



Report on an unannounced inspection of

HMP & YOI Low Newton

by HM Chief Inspector of Prisons

10–20 November 2025



Contents

Introduction.....	3
What needs to improve at HMP & YOI Low Newton	5
About HMP & YOI Low Newton	6
Section 1 Summary of key findings.....	8
Section 2 Leadership.....	10
Section 3 Safety	12
Section 4 Respect.....	19
Section 5 Purposeful activity.....	34
Section 6 Preparation for release	40
Section 7 Progress on recommendations from the last full inspection report	43
Appendix I About our inspections and reports	47
Appendix II Glossary	50
Appendix III Further resources	52

Introduction

This busy County Durham prison held 267 women, including those serving long sentences, on remand or on short recalls. Our scores of good for our safety, respect and preparation for release, and reasonably good for purposeful activity, reflect a well-run, decent prison whose success was underpinned by the quality of relationships between staff and prisoners.

The governor, who took over in January 2024, was behind many of the positives we saw on this visit. His particular focus had been to improve the culture, creating an environment that was more supportive to the many very troubled women in his care. He had built a leadership team that was strongly behind his vision, and he was beginning to transform the way in which staff understood and interacted with the women.

There remained some officers who were not yet comfortable with the new approach. However, with the support of the prison group director, 'behind the behaviour' training had been rolled out to help staff to understand the reasons for some of the challenging behaviour to which they and other prisoners were sometimes subjected.

Levels of violence were higher than the last time we inspected, which could in part be attributed to a handful of prisoners, and most incidents were not serious, but the prison will need to make sure that as well as creating a more positive environment, high standards of behaviour are maintained.

With a population that contained many women who were addicted to drugs and alcohol, there was an impressive offer by the healthcare team that included both medical and therapeutic interventions. The ISFL, however, was not focused enough on women in recovery and was predominately an enhanced unit for women who were behaving well. Although the number of drug tests coming back positive was less than 10%, nearly half the women we surveyed said drugs were easy to get in the jail. Leaders and all staff must continue to bear down on the ingress of illicit substances, and delays to the introduction of a body scanner because of turgid prison service bureaucracy were not helpful.

Many of the women had been diagnosed with personality disorders or had very poor mental health. The Primrose and the PIPE units were both effective in helping them to understand and avoid their negative patterns of behaviour. Although it was surprising to find that there were vacancies, despite the levels of need across the women's estate. A very strong mental health team worked collaboratively with wing staff, and officers on the specialised units had the opportunity for regular, clinical supervision. Sadly, the prison was still, on occasion, being used as a place of safety for acutely mentally unwell women who should have been treated in hospital.

Women had more time unlocked than in similar prisons and the jail had laid on recreational activities, such as bingo for prisoners and staff to increase the sense of community. The offer for work and education was rated good by Ofsted, and despite cuts to education provision, the leaders had maintained the range of courses, although there had been a reduction in overall hours. Women

who behaved well were able to live in better accommodation, with those on the ISFL unit being unlocked at night and able to cook their own food.

The well-led OMU team supported sentenced women to make progress against their targets and prepare for release, this included the use of ROTL to maintain family ties, go out to work or visit the approved premises they were being released to.

The inspection team left Low Newton with confidence that the improvements we highlight on this inspection will be sustained and built on. The governor and his team should be proud of their achievements - this prison sets the benchmark to which similar jails should aspire.

Charlie Taylor

HM Chief Inspector of Prisons

December 2025

What needs to improve at HMP & YOI Low Newton

During this inspection we identified 10 key concerns, of which three should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Some mentally very unwell women had been sent to prison due to the lack of services in the community, including places in secure mental health hospitals.**
2. **The number of times force had been used against women had risen sharply over the last year.** About 40% of incidents were to prevent self-harm.
3. **Many women waited too long for their telephone numbers to be added to their account.**

Key concerns

4. **In the last year, three-quarters of women had been released homeless or without sustainable housing.**
5. **Some women had very long journeys from court to the prison and shared the escort van with men, which was not decent.**
6. **Oversight of the quality of replies to applications and complaints was limited.**
7. **Not all health care clinical areas met infection prevention standards.**
8. **The co-location of health care in-patient and out-patient units remained poor.** In-patients were faced with a daily stream of other women attending appointments and their time out of cell was very poor.
9. **Women working on the house units did not receive sufficient feedback to recognise the skills they were developing.**
10. **In some industries, such as kitchens, instructors did not record progress made by women well enough.**

About HMP & YOI Low Newton

Task of the prison/establishment

A reception and resettlement prison and a high security prison for restricted status women prisoners (those considered to require specific management arrangements)

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

Women held at the time of inspection: 267

Baseline certified normal capacity: 322

In-use certified normal capacity: 322

Operational capacity: 298

Population of the prison

- There had been an average of 72 receptions and 70 releases into the community each month.
- 30% of the population were remanded or not yet sentenced and another 13% had been recalled to prison.
- 35% were serving sentences of over four years.
- Six women were foreign nationals.
- 5% of the population were from black and minority ethnic backgrounds.
- Just over half the prisoners were receiving support for substance misuse.
- On average, 45 prisoners were referred for a mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Tees, Esk and Wear Valleys NHS Foundation Trust

Substance misuse treatment provider: Waythrough

Dental health provider: Hyder Dental Group

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group/Department

Women's estate

Prison Group Director

Carlene Dixon

Brief history

HMP & YOI Low Newton, on the outskirts of Durham City, was built in 1965 as a small remand centre for men and women. The prison changed to a male young offender institution in 1976 and became a women's prison in 1998.

Short description of residential units

A, B and C – general wings

E wing – early days in custody unit, induction and detoxification; E4 – unit for those on the enhanced level of the incentives scheme

F wing – long-term and indeterminate sentence women, restricted status women and the Primrose unit for high-risk women

J Wing – incentivised substance-free living unit (ISFL)

Health care – including a palliative care suite

I wing – psychologically informed planned environment (PIPE)

Name of governor and date in post

Guy Pidduck, January 2024 to date

Changes of governor since the last inspection

Rob Young, 2020 - 2023

Independent Monitoring Board chair

Karen Bruce

Date of last inspection

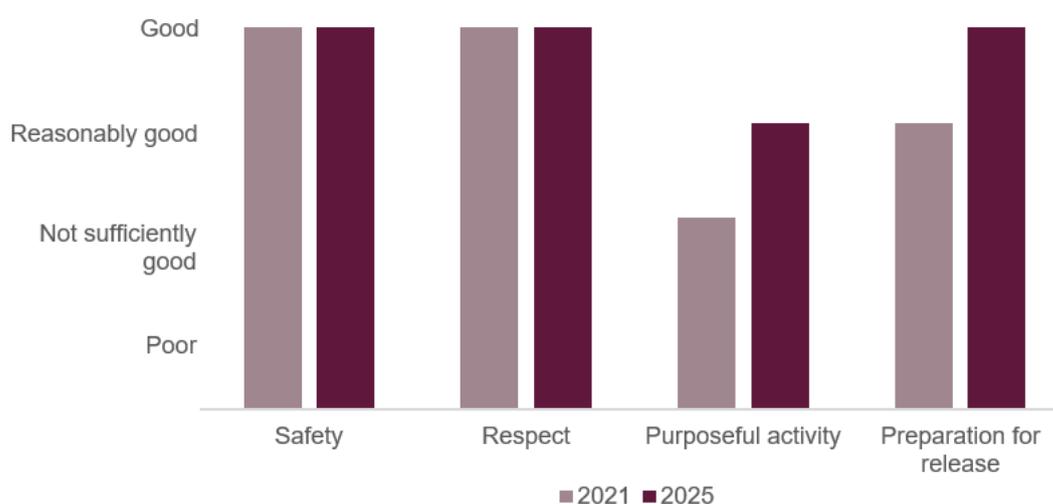
2–18 June 2021

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 HMP & YOI Low Newton, we found that outcomes for women were:
- good for safety
 - good for respect
 - reasonably good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP & YOI Low Newton in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Low Newton healthy prison outcomes 2021 and 2025



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last full inspection in 2021, we made 29 recommendations, six of which were about areas of key concern. The prison fully accepted 22 of the recommendations and partially (or subject to resources) accepted one. It rejected six of the recommendations.
- 1.5 At this inspection we found that 20 of our recommendations had been achieved, two had been partially achieved and seven had not been achieved.

