



Report on an unannounced inspection of

HMP & YOI Eastwood Park

by HM Chief Inspector of Prisons

17 June – 3 July 2025



Contents

Introduction.....	3
What needs to improve at HMP & YOI Eastwood Park.....	5
About HMP & YOI Eastwood Park	7
Section 1 Summary of key findings.....	9
Section 2 Leadership	11
Section 3 Safety	13
Section 4 Respect.....	19
Section 5 Purposeful activity.....	31
Section 6 Preparation for release	37
Section 7 Progress on recommendations from the last full inspection report	42
Appendix I About our inspections and reports	45
Appendix II Glossary	48
Appendix IV Further resources	51

Introduction

Eastwood Park held 360 women from a wide catchment area across England and South Wales. The governor had successfully argued for the regrading of this South Gloucestershire jail as a 'complex prison'; a decision that will, I hope, mean the establishment loses fewer managers to better paid jobs elsewhere.

Determined leadership from the governor and her senior team had led to the improvements in safety, but all other judgements remained the same, at reasonably good for respect and preparation for release and not sufficiently good for purposeful activity.

Levels of self-harm, violence and use of force were still some of the highest in the women's estate. The rate of assaults against staff were the highest of all women's prisons and often occurred during restraints when staff used force to prevent self-harm. However, there were now much better standards of care than we found at our 2022 inspection or at our recent thematic visit. Leaders had worked hard to reduce the over-reliance on the use of anti-ligature clothing and to develop a much more considered and bespoke response to women who harmed themselves. Additional training helped officers to better understand the way mental health difficulties and substance misuse can impact the behaviour of the women in their care.

Leaders had also worked hard to improve the recruitment and retention of staff, and to enhance the capability of frontline officers. There was now a greater focus on staff well-being, with those working on the Cherry Blossom unit receiving clinical supervision, and many officers spoke positively about the governor's leadership and visibility around the jail.

The frequent curtailment of the regime, caused by the unlocking of women who had been segregated on the wing, was a common frustration and meant those who were unemployed could be locked up to 22 hours a day, particularly at weekends. The applications system, which lacked proper oversight, was another source of frustration for women and meant they were often unable to get basic requests dealt with. To add to this, the use of release on temporary licence had reduced and there was little to incentivise women living on the main wings to improve their behaviour.

Ofsted found that there were not enough activity spaces to keep women occupied in a full-time basis and a significant minority did not access a curriculum that provided them with the necessary vocational opportunities to maximise their time at the prison and to benefit their resettlement prospects.

The support for women in their first days in custody was much improved. Those who had not been to prison before were supported by the Hope programme, and the many who were withdrawing from drugs or alcohol were housed on a specialist unit that benefitted from 24-hour medical supervision. Elsewhere in the jail, there was a good range of interventions to help those with addiction problems.

When we inspected in 2022, we were particularly concerned by the appalling standards we found on house block 4. That unit, renamed as Cherry Blossom, was much improved. We were, however, concerned to find that there had been a reduction in mental health services and other support going to these particularly vulnerable women, compared to what we had seen at our progress review in 2023. Women who should have been in secure hospitals because of their severe mental health conditions were continuing to stay at the prison for much too long.

Despite the many positives at the jail, it was disappointing to see that for the many women on remand, or recalled to custody, often for very short periods of time, the offer was very limited. Many of these women were returning to the community with nowhere stable to live or in many cases, homeless. It was also disappointing that for the around a third of women at the jail who came from Wales, NHS Wales was putting these women at a disadvantage because of difficulties sharing information or accessing their health care records.

Overall, the governor and her team should be congratulated for their work in improving Eastwood Park. The governor had a realistic understanding of the many challenges faced by the prison, and, if she remains in post, I am optimistic that she will build upon the achievements we highlight in this report.

Charlie Taylor

HM Chief Inspector of Prisons

August 2025

What needs to improve at HMP & YOI Eastwood Park

During this inspection we identified 11 concerns, of which five 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. **Too many very mentally 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 rate of self-harm was extremely high with a very small number of women self-harming repeatedly.** Staff often used force to prevent self-harm and many of the assaults on staff occurred during the restraint.
3. **Prisoners were unnecessarily locked in their cells while segregated women on that house unit were unlocked individually to take exercise and have a shower.** This resulted in significantly less time out of cell for many women which was a source of considerable frustration.
4. **There was not enough resettlement support for remanded and recalled women.**
5. **There were not enough activity spaces to keep women occupied on a full-time basis and enhance their chances of successful resettlement.**

Key concerns

6. **There was too little to promote positive behaviour, encourage engagement and a lack of rewards for those that did behave well.**
7. **The application system was poor.** Some women did not get a reply to their request and if they did it often took too long.
8. **Support for older women and prisoners with disabilities was limited.**
9. **A lack of direct access to medical records for women from Wales meant that the delivery of health care was delayed.**
10. **A significant minority of women did not access a curriculum with the necessary vocational opportunities to maximise their time at the prison and to benefit their resettlement prospects.**

11. **Prison staff did not identify or provide any formal record of the useful knowledge, skills and behaviours that women were developing through their participation in purposeful activity, other than in education.** As a result, women did not have a clear grasp of the skills they had gained or a formal summary of their skills that they could share with prospective employers.

About HMP & YOI Eastwood Park

Task of the prison/establishment

A women's resettlement prison

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

Women held at the time of inspection: 360

Baseline certified normal capacity: 403

In-use certified normal capacity: 415

Operational capacity: 415

Population of the prison

- 1,493 new arrivals in the last 12 months and about 800 of those had a history of self-harm.
- In the last year, over 300 women had been recalled to custody for just 14 days.
- About 80 women had been released each month over the last year.
- 33% of the population were from Wales.
- 59% were on remand or serving sentences under two years.
- 16 women had been transferred to a mental health hospital in the last year.
- At the time of this inspection, 53% of women were receiving help for drug and alcohol problems.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Substance use treatment provider: Avon and Wiltshire Practice and Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: Weston College

Escort contractor: Serco

Prison group/Department

Women's Estate

Prison Group Director

Carlene Dixon

Brief history

Eastwood Park in Gloucestershire opened as a women's prison in March 1996. The prison opened a mother and baby unit in 2004 and the Nexus unit in 2015 for women with personality disorders. The Kinnon unit, a substance misuse unit, was established in 2009.

