaving the units either too hot or too cold. Despite these challenges, women went to great efforts to keep the communal areas and their rooms clean and welcoming.



**Well-maintained tidy grounds**

- 4.17 Bronte house had been refurbished and was an example of what could be achieved through investment. Senior leaders gave assurance that they had secured funding to start refurbishing the other houses and work was due to commence towards the end of 2025.



**Bronte house**

- 4.18 Waite wing was clean and bright and contained single-cell accommodation with in-cell sanitation for around 100 women. The cells were in reasonable decorative order. The showers had been refurbished and remained in good working order.
- 4.19 The maintenance team carried a significant backlog of repair requests with some dating back over three months. To compensate this, the prison employed a small team of two staff members and two prisoners, known as the CRED team (the 'Clean, Rehabilitative, Enabling and Decent' programme run by service provider Amey), to handle basic tasks such as hanging pictures. Women participating in this work found it rewarding.
- 4.20 Most women received adequate clothing and underwear upon arrival, though warm coats were not provided, and this discouraged them from taking exercise outside during poor weather. Access to property and clothing parcels was frequently delayed and took weeks, causing women frustration. A huge number of applications and complaints about access to property had been submitted.
- 4.21 On Waite wing, emergency cell call bells were responded to promptly. However, on the houses, there was only one call button and some women we spoke to were confused about whether it was acceptable to use it to request services like speaking to a nurse.
- 4.22 Women could dine together on Waite wing, which was good to see, and self-catering provision on the open unit and the houses for women on the enhanced level of the incentive scheme was much appreciated by the women.



- 4.23 Views on the quality and quantity of food were mixed but comparable to other prisons. In our survey, 42% of women said the quality of the food was good or very good and 46% said they received enough to eat at mealtimes. A hot meal was provided at lunchtime and the portion size was good, but women felt that the portion for dinner was small which meant many ate their breakfast pack that night, leaving them without food until lunchtime the next day.



**Cold evening meal**

- 4.24 Wing serveries were generally clean, but utensils designated for serving halal food were not kept separate from others, leading to legitimate concerns from Muslim prisoners about cross-contamination.
- 4.25 The main kitchen offered a varied menu, including meals for cultural celebrations, which women appreciated. However, the kitchen itself was grubby and required a deep clean, as did the trolleys used to transport food.
- 4.26 The prison shop met most women's needs, but items tailored for ethnic groups other than white, such as hair and skin products, were expensive. Additionally, women were disappointed that the prison shop had stopped selling some popular items, like cosmetics and small decorative items, which they had used to personalise their rooms.

## 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.

### Strategy, clinical governance and partnerships

- 4.27 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.
- 4.28 NHS England (NHSE) had commissioned three health providers to deliver services from April 2023. Spectrum Community Health CIC (Spectrum) delivered primary and social care and substance misuse services. Greater Manchester Mental Health NHS Foundation Trust (GMMH) provided mental health services and Time for Teeth Limited was the dental provider.
- 4.29 Since the last health and social care needs assessment (HSCNA) in 2022, there had been an increase in the number of women on remand and on recall which put pressure on health services (see paragraph 6.1). NHSE acknowledged this and the need for increased provision. A new HSCNA was scheduled for 2025.
- 4.30 NHSE was content with the services provided by GMMH and Time for Teeth. However, Spectrum had been under additional quality assurance due to the identification of poor practices by the CQC earlier in the year. The CQC closed these concerns in November 2024 following an additional inspection and were assured that all areas highlighted had been actioned.
- 4.31 The lack of consistent leadership within Spectrum over the last two years, with several heads of health care, had caused instability. This had been further exacerbated by insufficient staffing levels, but this was now improving following successful recruitment to several posts. Spectrum had submitted a business case setting out its workforce model and the additional funding required. In the interim it had increased its staffing levels to maintain a safe service.
- 4.32 Partnership working between the different health providers, the prison and NHS England was now mostly effective and there was a regular local delivery board which all providers attended. A daily meeting to discuss clinical issues was well attended by staff from the different teams and the prison health care governor. It demonstrated effective communication relating to patient care covering any urgent need and risk management issues. Complex case reviews and multidisciplinary team meetings took place to optimise outcomes for patients with most needs.

- 4.33 While working relationships with the prison were mostly good, not enough prison officers were allocated to escort women to their appointments. This meant that both internal appointments and trips to hospital were sometimes delayed or cancelled which increased the level of non-attendance across all health services and wasted clinical time.
- 4.34 Results from regular audits, patient satisfaction surveys and learning from adverse clinical incidents were shared with staff and were driving improvements. There had been effective scrutiny and progress made with the health recommendations from the Prison and Probation Ombudsman death in custody reports (see paragraph 3.23).
- 4.35 A focus on mandatory training led to an increase in compliance which was now at an acceptable level. Health staff had access to regular managerial and clinical supervision. SystmOne (the electronic clinical record) was used by all clinicians and records we reviewed were written in line with expected standards.
- 4.36 Women told us that it was easy to make a health application or raise a concern on Waite wing, but health application and complaint forms were unavailable on several of the house units. Some women were using the prison application system instead, but this lacked confidentiality. Over the last 10 months the service had received two informal complaints and 33 concerns. The responses we reviewed addressed the issues raised.
- 4.37 The health care building was dated, and some remedial work had been completed to make the clinical rooms more decent. They were clean and tidy and regular infection prevention and control audits were now undertaken. The clinical rooms on Waite wing were in better condition. There was limited space in the prison for the mental health and substance misuse practitioners to conduct confidential assessments and interventions.
- 4.38 Emergency resuscitation equipment was in good order and checked regularly. Birthing packs were available, in the event of unexpected labour. Spectrum clinical staff were trained in basic paediatric life support.