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 five 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) | Women had easy access to two useful shops, one supplying affordable clothes and toiletries and the other a range of snacks. These were in addition to being able to place orders using the prison canteen process and catalogues and enabled women to have their purchases immediately. | See paragraph 4.21 |
| b) | Trained dental nurses delivered comprehensive one-to-one oral hygiene sessions, including advice on diet, fluoride applications as well as tooth brushing and flossing demonstrations. All who attended were given toothpaste and interdental brushes. | See paragraph 4.79 |
| c) | Gym staff had supported two women to achieve a level 3 fitness qualification. Since being released, they had both set up their own personal trainer businesses in the community. | See paragraph 5.5 |
| d) | Community offender managers from the North-east probation region who specialised in working with female offenders were allocated to case manage women from that region while they were in prison. They had strong links with prison staff including attending joint training and other events. | See paragraph 6.3 |
| e) | ROTL was used creatively including one woman who was attending local schools with her prison offender manager to educate children about the impact of imprisonment. | See paragraph 6.15 |

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor showed a good understanding of the issues important to women in prison. He and his senior leaders were very visible and regularly attended consultation meetings with women. Most prisoners described being treated respectfully and far more than we find in similar prisons said that staff were interested in their welfare and understood their personal circumstances. Leaders had promoted good staff prisoner relationships through additional training to help officers understand the causes behind some of the women's behaviour. They had also made sure the delivery of keywork was regular and meaningful.
- 2.3 The governor brought a calm, considered and compassionate approach to making improvements and had taken several steps to address negative aspects of the culture. He had made significant changes to the membership of his senior team and had used HMPPS funding to deliver training specifically about culture change. Despite this, some staff had not yet accepted fully the change in expectations and not all officers agreed with his priorities.
- 2.4 Despite recognising the need to help officers maintain their emotional resilience and compassion, leaders had not extended the provision of clinical supervision beyond those working in specialist units, such as segregation, and health care.
- 2.5 There was an appreciation of innovation, and the governor enabled functional heads to think creatively about the best ways to meet women's needs, including the development of a unit specifically for recalled women.
- 2.6 Senior leaders were providing good oversight and care by case managing each of the ACCTs for women who self-harmed regularly, and they were encouraging officers to respond without always using physical force with those in crisis.
- 2.7 Partnership working was delivering positive outcomes. Health care leaders were focused on continuous improvement and had developed a positive learning culture. The pre-release team and the offender management unit were well led and co-locating many of the

resettlement services leaders had promoted effective joint working. They had maintained strong partnerships with a range of resettlement services such as NEPACS and Junction 42, but they had not bridged the gap caused by the loss of resources to staff the departure lounge.

- 2.8 Overall, good progress had been made by leaders since our last inspection. For example, outcomes in purposeful activity and preparation for release had improved and remained good in safety and respect. Most of our previous concerns had been addressed. The current self-assessment report included sensible priorities, but targets were often vague and lacked specific measures of success against which to assess progress.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

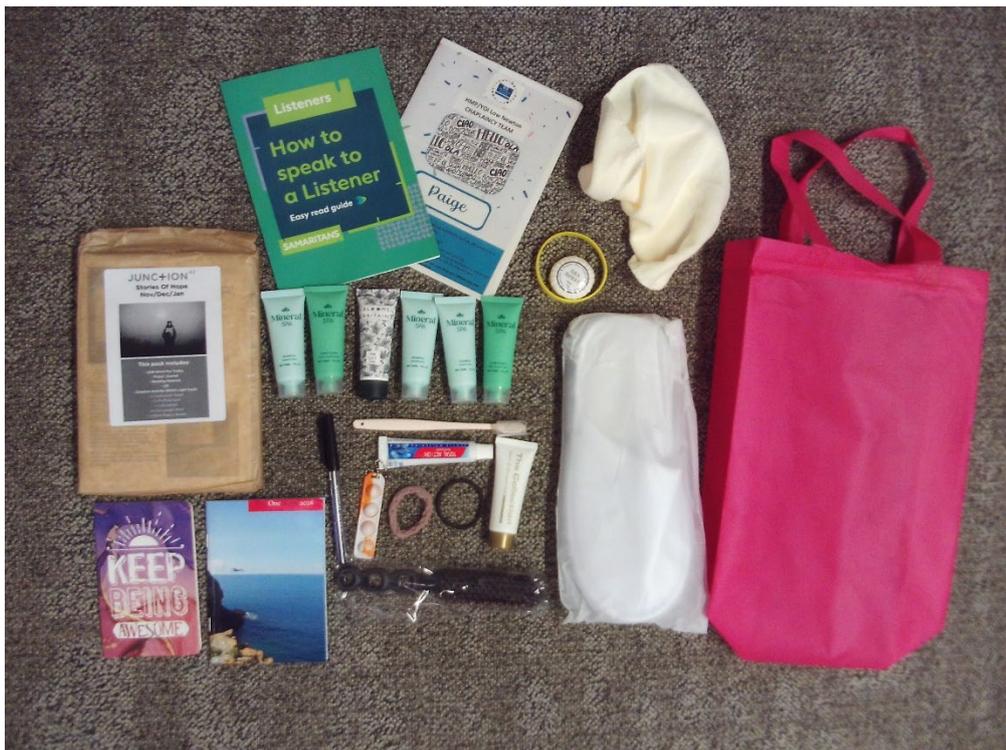
Expected outcomes: Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

- 3.1 Women often arrived at the prison late in the evening, following long journeys from court, frequently stopping off at other jails on the way. Some had travelled in the same vehicle as male prisoners and said they had experienced verbal abuse.
- 3.2 Women received a friendly welcome from staff and peer workers in reception and were given a hot meal, a shower and, if they needed it, a change of clothes from a store of donated items (see paragraph 4.18).



Donated clothing in reception

- 3.3 The safety interview was not always conducted in private but, despite this, more than two-thirds (68%) who arrived feeling depressed felt that staff had helped them compared with 41% in similar prisons.
- 3.4 Peer workers helped to explain key information and lived on the early days in custody unit so that they could provide ongoing support. The unit had a pleasant environment, but the showers needed refurbishing, and some first night cells lacked basic items, for example a kettle or a toilet seat. Women were given a bag containing personal decency items, including toiletries, as well as a notebook and a distraction pack which were appreciated by those we spoke to.