Short description of residential units

Residential 1 – incentivised substance-free living unit (ISFL; see Glossary)

Residential 2, 3, 5, 6 – general population

Residential 4 – Cherry Blossom unit for women with complex mental health needs
Residential 7 – semi-open unit
Residential 8 – induction and detoxification unit
Residential 9 – mother and baby unit
Residential 10 – Nexus unit for women with personality disorders

Governor and date in post

Zoe Short, January 2022

Independent Monitoring Board chair

Gill Pyatt

Date of last inspection

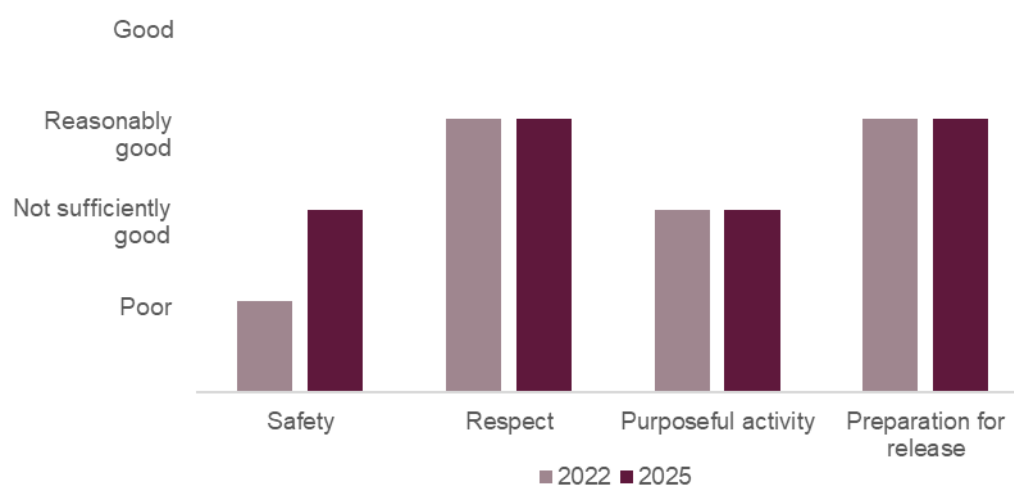
17–28 October 2022

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 Eastwood Park, we found that outcomes for women were:
- not sufficiently good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected Eastwood Park in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Eastwood Park healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2022 we raised 14 concerns, six of which were priority concerns.
- 1.5 At this inspection we found that only two of our concerns had been addressed. Eight had been partially addressed and four had not been addressed. For a full list of progress against the concerns, 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 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) | A peer led group was held every other weekend to support women who were in prison for the first time. This helped them adjust to being in prison and provided valuable support and advice. | See paragraph 3.3 |
| b) | Prison Advice and Care Trust (PACT; see Glossary) had arranged an all-day event for school staff to visit the prison to learn more about prison life and tour the site. This also helped to encourage women to be involved in their child's education. | See paragraph 4.4 |
| c) | The strategic housing specialist offered regular visits to the prison by magistrates to help them understand the impact of short custodial sentences and promote alternatives. | See paragraph 6.21 |
| d) | Proactive support for women being released who had drug and alcohol addiction was providing an enhanced safety net during the high-risk period following release. | See paragraph 4.59 |
| e) | Pregnant women had access to a specialist midwife every day. They also had a named obstetrician at the local hospital who they could contact by telephone. Midwifery support continued up to six weeks after giving birth, but midwives often helped new mothers beyond this time. | See paragraph 4.35 |

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Continuity of senior leadership had been good, and the capable governor had worked hard to achieve improvements. Many staff we spoke to were positive about her proactive leadership style. Concerns from our last inspection and a recent thematic report had been taken seriously.
- 2.3 The governor had enabled her senior team to attend monthly workshops with external speakers to understand how good leadership can help improve outcomes. Her team recognised the important role they all played in improving outcomes, particularly in relation to safety.
- 2.4 Attendance at purposeful activities had been a clear priority, and there was a developing sense of a community ethos during activity sessions where women appreciated feeling part of a family and the benefits this gave them.
- 2.5 Women's Estate Psychology Services (WEPS) was an integral part of the leadership team. Their use of local psychology resources had been prioritised to speed up the roll out of Behind the Behaviour training, and there was a good focus on helping officers to understand mental health and substance misuse.
- 2.6 The governor had begun to shift the culture among staff, which had included the move away from the use of anti-rip clothing (see Glossary). A good range of tools had been developed to help women cope, but leaders had yet to address some remaining frustrations, such as the poor applications system and curtailments to the regime caused by the management of segregated women.
- 2.7 The prioritising of resources had made it possible to introduce the enhanced support service and the governor was jointly funding an exploration of services for women on remand with the aim of strengthening this provision.
- 2.8 The governor had pushed through a business case setting out the need for a review to acknowledge the complex needs of prisoners in her care. As a result, the senior leadership team was to be strengthened with several posts being assigned to a higher grade. Another review

concluded that the prison needed more officers, but the timescale for implementation of this was unclear.

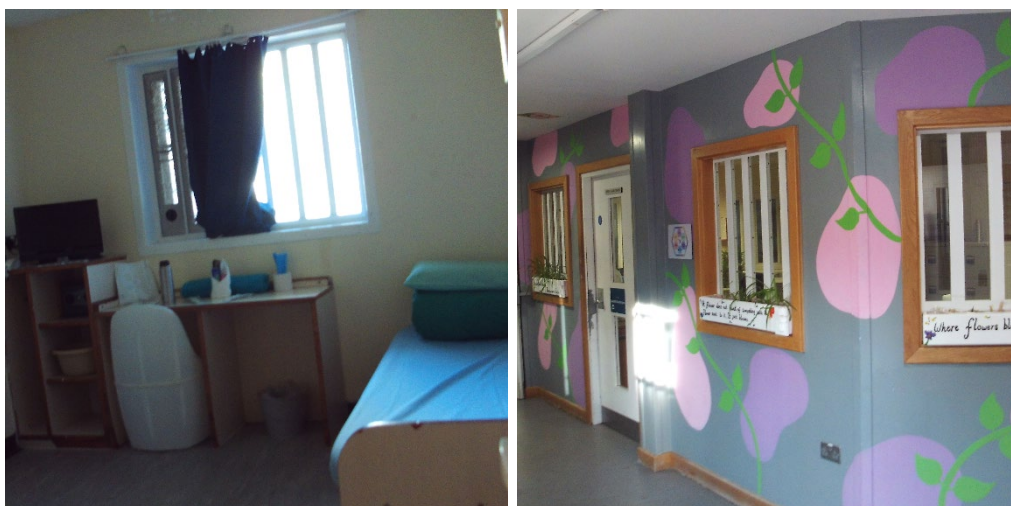
Section 3 Safety

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 In our survey, almost all (94%) of women said they were treated well in reception which was better than at our last inspection and other similar prisons. Reception staff were friendly and approachable and peer workers ensured women received everything they needed. The peer workers also lived on the induction and detoxification unit which meant they could continue to provide support to new arrivals.
- 3.2 Safety interviews had a good focus on identifying risks, but they were not always undertaken in private. First night cells were clean, well-equipped and included information about support services, such as the Samaritans. Checks on new women took place every hour, which was appropriate. Almost all women had attended an induction session and were assessed by the dedicated early days team, and those who had experienced trauma were offered additional support.



Prepared first night cell (left) and induction unit

- 3.3 The introduction of the HOPE programme (see Glossary) was excellent, and the use of individualised support plans was developing well. A peer led group was held every other weekend to provide further information and advice to women who were in prison for the first time,

which was a good addition to the range of support (see paragraph 3.11).