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

- 4.39 There was no whole prison strategy to promote well-being, but health care staff liaised with catering staff to discuss patients' dietary needs and made referrals to the gym.
- 4.40 Systems were in place to manage communicable disease outbreaks, and good partnerships had been established with public health specialists. The health promotion lead and other health care staff followed national campaigns and events to promote health and well-being.

- 4.41 Spectrum had devised a health promotion, national screening programmes and routine immunisations plan. They had focused on staff training enabling more to undertake vaccinations and cervical screening. Women were offered a range of vaccinations. Despite staff encouragement uptake was low, mainly due to so many short sentences and recalls. Local and national screening was offered for health conditions, including for breast and bowel cancer, and smoking cessation was available.
- 4.42 Health promotion literature was available in the health care centre and on the in-room laptops available to women. Telephone interpretation services were used by health staff and the mental health team booked interpreters to attend for assessments when needed, which was notable positive practice.

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

- 4.43 All women were offered screening for sexual health, blood-borne virus testing and reproductive needs on arrival. If a pregnancy test was declined it was offered again at 28 days. Emergency contraception was available if required.
- 4.44 Cervical screening was available and if any abnormal changes were detected, the patient was automatically referred by the hospital for colposcopy and results were discussed in person. A GP specialising in contraception and sexual health services attended the prison weekly.
- 4.45 Women who experienced loss through termination, miscarriage or separation received appropriate support through a multi-agency approach, including practical, physical and emotional care.
- 4.46 During the inspection there were eight women known to be pregnant and they were receiving good antenatal care. The specialist midwife had an effective working relationship with the two PMBLOs. They were based on the perinatal unit where pregnant women usually resided. Additional dietary requirements were met and free 24-hour telephone access to midwifery services and birth plans were completed. There was a perinatal mental health pathway for pregnant or postnatal women when needed.
- 4.47 Admission to the MBU was by application. Pregnant women could move on to the MBU when it was considered suitable, usually in the third trimester so that hourly checks could be undertaken. During the inspection, there were two mothers and their babies and three pregnant women on the MBU. The staff, including officers, were suitably trained. Women and the babies were well cared for and mothers could prepare meals. The specialist midwife provided care up to eight weeks postpartum to check the baby and mother. The baby was registered with a local community GP surgery, and mothers and their babies were well supported by nursery nurses and health visitors postnatally, including advice on feeding and aspects of child development. The GP phoned weekly to check on the babies' health, and if they were unwell would visit the same day.



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

- 4.48 Primary care managers were offering good support and clinical guidance to the staff within the team. Nursing services were 24 hours and two nurses covered night shifts. The increase to a minimum of seven primary staff members during the day had led to a more stable and settled service.
- 4.49 On arrival and during their first week women received thorough health screenings by registered nurses. Referrals were made to appropriate services.
- 4.50 There was a suitable timetable of clinics and urgent issues could be dealt with on the same day. Clinics included nurse triage and treatments, GPs, midwifery, optometry, podiatry and physiotherapy. Waiting times were reasonable and routine GP appointments were available within two to three weeks. Patients with long-term conditions were identified on arrival and received appropriate care. The records we reviewed showed that patients had received their annual reviews and care plans were being regularly audited.
- 4.51 There was administrative and clinical oversight of external hospital appointments, although too many were delayed or cancelled due to lack of prison officer escorts. This meant that waiting times were extended or that appointments were missed which was poor. Two-week urgent appointments were generally met, although one in the summer had been delayed.
- 4.52 All prisoners being transferred or released were seen in reception by a nurse who provided health advice and a minimum of seven days of medicines to ensure continuity.

## **Mental health**

- 4.53 Too many vulnerable and mentally unwell women had been sent to prison due to a lack of suitable services in the community. The high level of need was evidenced by the fact that 30 women had been referred for transfer to hospital under the Mental Health Act (MHA) in the last year. Half of them had waited longer than the recommended 28 days and one patient waited 104 days, which was excessive. Eight patients had been placed under a section 2 of the MHA at the gate as they were released from prison. This was not ideal but had been done in the best interests of the patients.
- 4.54 GMMH delivered an impressive range of interventions and support for patients through a stepped model of care from self-directed care through to complex case management. They subcontracted level 1 and level 2 interventions to third sector partners Big Life, Intuitive Thinking and Odd Arts, who offered a good range of groups and one-to-one work.
- 4.55 Referrals came via reception screening, officers, other health professionals and women themselves. The team was available seven

days a week and each weekday nurses completed new referrals and assessments; checked medical records of new receptions to ensure no patients were missed; responded to urgent need; attended initial assessment, care in custody and teamwork (ACCT) reviews; and reviewed patients in the segregation unit.

- 4.56 High numbers of referrals came through a weekly meeting and patients were assigned to the appropriate part of the service. There were waiting lists for higher level psychological services of up to 16 weeks, but it was good that patients were offered support from other practitioners while they waited.
- 4.57 A knowledgeable and skilled multidisciplinary team, including a learning disability nurse, supported approximately 109 patients: about a quarter of the population. The lead psychologist also worked for the ADAPT service (see Glossary) which provided support to women with the most severe personality disorders (see paragraph 6.16), allowing patients the opportunity to move between services. There was no dual diagnosis pathway with substance misuse services, which was a gap.
- 4.58 There was good psychiatry and prescribing input, medication reviews, and physical health checks. Eleven patients with severe and enduring mental ill-health were subject to close monitoring and support akin to the provisions of the Community Mental Health Framework.