Induction wing association room (top left), first night cell (top right) and induction care package (bottom)

- 3.5 Women often waited far too long for their numbers to be added to their telephone account which meant they were unable to contact their family members.
- 3.6 Time out of cell for new arrivals was better than we often see and the induction programme was good, including visits from a range of staff to

assess needs and signpost women to support. The programme had recently been shortened to speed up completion which was important for those who would be staying at the prison for a very short time. A structured programme (known as the HOPE programme) delivered by staff from the Women's Estate Psychology Service (WEPS) team helped women adjust to life in prison and was targeted at those most likely to find it difficult to cope, including those at risk of self-harm.

Promoting positive relationships and support within the prison

Expected outcomes: Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Safe and healthy relationships

- 3.7 Our survey findings showed that 81% of prisoners felt they were treated with respect, and 57% compared with 35% in similar prisons said staff were interested in their welfare. It was similarly impressive that 51% compared with 29% in similar prisons said their well-being had improved since they had been at the jail.
- 3.8 Staff knew women in their care very well and most prisoners described positive relationships. We saw staff who were patient and compassionate and worked hard to develop trust with prisoners who were particularly challenging. When asked to describe how staff treated her, one woman told us:

'I've been vile and then the next day they've been amazing, they don't give up on me.'

- 3.9 Most women had regular, meaningful contact with their key worker (see Glossary) who had good knowledge of their individual circumstances and helped to resolve practical issues.
- 3.10 Leaders were supporting the roll out of training known as 'Behind the Behaviour' which aimed to help staff understand more about the factors that influence attitudes and reactions of women in their care.

Reducing self-harm and preventing suicide

- 3.11 Prison data showed that, in the last 12 months, the recorded rate of self-harm was the second lowest of similar prisons. A very small number of women self-harmed regularly, with one accounting for a third of all incidents in recent months.
- 3.12 There was a very good range of help for those at risk of self-harm or unable to cope, including access to peer mentors, individualised

support plans and structured interventions to help deal with trauma. A positive focus on promoting family ties, proactive help from the chaplaincy, good staff-prisoner relationships and time out of cell also contributed to the care they received (see paragraphs 4.1, 4.4 and 5.17).

- 3.13 The weekly safety intervention meeting was well attended and effective. Information about personal triggers was collected and used to care for and support women at difficult times. Constant supervision was used appropriately but women were concerned about occasions when they were observed by a male officer.
- 3.14 Most ACCT care plans (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) that we reviewed were of a reasonably good quality, making use of the range of available interventions and involving family members where appropriate. Most women subject to the ACCT procedures were able to remain engaged with the regime and most were allocated to purposeful activity with the aim of keeping them busy and giving them a sense of purpose.
- 3.15 The number of Listeners (prisoners trained by the Samaritans to provide emotional support to their peers) had increased and they were now available 24 hours a day.

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

- 3.16 The Prisons and Probation Ombudsman (PPO) had investigated one self-inflicted death and one non-natural death since our last inspection in 2021. Prison leaders had taken appropriate steps to address the recommendations and reviewed them regularly to make sure progress was being maintained.

Protecting women, including those at risk of abuse or neglect

- 3.17 Too many mentally unwell women, who would have been better cared for elsewhere, were sent to the prison due to the lack of spaces in community facilities, including mental health hospitals.

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

- 3.18 The prison was safe and calm. In our survey, 16% of women said they felt unsafe at the time of the inspection.

- 3.19 Prison data showed that the rate of violence was the lowest of similar prisons and most was not serious. Assaults against staff had increased but half had been committed by one woman when staff were trying to prevent her from self-harming.
- 3.20 Little direct support was targeted at victims of violence and bullying, but perpetrators were managed reasonably well using challenge, support and intervention plans (CSIPs, see Glossary). CSIPs and targets focused on encouraging women to engage with more positive aspects of prison life, such as going to the gym, and were reviewed regularly to make sure they were still relevant.
- 3.21 In our survey, more women than in similar prisons said there were opportunities to have good behaviour rewarded. Some units, such as J and E4, provided a more open environment, comfortable living space and cooking facilities which helped to motivate prisoners. They also described the good range of social and recreational activities as an incentive to behave well (see paragraph 5.2).



J wing association room (left) and cell on E4

- 3.22 Adjudication investigations were thorough and women with substance misuse problems were referred to services for help. However, unpaid community work within the prison as an award following adjudication had not yet been introduced.

Segregation

- 3.23 Most stays in the segregation unit were short at around eight days, except for a small number of women with very complex needs. Prisoners were positive about their treatment by staff, describing them as genuine, respectful and helpful.
- 3.24 The unit was clean and the exercise yard remained better than we have seen elsewhere. Cells were very basic and the regime remained limited to a shower and outdoor exercise. However, there were a few examples of women being allowed to leave the unit to attend activities such as going to the gym or chapel, which was good to see.



Segregation cell (left) and yard

Use of force

- 3.25 The number of times force had been used had risen sharply over the last year. About 40% were to prevent self-harm, and nearly half of all incidents over the last year had involved one prisoner (see paragraph 3.19)
- 3.26 In the footage we viewed, staff applied force appropriately and some showed very good care and patience in de-escalating volatile situations. However, there were examples where force was not used as a last resort, and these could have been avoided if more efforts had been made to calm the situation.
- 3.27 Leaders were trying to build the confidence and competence of officers to reduce the number of times force was used on women who were in crisis. Staff were encouraged to assess whether force was necessary to prevent serious self-harm. Leaders had introduced a weekly meeting to review a selection of incidents which enabled them to identify training scenarios and give continuous feedback to staff to encourage this.

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.

- 3.28 In our survey, 47% of women said it was easy to get illicit drugs and 23% said they had developed a drug problem while at the prison. The rate of positive random drug test results was 9.9%. Despite evidence that reception was the main route for drugs entering the prison, there was still no body scanner in place. A good range of support was offered to women to reduce demand and help them address their drug use if they chose to.
- 3.29 Most other security arrangements were sensible and proportionate. For example, strip-searching was only used when intelligence suggested it

was necessary and pregnant women were no longer routinely handcuffed while escorted outside the prison.

- 3.30 The management of those identified as 'restricted status' due to the serious nature of their offending behaviour reflected national protocols, but the blanket application of restrictions severely limited some individuals' ability to progress and develop. For example, they were limited to living on just one house unit, their access to services such as programmes and purposeful activity was more difficult and they were unable to move around the prison without being escorted by staff at all times.

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 for women to maintain contact with their family and friends was good. In our survey, 64% of women said staff had encouraged them to maintain family contact compared with 45% at similar prisons. However, women new to the prison were unable to make contact because they did not have telephone numbers on their account (see paragraph 3.5).
- 4.2 The family team provided effective support and now included a new post in the drug and alcohol recovery team (DART). There was also a dedicated early days family worker but future funding for this role was uncertain.
- 4.3 The use of release on temporary licence (ROTL, see Glossary) for women to spend time with their families had increased significantly. There was also a good range of support to help women develop their relationship skills including a 'Mams Matter' group for those with children. Children could also attend special events such as Christmas pantomimes and more 'Storybook mums' sessions (where the mother can record a story for their children) had been completed recently.
- 4.4 The welcoming visitors' centre was managed well by NEPACS, (a north-eastern charity aiming to promote a positive future for people who have been affected by adverse situations) and they also provided a good range of support and guidance for families and friends. Prisoners who did not receive any social visits were identified and supported well by the family team and chaplaincy.
- 4.5 Visitors we spoke to said it was often difficult to get an answer from the national telephone visits booking system. Visit sessions were managed with decency and staff were respectful to women and their visitors. Visitors could now buy hot food and drinks, although healthy options were limited.