Promoting positive relationships and support within the prison

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

Safe and healthy relationships

- 3.4 Staff prisoner relationships had become a real strength and women we spoke to were very positive about the care they received. There was a good level of mutual respect between staff and many prisoners. Peer workers fulfilled a range of supportive roles, but not all received adequate support and supervision.
- 3.5 Staff and leaders knew their population well and were aware of the impact that life experiences could have on individuals' behaviour. Officers we met were supportive, compassionate and patient while helping women who often had very complex emotional and mental health needs. However, few officers received regular supervision and support sessions to help them maintain and develop their own well-being and resilience.
- 3.6 In our survey, 73% of prisoners said they had a named key worker (see Glossary), and most new arrivals received a session during their early days. Leaders had prioritised women on remand and those with complex needs for ongoing support. Although the number of key worker sessions had increased in recent months, the rate of delivery remained too low.

Reducing self-harm and preventing suicide

- 3.7 Leaders told us that they were concerned that some very unwell women had been sent to prison due to the lack of places in secure mental health hospitals in the community. Many of these women were so unwell that they had to be located on residential unit four, now known as the Cherry Blossom Unit (see paragraph 4.47).
- 3.8 Conditions on residential unit 4, now known as the Cherry Blossom unit, had improved despite it being difficult to maintain these standards given the throughput of women. However, we were concerned that access to therapeutic care, including enrichment activities, had declined significantly since our review visit.



Cherry blossom unit (CBU) cell (left) and bathroom

- 3.9 There had been no deaths classified as self-inflicted by the Prisons and Probation Ombudsman since the last inspection, and the rate of self-harm had reduced over the last year, but it was more than double that at our last inspection and had been the highest of all the women's prisons.
- 3.10 The frequency of self-harm undertaken by a small number of women was alarming. In the last three months, 15 women had undertaken 90% of all incidents with one woman self-harming on average 20 times a week.
- 3.11 There had been some good, targeted efforts by leaders to reduce the rate of self-harm. This included more time out of cell; an improved level of care and compassion shown by officers; and the allocation of women to purposeful activity despite their vulnerabilities. However, frustrations over struggles to get some basic things done undermined coping skills for some, and care plans for those supported by the assessment, care in custody and teamwork process (ACCT) were not comprehensive.
- 3.12 Constant supervision was used appropriately but was often undertaken on the induction and detoxification unit, which was loud and busy. Women under constant supervision did not always have access to purposeful activity or the opportunity to socialise with others. At the time of inspection, there were too few Listeners (see Glossary), so this support was not available at night.
- 3.13 It was positive that leaders used data to identify and address the underlying causes of self-harm among first-time and non-prolific self-harmers. However, monitoring of progress against recommendations made by the Prisons and Probation Ombudsman (see Glossary) following previous deaths at the prison was not fully effective as it did not review all actions to make sure improvements were still being delivered.

Protecting women, including those at risk of abuse or neglect

- 3.14 Links with the local safeguarding adults board were good, and leaders had made referrals for women approaching release to ensure they received suitable support.
- 3.15 Officers we spoke to were aware of the wide range of indicators of vulnerability and were confident in referring concerns to a senior manager. The weekly safety interventions meeting (see Glossary) served as an effective multi-disciplinary forum at which to raise 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

- 3.16 Overall, there was too little to promote positive behaviour or encourage engagement, and a lack of rewards for those who did behave well. It was particularly disappointing that use of ROTL (see Glossary) had declined as this would have been an excellent motivator and reward for good behaviour.
- 3.17 In our survey, 21% of prisoners said they currently felt unsafe, which was similar to our last inspection and other prisons. Recorded rates of violence had increased by 74% since the last inspection and were very high when compared to similar prisons, but very few incidents were serious. The rate of assaults on staff was the highest in the female estate but around half took place during the use of force, often when the prisoner was experiencing a mental health crisis.
- 3.18 Leaders had taken some steps to reduce violence including a reasonable range of interventions such as mediation and the newly introduced enhanced support service (see paragraph 6.14).
- 3.19 All violent incidents were investigated promptly but plans for perpetrators were not individualised and did not always include the interventions that were available. Support for victims was limited, but peer workers visited women after an incident to check on their welfare.

Adjudications

- 3.20 The number of adjudications was high, but just over a quarter of charges had been dismissed or not proceeded with over the last year, often due to procedural errors.
- 3.21 Not all hearings took individual circumstances into account. For example, body-worn camera footage, which may have provided an

insight into the circumstances which led up to the alleged assault during a use of force, was rarely viewed to inform decision making.

Segregation

- 3.22 Women continued to be segregated on the residential units and the number over the last year had been high. Some of these continued to attend purposeful activity, which was positive. However, around half of all segregated women had been on an open ACCT and defensible decisions were not always recorded daily.
- 3.23 The practice of locking women in their cells while those who were segregated were unlocked one by one persisted. This continued to cause considerable frustrations as it significantly reduced the time out of cell for other women living on that unit.

Use of force

- 3.24 The number of times force had been used had increased significantly since the last inspection and was the highest of all women's prisons. Its use was often linked to the need to safeguard the woman from her self-harm which meant that some women had force used against them multiple times, for example, one had been involved in over 22% of all incidents.
- 3.25 The forced use of anti-rip clothing had stopped, which was an impressive cultural change. Body-worn camera footage we reviewed showed some good examples of staff de-escalating situations rather than using force.
- 3.26 A use of force coordinator had been recruited and had already had some success in increasing the use of body-worn cameras. Weekly scrutiny meetings were effective at identifying poor practice.

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.

- 3.27 The rate of random positive drug tests was low at 7%. Suspicion testing had resulted in a 37% positive rate over the last three months, demonstrating a focused and successful approach.
- 3.28 Intelligence reports were processed efficiently. The completion of intelligence-led cell searches had improved in recent months and around 65% resulted in finds of illicit items.
- 3.29 Security arrangements were proportionate and sensible. Peer workers could now move around the prison to complete their work. Personal mail sent in, such as birthday cards or hand-drawn pictures from children, were given to the prisoner after being tested for drugs. Strip

searching rarely took place, and the decision not to apply restraints to pregnant women while at hospital was a significant improvement.

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 The range of support to help women maintain or develop links with their children, families or loved ones had improved and was now reasonably good. Social visits' capacity had increased, as had the use of video calling and Storybook Mums.
- 4.2 There was a wide range of different types of family days available, and the prison had recently introduced 'quiet visits' for children who found the experience overwhelming. Visit sessions on the mother and baby unit (MBU) were excellent and allowed women who lived on other units to use this space with their children. Women who did not receive visits could now access a monthly coffee and craft session.
- 4.3 Prison Advice and Care Trust (PACT) offered a good range of services including the Visiting Mum scheme which supported families of women from Wales to travel to the prison for visits. There was also a full-time social worker who helped women navigate family contact, and a resettlement project which supported women before and after release.
- 4.4 It was good to see creative approaches, including engagement work with schools, developing well. PACT was supporting 12 women to attend parents' evenings using video technology and had also arranged an all-day event for school staff to visit the prison to learn more about prison life. This also helped to encourage women to be involved in their child's education.
- 4.5 The two pregnancy, mother and baby liaison officers (see paragraph 4.75) saw all women on arrival and provided good help to pregnant women and those who had recently had a baby or experienced loss. They worked well with the midwifery team and provided advocacy, practical and emotional help as well as escorts for hospital appointments.
- 4.6 There were some areas for improvement. For example, the social visits hall was small, and the outdoor space was not being used. It was also

disappointing that release on temporary licence (ROTL; see Glossary) for family ties was hardly used at all (see paragraph 6.8).