## **Social care**

- 4.59 Social care arrangements were in place between Cheshire East Borough Council (CEBC), Spectrum staff and the prison. A memorandum of understanding included an information sharing agreement, and Spectrum provided the domiciliary care.
- 4.60 Prisoners were asked about their social care needs on entering HMP Styal. They were referred directly to the Spectrum social care lead who saw each prisoner and put in place an immediate package of care for those requiring this. Referrals were forwarded to CEBC who arranged to complete their own assessment, usually within 28 days. Spectrum provided the care in the interim and any costs accrued were paid back by CEBC. Patients could make self-referrals directly to CEBC by letter, but we saw no evidence of information about social care or self-referral forms on the residential units.
- 4.61 Equipment was provided by CEBC. There were limited accessible cells within the prison and showers in the house blocks had high steps prohibiting easy access for women with mobility issues.
- 4.62 There were four women receiving social care packages and those we spoke to were positive about the support provided. CEBC completed adult needs assessments and support plans, but patients were not given copies, which was a gap. There were no prison 'Buddy' peer workers to support women with low level day-to-day needs.

- 4.63 Discharge processes were in place for release and continuity of care following release and transfers.

### **Substance misuse and dependency**

- 4.64 There was an improved prison drug strategy which contained pertinent supply reduction and treatment components; however, drug strategy meetings were frequently cancelled which reduced communication between departments. A weekly prevention and support meeting had started offering a more responsive approach to women presenting with increased drug dependency, which was a good initiative.
- 4.65 New arrivals were assessed for substance misuse problems and received appropriate care and regular observation and monitoring for withdrawal from any substances, including alcohol.
- 4.66 Clinical treatment of opiate addictions was evidence based with approximately 120 women in receipt of opiate substitution treatment. Treatment plans were in place and prescribing was flexible. Patients we spoke with were complimentary about the support they received.
- 4.67 Patients were reviewed at five days, six weeks, and 13 weeks by the clinical team but joint reviews with the psychosocial team did not take place, which was not in line with national guidance.
- 4.68 The psychosocial team supported 169 women: approximately 40% of the population. Referrals and discharges were high. In the last six months they had received 534 referrals and 533 of their patients had been discharged, which meant most of the work was focused on those patients arriving or being released, which limited the ongoing recovery work for women who were on longer sentences. Despite this the team offered three self-management and recovery training groups per week.
- 4.69 There was an incentivised substance-free living (ISFL) unit (see Glossary), but it had no dedicated staff, the psychosocial team did not deliver groups on the unit and there were no recovery peer workers in the prison, which was disappointing. Mutual aid was delivered via a weekly AA group, available for everyone.
- 4.70 Prior to release, community referrals were made. Harm minimisation advice was given, and training and a supply of naloxone (see Glossary) were provided where appropriate.

### **Medicines and pharmacy services**

- 4.71 Overall, we found that the pharmacy dispensed medicines in a safe and timely fashion. There had been improvements to the management of medicines over the last six months, but the environment remained poor. Medicine administration rooms were limited in space, and the room temperature required careful monitoring to ensure medicines were stored correctly, but this was being done well.
- 4.72 However, during the inspection we found a small number of loose medicine foils and tablets which was not in line with best practice.

- 4.73 There was a provision of emergency stock, and balance checks and records of usage were mostly fine, but not always consistent to ensure a clear audit trail.
- 4.74 Medicines were occasionally moved around the prison without being secured in a locked box. This had not been identified as a risk, but measures were immediately implemented to address this once we raised it.
- 4.75 A well-defined homely remedy policy and several patient group directions enabled a wider range of medicines to be supplied by the health care team.
- 4.76 Administration of not-in-possession medicines occurred three times a day, led by both pharmacy technicians and nurses. Officer supervision of the queues was variable and medicine hatches did not always provide a confidential space. Those who were prescribed controlled drugs were administered their medicines from a separate medicine hatch, resulting in patients queuing twice. This additional delay meant that some patients did not collect all their medicines. They were followed up, and systems were in place to refer patients who did not collect their medicines to the prescriber.
- 4.77 In-possession risk assessments and medicine reconciliation were completed within designated timescales. About 45% of the population were able to receive their medicines as in-possession, most of whom were given a seven-day supply. This was a low figure for in-possession status but was reflective of the complex needs of the population. Cell compliance checks were routinely completed by pharmacy technicians.
- 4.78 Pharmacy professionals undertook medication reviews, and patients with complex conditions were identified for a review. The team had begun to review women who were prescribed dependence-forming medications to ensure they were the most clinically appropriate medicine for the intended treatment. Prescribing patterns of tradable medicines were monitored.
- 4.79 Specific medicines management meetings had not been held for some time due to prioritising work to address the concerns raised by the CQC. Several audits around omitted doses and missed critical medicines had been undertaken.

## **Dental and oral health**

- 4.80 Time for Teeth provided a full range of NHS dental treatments through six sessions per week. The dental nurse also provided two additional triage and administration sessions each week. Patients could be triaged immediately on receipt of an application or referral via the in-room phones.
- 4.81 Waiting times to see the dentist for a routine appointment were good at approximately five weeks. Urgent need was prioritised, and patients were seen promptly on the day or at the next available session.

Patients had prompt access to medicines following dental intervention and oral health and disease prevention were well promoted.