Visits hall play area (top), visits hall (bottom left) and visitors centre (bottom right)

- 4.6 Video calling was underused. Prisoners told us that the poor wi-fi signal affected the quality of calls and sessions were held in a closed visits room which they felt was not a very pleasant environment.

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

- 4.7 Leaders were proactive in consulting women and our prisoner survey showed that more than in similar prisons said that changes were made to address problems raised.

- 4.8 An active council was well attended. However, some women told us that the prisoner representatives did not seek their views, nor were they told about actions taken to address issues that had been discussed.
- 4.9 An additional forum was held with a selection of prisoners to help senior leaders understand what was affecting perceptions of safety. Results from surveys that had been carried out with women leaving the prison were discussed at the monthly safety meetings to identify improvements needed (see paragraph 4.46).
- 4.10 A good range of peer workers provided useful and proactive consultation and support, including community allies who were available to help with practical issues. Mental health peer workers helped women to overcome problems and learn how to manage their emotions. Oversight and support for peer workers were effective and the governor attended the fortnightly supervision meeting between the Listeners and the Samaritans.

Applications and complaints

- 4.11 A good amount of time out of cell and positive staff–prisoner relationships enabled women to speak to officers and managers easily to resolve day-to-day requests rather than always submitting a written application (see paragraphs 3.12 and 5.1).
- 4.12 Our survey results showed that far more women than in similar prisons said they could make a written application easily and that applications were usually dealt with fairly. However, some said their requests had not been resolved and leaders still did not routinely track or quality assure responses to make sure they were prompt and as helpful as possible.
- 4.13 The rate of complaints over the previous 12 months was low in comparison to other women’s prisons. The sample that we reviewed showed that most investigations were adequate, but some responses were dismissive and women were not spoken to about their complaint. As with applications, quality assurance was limited.

Legal rights

- 4.14 Remanded women had access to a bail information officer and an independent solicitor visited the prison regularly to support women with issues such as appeals and recalls.
- 4.15 Legal visits were booked through a national telephone system. Prison leaders did not have oversight of this to identify problems and our survey showed that significantly fewer women than in similar prisons (37% compared to 56%) said it was easy to attend legal visits.

Living conditions

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

- 4.16 External areas were maintained well and leaders had taken steps to improve the environment, including the development of more green space around the site such as the 'oasis' which was located on the main route between residential areas and activities. This had seating areas beside two aviaries and was sometimes used for key work sessions or ACCT reviews.



Outdoor area

- 4.17 Communal areas were clean, although many showers suffered from mould. Most women lived in single cells, which were generally clean and well maintained. A furniture replacement programme had improved conditions in cells on several units, and most women personalised their space. However, a small number of women shared cells with inadequate toilet screening, which compromised their privacy.



Single cell on C wing

- 4.18 Basic decency was a priority for leaders and they had maintained this well. Access to clean bedding was good. Women could get a haircut, had free access to sanitary products and toilet rolls and could have their clothing and underwear laundered in washing machines. There was still no prison-issue clothing designed for women. The tracksuits and t-shirts were made for men so rarely fitted women.



Sanitary products on the wing

- 4.19 Some house units were noisy, and this was exacerbated by staff shouting instructions down the corridors or across landings. Officers did not use earpieces for their prison radio to reduce the amount of noise, particularly when the emergency alarm sounded.
- 4.20 In our survey, 57% of women said the quality of the food was good compared to 39% in similar prisons. Those on F and I units could cook their own meals but facilities on other units were far too limited, often with just a microwave.
- 4.21 In our survey, 67% of prisoners compared with 44% in similar prisons were positive about the stock available from the prison shop and through catalogues. In addition to the usual prison canteen, women could use two shops which were easily accessible on the main corridor of the prison. 'Rags to Riches' sold toiletries and clothing, including items for transgender prisoners, while the tuck shop sold sweets and snacks. Prisoners could buy items directly using their ID card rather than placing an order and waiting for delivery.



Rags to riches shop

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance misuse needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

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

Strategy, clinical governance and partnerships

- 4.23 Overall, we found health and social care services to be well led and responsive. Partnership working between the provider and the prison was a key strength with regular, well-attended board meetings to monitor outcomes.
- 4.24 Leaders had good oversight of clinical services with an extensive suite of governance meetings, local and regional, to make sure they had accurate performance data. Governance was being used effectively to continue to improve.
- 4.25 The local risk register identified active issues which were reviewed regularly. Clinical incidents were promptly reviewed, lessons learned

were shared with staff and audits were used effectively to ensure agreed actions were followed up.

- 4.26 Staffing levels were generally good and retention was impressive. Data showed good compliance with mandatory training, supervision and appraisals. Staff we spoke to felt supported in their roles and valued by local leaders and the organisation. Our observations showed a workforce with expertise and dedication in addressing women's health needs. Many patients and prison staff we spoke to were complimentary about health services.
- 4.27 Safeguarding arrangements were well embedded and staff we spoke to understood their responsibilities. A confidential health complaints system was managed very well, and the service was appropriately focused on swift face-to-face resolution.
- 4.28 Clinical areas were clean, although many fixtures and fittings did not meet infection prevention standards. Progress to address this was too slow, putting patients at unnecessary risk of exposure to infection.
- 4.29 Emergency resuscitation equipment was strategically placed around the prison, contained the necessary items and was checked regularly.

Promoting health and well-being

- 4.30 Multi-departmental meetings coordinated well-being activities effectively. We observed joint activities between the gym and the substance misuse treatment provider, and between the library and mental health services, during which women received consistent messages about staying well.
- 4.31 Spectrum had invigorated health promotion in 2025 with a two-year strategic plan, implementing the NHS programme of events and with focused displays in the health care centre. Lockable noticeboards were on order for the houseblocks, with four peer workers in training to support the work.
- 4.32 Suitable guidance was available to staff in the event of the spread of communicable diseases. National screening programmes were provided and appropriate vaccinations such as influenza, meningitis, MMR and shingles were available across the age ranges.

Sexual and reproductive health (including mother and baby units)

- 4.33 On arrival, women were offered appropriate sexual and reproductive health screening, including pregnancy testing, which was followed up later if they declined. Further services were available, including cervical smear tests and breast screening.
- 4.34 A sexual health lead staff member ran a weekly clinic for women and a genito-urinary medicine (GUM) service led by a consultant also visited weekly. All women were offered an appointment to discuss their contraceptive and sexual health before release.

- 4.35 A specialist midwife was available on site four days a week and a comprehensive perinatal pathway was in place. The midwife also ran regular training sessions for prison officers on recognising the signs of labour and when they needed to call an ambulance. Ninety-one per cent of officers had received this training. Regular multi-agency meetings provided a coordinated approach to the care of women identified as being within the perinatal period.
- 4.36 All women over the age of 45 years were offered a peri-menopause screen and one of the advanced nurse practitioners had been working hard to raise awareness of symptoms among prison staff and patients.