- 4.7 The MBU was clean, comfortable and stimulating, with sufficient outside space for babies to play.



MBU room (left) and outside area

- 4.8 Nursery staff provided guidance and supported women well, including taking babies out of the prison to experience time in the community. The nurturing programme, delivered to new mums or those who were pregnant alongside antenatal classes, was excellent.
- 4.9 However, delayed assessments by community-based social workers to judge suitability to live on the MBU prolonged the separation of mothers from their babies. It was disappointing that the overnight accommodation on the MBU, which allowed young children to stay with their mums, had not been used at all in the last year.

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

- 4.10 The prison council met monthly, but there was not a broad enough representation of women from all residential units. In our survey, only 53% said they were consulted on things like food, health care, canteen or wing issues, and of these, only 31% said things changed as a result. Not enough was done to share information about changes agreed and made as a result of consultation.

Applications and complaints

- 4.11 The applications system was paper based, as there were still no electronic kiosks or in-cell technology, and it was not working well. There was no way of tracking individual applications once they had been submitted. Prisoners told us they often waited longer than seven days to receive a response and some said they did not get a response.
- 4.12 There had been a 50% decrease in the number of complaints since the last inspection with considerable improvements made to the process. Responses were generally timely, comprehensive and compassionate. Robust quality assurance was in place and leaders were monitoring trends and addressing issues when identified.

Legal rights

- 4.13 In our survey, only a third of women said they could communicate easily with their solicitor, which was considerably lower than similar prisons. There was a high level of demand for video visits, but current facilities were insufficient to meet need. Women could wait too long to access video calls, but in-person legal visits were available without the same delay.

Living conditions

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

- 4.14 Attractive murals on fences and internal corridors brightened up the environment, and gardens were pleasant and well maintained.
- 4.15 Improving decency had been a priority for leaders; cells were regularly cleaned and painted and graffiti removed. All had in-cell toilets, some had showers, and they were generally fully furnished.



Cell

- 4.16 However, some privacy screens were missing, and none of the safes we checked had a working lock. Association areas on some units were poorly furnished.



Outside mural (left) and pleasant outside areas

- 4.17 Access to personal provisions had improved, with decency boxes available on each wing providing sanitary products and toilet rolls.

However, women on some units complained that these items often ran out. At the time of this inspection women could not get a haircut, and it was difficult for them to access their stored property.



On-wing decency box

- 4.18 The timeliness of responses to cell call bells (see Glossary) was not monitored, and only 28% of women in our survey said it was answered within five minutes. This was concerning given the high rate of self-harm.
- 4.19 In our survey, only a quarter of women said they got enough to eat at mealtimes, and the current menu was more limited than before. Residential units 1 and 7 had self-catering facilities, but there was little basic equipment on others.
- 4.20 In our survey, 68% of women said that they could buy what they needed from the canteen, which was higher than similar prisons and at our last inspection. Opportunities to order clothing or other personal items from catalogues were far too limited.

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.

- 4.21 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 no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.22 Health and prison partners worked well together to provide good oversight. Despite no recent health needs assessment, partners had recognised some of the key gaps and commissioned additional services. We were impressed by the new midwifery offer.
- 4.23 Leaders understood the needs of the population and provided services for women that were focused on addressing the health inequalities. Significant delays in care were being caused by the lack of access to health records for Welsh patients, and the complications created by the transfer of health registration to and from Wales and England.
- 4.24 Governance and oversight meetings were in place and well attended. Risks were relevant and plans were in place to mitigate and resolve these. Audits, complaints, incidents and safeguarding were managed in line with expectations.
- 4.25 Health records were of a good quality in most areas, but risk assessments were not always reviewed quickly enough for mental health patients when circumstances changed.
- 4.26 Waiting times we reviewed looked reasonable but some, including those for the dentist and some mental health therapies, were too long.
- 4.27 Staff were trained, but opportunities for reflective practice and supervision were not as frequent as expected even though this had already been identified as an area of improvement.
- 4.28 Emergency responses were good, and all bags were well equipped and available. However, not all prison officers were able to identify their location when asked.

Health promotion, sexual and reproductive health (including mother and baby units)

- 4.29 All women were screened on arrival for pregnancy and follow up was arranged for those who it was too early to test. Women who required

emergency contraception or who disclosed female genital mutilation or sexual assault were referred onwards for help.

- 4.30 Sexual health screening was in place for all women, and additional support and guidance was available for sex workers. Staff were skilled in identifying women who may have been coerced or trafficked.
- 4.31 It was good that discussions were happening to enable intimate examinations to take place at the prison; this reduced the number of women having to attend hospital under prison escort.
- 4.32 Cervical, breast and blood-borne virus screening were in place, but uptake had been poor, so follow-ups and increased education were being offered to improve this. Pregnant women were screened for thalassemia and sickle cell.
- 4.33 Contraception was available, and those experiencing the menopause were supported by the GP. Additional health information was available through the NHS.
- 4.34 Midwifery and obstetric services had improved significantly. All pregnancies were classified and managed as high risk. A specialist midwife was available every day until 6pm. After that time women could request a call to the labour ward, however, they could not access this independently.
- 4.35 A dedicated obstetrician was now available 10 hours a week. Birth companions also provided services in the prison, and a full-time maternity support worker was part of the team. All pregnant women and those who had given birth were located on specific wings. Midwives saw all pregnant women every day and checked for any risk signs. Midwifery support continued up to six weeks after giving birth, but midwives often helped new mothers beyond this.
- 4.36 Antenatal classes and a nurturing education programme further supported new and expectant mothers, and the midwife often undertook unexpected labour scenario training on the MBU. Midwives and mental health perinatal nurses met each week to discuss complex cases and ensure women were getting support.
- 4.37 Memory boxes were available for women who had either lost a baby or been separated from them.

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

- 4.38 A well-led primary care service was accessible at any time with a good skill mix of clinicians, including a GP, and allied health professionals, such as a physiotherapist, podiatrist and an optician.
- 4.39 Patients were screened on arrival by registered nurses, with onward referrals being made promptly if required; late arrivals were picked up the following morning. The number of late or declined secondary screening appointments had reduced.

- 4.40 In our survey, 59% said the quality of the GP was good, which was significantly better than similar prisons, and the longest wait to see a GP was approximately two weeks or less. The service monitored non-attendance rates, and appropriate actions were taken when necessary.
- 4.41 Patients with long-term conditions were identified on arrival and received good care. Records demonstrated patients received regular check-ups, and their care plans were personalised, detailed and reviewed.
- 4.42 We found good oversight and day-to-day management of external hospital appointments. There were a high number of appointments cancelled by the hospital, but these were rebooked promptly.