- 4.82 The large dental suite was well equipped. It was clean and met infection prevention and control standards. Equipment was serviced and maintained appropriately. The management of legionella, radiography and decontamination procedures was effective and complied with required guidelines.
- 4.83 There were good governance arrangements in place, dental staff were suitably trained and supervised. Patients gave positive feedback about the services they accessed.

## **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.

- 4.84 Senior leadership oversight of fair treatment and inclusion had deteriorated since the last inspection. The equality and diversity action plan had not been reviewed in the past 12 months. Focus groups for women with protected characteristics were held infrequently, and even when meetings occurred, they failed to lead to actions to address issues raised.
- 4.85 Discrimination complaint forms were not available on all wings, and many women lacked confidence in the process. Over the last 12 months, 30 complaints had been submitted which was higher than at our last inspection. However, responses we looked at often failed to address the concerns raised and were often delayed. There was no quality assurance in place.
- 4.86 Our survey results showed some poorer outcomes for women with disabilities and/or mental health problems. For example, significantly fewer women with disabilities said they had a member of staff to turn to for help if they had a problem. More women in both groups had thought about harming themselves and far more women with a mental health need said they had developed a drug problem during their time at Styal. Overall, perceptions of safety from both groups were significantly more negative than from other women. Consultation with them was minimal and those we spoke to during our inspection were frustrated with delays accessing some basic help and the ineffectiveness of the application process (see Section 4; applications, and health and social care).
- 4.87 Support for the 30 foreign national women was inadequate, particularly for those who did not have a good grasp of the English language. Professional telephone interpretation services were used for initial

reception interviews and health care appointments but not for day-to-day interactions or other types of interviews. Staff often relied on other prisoners, staff members, or Google Translate to communicate with the women, which was not appropriate. Additionally, foreign national women did not routinely receive extra telephone credit to maintain family contact.

- 4.88 The young adult hub, supported by Kinetic Youth (a charity for young people in custody), offered sessions six days a week for the under 25s. The hub was an impressive facility that included a sensory room, which was used frequently and was a valuable resource for young women in need of a calming space.



**Young adults hub sensory room**

- 4.89 Care for pregnant women was excellent (see paragraphs 4.45 and 4.3) including an impressive MBU.
- 4.90 Provision for women with neurodiverse needs was good. Effective collaboration between health care providers and the neurodiversity manager ensured women with those needs were identified and supported appropriately (see paragraph 4.56).
- 4.91 Efforts were underway to support approximately 30 Welsh prisoners, with links to the Wales Justice Board to help with housing needs. Visiting Mums, an organisation that helps children visit their mothers at Styal, was another positive initiative (see paragraph 4.2). However, little information was available in the Welsh language.

## Faith and religion

- 4.92 An excellent, well-led chaplaincy team was supported by a large group of volunteers. In our survey, 82% of prisoners said they were able to attend religious services, which was similar to other women's prisons.
- 4.93 Alongside regular services and festivals, the team also provided a range of support; for example, to those new to prison, women struggling with bereavement and those at risk of self-harm.
- 4.94 The chaplaincy team facilitated the delivery of some helpful programmes including the Sycamore Tree victim awareness course and a self-development course delivered by a local Christian charity, The Message Trust, which also provided some support on release.



Chapel



## 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 Nearly three-quarters of women lived in semi-open conditions on the houses. They were never locked in their rooms and had good access to the facilities within their house.
- 5.2 On Waite wing, women were unlocked for between four to five hours during the week and approximately four hours a day at weekends. While this was an improvement on the last inspection, it remained insufficient.
- 5.3 During our roll checks (see Glossary) of the cellular accommodation (Waite wing, the segregation unit and Valentina Unit), we found that 45% of women were locked up during the core working day. This was unexpectedly high, particularly given that fewer than 50 women were officially recorded as unemployed.
- 5.4 Creative activity sessions on the induction side of Waite wing were innovative, with sessions held most days including activities such as knitting, mindfulness, colouring and making festive decorations. Women spoke highly of these sessions and enjoyed them. However, participation was limited to just 10 women per session which was an unnecessary limitation.
- 5.5 The library provider had changed, and the librarian was now employed by Novus. Provision and access had improved since the last inspection and the library was now open five days a week including weekends and evenings. During the inspection 68% of women were enrolled to use the library and on average 72 prisoners a week attended. A monthly newsletter had helped encourage attendance in recent months. Women were timetabled to attend at least once a week.
- 5.6 There was a good range of books to suit all needs and interests, including easy reads, large print books, dyslexia-friendly texts and books in languages other than English. Legal texts, audio books, CDs and DVDs were also available, and new stock was regularly purchased or donated from charities. A new management information system had been installed that was able to track late returns and now helped reduce missing stock.



- 5.7 Sessions included a quiet time for those with sensory needs, women and baby visits, a craft club and film sessions. Regular events hosting external authors had also started to take place which the women enjoyed.



**Library**

- 5.8 Only about 29% of the population accessed PE each month. Although there were not enough physical education instructors, women had good, timetabled access to the gym which included some evenings and weekends.
- 5.9 Facilities were reasonable and included a sports hall which was used for circuits, badminton and spin classes, a well-equipped fitness area and an outside area for ball games. There was an appropriate range of exercise sessions for different groups of women. For example, staff were trained in pre- and postnatal exercise and provided a mother and baby session, a yoga session and a mature women's session.
- 5.10 Due to staff shortages very few courses and qualifications had been delivered in the previous year, but popular events had included a sports day, a visit from Everton community club, a prison rounders competition and netball coaching.