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

- 4.37 All new arrivals were seen by a registered nurse, who conducted initial screenings to identify any immediate health care needs and refer on if needed. All first and secondary health screenings and medicines reconciliations were undertaken within required timescales.
- 4.38 Nursing staff were available 24 hours a day and a GP clinic was available two days a week. A wide range of nurse-led clinics ran each day alongside visiting physiotherapists, opticians, podiatrists and other specialists. Waiting times were reasonable.
- 4.39 Patients could request health appointments by using their in-cell telephones or by paper application, and these were triaged each day.
- 4.40 There was effective administrative oversight of secondary care health appointments, with good support from prison officer escorts to make sure patients attended. Few hospital appointments were missed and, when it was unavoidable, clinical triage of patients was carried out to assess priority.
- 4.41 Health care records showed that patients received timely and appropriate health care interventions. Patients requiring more intensive health care were discussed at monthly multidisciplinary meetings to ensure their complex needs were addressed.
- 4.42 The prison had a palliative care suite which had recently been refurbished. One patient was in this suite at the time of our inspection and told us she received good support from staff and a visiting MacMillan nurse. Appropriate care planning was in place to ensure her needs were met.
- 4.43 Health care staff attended pre-release board meetings and all patients were seen on the day of their discharge for a final health check. They were provided with seven days' supply of medicines and offered nasal Naloxone (to reverse the effects of opiate overdose).
- 4.44 It was disappointing that the in-patient unit remained co-located with the out-patients area which prevented some clinical admissions from taking place because of the lack of a calm, therapeutic space. Those located in the unit were faced with a large number of out-patients attending their appointments. Time out of cell was very poor, as in-

patients were locked up during clinic times and no therapeutic activity was taking place. Despite these barriers, patients were receiving a good standard of clinical care with effective multidisciplinary oversight.

Mental health

- 4.45 Tees, Esk and Wear Valley NHS Foundation Trust and Rethink Mental Illness were delivering a stepped care model in line with best practice, tailored to women's mental health needs. The team received an average of 45 referrals a month but were conducting assessments within expected timescales. Multidisciplinary working was evident and underpinned by weekly review meetings to ensure patients were receiving the most appropriate care and treatment and to undertake psychological formulation for complex cases.
- 4.46 The team was well led and leaders made good use of data and patient feedback to drive improvement. The team provided valuable input to prison safety meetings and partnership working by the team and prison staff was a strength. Both had worked hard to co-produce monthly training sessions for prison officers which were due to start imminently.
- 4.47 A highly skilled, well-resourced and dedicated staff team comprising leaders, psychology staff, psychiatry staff, nurses and therapists worked hard to meet the needs of the patients and an impressive array of individual and group therapies was offered. However, most staff told us there was a lack of appropriate and confidential spaces to see patients in the prison.
- 4.48 All prisoners under the age of 25 were seen by a youth engagement worker on arrival and the team had good links with Age UK for older women.
- 4.49 Mental health staff attended all initial ACCT reviews and maintained a good, regular presence in the segregation unit. Many prison staff we spoke to valued this support and patients we spoke to were happy with the service.
- 4.50 All patients had comprehensive written assessments, care plans and risk assessments which were regularly reviewed. Leaders audited documentation monthly to provide assurances. It was good that the team were engaged with the Royal College of Psychiatrists accreditation scheme.
- 4.51 Patients had prompt access to a psychiatrist. Good oversight of physical health monitoring for mental health patients was co-ordinated by the experienced nurse associate and staff formed part of the prison's perinatal pathway.
- 4.52 The team supported and trained mental health peer workers who provided valuable support and signposting to others.
- 4.53 Four patients had been transferred to hospital under the Mental Health Act in the previous six months, two within 28 days and two waiting slightly longer.

- 4.54 Discharge and release arrangements were robust, with the team collaborating well with offender management unit (OMU) staff and local services.

Social care

- 4.55 Social care was underpinned by a memorandum of understanding between several prisons, local authorities and Spectrum, the provider. Durham County Council (DCC) oversaw the busy service, receiving around 30 referrals a year. DCC contributed to regional strategic forums, local complex case meetings and ACCT reviews.
- 4.56 Spectrum screened all new women for their support needs, followed by rapid support before their DCC assessment, which was excellent. An on-site equipment store held smaller kit while larger items, such as beds, could be ordered in promptly. Two patients were in receipt of social care at the time of the inspection; they were discussed during the daily safety meetings and care planning and delivery were very good.
- 4.57 A promising initiative to trial the use of new technology to alert staff to problems such as falls or fits had been delayed, which was disappointing.
- 4.58 Peer buddies, suitably managed by the prison, provided useful support to women with daily activities such as collecting meals from the servery.

Substance misuse and dependency

- 4.59 Demand reduction and treatment were essential elements in the prison drug strategy, and there was significant need among the women.
- 4.60 Waythrough, the substance misuse provider, had trained 55 prison officers to date in 2025 in substance misuse awareness. This included aspects of addictions and reproductive health and spotting the signs and symptoms of illicit drug use– the first time we have seen such training materials.
- 4.61 Every woman was seen on arrival and offered support and advice on harm minimisation. Thereafter, there was prompt triage and assessment following referrals received from staff or women. About half the women were in recovery.
- 4.62 The busy recovery team were well led and supervised. They were passionate about their work and knew their patients. They were effectively deployed in recovery roles but with lead functions, for example family, group or pre-release work.
- 4.63 Women had access to an impressive range of motivational one-to-one and group therapy approaches using high quality in-cell workbooks, educational materials on trending drugs and daily group activities. Programmes such as ‘SMART Recovery’ and ‘Breaking Free’ (online) were available.

- 4.64 A detoxification area on E wing enabled women undergoing alcohol withdrawal to be treated safely. Two areas of the prison were substance free. One, the incentivised substance-free living unit (ISFL) was a new unit which offered women enhanced living conditions with awareness sessions from Waythrough.
- 4.65 A third of all women were receiving opiate substitution therapy at the time of the inspection, 42 of whom received buprenorphine by injection. Spectrum had observed a correlation between high dose buprenorphine by injection and menopausal symptoms, with potential implications for accurate assessment of addictions in women.
- 4.66 Spectrum and Waythrough undertook joint 13-week reviews of patients. The clinical records of both teams were integrated in SystmOne (electronic clinical records) and recovery and treatment plans contained personalised goals, which was excellent.
- 4.67 Three suitably supervised peer mentors gave good support to women in recovery. Crucial mutual aid was provided by visiting Alcoholics Anonymous leaders, and discussions were under way to re-introduce both Cocaine Anonymous and Narcotics Anonymous fellowships.
- 4.68 Women being released had good support. Spectrum provided medicines to take home as required and Waythrough trained and supplied women and their families with nasal Naloxone (to reverse the effects of opiate overdose) and harm reduction advice to minimise risks.