Mental health

- 4.43 An effective mental health service provided an appropriate range of interventions including therapies. Vacancies in the team meant that leaders were working clinically, which impacted their managerial duties.
- 4.44 New patients arriving at the prison were promptly assessed. All referrals were clinically triaged and met the national guidelines, with urgent patients being seen within two days. The service was available every day, which provided a good response to women in crisis as well as ongoing care. The longest waiting time for a routine appointment was six days, which was good.
- 4.45 Women who needed support could access well-being groups; a rolling programme which addressed issues such as anxiety or low mood. Women waiting to join a group received weekly welfare checks to address any concerns, and those due for release were prioritised.
- 4.46 There were 40 patients with serious and enduring mental health needs who were managed appropriately and received an annual physical health review. Care plans were in place but not always updated to reflect a change in patient circumstances.
- 4.47 Women with highly complex mental health conditions received specialist therapeutic care from skilled clinicians. Sixteen women had been transferred to hospital under the mental health act in the last 12 months. Many waited too long to receive specialist care or to be transferred.
- 4.48 Two nurses with prescribing qualifications worked closely with the GP and consultant psychiatrist to review patients and their medications in a timely manner.
- 4.49 Patients due for release were involved in the planning phase and, where possible, had meetings with the community staff, which was positive.
- 4.50 Women who had highly complex needs could live on the Nexus unit which offered a structured psychologically informed therapeutic regime.

They were supported through a multi-agency approach, which included officers who had received additional training.

- 4.51 Provision on the Cherry Blossom unit had declined with too little therapeutic care or activities available, which was disappointing. Patients had named nurses and were reviewed at least weekly by the consultant psychiatrist.

Social care

- 4.52 There was no current agreement between the prison and the local authority, and the governance and oversight of the provision was poor. The prison did not keep a comprehensive log of referrals, wait times for assessment, or what the outcomes were. The prison relied on the local authority for information, but this was ineffective.
- 4.53 Figures received verbally by the local authority during the inspection indicated a referral rate of 140 a year, but outcomes for these referrals was not available to inspectors or the prison. This was concerning as we found women struggling with their day-to-day tasks who had not been assessed.
- 4.54 Two women were in receipt of well delivered personal care. We also found other prisoners providing support for their peers. These workers were selected for their job and there was good oversight of them.
- 4.55 Electronic care plans were in place which were accessible by the visiting care support workers, but information sharing with health providers was not routine which was not best practice.

Substance misuse and dependency

- 4.56 At Eastwood Park, 53% of the women were receiving support from the substance misuse team. New arrivals were drug screened, and those in withdrawal were monitored on the induction wing.
- 4.57 Prescribing was in line with the national best practice guidance and, positively, at the time of our inspection approximately 30 patients were being Buvidal (an opiate substitution treatment which is injected). The women we spoke to who had recently started on this treatment reported feeling both physical and mental health improvements.
- 4.58 One-to-one psychosocial interventions were offered, but no courses had been delivered for some time due to staffing vacancies. However, this was due to start again soon. The drug recovery wing patients could access a structured intervention based on the 12-step programme of recovery. Patients were required to comply with voluntary drug testing to be accepted onto the programme. The service worked closely with operational staff, prison offender managers and community offender managers to ensure patients were fully supported, and any risks and progress was shared.
- 4.59 The through the gate and in-reach services prior to release were very good and provided women with enhanced support during this high-risk

time. Multiple services engaged with the women prior to and on release. These agencies met the women in person and started building relationships and an understanding of how these services could assist them on release ensuring an effective continuity of care.

Medicines and pharmacy services

- 4.60 Pharmacy services had improved since our last inspection. A part-time pharmacist provided oversight through medicines management meetings for safer prescribing and attended multi-agency complex case reviews. Although oversight was in place not all actions were followed through, such as stock management and high room temperature discrepancies.
- 4.61 An external pharmacy dispensed appropriately labelled patient medicines; however, they were supplied in clear plastic bags, which was not good practice, and often lacked information leaflets. The contracted dispensary provider was due to change in August, and these issues would be addressed.
- 4.62 Patients were risk assessed for holding their own medicines, and pharmacy technicians routinely completed medicines reconciliation. In our survey, 74% of patients told us it was difficult to get medicines prescribed on arrival, which was due to the lack of connectivity to the Welsh health records.
- 4.63 Medicines were administered three times a day by pharmacy technicians and nurses from the wings. There was good supervision of the queues, but the corridors were noisy which sometimes made interactions with patients difficult. Photographic identification was routinely requested from patients, and staff took appropriate action for those who had received their medicines.
- 4.64 The temperature of rooms storing medicines was not always within range, which carried risks. Fridge medicines were stored appropriately with daily temperature checks recorded. Some medicines were not being stored in locked cabinets, but the installation of new cabinets was part of an improvement plan.
- 4.65 There was some provision for the supply of medicines without the need to see a doctor. But there was no ability for patients to buy self-care remedies from the prison shop. Medicines could be accessed out of hours but there was no audit process to record what stock was currently held. There was appropriate provision of medicines for patients being transferred or released and when required medicines could be collected from a community pharmacy of the patient's choice.
- 4.66 Controlled drug checks were carried out daily, which had identified recent errors. These were recorded on the incident reporting platform and the external audit office was informed when needed.

Dental and oral health

- 4.67 A full range of treatment was available but waiting times had increased due to an inadequate number of sessions. Current waiting lists were long, with 88 people waiting for an initial assessment, and in our survey 78% said it was difficult, or very difficult to see the dentist. However, once they had been seen prisoners told us that their treatment was generally good.
- 4.68 Emergencies were seen at the next available appointment, but this could be five days, which was too long. We found patients on the routine waiting list who had reported dental pain.
- 4.69 The quality of records was good and duplicated into electronic clinical records from Dentally (dental practice software) and we found assurance logs were all in order.
- 4.70 Oral health promotion information was intermittently circulated on the units, and personal oral health was offered during consultation.

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.

- 4.71 Good relationships and a positive culture between staff and prisoners contributed to fair treatment. A good emphasis on enabling women to support and advocate for each other also helped to promote inclusivity.
- 4.72 However, some prisoners with physical disabilities had broken or unsuitable mobility aids, and one woman was living in an unsanitary cell and was not receiving the support she needed.
- 4.73 Translation services for non-English speaking women were available, but leaders were not sure if they were used when needed.
- 4.74 Key documents were accessible in Welsh, which was appropriate given just over a third of women were from Wales. A recent resettlement event specifically for Welsh prisoners had taken place with 50 women participating.
- 4.75 Care for pregnant women was good, and transgender prisoners said they felt respected. Work to support younger women was developing, and there were now dedicated peer workers and a young person's hub was being developed. Established and consistent support was being provided for neurodivergent prisoners through health care services.