Sports hall

## 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.

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

Overall effectiveness: Requires Improvement

Quality of education: Requires Improvement

Behaviour and attitudes: Requires Improvement

Personal development: Requires Improvement

Leadership and management: Requires Improvement

- 5.12 Leaders had developed a suitable education, skills and work curriculum that met the needs of most of the population and that responded to local, regional and national skills needs. Women studied vocational courses in hairdressing, hospitality and – more recently – in construction. Leaders provided courses from pre-entry level to master's degrees. Women on release on temporary licence (ROTL) worked in retail, grounds maintenance, warehousing and in the prison's public restaurant, The Clink. In industries and work most women developed valuable work-related skills. However, women did not remain in laundry and waste management long enough to develop their skills in this context before being allocated to other activities. Leaders rightly recognised that there were not enough opportunities for women to gain formal accreditation in most industries and work activities.
- 5.13 A range of quality assurance checks to identify the strengths and weaknesses in the quality of education, vocational training and industries were in place. Leaders had achieved two out of the three recommendations from the previous inspection and had partially resolved a third. The recently appointed head of education, skills and work had accurately identified most of the weaknesses including an overly positive evaluation of the quality of the provision by Novus, the prison education framework (PEF) provider. However, leaders had not sufficiently scrutinised or challenged staff from the PEF provider about the quality of education that women received or the progress they were making from their starting points. In particular, they had not tackled the weaknesses in the English and mathematics curriculums.
- 5.14 There was enough education, skills and workplaces for the population. Most women were allocated to activities promptly with around half in full-time and half in part-time activities. Leaders allocated the majority of women to suitable activities that met their learning, work or skills ambitions and goals. The pay for women was fair and it did not disincentivise them from attending education or vocational courses. Women who worked in Recycling Lives and Remade with Hope workshops were paid higher wages. A few women who were only at the prison for a short time were unemployed.
- 5.15 Women benefitted from an effective induction process that helped them to settle into prison life. They were well-informed about the range of education, industry workshops and work available to them on entry to the prison. Leaders provided appropriate careers information, advice and guidance to most women. Careers coordinators recently implemented digital learning and work progress plans in which they recorded helpful information including health factors, prior learning, work experience and length of sentence. They used this information successfully to set realistic goals for most women and to make sensible adjustments to these targets where needed. Although women who had

cleaning roles met with careers coordinators, most of them did not receive guidance that helped them to understand the pathways that were available to them.

- 5.16 Novus did not ensure that women benefitted from well-planned or well-taught curriculums in English and mathematics. They did not use the information that they gathered about women's starting points to enrol them to the correct course or to plan their teaching. The activities that teachers planned were not at the appropriate level for all women. For example, in entry level functional skills English, women assessed at level 1 completed the same work as those assessed at entry level. As a result, some women found the work too easy. In level 1 English a few women could not complete the tasks because they were too difficult for them to read. Most teachers in English and mathematics did not use effective assessment activities to recap prior learning. Too many women in mathematics were unable to explain, using their notes, how to work out perimeter and area.
- 5.17 Leaders ensured that women who studied vocational courses benefitted from a curriculum that was highly effective and supported their future career aspirations. In hairdressing, women who wanted to become self-employed studied business, in which they learned about purchasing materials and setting prices. Teachers were suitably experienced and qualified for their roles. Trainers kept up to date with changes in their sectors which they built into the curriculum. However, leaders did not provide training to develop teachers' pedagogical practices.
- 5.18 Instructors organised women's training logically so that they could perform their duties safely and efficiently. On cleaning courses, women learned how to deal with routine and non-routine waste before they moved on to clean and dispose of bodily fluids, spillages and hazardous items. Most women in industries and work made sustained progress from their starting points.
- 5.19 Instructors, teachers and trainers motivated women to engage and participate in workshops and lessons. They provided encouraging verbal feedback that helped women to complete their work and assessments to an appropriate standard. Women developed their communication skills. For example, women on ROTL who worked in The Clink communicated effectively with a wide range of customers and made sure they delivered a high-quality service. In industries and work, women had a positive work ethic. They developed their skills to work well in teams, manage their time, and follow instructions.
- 5.20 Leaders provided effective learning support for women. They identified women who were neurodiverse or who had learning support needs swiftly. They also devised individual support plans for them which they shared with teachers, trainers and instructors. The neurodiversity support manager provided relevant training to staff so that they were aware of the needs of the women they were working with. In most lessons and vocational training sessions peer mentors supported women to develop their knowledge and skills. For example, in beauty

therapy they provided guidance about the correct way to remove dry skin as part of a pedicure treatment.

- 5.21 Leaders ensured that the Virtual Campus and digital education platform (DEP) was available to women on vocational courses and those who studied distance learning courses. Women used the DEP to get onto the Open Borders platform to research video clips such as the most current cutting techniques in hairdressing. This meant that they could stay up to date with the latest theories and practices in the subjects that they studied.
- 5.22 Leaders had rolled out a strategy to improve reading across the prison but its impact on the wider prison population, particularly those in industries and work, was inconsistent. They rightly recognised that they had made limited progress in developing women's confidence and enjoyment of reading. Women who benefitted from the implementation of the new strategy talked enthusiastically about what they were reading and how it supported their well-being. Women who resided in the houses were at a disadvantage because they did not always have opportunities to develop their reading skills, as some houses had a range of books available for women to enjoy, but others did not. Leaders had identified women with low-level reading skills who they signposted to the Shannon Trust. Women benefitted from and appreciated the training and support that they received from Shannon Trust mentors.
- 5.23 Leaders monitored attendance at education, skills and work activities. They had identified that attendance was low because health care appointments clashed with the time that women were in activities and had put in place a group led by the deputy governor to improve attendance.
- 5.24 Leaders had high expectations of women's conduct. Women in education, skills and work behaved extremely well and they were polite and respectful of their peers and staff. Workshops and classrooms were calm, well-ordered and conducive to learning and work. In education, women listened carefully to each other and contributed thoughtfully to group discussions. In workshops, women used their initiative to complete additional work without waiting to be told. Women were enthusiastic and positive about their learning and work. Although leaders provided training to staff about the dangers of radicalisation and extremism, they did not offer it to women. Consequently, women did not know how to spot the signs of radicalisation in themselves or others.
- 5.25 Women benefitted significantly from a broad range of activities, events and courses that developed their wider knowledge, skills and interests. They worked with external professionals from the creative arts sector to devise and perform dance and drama productions. Women took part in sporting activities such as netball and football. They learned about healthy eating in lessons. Guest speakers, including ex-offenders, talked to women about running a successful business. Women were inspired to make a success of their lives on release.