Medicines and pharmacy services

- 4.69 The pharmacist held twice-weekly medicine reviews with patients, which was good. Team members attended health care team meetings and undertook additional training.
- 4.70 The pharmacist worked with prescribers to review patients' in-possession medication following self-harm incidents. The pharmacist arranged to speak to each patient to explain any changes being made and answer any questions, which was good practice.
- 4.71 Nurses and pharmacy technicians administered medicines and this was suitably managed. The supervision of queues by prison officers was exemplary. In-possession medicines were administered once a week and appropriate arrangements were made for patients who could not attend.
- 4.72 Medicines were appropriately labelled and suitable records kept of their administration, including when patients refused medication. Patients were advised to order prescriptions seven days in advance and the pharmacy worked one week ahead of the date of supply. Urgent prescriptions were supplied to the wings before the pharmacy closed.
- 4.73 Around 51% of patients had all or some in-possession medicines with accompanying risk assessments, which the pharmacist reviewed every six months. Some of these medicines were supplied in compliance

packs to help patients take them and descriptions of the medicines within the packs were generally recorded and information leaflets supplied. Storage facilities were available in some cells. The pharmacy technicians supported random checks and non-compliance resulted in a review of the in-possession status.

- 4.74 Medicines were provided out of hours and appropriate records were made. The pharmacy was given advance notice when patients left the prison so medication could be arranged before the patient left. The pharmacy kept patients' anti-viral medicines that had to be specially ordered so that they were available if the patient returned.
- 4.75 Following updated requirements for supplying valproate medicines, original packs were always supplied and patients were given appropriate advice.
- 4.76 The pharmacy team responded appropriately to medication errors and kept records which the pharmacist reviewed to identify preventative actions.
- 4.77 Suitable arrangements were made for transporting medication around the prison.
- 4.78 Pharmacy fridge temperatures were regularly checked and recorded. However, a second reading when the initial reading was outside the accepted range was not recorded to show the temperatures were correct. Medicine expiry dates were checked and short-dated stock marked. Controlled drugs were appropriately managed. Drug safety alerts were correctly responded to.

Dental and oral health

- 4.79 Hyder Dental Group was contracted to deliver the full range of NHS services in the prison. A dentist was available one day a week, as was a therapist. Four dental nurses had undertaken additional training in oral health instruction. They offered one-to-one appointments to patients during which they discussed patients' diet, applied fluoride varnishes, and gave toothbrushing and flossing demonstrations to help address dental neglect.
- 4.80 At the time of our inspection, the waiting time to see a new patient was around four weeks, while two appointments during each session were kept aside specifically for those experiencing facial swelling or in severe dental pain.
- 4.81 Dental care records were detailed and demonstrated that patients received appropriate assessment, treatment and oral health instruction.
- 4.82 Governance was strong and key areas of safety such as radiography, infection control and the decontamination of dirty instruments were managed well. Records showed that dental equipment had been maintained and serviced to make sure it was safe for use.

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.

- 4.83 We found no evidence of significantly disproportionate outcomes among different groups. The positive range of opportunities for consultation (see paragraph 4.7) and strong staff-prisoner relationships meant that women's views were easily heard.
- 4.84 Leaders and managers were visible to prisoners. For example, our survey showed that far more women than in similar prisons said they could speak to leaders and managers and that they tried to help them when they raised an issue or a problem.
- 4.85 In our survey, 48% of prisoners described themselves as neurodivergent. The neurodiversity support manager (NSM) had trained staff to raise awareness and improve identification and support for this group. Guidance for staff on meeting individual needs was regularly added to electronic case notes. The NSM had also introduced 'Bounce Back' sessions in the gym to help neurodiverse women build self-confidence and feel more comfortable in group settings. Positively, far more women (40% compared to 17%) with neurodiverse needs than in similar prisons told us they were receiving the support they needed.
- 4.86 Many staff knew the women on their wings with a disability who would need additional support in the case of an evacuation. However, the personal evacuation plans were of such poor quality that they were of little use to staff who were new to the wing.
- 4.87 During the previous year, 28 discrimination complaints had been submitted, 17 from the same woman. The sample that we reviewed showed the investigations were adequate but, despite independent scrutiny, it was difficult to understand what had been done to address the complaint and sometimes the tone of the reply lacked care and compassion. In common with general complaints, there was no overarching analysis of the issues raised to identify possible areas for improvement.

Faith and religion

- 4.88 The chaplaincy provision was outstanding and a very important element of the help available to women. The team was well resourced and effectively supplemented by several community volunteer groups, which enabled the diverse faith and pastoral needs of the population to be met. This was reflected in our survey, where 93% of prisoners reported speaking to the chaplaincy team. The chaplaincy area was

consistently busy throughout the inspection, demonstrating its accessibility and importance to women.

- 4.89 The care and compassion demonstrated by the team was evident in many ways. These included sending cards and chocolates to women on their birthday, delivering Christmas gift bags, and meeting all new arrivals.

Section 5 Purposeful activity

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

Time out of cell, recreational and social activities

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

- 5.1 Women had a reasonable amount of time out of cell and most had at least five and a half hours a day unlocked during the week. Those in full-time work were unlocked for around eight and a half hours, while women on J wing benefited from about 12 hours out of their rooms where they were never locked in. Our survey showed some significantly more positive perceptions from women about being encouraged to attend their allocated education, training or workplace by staff and about doing activities that would help them on release.
- 5.2 Prisoners were also significantly more positive than those in similar prisons about access to association and physical activity. For example, 73% said they had association five times a week or more and 77% said they could engage in physical activity outside their cell at weekends.
- 5.3 In our roll checks, only 13 women (5%) were locked up during the core day with 34% engaged in purposeful activity off the wing and 12% working on the wing. Of those locked in their cells, five were on the inpatient unit.
- 5.4 All wings were unlocked for a two-hour period of association each weekday evening. Women could use facilities on their wing, such as the small gym for those on F wing, and could also sign up for a range of activities at 'The Hive' (an activity space in the former dining hall) and yoga in the chapel. However, during October 2025 the activities in the Hive had been cancelled regularly because of operational demands on officers.



F wing gym room (left) and karaoke in The Hive

- 5.5 Access to the gym was good and there was now an outdoor area for PE. In the previous 12 months, several women had achieved an accredited health, well-being and fitness qualification and two had achieved a level 3 qualification. They had both successfully set up their own personal trainer businesses in the community after release.
- 5.6 In our survey, 60% of women said they could visit the library once a week or more compared with 43% at similar prisons. There was a reasonable range of stock, including easy-read books and some suitable for readers with dyslexia. The library supported work to improve literacy, including hosting Shannon Trust sessions (charity that supports people in prison to learn to read), a reading club and the Six Book Challenge.

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.

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

Overall effectiveness:	Good
Quality of education:	Good
Behaviour and attitudes:	Good
Personal development:	Good
Leadership and management:	Good

- 5.8 Leaders had a clear intent to provide a curriculum in education, skills and work (ESW) that included therapeutic content as preparation for life and work. Leaders had taken the decision to make limited changes to the range of opportunities women could access in ESW following the recent changes to the contract delivered by the education provider, thus maintaining a wide range of opportunities. There was a reduction in work hours, but this had not impacted on women's experience of ESW.
- 5.9 There were sufficient spaces within ESW to meet the needs of the population. Leaders and managers had used relevant information to design the curriculum, such as local labour market information, women's preferences and the type of job roles women secured on release. They consulted employers to ensure that women gained the right knowledge and skills when in work and learning. Unsentenced women participated fully in ESW and very few women were unemployed. In our survey, a high proportion said the activity in ESW they had been allocated to would help them on release.
- 5.10 Leaders had rectified the concerns raised at the previous inspection. They had ensured that women could access a full curriculum and had developed a useful system for collecting information regarding destinations on release, which meant they could evaluate the effectiveness of ESW.
- 5.11 The allocations process was effective in moving women into ESW swiftly. They mostly started on their first choice of activity and managers worked proactively to minimise waiting lists for the most popular courses and job roles. If women needed to improve their English and mathematics skills, they started to focus on these initially before progressing to other courses or work.
- 5.12 The pay policy was fair and equitable for ESW. Women attending education were paid more than those in work roles and were not disadvantaged by attending education. Women in roles with more responsibility were paid at a higher rate depending on the position.
- 5.13 Teachers and instructors were well qualified and experienced. They kept their subject knowledge and teaching skills up to date through frequent training. Staff had recently undertaken training in promoting the risks of radicalisation, using digital resources in teaching, using recall to promote women's understanding in lessons and supporting women with special educational needs and/or disabilities (SEND).