- 4.76 Retired prisoners were unlocked during the core working day, but the dedicated weekly session for older prisoners to meet and engage in tailored activities, such as arts and crafts, had ended. Women we spoke to were disappointed at the loss of this provision.
- 4.77 Consultation with protected groups did not take place consistently and some meetings were poorly attended. Discrimination incident report forms were available on the residential units, but some women lacked confidence in the process as responses did not always address the concerns raised. Quality assurance meetings were working to address these shortcomings.

Faith and religion

- 4.78 Chaplains met all new arrivals face-to-face the day after their induction session and also visited segregated women. The team delivered a Making Connections mentoring scheme, which offered up to six months of volunteer-led support for women leaving custody. The scheme included a range of activities such as parenting classes, cooking sessions, and informal gatherings such as 'coffee and chat.'
- 4.79 In our survey, 88% of women said they were able to attend religious services if they wanted to. The chapel and additional rooms were welcoming; faith-based classes, such as Bible and Qur'an groups, were popular; and the pagan service was well attended.

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 living on the enhanced residential units 1 and 7 and the mother and baby unit were not locked in their cells at any time. The advertised day-to-day regime for the rest of the population had improved and included a minimum of between five and six hours out of cell in the week, with some social and recreational activities in the afternoon, as well as evening association. However, in practice, the regime was often curtailed. The main reason for the reduced time out of cell was the management of segregated women on the units, which meant all others were locked in cell while these women came out individually for an hour each. Weekends were particularly badly affected, and staff told us how this practice had often left the rest of the population with just an hour or so out of cell.
- 5.2 Attendance at work, training and education had been prioritised, and about 80% of the population was allocated to purposeful activity. In our roll checks, we found 40% of women were in workshops and classrooms, while some others worked on the units.
- 5.3 We found that 23% were locked in their cells during our roll checks but many of these were only locked up due to a segregated woman being out at that time (see paragraph 3.24).
- 5.4 The library was a welcoming space, and we spoke to women in crisis who relied heavily on their visits, although the frequent regime curtailments impacted on the frequency of access. The library was not open in the evenings or at weekends and did not offer clubs or other activities.
- 5.5 In the last year, an average of 47% of the population had used the gym, higher than we often see in women's prisons. Staffing was tight, but there was no longer any routine cross deployment to other duties. PE instructors provided positive support, and the 12-week Fitness for Life programme was especially good. The fitness suite was well equipped, but outdoor space was limited.

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.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Good

Leadership and management: Requires improvement

5.7 Prison leaders in education, skills and work (ESW), had planned and implemented an appropriate curriculum to meet the particular personal development needs of the prison population. Leaders, managers and staff shared the governor's maxim to offer women 'Everyday Learning, Every Day.' Women taking part in ESW activities enhanced their confidence, self-esteem and prospects of successful resettlement. However, for a significant minority of women, who had a longer stay in prison, the educational and resettlement curriculum was not suitable to meet their needs. Women serving longer sentences were well supported to access a variety of higher education and distance learning courses but there were few opportunities for them to achieve accredited vocational qualifications or trade skills.

5.8 Leaders had ensured that work environments and work activity reflected what women might experience on release. For example, women learned how to work safely in the workshops. They understood the importance of wearing the right personal protective equipment and complying with a range of safe working practices, such as lifting heavy

furniture by bending their knees and using their back while checking for obstructions. In nail art, tutors usefully started the course with health and safety in a professional working salon, then moving on to discuss legislation on controlling hazardous substances. This was followed by a discussion of personal hygiene, before going on to cover basic nail techniques. Women used the information they learned to work safely, maintain professionalism and achieve high workplace standards.

- 5.9 Leaders had not ensured that there were sufficient activity places for all women to participate in a full-time regime. Leaders had recently established three new workshops and had significantly increased the classroom spaces for English and mathematics. This had increased overall capacity and eliminated the long waiting lists for English and mathematics identified at the previous inspection. However, only a third of women accessed a part-time regime with just a minority benefiting from a full-time regime of purposeful activity.
- 5.10 Most women with shorter stays could access a suitably broad range of activities which met their needs and aspirations. Leaders also offered accredited courses in nail art and beauty therapy up to level 3 in a well-equipped and popular beauty salon.
- 5.11 Women said they felt safe when attending activities. They reported that the friendships they made during workshop sessions provided them with a sense of belonging to a family. Leaders provided a positive and respectful culture, and calm learning environments in which staff acknowledged the diversity of the prison population. Women behaved well during purposeful activities and were keen to learn.
- 5.12 Almost all women attended the activities allocated to them regularly. Only a small minority refused to participate. Managers ensured that women scheduled to attend legal, medical or other appointments during the core day returned promptly to their timetabled activity session rather than to their cell.
- 5.13 Women regarded the pay rate for attending education fair and not a disincentive to participation. They particularly liked the incentivised pay scheme that managers were trialling. This scheme rewarded women with extra pay for achieving challenging personal, work or educational targets. However, it was too soon to judge the long-term impact of this initiative.
- 5.14 College staff made prompt contact with the many new arrivals for them to attend an induction. Managers made good use of effective assessments to identify and plan support for those with additional learning needs in education. They identified prior learning, starting points and ambitions, and planned learning accordingly. In education, arrangements for supporting women with specific learning difficulties were effective in helping them to progress and achieve as well as their peers. In industries and work managerial oversight, identification of need and support planning was less impactful and, as a result, the support for women with learning needs was not as effective in these areas.

- 5.15 Weston College provided the education and vocational training in the prison. Managers had implemented a purposeful curriculum that responded well to the need to promote women's wellbeing. The popular art course helped women explore their creativity in a relaxed and conducive learning environment, which they valued. Managers ensured that women benefited from enrolling on the most suitable programme. Tutors planned activities well and enabled women to learn, and to develop their knowledge and skills. Women remembered what they had learned and most passed external examination at the first attempt. In functional skills, women developed useful skills to help them read, write, and carry out basic calculations. Pass rates in these subjects were good at all levels, except for the small number of women who sat external tests in mathematics at level 2.
- 5.16 Tutors and instructors seldom gave helpful developmental verbal and written feedback that outlined what women had done correctly and what they needed to do to improve. Functional skills tutors provided feedback that lacked sufficient detail to help women understand how they could improve their work, especially in mathematics.
- 5.17 Tutors and instructors were suitably qualified and experienced. Teachers in education benefited from regular professional development activities to help them consolidate and improve their practice, however instructors did not benefit from regular professional development activities.
- 5.18 Women valued the opportunity to learn new useful skills and to work together with their peers. Most commented very favourably on how effectively workshops helped to foster solidarity and a strong sense of community. Workshop instructors helped women to work safely and develop useful employability skills such as teamwork and taking responsibility. In the light electrical assembly workshop, women correctly measured, cut and crimped electrical cabling.
- 5.19 In the furniture refurbishment workshop women developed valuable skills for employment or for their future independence. Women learnt to sand, prime, varnish and paint furniture and to create individual designs for different types of domestic furniture. Women also developed useful skills in vocational activities of gardening, horticulture, recycling and barista work in the prison's commercially run staff café. As a result, women gained confidence in applying valuable skills that they could use in employment or to lead autonomous lives.
- 5.20 Prisoner peer mentors had received good training in the skills they needed to support others. They provided learning support during classroom and workshop sessions and helped new arrivals to settle into prison life. They were enthusiastic and committed to their role. Tutors made particularly effective use of peer mentors in functional skills sessions to support women struggling in these subjects.
- 5.21 Instructors rarely recognised and recorded employment-related skills that women developed in industries, workshops and in jobs such as wing cleaners. In the light assembly electrical cabling workshop,

instructors recorded progress and skills targets during monthly appraisals. However, in the other workshops and in prison employment, instructors and supervisors mostly focussed on women's welfare, rather than on their development of skills. As a result, women did not have a secure grasp of the skills they had gained or a formal summary of their achievements that they could provide to prospective employers.