- 5.26 Women on ROTL benefitted from attending a range of paid work and community placements. They appreciated the skills and behaviours that they developed which prepared them well for release. Women gained qualifications when working in The Clink restaurant including in hospitality services and professional cookery. Women on community placements with larger employers, such as warehousing and logistics companies, received thorough and extended inductions that helped them to settle into their roles. Leaders had established an increased number of community employer hosts for women. They had plans in place to introduce opportunities within an accountancy firm.
- 5.27 Leaders provided most women who were due for release with timely guidance about their next steps including a substantive programme of employer events. Women met with recruiting officers of large retail, construction, warehousing and hospitality employers. In Recycling Lives women benefitted from support and guidance provided by the charity. They had access to key workers and specialist support workers who helped them to secure employment.



## 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 The population had changed since the last inspection. The proportion of remanded women had increased from a quarter to 37% and following a change in the law, the number of 14-day fixed-term recalls and associated releases had dramatically increased, placing extra demand on resettlement services. There had been nearly 200 such recalls since the spring of 2024, and some women had already returned to custody multiple times. These changes meant that most of the population was transient; two thirds of all women had been at the prison for six months or less. However, there was also a smaller proportion who were serving long sentences, including about 50 women serving indeterminate sentences.
- 6.2 Work to reduce reoffending was well resourced and creative. There was a wide range of interventions that helped women to manage in custody and plan for their release (see paragraph 6.15). It was particularly impressive to find that resources had already been put in place to address the increase in remanded and recalled women. Leaders had sensibly co-located the different resettlement teams to facilitate good joint working and the new head of reducing reoffending had set clear objectives for the next year based on an up-to-date needs analysis.
- 6.3 Support for remanded women, a significant gap at the last inspection, had been introduced in the second half of 2024. Existing commissioned rehabilitative services (CRS) companies had been contracted to deliver this help and, of the main providers, it only remained for Lancashire Women to introduce remand workers for their prisoners.
- 6.4 Since February 2024, a pilot scheme had introduced a dedicated officer to work with women from Lancashire who were being repeatedly recalled to custody. The officer carried a small caseload and had so far given intensive support to about 30 women, liaising with other agencies and professionals to put more effective plans in place for release. Initial data suggested some success in reducing the likelihood of further recalls after release.



- 6.5 Most sentence plans we reviewed were reasonably good and a few were excellent. Overall, they were well-focused on developing women's coping skills and emotional well-being and the stronger assessments reflected on their adverse experiences, including time spent in care, domestic abuse, and sexual exploitation. Most sentence plan objectives followed logically from assessments of women's risk and needs. There was good evidence of women being referred to and engaging with the wide variety of interventions available. A good level of joint working between departments and agencies was evidenced when women had complex needs and risks.
- 6.6 Overall, contact between women and their prison offender managers (POMs) was sufficient and meaningful. The cases we examined were generally well managed and most women received a good level of support. All the women we interviewed could name their POM and almost all were positive about the support they had received. However, key work delivery was poor and did not support progression (see paragraph 3.11). Recorded contact with a key worker was at best monthly but typically even less than this. A small number of entries we reviewed were however of very good quality.
- 6.7 Women serving indeterminate sentences generally benefitted from good jobs in workshops like Recycling Lives and responsible roles as trusted peer supporters and lived on the better houses. There was no specific support available to them in terms of consultation or a dedicated POM, but progression routes to Styal's open unit or a therapeutic community at another prison were evident in the cases we reviewed. However, sentence plans for this group tended to be much too old, well over three years in some cases, so they lacked relevance.

## 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.

- 6.8 About 40% of sentenced women were assessed as high risk of serious harm to others. Oversight of release planning for longer sentenced high-risk cases was good. These were reliably reviewed at the interdepartmental risk management meeting (IRMM), and it was positive to see this meeting held more often than monthly when need dictated. However, it was almost impossible to keep good oversight of the substantial number of recalled high-risk women who were at Styal for just 14 days.
- 6.9 The supervision of high-risk women while released on temporary licence (ROTL) benefitted from being discussed at the IRMM, the involvement of the woman at her ROTL board and enhanced behavioural monitoring when needed.
- 6.10 Risk management plans were generally of a reasonably good quality and well considered. In the cases we reviewed, communication ahead

of release between the POM and community offender manager (COM) was strong. Women going to approved premises (AP) were well prepared by being shown a video of the accommodation and having video calls with staff at the AP. This meant they could familiarise themselves and knew what to expect.