Leaders and managers checked the impact of training through regular themed learning walks.

- 5.14 Teachers and instructors found their workload manageable. They appreciated the collaborative and supportive culture promoted by leaders and managers.
- 5.15 Novus provided education and vocational training. Teachers planned the curriculum logically to enable prisoners to develop their knowledge and skills over time. In hospitality, teachers set women additional tasks to complete at the end of each topic. These helped women to develop their understanding further and reflect on their employability skills. Teachers presented information clearly. They routinely checked understanding before they moved on to the next topic. They used examples effectively to help women remember new concepts. In digital skills lessons, teachers explored how 'phishing' emails resembled fishing. They helped women to visualise online fraudsters as setting bait to reel them in. Women mostly completed activities that were well matched to their skills gaps. In mathematics, for example, while some learners worked on rounding numbers to make calculations, others practised converting decimals to fractions. Teachers managed these tasks effectively and offered individualised support to make progress. Teachers mostly used assessment effectively to check women's understanding, help them to practise their new skills and further develop their responses. Teachers provided helpful feedback on what women were doing well and what they needed to do to improve. However, in a few vocational courses, teachers did not pay close enough attention to the basic errors women made with their spelling and punctuation.
- 5.16 A few women working on residential wings did not receive sufficient supervision or direction from staff to recognise the skills they were developing. In the kitchens, for example, instructors did not use Progress in Work (PiW) booklets well enough to record women's achievement. However, in a few industries and workshops such as horticulture and industrial cleaning, instructors used PiW booklets well to record and recognise the development of women's vocational, employability and English and mathematics skills development.
- 5.17 Leaders and managers had successfully implemented an effective reading strategy across the prison. Staff assessed women's reading skills using initial and ongoing assessments. They followed this up with reading screeners for women with low-level skills. Managers worked closely with the Shannon Trust and reading mentors to provide appropriate support for women to improve their reading skills using phonics. Staff organised various events to promote the importance of reading. Women took part in the 'Reading Ahead' book challenge, had a 'Blind date with a book,' shared books with their children and participated in reading groups. Managers and teachers provided 'libraries in a basket' in classrooms and on the residential wings. Women valued reading for pleasure and found that it improved their well-being.

- 5.18 Leaders and managers had in place effective processes to monitor the quality of ESW across the prison. They used the results to gain an accurate overview of the strengths and areas for improvement. Leaders met managers from across the prison monthly to review the quality of ESW and to set further actions for improvement.
- 5.19 Staff made effective use of digital resources across ESW, including the virtual campus (internet access to community education, training and employment opportunities for prisoners). In English, teachers used interactive 'word walls' to help women recall and spell key terms such as alliteration, simile and metaphor. They supported women to develop their digital skills through creating, editing and uploading documents. Women frequently used computers in the library to gather information on job opportunities in preparation for release.
- 5.20 Teachers and instructors provided effective support for women with neurodiverse needs in areas such as cleaning, horticulture, vocational training and education. Through allowing extra time to complete tasks and providing appropriate support, they enabled women with autism who had previously had difficulty communicating to engage, make good progress and talk confidently to staff, visitors and other women.
- 5.21 Mentors were well trained and supported their peers as directed by teachers in lessons and in industries. In hospitality, mentors made use of their culinary knowledge and skill to support women who were new to the course or those who had additional learning needs.
- 5.22 A very high proportion of women completed their courses and achieved qualifications. Almost all passed their examinations at the first attempt. A significant proportion of women were in employment six months after release.
- 5.23 Women demonstrated positive attitudes to their learning and work. They enjoyed learning in calm and orderly classrooms. They were motivated by teachers' warm encouragement and positive feedback.
- 5.24 Attendance was high. When women were absent, this was mostly for legitimate reasons to access therapies or important appointments as part of their sentence plan. Leaders and managers had reduced the number of women who did not return to ESW after these appointments.
- 5.25 Women benefited from effective support from staff prior to their release to help progress to their next steps. When women were within 12 weeks of release, they received good support from staff with CV development, disclosure letters, interview practice, ID and banking, and information on help in the communities they would be released to. Employers provided helpful advice on their expectations of employees, and on vacancies available across a wide range of sectors including retail, catering and hospitality, construction, manufacturing and horticulture.
- 5.26 Staff provided women with an extensive enrichment curriculum that ran during core ESW hours and through frequent events within the prison.

Leaders and managers had developed a full calendar based on annual themes and events such as International Women's Day, Holocaust Memorial Day, Black History Month and Remembrance Sunday. A high proportion of women participated and developed their wider skills, such as team working and gaining an understanding of a range of diverse cultures.

- 5.27 Women developed confidence and resilience and knew how to keep themselves mentally and physically healthy. The neurodiversity manager helped prisoners with SEND to develop an 'About Me' information sheet with strategies that supported their needs that was shared with staff across ESW. Women could access wellness courses targeted at those with mental health and neurodiverse needs. Staff provided advice on healthy eating and exercise classes for older women and those on specialist programmes. Women with significant mental health issues could access a creative arts programme on the residential wings.
- 5.28 Women understood fundamental British values and the importance of respecting others' differences. In education, they had a good understanding of how to keep themselves safe from radicalisation and extremism. Women working in industries had a less well-developed understanding of these risks.

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 Leaders had a good understanding of the range of needs among the complex population. This included an increasing proportion of women held on remand or recalled.
- 6.2 All women had their resettlement needs assessed promptly on arrival by the pre-release team and the prison offender manager (POM). This collaborative approach reduced duplication and ensured women did not have to repeat information several times.
- 6.3 The offender management unit team was fully staffed, experienced and motivated. Leaders were visible, provided robust oversight and actively encouraged reflective practice. There was effective engagement with community offender managers (COMs), some of whom specialised in working with women, who attended the prison regularly.
- 6.4 Almost all sentenced women had an initial assessment of their risks and needs and a plan was drawn up to address them. Far more than in similar prisons (73% compared to 52%) said there were opportunities for them to achieve their sentence plan targets. Most we spoke to had regular contact with their prison or probation offender manager, including those serving indeterminate sentences. These positive outcomes were demonstrated in our survey, for example 95% of women said they had been involved in setting their sentence plan targets compared to 73% in similar prisons. Most women also knew what they needed to do to achieve their targets and 86% said staff were helping them to progress.
- 6.5 Recalled women had regular contact with their POM and leaders were developing additional support for them including opening a dedicated residential unit. Remanded women were also allocated a POM which was good practice and something we rarely see.
- 6.6 Women deemed suitable for open conditions moved on without delay but some preferred to stay at Low Newton to be nearer their family and friends. The process for releasing women on home detention curfew (HDC) was robust. However, in the last year, around a third had been released after their earliest eligibility date, principally for reasons

beyond the control of the prison such as the lack of appropriate housing.