- 5.22 Trained careers information, advice and guidance advisers provided useful careers guidance as part of women's induction. The process of allocating women to purposeful activity was fair, efficient and informed well by managers across the prison. The activities team allocated women to a range of well-sequenced vocational pathways based on their aspirations and career aims. Women with complex personal or health difficulties attended an individual meeting with the allocations manager to identify a suitable activity that could be adapted to enable them to work. This often resulted in women with the most challenging personal circumstances benefiting from attending some purposeful activity.
- 5.23 Prison managers offered a range of recreational activities during the day to help women develop confidence and improve their health and wellbeing. Many women attended drumming and music workshops while others learned about the use of beauty products and techniques to enhance their self-esteem. Most women had a basic grasp of British values and their relevance and application to life in custody and upon release. However, leaders and instructors did not sufficiently raise women's awareness of the risks associated with radicalisation and extremism.
- 5.24 The prison governor was a vocal advocate of the establishment-wide reading strategy. Education staff identified women with very low-level reading skills during their induction to education. Staff integrated reading activities as a core aspect of women's wider learning during classroom sessions, in the prison's workshops and on the wings. Tutors provided opportunities during functional skills lessons for women to practice reading and numeracy skills. Several English tutors had trained to use a linguistics phonics reading method to help emergent readers. As a result, many women with little or no reading ability developed sufficient reading skills to progress onto a functional skills course in English.
- 5.25 Prison staff had introduced book clubs and reading-based competitions which encouraged women to read for pleasure. Leaders promoted a national reading charity initiative to 'drop everything and read'. Staff periodically paused activities so that women could spend 10 to 20 minutes reading a book, magazine or newspaper. Trained Shannon Trust peer mentors provided well-attended individual reading sessions for emergent readers, many of whom became avid readers.
- 5.26 Women on distance learning and Open University courses were unable to use the Virtual Campus (VC, internet access to community education, training and employment opportunities for women) at

suitable times during the day to support their studies. Leaders and managers had recognised this and recently adapted purposeful activities timetables to ensure that women could access the VC during the core day. It was too soon to judge the impact of this action.

- 5.27 The prison governor chaired the well-attended quality improvement group meetings. Leaders and managers had gained a secure grasp of the main strengths and areas for improvement in ESW. They made good use of classroom and workshop visits and curriculum reviews to identify and share best practice. However, they had only resolved one of the concerns identified at the previous inspection and partially resolved a further two.

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 Women came from a huge geographical area stretching from Cornwall to West Wales, and two-thirds had only been at the prison for six months or less. About a third of prisoners were remanded and a quarter were serving long sentences.
- 6.2 There had been some strategic improvements since our last inspection. In particular, the co-location of the offender management unit (OMU; see Glossary), safer custody team, activities department and Women's Estate Psychology Services (WEPS) had allowed good joint working and a better degree of shared ownership of priorities.
- 6.3 Support for remanded women was better than at our last inspection but was still far too limited. There were not enough staff in the pre-release team to assess and identify all remanded women's resettlement needs. It was good that remanded women were prioritised for key work (see paragraph 3.6) and some had completed the HOPE programme or got practical help from commissioned rehabilitative services (CRS; see Glossary) providers like the Nelson Trust. However, the CRS workers were only allowed to address one resettlement need at a time, despite many women having multiple and complex problems.
- 6.4 In the last year, about a third of all women released had been recalled to the prison, most for only 14 days. There was little the prison could meaningfully offer them in this time to improve their chances of successful resettlement. They remained on the induction and detoxification unit, spending most of the day locked up with little to do. They could not complete interventions, did not qualify for a discharge grant and were less likely to leave with sustainable housing.
- 6.5 Sentenced women received better support. The OMU was led well and was fully staffed, except for a lack of case administration staff. There was a good mix of uniformed, non-operational and probation offender managers (POMs) and caseloads were manageable. Most sentenced women had an up-to-date plan completed in the last year, and we found evidence of regular support from POMs.

- 6.6 OMU staff acknowledged the high levels of crisis and need with a large number of women. They focused on making sure that these women received good care through effective joint working to stabilise them and help them achieve small but realistic goals.
- 6.7 Support for indeterminate sentenced women was limited, but a recent forum had been held, and consideration was being given to a dedicated landing for them so they were less affected by the constant changes in the short-term population.
- 6.8 Progression opportunities were limited. Only 17 women had moved to open conditions in the last year because the two women's open prisons were too far away from areas like Wales and the South West where many prisoners' families lived. Most women deemed suitable for open conditions chose to stay at Eastwood Park but had no release on temporary licence (ROTL) opportunities, which was a significant gap.

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.

- 6.9 Around 40% of sentenced women presented a high or very high risk of serious harm to others. Leaders had started to make some improvements to public protection arrangements, however, there were not always enough staff to complete some of the key tasks. For example, in recent months there had been delays in some prisoners having telephone numbers approved. There were also some gaps in the awareness of multi-agency public protection arrangements (MAPPA; see Glossary) among staff.
- 6.10 Most high-risk prisoners were discussed at the inter-departmental risk management meeting before release. This was supported by regular line management supervision sessions with POMs to help identify new risks or problems for individual prisoners. However, in some cases, communication between the prison and the community offender managers (COMs) had been too limited and had not identified the level of risk management required on release.
- 6.11 Around 40 women had been assessed as posing a risk or potential risk of harm to children. Restrictions on the contact these women had with children were generally well understood by OMU staff, however we found some weaknesses in the supervision of social visits. For instance, some photos of children approved for visits were years out of date making it difficult to tell if they were the correct child.
- 6.12 Mail and telephone monitoring was used reasonably well and was completed without delay with information being shared with POMs and officers. There had been recent examples of breaches being referred to the police which demonstrated its use as an effective risk management tool.

- 6.13 A small number of high-risk women had been refused a place at an approved premises even though this was needed to manage their risks. We were told that this often happened very close to a woman's release date leaving too little time to make other arrangements.