- 6.11 Pre-release multi-agency public protection arrangements (MAPPA; see Glossary) meetings for cases judged to need the highest level of oversight on release are supposed to allocate resources to help manage their safe release. However, some approved probation hostels refused to accept them, consequently, several of these women had been released homeless.
- 6.12 Some of the written contributions to MAPPA meetings from offender management unit (OMU) staff were good and a couple exemplified best practice.
- 6.13 Offence-related telephone monitoring was not used to identify and manage risk. In some cases we reviewed, monitoring formed part of the risk management plan but had not been implemented. In one case, the prisoner made calls in a language other than English and professional translation had not been used to listen to these. During the inspection, only one prisoner was being monitored and the log of her calls showed that monitoring was two months out of date.
- 6.14 Overall, day-to-day public protection processes in the OMU were not well resourced, and case administration staff needed more experience and time to complete tasks effectively. For example, the locally completed database of restrictions on contact was out of date and mailroom staff told us they could not rely on it.

## **Interventions and support**

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

- 6.15 Overall, there was a wealth of interventions to help women manage in custody and improve their lives ahead of release (see Section 3). Many of the prisoners we interviewed were accessing some form of psychological support or therapy and were emphatic about how beneficial this had been.
- 6.16 The ADAPT service (see Glossary) gave good support to about 20 women with personality disorders. The small team worked closely with these women to prepare them to access other services and had good links to residential treatment services across the women's estate.
- 6.17 The WEPS team offered a wide range of support, including some promising interventions that had been refocused on the short-sentenced, recalled, and remanded populations. These included the four-session Hope programme, which was designed to improve women's coping skills. This was delivered in the first eight weeks of

custody to those at highest risk of self-harm or who were new to prison (see paragraph 3.6). In 2024, about 60 women had completed it. The team also delivered a programme about managing relationships to small groups of under 25s in the young adult hub and about 10 women had benefitted from this in 2024 (see paragraph 4.87). The WEPS staff had helped to train most officers in recognising trauma and working effectively with women through the 'Behind the Behaviour' course (see paragraph 2.4).

- 6.18 The 'Time for Me' counselling service continued to deliver much needed help to those who had experienced significant traumatic life experiences. Positively, women from Greater Manchester could continue their counselling upon release. Another provider offered one-to-one therapy and 12 women were currently accessing it.
- 6.19 The introduction of a domestic violence link worker was positive, but she could not meet demand for her help. Nearly half the population were victims of domestic violence, and a recent offer of mutual support sessions facilitated by the link worker had seen a huge response from about 100 women. She also offered women four individual support sessions to plan for release and build self-esteem.
- 6.20 It was good to see a well-staffed team delivering the accredited Thinking Skills Programme (see Glossary), after a gap of about three years. The team was now fully staffed, and current progress suggested that 36 women would complete it in the current financial year. The team was also delivering Working with Anger, a course designed to help women manage their distress and emotions, and 15 women were on schedule to complete it this year.
- 6.21 The Department of Work and Pensions (DWP) staff ran a useful course called 'Striving to Empower People at Styal' that introduced women to a range of resettlement support. The Sycamore Tree victim awareness course was running in the chaplaincy (see paragraph 4.93). Otherwise, there was a limited number of brief interventions to help women serving short sentences or those on recalls. Only one of the CRS providers had started delivery of short courses and a planned intervention to teach women how to secure and maintain a tenancy had yet to start.
- 6.22 There was adequate support for women to manage their finances. Two experienced DWP staff gave good support and could activate benefit claims on the day of release. However, opening a bank account was much too difficult if women did not have a stable address and enough time left to serve, so only a minority of applications were approved. There was also no specialist debt advice.
- 6.23 Women suitable for open conditions could move to the Bollinwood unit located just outside the prison gate. During the inspection, 16 women were living there. The unit had space for 25 women, but a combination of so many short stays and recalls in the main prison, as well as the recent introduction of the SDS40 (see Glossary) early-release scheme, had reduced the number of suitable candidates. As at the last

inspection, women on the open unit were negative about the lack of day-to-day contact and support they received from prison staff.

- 6.24 Overall, about 50 women had accessed some form of ROTL in the last 12 months, including some from the mother and baby unit (MBU). Most ROTL events were for paid work and women typically worked at The Clink restaurant next to the prison, but some went further afield for work or college placements. The lack of resettlement day release to help women living in the open unit to meet their day-to-day needs such as visiting the library, getting a haircut, going to the bank, or getting exercise, remained a gap.
- 6.25 ROTL assessments evidenced some good knowledge of cases, gathering of relevant, up-to-date information and an appropriately staged approach to decision making. Board assessments were informed by an up-to-date risk assessment, and it was good to see a woman present at her initial board.

## 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.

- 6.26 About 1,000 women had been released directly from the gate over the last year to areas across the north-west and Wales. The number of releases had increased in recent months because of an increase in 14-day fixed-term recalls and the SDS40 early-release scheme.
- 6.27 The pre-release team, which was responsible for assessing resettlement needs, had been extremely short staffed earlier in the year but were rebuilding. Joint working across the different resettlement providers was a real strength. The main CRS providers for the north-west (Ingeus/Greater Manchester Women's Support Alliance, PSS and Lancashire Women) worked on site routinely and were more responsive and better integrated than we usually see as they were co-located with the other resettlement staff.
- 6.28 The introduction of a weekly multi-agency pre-release board as this inspection started was a positive step forward. Women we interviewed felt prepared for their release and most had had contact with their COM.
- 6.29 Demand for housing had increased since the last inspection and there was not enough suitable or affordable accommodation in the region. In the last 12 months, only about a third of women had gone out to sustainable housing and another 15% had been released homeless, which was a worse outcome than at the last inspection.
- 6.30 On the day of release, women could visit a welcoming departure lounge in the newly built visitors' centre where they got good support

that included activating benefit claims. Some women could also get a basic mobile phone if they did not have one.

- 6.31 Practical help for the most complex and vulnerable women to reach appointments and comply with their licence conditions was too inconsistent. Some support had been offered by CRS providers and other agencies, but this did not apply routinely, and some particularly high-risk and vulnerable women had left the prison unsupported.

## 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 2021, we found that outcomes for women were reasonably good against this healthy prison test.

#### Key recommendations

Sufficient staff should be in post to provide effective supervision of the women living in the houses so that they feel safe from harm. (To HMPPS and the governor)

**Not achieved**

#### Recommendations

ACCT documents should record identified risk and care plans should reflect the specific concerns and circumstances of each woman. (To the governor)

**Not achieved**

The segregation unit should provide a decent and comfortable environment for women, including the installation of electricity sockets in each cell. (To the governor)

**Achieved**

Appropriate technology should be made available to detect women secreting illicit items on arrival. (To HMPPS)

**Not achieved**

## Respect

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

At the last inspection, in 2021, we found that outcomes for women were reasonably good against this healthy prison test.

#### Key recommendations

All residential accommodation should be decent and in a good state of repair including sufficient facilities for the numbers of women. (To HMPPS)

**Not achieved**

The dispensing of medicines, including controlled drugs, should be carried out legally, safely and in line with established policy. (To the governor/Spectrum)

**Achieved**

#### Recommendations

Women living on the mother and baby unit should have access to the full prison regime. (To the governor)

**Achieved**

Babies and children living on the mother and baby unit should have opportunities to experience community activities in accordance with their development needs and well-being. (To the governor)

**Achieved**

The range of peer support roles should be increased to develop women's mentoring skills and support the well-being of other prisoners. (To the governor)

**Achieved**

Women should receive a timely and good quality response to their applications. (To the governor)

**Not achieved**

Women should receive a prompt and full response to their complaints. (To the governor)

**Achieved**

Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion. (To the governor)

**Partially achieved**

Responses to complaints of discrimination should be thorough, timely and subject to external, independent scrutiny. (To the governor)

**Not achieved**



## **Purposeful activity**

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

At the last inspection, in 2021, we found that outcomes for women were reasonably good against this healthy prison test.

### **Recommendations**

Leaders and managers should carry out induction and initial assessment promptly for women who have missed these activities. (To the governor)

**Achieved**

Managers should provide detailed support plans for all women who have declared additional learning needs. (To the governor)

**Achieved**

Managers should provide rigorous accreditation for the skills that women gain while in work. (To the governor)

**Partially achieved**

## **Resettlement**

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

At the last inspection, in 2021, we found that outcomes for women were reasonably good against this healthy prison test.

### **Key recommendations**

All eligible women should have the opportunity to build family ties and develop links with the community through ROTL. The prison should take a more proportionate approach to ROTL, including releasing women to access provision in the local community. (To the governor)

**Partially achieved**

### **Recommendations**

Women serving short sentences and recalls should be able to undertake a range of brief interventions to address their attitudes, thinking and behaviour. (To the governor)

**Partially achieved**

Women should be able to undertake short, structured interventions to address their experiences of domestic abuse. (To the governor)

**Partially achieved**

Public protection procedures should be strengthened to manage women's risks to people living in the community effectively during custody and on release. (To the governor)

**Partially 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	Chief inspector
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Dawn Mauldon	Inspector
Esra Sari	Inspector
Joanna Luck	Inspector
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Maureen Jamieson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Craig Whitelock	General Pharmaceutical Council inspector
Alison Cameron-Brandwood	Ofsted inspector
Alison Humphreys	Ofsted inspector
Cliff Shaw	Ofsted inspector
Helen Whelan	Ofsted inspector
Jen Southall	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.

### **ACCT**

Assessment, care in custody and teamwork – case management for prisoners at risk of suicide or self-harm.

### **ADAPT**

Service providing focused, therapeutic interventions to adults who require care and treatment for anxiety, depression, affective disorders, personality disorders and trauma.

### **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 social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

### **Incentivised substance-free living (ISFL)**

Prison wings providing a dedicated, supportive environment for prisoners who want to live drug-free in prison.

### **Introduction to suicide and self-harm prevention course (SASH)**

All staff in contact with prisoners are required to receive training on suicide and self-harm prevention. The SASH course was introduced in May 2017 and is delivered to all prison officers and staff.

**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.

**Listener**

Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

**MAPPA**

Multi-agency public protection arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

**Naloxone**

A drug that rapidly reverses the effects of an opioid overdose, and therefore can help to prevent overdose deaths.

**Protected characteristics**

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

**Release on temporary licence (ROTL)**

Being able to leave the prison for a short time for specific activities.

**SDS40**

A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions apply for certain categories of offences. SDS40 replaces ECSL and releases commenced in September 2024.

**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.

**Shannon Trust**

Charity that supports people in prison to learn to read.

**Safety interventions meeting (SIM)**

A multidisciplinary safety risk management meeting, chaired by a senior manager.

**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).

**Storybook Mums (and Dads)**

Enables prisoners to record a story for their children.



**Thinking Skills Programme (TSP)**

Cognitive skills programme addressing offenders' thinking and behaviour.

**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.

**Virtual Campus**

Internet access for prisoners to community education, training and employment opportunities.

## **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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