- 6.7 Co-location of resettlement workers including POMs, the pre-release team, NEPACS and two CRS (Commissioned Rehabilitative Services) providers, enabled excellent joint working which helped to deliver good outcomes for women.

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 Public protection arrangements were good and, when needed, restrictions on contact with the public were applied appropriately and reviewed annually. POMs had detailed knowledge of the women they worked with and navigated complex issues well.
- 6.9 Communication between the POMs and COMs was effective and MAPPA (see Glossary) management levels were confirmed in enough time to plan for release. The interdepartmental risk management team meeting took place every four weeks with good attendance from a range of functions in the prison to provide effective oversight of those identified as MAPPA levels 2 and 3.
- 6.10 However, as we have seen at other sites, there had been examples of high-risk women being refused a place in approved premises despite this being part of the MAPPA risk management plan.

Interventions and support

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

- 6.11 The range of interventions was impressive despite delivery of the Building Choices accredited programme having stalled because of staff shortages.
- 6.12 The Womens Estate Psychological Services Team offered a good range of programmes alongside bespoke one to one work when needed. Programmes included the Fire Setters Intervention and Healthy Identity Intervention. In addition, the HOPE programme supported women in their early days of custody (see paragraph 3.6). Since November 2024, 74 women had completed this and more groups were planned. Compass (a compassion-focused therapy intervention) had good attendance, with 27 completions in the last year and 14 women on the waiting list. Working with Anger and relationship interventions were also available, alongside additional programmes from the drug and alcohol recovery team and the chaplaincy.

- 6.13 Junction 42 delivered creative arts programmes that were popular and helpful to the most vulnerable women. Those who had experienced trauma or had very complex needs could access a range of help including the Primrose unit and interventions delivered by the psychology team.
- 6.14 The prison also offered two PIPE (psychologically informed and planned environment) programmes located on one house unit. However, referrals had declined and the unit was increasingly being used to accommodate prisoners who were not engaged in the programme, which risked undermining the ethos of the unit.
- 6.15 Women could also benefit from release on temporary licence (ROTL) if deemed suitable. There had been 972 releases in the last year involving 20 women, helping them to see their families as well as developing their resettlement opportunities such as gaining employment or attending college. It also included one woman who was attending local schools with her prison offender manager to educate children about the impact of imprisonment.

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.

- 6.16 Multidisciplinary release board meetings helped women to confirm their resettlement plans and monthly events involving a wide range of partnerships provided women with information on issues such as housing or employment.
- 6.17 When possible, women had a face-to-face handover meeting with their POM and COM, to confirm the final release arrangements and ensure licence conditions were explained and understood.
- 6.18 Despite efforts by resettlement staff and others, over the last 12 months 75% of women did not have sustainable housing on release, 12% of whom had been released completely homeless.
- 6.19 Women could get help to sort out their finances and benefits, including opening bank accounts and obtaining identification. A Department for Work and Pensions (DWP) worker was based in reception to activate the women's benefit claims when they were released.
- 6.20 The departure lounge was no longer running, which left a gap in practical resettlement help on the day of release. However, it was good to see that, when necessary, a member of the OMU travelled with a released woman to help her get to her destination.

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 good against this healthy prison test.

Key recommendations

The delivery of each of the key priorities for the prison should be supported by comprehensive strategies and detailed action plans that set out the vision for success, how this would be achieved and by when.

Achieved

All risk factors should be considered when deciding to open assessment, care in custody and teamwork (ACCT) case management on a woman, particularly those new to custody. Care maps should be regularly updated to reflect current risks and needs

Achieved

Acutely mentally unwell women should not be sent to prison as a place of safety.

Not achieved

Recommendations

Women should always travel in separate escort vehicles to men.

Not achieved

The prison should explore and address women's perceptions of verbal abuse by staff.

Achieved

Women should be able to access Listeners promptly 24 hours a day.

Achieved

Learning from investigations of attempts by women to take their own lives should be disseminated to staff and inform the prison's action plan to reduce suicide and self-harm.

Achieved

Segregated women should have a reintegration plan that addresses their individual needs and sets realistic goals for returning to live among the general population.

Achieved

The recording of planned use of force incidents should evidence that pre- and post-incident briefings took place and that a member of health care staff was present throughout, and incidents should only use approved control and restraint techniques.

Partially achieved

Given that the use of body scanners is not allowed in women's prisons, the women's prisons estate should develop alternative and effective ways of managing women suspected of secreting drugs and other illicit items.

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 good against this healthy prison test.

Key recommendation

Primary care and inpatient facilities should not be co-located.

Not achieved

Recommendations

Leaders should investigate whether women are prevented from making a complaint and take action to make sure the complaints process is accessible to all.

Achieved

All women should be able to receive parcels through the post.

Achieved

Cells designed to hold one woman should not be used to accommodate two.

Achieved

Health care treatment rooms should be kept clean and there should be effective measures to minimise the risk of infection.

Not achieved

Patients being hospitalised under the Mental Health Act should be transferred within current Department of Health transfer guidelines.

Not achieved

Medicines administration should adhere to best practice standards that maintain patient safety and confidentiality.

Achieved

Medicines should be stored under conditions that maintain their stability and quality.

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 not sufficiently good against this healthy prison test.

Key recommendation

Women should have more time out of cell through better access to peer support and opportunities for recreational and social activities that enable them to use their time constructively and creatively.

Achieved

Recommendations

There should be a suitable outdoor area for PE activities and team sports.

Achieved

Leaders and managers should increase the number of hours of face-to-face teaching that women receive as soon as it is safe to do so.

Achieved

Leaders and managers need to make sure that there is adequate staffing so that all current activity places in workshops and work parties can be allocated to women in full.

Achieved

Leaders and managers should devise an effective system for collecting information on the destinations of women on release, so they can evaluate the effectiveness of the education, skills and work they offer.

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 recommendation

All women should be able to complete the offending behaviour work needed before their release.

Not achieved

Recommendations

Women who have been victims of modern slavery and human trafficking should be identified and receive specialist support.

Achieved

Eligible women should be able to access release on temporary licence (ROTL) to support resettlement planning.

Achieved

Women should be able to access a full range of support and advice about finance, benefit and debt.

Achieved

All women should be involved in an annual review of their OASys assessment and sentence plan to make sure it reflects their current individual risk and needs.

Achieved

Women on indeterminate and long sentences should be consulted about the support they require and provision for them should be enhanced.

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/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:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Jessie Wilson	Inspector
David Owens	Inspector
Chelsey Pattinson	Inspector
Yvette Howson	Inspector
Rebecca Stanbury	Inspector
Alicia Grassom	Researcher
Samantha Moses	Researcher
Emma Crook	Researcher
Sana Zahid	Researcher
Shaun Thomson	Healthcare Inspector
Paul Tarbuck	Healthcare Inspector
Helen Jackson	General Pharmaceutical Council
Janie Buchanan	Care Quality Commission inspector
Jonny Wright	Ofsted inspector
Mary Devane	Ofsted inspector
Helen Whelan	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of women that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

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.

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Special purpose licence ROTL

Special purpose licence allows women to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time women are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

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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