Interventions and support

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

- 6.14 Nexus Offender Personality Disorder Pathway services provided excellent help for some of the women with very complex needs who were serving longer sentences. Some of these women lived on a psychologically informed planned environment (see Glossary) on unit 10, while others visited the unit to access the day service or receive outreach support. However, staff shortages meant that only about 45 women (rather than 60) were currently benefitting from these services. The newly introduced enhanced support service (see paragraph 3.18) gave intensive help to up to 12 women at any one time, over three months.
- 6.15 The WEPS team was expanding delivery of the HOPE programme, and they were delivering a few bespoke interventions to individual women, such as Working with Anger.
- 6.16 There were not enough other brief interventions to help short-staying women learn to cope and improve their life chances. Although a domestic abuse link worker had been introduced, the scope of her work was too limited. Other than a Bristol charity which visited periodically, there was no specific support for women involved in sex work. More positively, the education, skills and work provider had introduced a personal development course in January 2025, and 20 women had completed it so far.
- 6.17 Support to help women with bereavement and other counselling needs had deteriorated since the last inspection. Although the chaplaincy continued to deliver Living with Loss, funding for a well-established bereavement counsellor had just ended, and a counselling psychologist had also left since the last inspection. The mental health team had introduced the Trauma Recovery and Empowerment Model, an intervention for women dealing with trauma, but only longer-staying women could access it.
- 6.18 Support to help women manage their finances, benefits and debts was reasonably good. A member of the Department for Work and Pensions had been working alone for the last year but had maintained women's access to benefits, and there were firm plans to start activating benefit claims on the day of release. The Nelson Trust could refer women to a Citizens Advice debt advisor. However, few women could apply to open a bank account.

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.

- 6.19 Resettlement services worked hard to prepare women for release, although it was difficult to support women who were released after a very short time on recall. The support after release for those with substance misuse problems was excellent (see paragraph 4.59).
- 6.20 Sometimes there were delays in release on home detention curfew. Reasons typically included a lack of suitable housing and delays in approval from the COM.
- 6.21 In the last year, only about a third of sentenced women had gone to sustainable accommodation on release, and another 15% had been released homeless. There was no data to understand outcomes for remanded women and those released directly from court. A proactive strategic housing specialist was a positive addition since the last inspection, and she had done some excellent work to invite local magistrates to visit the prison and promote alternatives to short custodial sentences.
- 6.22 Practical help on the day of release was reasonable. One prisoner was using ROTL to drive other women to the train station after release, and there was a good range of clothing available to those who needed it.



Clothing available for women being released

- 6.23 Mobile phones could be charged in reception, and we saw some good examples of support services, such as the Nelson Trust, meeting women at the prison gate and helping them navigate appointments on the day of release. Support from the volunteer-led Making Connections chaplaincy service (see paragraph 4.78) was also good.

Section 7 Progress on recommendations from the last full inspection report

Concerns raised at the last inspection

The following is a summary of the main findings from the last inspection report and a list of all the concerns raised, organised under the four tests of a healthy prison.

Safety

Women, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for women were poor against this healthy prison test.

Priority concerns

There had been two self-inflicted deaths since our last inspection and rates of self-harm were very high and increasing. Many women told us they did not feel well cared for.

Partially addressed

Some women were acutely mentally unwell. A small number were living in residential unit 4, an appalling environment that failed to provide therapeutic support for them or the staff working there.

Partially addressed

The number of times force had been used against women had increased significantly and we were not confident it was always used as a last resort.

Not addressed

Key concerns

There was a lack of oversight of women segregated in the main residential units and other women were unnecessarily locked in their cells when segregated women were unlocked.

Not addressed

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.

At the last inspection, in 2022, we found that outcomes for women were reasonably good against this healthy prison test.

Priority concerns

Leaders had been too slow to reintroduce support to help women maintain relationships with their children, families and significant others.

Addressed

Key concerns

Women were very frustrated by the lack of access to everyday essentials, and they found it difficult to have very basic requests met.

Partially addressed

Patients requiring a transfer to specialist mental health inpatient services waited far too long for a bed.

Not addressed

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.

At the last inspection, in 2022, we found that outcomes for women were not sufficiently good against this healthy prison test.

Priority concerns

Acute staff shortages often made the delivery of even a very restricted day-to-day regime unreliable, leaving women with far too little time out of cell.

Partially addressed

Leaders and managers did not provide enough spaces in education, skills and work to meet women's needs.

Partially addressed

Key concerns

Leaders and managers did not make sure that the available English and mathematics spaces were used effectively to meet the needs of the prison population.

Addressed

Leaders and managers did not offer appropriate qualifications in work and education.

Partially addressed

Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

At the last inspection, in 2022, we found that outcomes for women were reasonably good against this healthy prison test.

Key concerns

Remanded women had very little support to help them manage important resettlement issues on arrival at the prison.

Partially addressed

The imminent closure of the more open unit 7 meant women had too few progression opportunities.

Not addressed

Public protection measures were weak in some key areas. For example, evidence from phone monitoring was not used effectively and appropriate restrictions on contact with victims and children were not always implemented consistently.

Partially addressed

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 concerns 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 concerns raised at the previous inspection and our assessment of whether they have been addressed.

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
Jonathan Tickner	Inspector
Natalie Heeks	Inspector
Esra Sari	Inspector
Jessie Wilson	Inspector
Lindsay Jones	Inspector
Rebecca Stanbury	Inspector
Adeoluwe Okufuwa	Researcher
Samantha Moses	Researcher
Phoebe Dobson	Researcher
Alicia Grassom	Researcher
Tania Osborne	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Jennifer Oliphant	General Pharmaceutical Council inspector
Mark Griffiths	Care Quality Commission inspector
Jai Sharda	Lead Ofsted inspector
Phillipa Firth	Ofsted inspector
Paul Breheny	Ofsted inspector
Daisy Agathine-Louise	Ofsted inspector
Mark Care	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.

Anti-rip clothing

Clothing designed with material that is more difficult to rip and so reduce the likelihood of making ligatures.

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>

Cell call bell

Button in cell to summon staff in an emergency.

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.

Commissioned rehabilitative services (CRS)

Part of the Ministry of Justice's probation system, and designed to provide flexible, responsive services to help break the cycle of reoffending.

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.

HOPE programme

A brief intervention usually provided to women during their early days in custody, as well as to help them settle into open prison. HOPE aims to teach women skills and strategies to self-soothe, which can help to manage emotional reactions to imprisonment.

Incentivised substance-free living (ISFL)

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

Key worker scheme

Operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

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.

Mother and baby unit

Women who give birth in prison can keep their baby for the first 18 months in a mother and baby unit. A prisoner with a child under 18 months old can apply to bring their child to prison with them.

Offender management unit (OMU)

The aim of offender management units in prisons is to try to rehabilitate people so they are less likely to offend in the future.

PIPE

Psychologically informed planned environment. PIPEs are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

Prison Advice and Care Trust (PACT)

Supports prisoners, people with convictions and their families across England and Wales.

Prisons and Probation Ombudsman (PPO)

Independent organisation investigating deaths in custody, and complaints from people who are in custody or under community supervision.

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.

Safety interventions meeting (SIM)

A multi-disciplinary safety risk management meeting, chaired by a senior manager.

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.

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.

Storybook Mums

Enables prisoners to record a story for their children.

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 IV 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.

Crown copyright 2025

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: [Our reports – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated.