Annual Report of the Independent Monitoring Board at HMP/YOI Downview for reporting year to 30 April 2018 - 1 May 2019

Published January 2020

Monitoring fairness and respect for people in custody
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1 **STATUTORY ROLE**

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the Secretary of State from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

1. satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release

2. inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has

3. report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison’s records.
Main judgements

Are prisoners treated fairly?

The Board is concerned that prisoners in the new high-risk unit do not have fair access to activities and education at present. This is as a result of inadequate time given to HMP/YOI Downview to develop a regime, and insufficient resource for adequate staffing to enable 1:1 accompaniment for women undertaking activities in the main body of the prison.

Are prisoners treated humanely?

We are satisfied that Downview has continued to treat prisoners humanely and justly during this reporting period.

Are prisoners prepared well for their release?

The range of work activities has continued to increase during this reporting year, although some activities have been limited by staff shortages. There has been a small increase in the number of women going on release on temporary licence (ROTL), to both paid and voluntary work during this reporting period. The Independent Monitoring Board has also seen evidence of work placements in the prison successfully translating into both ROTL opportunities and work on release, and a number of access-to-work schemes have helped women apply for specific roles. However, the Board is concerned that these good examples represent only the experiences of a significant minority of women coming through Downview. The Board welcomes new initiatives to improve ‘through-the-gate’ provision and service join-up around release, and looks forward to seeing whether these improve women’s experiences and outcomes.

Women report feeling anxious about their release, particularly as a result of the very late allocation of housing. While the housing advisor is clear with women about what can be provided, this does not necessarily assuage women’s worries.

Main areas for development

TO THE MINISTER AND PRISON SERVICE

In previous annual reports, the Board has noted the problems caused by the rapid reopening of Downview in May 2016, with many aspects of the regime having to be developed while the prison was taking in women. It is very disappointing to see that none of the learning from this experience seems to have been applied to the opening of the new high-risk unit on E wing. Once again, Downview staff have found themselves in the unenviable position of developing a regime with women already in residence – in this case, in challenging circumstances and under significant scrutiny. It is not clear what the government’s long-term strategy for E wing is, and what the women resident there can expect in the longer term. At the end of the reporting year, and two months after the unit opened, there was still no regular purposeful activity for E wing residents, and the prison has been provided with insufficient staffing to support regular access to activities elsewhere in the prison for all residents. Mental health services are being severely stretched by the additional demands placed on them by E wing. It is vital that prisons are given appropriate time and resource to develop and staff a full regime before units are open, or prisoners taken in. In addition, the hasty opening of the upper level in E wing as a unit for high-risk transgender women was perceived by staff as taking priority over the
planned community health and wellbeing centre on the lower level of that wing, and meant that some healthcare functions have had to continue in poor and unsuitable accommodation elsewhere in the prison (see paragraph 4.1 below).

The Fire and General Alarms Project started during this reporting year. This project involves significant upheaval for residents, with women and wing functions having to be relocated to enable works to be undertaken. The Board is unable to comprehend why this work did not take place while Downview was closed (see paragraph 7.1 below).

The Board is concerned that one woman, who has suffered significant brain trauma leading to specific medical needs, has been held in segregation for over three-quarters of the reporting year (and was still in segregation at the end of the reporting year), pending transfer to a more suitable location or institution. While governors and segregation staff have provided activities and access to outside exercise, as far as possible, and have built up a good rapport with the woman, the Board is concerned that Her Majesty’s Prison and Probation Service (HMPPS) has failed to find an alternative location that actually meets her needs. Segregation is not suitable as a long-term environment, and senior national-level attention and coordination are required to identify and facilitate transfer to a more suitable location where the individual can receive appropriate support, within an acceptable time frame (see paragraph 6.3 below).

As highlighted in more than one previous annual report, Downview education and activities staff do not receive London weighting on their salaries, and the prison continues to be disadvantaged compared with local competition when recruiting to teaching posts. Even when staff are successfully recruited, a challenge in itself without London weighting, it is difficult to retain them when they can go to HMP High Down or other nearby facilities for a significantly higher salary. The issues will remain while this iniquitous allocation continues. The Minister has failed to address this, despite it being a long-standing concern which has been raised on several occasions (see paragraph 9.2 below).

**TO THE GOVERNOR**

An increase in the number of positive mandatory drug tests (MDTs) during the reporting year, as well as behavioural issues, have pointed to an increase in synthetic cannabinoid use by residents. The Board welcomes the actions taken by the prison to reduce the inflow of drugs. Nonetheless, we recognise the strain that the level of drug use places upon the prison in every sense (see paragraph 4.8 below).

The induction process has, again, remained unsatisfactory for all of the reporting year. The Board considers the new location for the induction wing (due to the Fire and General Alarms Project) to be inappropriate for new arrivals. The Board wishes to see improvements to this process, and also the return of induction to a more appropriate location as soon as possible (see paragraphs 7.2, 7.3 below).

The drug recovery wing (DRW) has struggled of late, partly due to the Fire and General Alarm project, which has meant that it has not been possible to restrict the wing to those in recovery. Outcomes have been diluted by the presence of ‘lodgers’ who are not part of the drug recovery group; they make it difficult to shape the community which helps to underpin the success of this venture. The DRW cannot be successful while housing women who are not involved in the recovery programme (see paragraph 8.16 below).

The Board is disappointed that the reallocation of E wing’s purpose means that the opening of the planned-for community health and wellbeing centre has been delayed. Some of the accommodation used for clinical and mental health appointments, including mandatory drug testing, at present comprises former cells, in poor condition, lacking handwashing basins and unsuitable for healthcare purposes (see paragraph 8.12 below).
The Board would like to see some provision for basic, piecework-type work for women who are not yet at a point of being able to engage with more structured or challenging work activities, or for women who are assessed as higher risk and are therefore unable to access some of the many vocational opportunities available at Downview. At present, many of these women are unoccupied or confined to wing work, such as cleaning and painting. This is particularly urgent for women deemed to be high risk, who are unable to access the main activities in the prison (see paragraph 10.4 below).

In addition, staff shortages – in some cases, longstanding – have had an impact on the training and support for prisoners available through the Max Spielmann photographic studio, the gardens, multiskills (DIY) workshop and the gym, to the detriment of residents. This is in addition to staff shortages in administrative areas providing support to women (see paragraph 10.1 below).

The Board notes the ongoing need to focus on attendance and engagement with education (see paragraph 9.4 below).

**TO THE PROVIDER OF EDUCATION**

The Board continues to have concerns about the success rates, engagement and attendance at education classes. It is hoped that the new provider contract offers the opportunity to take a fresh look at results and engagement, and to ensure a consistent provision of education rated as ‘Good’ (see paragraphs 9.4, 9.5, 9.6 below, 9.6).

The Board remains concerned about equality and support for women with particular learning needs, especially dyslexia and dyscalculia. This requires careful attention to ensure equal and fair access to education, and that any reasonable adjustments are being made (see paragraph 9.7 below).

**Improvements**

A number of the main judgments made by the Board in 2018 have now been addressed. There has been an increase in activity provision over the reporting year, including the opening of the Clink production unit, which has been much delayed. The Fire and General Alarms Project started during the reporting year.

The number of applications to the Board about loss or damage to women’s property during transfer to Downview has significantly reduced during this reporting year.
3 DESCRIPTION OF THE ESTABLISHMENT

3.1 HMP/YOI Downview is a closed prison for sentenced adult women and young offenders, which reopened on 3 May 2016 following a non-operational period of 30 months. The majority of prisoners are adult women, with only a few young offenders. A new governing governor was appointed in a temporary capacity in late 2018, and was confirmed into the role on a substantive basis towards the end of the reporting year.

3.2 The prison's operational capacity at the end of the reporting period was 293. Of the then current population, 36 were foreign national prisoners.

3.3 Downview has five wings. Under normal circumstances, wings (or floors on wings) have been dedicated to specific functions, including induction, methadone treatment, drug recovery, employed/unemployed women and an enhanced category floor on one of the main wings. D wing is dedicated to prisoners who are suitable for open conditions.

3.4 In 2018, we reported that E wing had been earmarked for development as a community health and wellbeing centre. However, towards the end of this reporting year, it was redesignated, at short notice, as a unit for high-risk transgender women. In two previous annual reports, the Board had noted that the rapid reopening of Downview in May 2016 had had a significant impact on the operation of the prison, with many aspects of the regime having to be developed while the prison was taking in women. It is very disappointing to see that none of the learning from this experience seems to have been applied to the opening of E wing. This is not a criticism of Downview staff, who have again found themselves in the unenviable position of developing a regime with women already in residence – in this case, in challenging circumstances and under significant scrutiny.

3.5 As at the end of the reporting period, the prison population consisted largely of sentenced women, with 29 on recall and 20 on indeterminate sentences. Seventeen of the 284-strong population were young offenders.

3.6 Nearly half the women at Downview are now serving sentences of four to 10 years, an increase on the proportion in 2018. Less than 10% of the population is serving a sentence of under two years. Just under a quarter are serving sentences of two to four years, and just over 20% are serving sentences of 10 years or more, including life sentences.

3.7 As noted in the previous annual report, two-thirds of women at Downview had a length of stay of one year or less at the end of the reporting period, limiting their ability to benefit from longer-term education and rehabilitative support:

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<th>Length of stay</th>
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<tr>
<td>Less than a month</td>
<td>10</td>
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<tr>
<td>1–3 months</td>
<td>16</td>
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<tr>
<td>3–6 months</td>
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<td>1–2 years</td>
<td>20</td>
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<tr>
<td>2–4 years</td>
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3.8 Around 30% of the population is between 21 and 29 years old; a similar proportion is aged between 30 and 39; 16% of the population is between 40 and 49; 12% is between 50 and 59; and only a few individuals are older than 60. This represents a small increase in the proportion of women over the age of 50 compared with the last reporting year. The oldest resident is in her mid-70s.

3.9 Nearly three-quarters of the population report as being from a white ethnic background, the majority of these being white British. A little under 6% of the population reports as being Asian or Asian British, 15% as black or black British and 5% as being of mixed ethnic background.

3.10 Works and maintenance at the prison are carried out by Government Facility Services Limited, following the collapse of Carillion. Healthcare is provided by Central and North West London NHS Foundation Trust, with drug and addiction treatment by Forward. Education facilities transferred from Novus to Weston College towards the end of the reporting year. Resettlement support was provided during the reporting year through the London Community Rehabilitation Company (CRC), and the local Jobcentre Plus supports employment. A number of charities offer support services within Downview, including the Prison Advice and Care Trust, Women in Prison, Working Chance, the Shannon Trust, User Voice, the Women’s Institute, the Samaritans (Listener scheme), the Koestler Trust, Hibiscus, Fine Cell Work, the Shaw Trust, Reflex and St Mungo’s.
4 SAFETY

4.1 The management of transgender individuals in HMP/YOI Downview, both on normal location and now on E wing, has a higher profile than ever before. As noted in paragraph 3.4 above, E wing was redesignated at short notice as a unit for high-risk transgender women. In two previous annual reports, the Board had noted that the rapid reopening of Downview in May 2016 had had a significant detrimental impact on the operation of the prison, with many aspects of the regime having to be developed while the prison was taking in women. This has happened again with the opening of E wing. Those on E wing, since it opened at the end of February 2019, are classed as high risk, and to attend any activities within the main prison need to be accompanied on a 1:1 basis. The business plan does not allow for sufficient staffing to support this, so the prison has had to operate with existing staffing levels while seeking additional resource. While these women have attended some activities outside the unit – for example, in the gym, library and education classes – and some limited activities have been provided within it, at the end of the reporting period there was still limited regular purposeful activity for these prisoners. The only employment available on the wing is cleaning, so boredom levels are high. The residents are unhappy and feel that they are effectively segregated. It is not clear what HMPPS's long-term strategy for E wing is, and what the women resident there can expect in the longer term. The women report that they are anxious to be fully integrated into the general population. A small number of other transgender residents live on normal location, with appropriate concessions and support for their progress towards gender change. No transgender boards have been held during the reporting period. However, work has been done to determine the make-up of such a board, in readiness for the requirement in the future.

4.2 E wing is located in a unit of the prison which previously housed young offenders. As a result, officers do not have visibility of the whole room from the door/hatch. This raises considerable safety concerns for staff and residents, particularly in the light of the very high levels of self-harm occurring, predominantly by one resident.

4.3 Staff volunteering to work on E wing receive just one and a half days of additional training to prepare them for this very challenging work. In the short time that this unit has been open, it has absorbed a huge amount of staff and management time, due particularly to the high level of self-harm by one individual. Thirty-five incidents of self-harm have been recorded for this one prisoner in the three months that the unit had been in operation. For the first few months, the Board monitored the unit on every rota visit by each member, taking significant amounts of Board resource.

4.4 The number of calls to Listeners across the prison has fluctuated, but averaged 75 a month over the reporting period. Some difficulties, such as Listeners not being allowed to sleep in after late calls, and poorly maintained Listener suites, have been resolved. Although the number of Listeners has not always been as high as the prison would like, there is a strong emphasis on ensuring that they are all motivated and discreet. When they have been unable to provide a service 24/7, the Samaritans’ telephones have been available to prisoners overnight. The Samaritans give valued support to the ‘in-house’ team and regularly run training courses when numbers run low.

4.5 There were 684 incidents of self-harm during the reporting period, involving 64 residents. Sixty incidents required treatment at hospital. There was one death in custody and three ‘near misses’ during this period. The inquest for one death in custody which occurred in a previous year has still not taken place because Downview officers have been
charged in relation to the death, and suspended from duty. The impact on staff and women’s morale as a result of the charges being laid has been noticeable.

4.6 Assessment, care in custody and teamwork (ACCT) documents are available on the wings for the Board to check, unless the woman has gone to an activity elsewhere. At times, there has been a need for constant observations on particularly vulnerable women, including women on constant watch on the segregation unit. The safer custody manager (in post since February 2019) is not satisfied with the standard of ACCT record-keeping, and monitoring and plans are in hand to improve this. The Board is concerned about the number of women arriving at Downview on open ACCTs. Information often arrives only with the woman, or when she is already on the inter-prison transport, which means that Downview staff may not be aware of the woman’s situation before she arrives. The Board is also concerned about the number of women arriving at Downview who have had ACCTs closed only a few days before transfer. Statistics on the number of women affected are not available.

4.7 Training for all staff in suicide and self-harm, Five-Minute Interventions and Becoming Trauma Informed has continued during this reporting year. Distraction packs are available to all women, supplied by the safer custody department, and are truly appreciated by the women.

4.8 An increase in positive MDTs during the year, as well as behavioural issues, pointed to an increase in synthetic cannabinoid use by residents. Positive findings from random MDTs rose from 3% to 13% during 2018. A variety of actions have been taken by the prison to reduce the inflow of drugs. Nevertheless, significant quantities of drugs still find their way in, and Forward ran a series of three psychoactive substance workshops, which explored the reasons for using these drugs, and possible coping strategies. Use of these substances has a knock-on impact on bullying and drug debts in the prison. The Board is concerned that drug use may have risen since the smoking ban, and that vape kits may be being used to smoke illicit substances. A recovery book club has been started, focusing on autobiographies that speak of individuals’ successes in recovering from drug use. Paragraph 8.16 below outlines the Board’s concerns about the efficacy of the drug recovery wing.

4.9 The Glad Ragz shop remains a popular source of clothing, much of it donated, and toiletries.
5 EQUALITY AND FAIRNESS

5.1 Compared with the female estate as a whole, HMP/YOI Downview currently has significantly more Muslim prisoners (15% compared with 8%) and a smaller proportion of women with no religion (21% compared with 30%). It has a higher proportion of women from minority ethnic backgrounds, and a lower proportion of women with a declared disability (23% compared with 31%).

5.2 Despite the fact that the safety and equality functions were separated by the governor in January 2019, little progress has been made in equality in the last 12 months, undoubtedly contributed to by the opening of E wing. This is disappointing, as the lack of emphasis in this area was a point highlighted by the Board in both previous annual reports since the prison reopened. The full quota of four equality team meetings has been held during this reporting year, which is an improvement on last year. However, for the most part, these have not been well attended and, once again, do not create the impression of a team sharing a vision and working towards it. Staff changes, poor attendance and long gaps between meetings have meant that maintaining continuity has been difficult, and the function has failed to gather momentum. An equality policy has still not been issued, although good work has been done towards a draft strategy document. Going forward, meetings are to be held twice monthly instead of quarterly, but the increased regularity of meetings and mandatory attendance by the appropriate team members will be vital for success. Grouping together the functions of safer custody and equality has a built-in tension: safer custody is naturally always given priority, and when the workload in this area is high – as outlined in section 4 – there is little or no resource for equality.

5.3 As also noted in the previous annual report, there is no appointed equality officer, and there are now no equality representatives. One of the reasons given for the lack of progress in equality is the shortage of officer hours allocated to work in this area. It is important to ring-fence the allocated hours, so that there is consistent support to enable the function to be properly led and promoted. One of the notable losses has been the very popular and successful Downview Women’s Institute. Designed especially for mature residents, this provided a stimulating and productive link with the outside community.

5.4 We believe that prisoners are generally treated fairly and equally within Downview. In the past year, 12 discrimination incident report forms have been submitted, a decrease of one on the previous year. There have been four Board applications with equality as a possible subject during this period; closer examination shows that one of these was in relation to a protected characteristic, and this was thoroughly investigated.

5.5 During the reporting year, the Board has lost its last remaining male member. We have been fortunate to recruit three excellent female members, who are now completing their training. We are undertaking a new recruitment drive and have taken steps to try to increase the diversity of the Board, including placing advertisements in locations and social media sites likely to be accessed by black and minority ethnic groups and LGBTQ+ groups, as well as by men.

5.6 There has been a 6.7% increase in the number of prison complaints submitted during this reporting period, with the overall number of complaints standing at 756.2 complaints per 1,000 prisoners, versus 609.1 in the whole of the female estate. There is little variance on those subjects causing complaints compared with last year, with the exception of property, where the number of complaints has reduced by 6.5%, and letters/censors, where the number of complaints has increased by 6.1%. The latter may be due to increased scrutiny of incoming mail in recent months. The complaint system is effectively administered, and a random 10% sample is reviewed by the senior management team monthly. Sixty-five percent of complaints are answered within the time limit; however, this includes interim
responses (sometimes little more than acknowledgements). Fuller responses can take longer in some cases, but the Board receives periodic applications from women who have not received responses to complaints in a timely manner. We note that an application to the Board seems, at times, to provide an impetus for the complaint to be fully investigated, and a response sent.

5.7 The number of applications received by the Board has reduced in this reporting year, from 189 in 2017/18 to 126 in 2018/19, although it should be noted that the operational capacity has been reduced for part of this period because of the Fire and General Alarms Project.
6.1 Women who are confined to the segregation unit are generally kept there for as short a time as possible. They are reviewed at very frequent intervals, which can make it difficult for Board members to monitor reviews. However, the practice of returning women as speedily as possible to normal location is commended.

6.2 There has not been sufficient consistent effort to run segregation reviews at regular times, which enables the attendance of Board members as well as other necessary contributors. As Board members are not in the prison at all times, knowing when segregation reviews will be held is an important part of enabling members to schedule attendance, and we wish to see this practice continued in the next reporting year. While we still cannot ensure that a member attends each review, those we do observe are held in a fair and open fashion, and the prisoner is given every opportunity to express her concerns and discuss her progress. The Board has been unable to sign for some reviews attended during the reporting period because of a lack of healthcare presence.

6.3 The Board expresses concern that one woman who has suffered significant brain trauma, leading to specific medical needs, has been held in segregation for over three-quarters of the reporting year (and was still there at the end of the reporting year), pending transfer to a more suitable location or institution. While governors and segregation staff have provided activities and access to outside exercise, as far as possible, and have built up a good rapport with the woman, the Board is concerned that Her Majesty’s Prison and Probation Service (HMPPS) has failed to find an alternative location that actually meets her needs. Segregation is not suitable as a long-term solution. Senior national-level attention and coordination is required to identify and facilitate transfer to a more suitable environment, where the individual can receive appropriate support within an acceptable time frame. While the Board has, to date, reluctantly signed off segregation as the only option at HMP/YOI Downview, this is not a position that is tenable or fair.

6.4 While the number of women placed in the segregation unit, compared with that in the previous year’s reporting period, declined overall (from 133 to 127, perhaps due, in part, to one cell being allocated to the long-term resident described above), the number of women who were on open ACCTs when sent to the unit, or who were then placed on an ACCT while in segregation, increased from 24% to 29%. On certain rota visits to the unit, the majority of the women were on open ACCTs. The Board remains concerned about the large proportion of women on open ACCTs (some with complex mental health needs) being housed on the segregation unit (almost one in three), and will continue to monitor this closely.

6.5 The physical conditions on the segregation unit are far from ideal. The exercise yard is austere and unkempt, often with litter and various dead planting. The accommodation itself is depressing, with little natural light, and is damp in the colder months. There is a complete lack of any positive stimulation from the physical environment.

6.6 During the reporting period, segregation monitoring and review group meetings have not been regular. Towards the end of the reporting year, the group was restarted by the new governor in charge.
7 ACCOMMODATION (including communication)

7.1 There has been much upheaval during the reporting year, as a result of the Fire and General Alarms Project. While prison staff have worked tirelessly to minimise disruption to residents, the project has inevitably meant that women and wing functions have had to be relocated, to enable works to be undertaken. The Board is unable to comprehend why this work did not take place while HMP/YOI Downview was closed.

7.2 The induction process has, again, remained unsatisfactory for all of the reporting year. The Board’s previous report described changes to the process which had been welcomed; unfortunately, these appeared to fragment within a matter of months. By the end of the reporting year, the process was still not working effectively and a much-promised induction booklet had still not materialised (although it did appear just after the end of the year).

7.3 In addition to the poor induction process, the Fire and General Alarms Project meant that the induction wing was relocated to an area wholly unsuitable for new prisoners. Newly arrived prisoners are now accommodated on the lower ground floor of C wing south, where the wing office is often unmanned, and is in a location away from residents’ rooms. New prisoners, when they are unlocked, can visit the wing office on the ground floor, above. Prisoners have reported feeling isolated on the induction wing, and other prisoners, from the floors above, have ready access to the newcomers as they ignore signage stating that they are not permitted downstairs. The Board receives regular reports from women who say that they feel threatened by other residents, and describing the impact of drugs on the wing. Women report feeling particularly vulnerable in the evenings, when induction officers are not on duty. This situation is unlikely to improve in the near future. Although the previous induction wing is back in use, the accommodation is being used to decant women from other parts of the prison as the Fire and General Alarms Project progresses from place to place.

7.4 The prison transitioned smoothly to a smoke-free establishment during the previous reporting year. However, the cost of vapes is of particular concern, as is the rate at which they are being used due to the nature of the vaping device. The effect of this is that vapes are presenting issues of their own, in relation to cost, usage, illicit trading and bullying.

7.5 The prison council (‘Downview forum’), a hitherto useful and constructive forum, has been presided over by a new member of staff during this reporting year. This has resulted in irregular and cancelled meetings, and a general lack of administration. There was a period of some months when no meetings were scheduled; when one finally took place, it was cancelled because of poor attendance.

7.6 Way Out TV is a fantastic resource but is not being utilised by either prison departments or managers. This remains a huge disappointment to the Board.

7.7 The communication of demotions in the incentives and earned privileges (IEP) level remains a concern. This requires careful attention by staff, to ensure that women are always aware when such demotions are issued. This was also highlighted in the previous annual report.

7.8 There have been fewer applications to the Board regarding property loss, particularly in relation to women arriving from HMP/YOI Bronzefield, over this reporting year, and these no longer comprise a significant proportion of the Board applications received.

7.9 Issues related to the use of hot water flasks and lack of in-cell telephones remain the same as during the previous reporting year.
8 HEALTHCARE (including mental health and social care)

8.1 The standard of health service provision and care has been consistently very good overall throughout the reporting period. The comparator standard is the service provided in the community, which, in the view of healthcare staff, HMP/YOI Downview meets and often exceeds.

8.2 Healthcare facilities are equally available to all women, and clinics provide screening and treatment services for all age groups. There are relatively few complaints to, or about, healthcare, and these relate mainly to the ‘non-prescribing of drugs’ by GPs and to ‘attitudes’ of healthcare staff. The Board does not share these concerns. The prison council is used to obtain feedback on valid requests from prisoners for new/different services, in what is an ever-changing population.

8.3 Waiting times vary by service. GP appointments usually take place within 24 hours during the week. A triage system has been running, to ensure that urgent cases receive priority appointments. This is not always popular with the women because they see a nurse rather than a doctor in the first instance. The waiting time for the optician has improved during this reporting period, to around four weeks. Women can see the physiotherapist within one week. The podiatry service has a waiting time of about 12 weeks, which can be problematic. Similarly, waiting times for the dentist have improved since problems with the chair and related equipment were resolved. Women now receive an initial non-emergency dental appointment within three to eight weeks, with further appointments available if required. Emergency appointments are also available.

8.4 Prescriptions are available in a timely manner, except for the cut-off period from Friday morning until Monday (except in the case of emergencies). The pharmacist runs clinics for repeat prescriptions.

8.5 Mental health staffing levels are now good. Women are able to self-refer to mental health services, and the referral system means that there are multiple routes for accessing mental health support. Healthcare champions encourage the take-up of mental health support and provide feedback to healthcare professionals. Access to one-to-one therapy is good; women have to wait longer to access group support, although this is partly because groups run over a number of weeks.

8.6 Securing transfer to outside secure mental health units remains a considerable challenge and results in women being held in inappropriate accommodation (such as on the segregation unit) while they await (sometimes multiple) assessments and transfer.

8.7 The Board has noticed, and is concerned about, high levels of obesity and weight gain in some women, despite the considerable efforts made by the prison to promote both their physical and mental health. The gym offers classes every day, in spite of staffing issues. The prison promotes healthy eating and makes sure that the women are aware of the risks of obesity. Nonetheless, a large proportion of the women appear to be overweight, and a number have commented to the Board about their weight gain while in prison.

8.8 Relationships between the prison and the NHS healthcare provider appear to be positive and effective.

8.9 Over two three-month periods during the reporting year, 62 external hospital appointments were made, of which seven were cancelled for patient refusal to attend, 22 were cancelled as a result of healthcare staff having to prioritise other cases, 20 were cancelled by the hospital and five were cancelled due to the unavailability of escort staff. Eight appointments were missed because of ‘prison exit’, which we understood to mean that the women in question were no longer at Downview.
8.10 Adult social care assessments are publicised and are utilised by the residents.

8.11 The Board remains concerned that the prison has little specialist accommodation/provision for physically disabled prisoners, as highlighted in the previous annual report. Thus far, this has not been a significant problem but, with an ageing population, it is likely that such provision will be required, suggesting that planning might need to take place now.

8.12 The Board is disappointed that the reallocation of E wing’s purpose means that the planned-for health and wellbeing centre has been delayed. Some of the accommodation used for clinical and mental health appointments, including mandatory drug testing, at present comprises former cells, in poor condition and unsuitable for healthcare purposes.

8.13 The Board reiterates concerns about the rapid opening of E wing. This has placed very large demands on healthcare staff, in particular the mental health team, which is overstretched as a result.

8.14 Forward has retained the contract to provide substance misuse support at Downview during this reporting year. After a difficult previous year, they have been fully staffed for the last six months and are recruiting promptly as vacancies arise. There is an added emphasis on wellbeing, and there are now five wellbeing and recovery practitioners, working alongside three substance misuse nurses, a clinical prescriber and a clinical manager. They have introduced a volunteer working one day a week, and apprenticeships; there are also six peer support workers. With a full complement of staff, shortage of workspace is a confining factor, although there are plans to improve this.

8.15 At the end of the reporting year, there were 54 residents being treated for opioid dependence, and in excess of 50% of the population is registered for support services. Joint mental health and substance misuse workshops have been run, and a mental health and drug use group meets regularly. The Bridge programme has been run at quarterly intervals, as scheduled, and attracted 40 residents to attend, although a number did not complete the course because they started reusing drugs and dropped out. An alcohol awareness session was run, attracting 48 residents. The Stepping Stones programme has also been delivered, with 11 of the 12 participants completing the course.

8.16 The drug recovery wing (DRW) has struggled, partly because of the Fire and General Alarm Project, which has meant that it has not been possible to restrict the wing to those in recovery. Outcomes have been diluted by the presence of ‘lodgers’ who are not part of the drug recovery group. This has made it difficult to shape the community, which helps to underpin the success of this venture. Also, it has been challenging to institute the voluntary drug testing programme, which is a necessary part of the compact signed by those joining the DRW. The ‘smart recovery’ group, which started in the previous reporting year but floundered because of staff changes, has not yet recommenced, partly due to the relocation of residents for the Fire and General Alarm Project. The Board is hopeful that this can be reintroduced when the works are completed.
9 EDUCATION AND OTHER ACTIVITIES

9.1 Work to improve the education provision and level of women's engagement has continued in this reporting year, although progress has been slower than the Board would have liked, and a number of issues highlighted in previous annual reports remain. Towards the end of the reporting year, the education provider changed from Novus to Weston College, offering an opportunity to take a refreshed look at education provision, quality and results.

9.2 Recruitment and retention in teaching posts – highlighted in more than one previous annual report – continues to remain a very real issue because the posts do not attract London weighting, and are therefore not locally competitive. The education department is veritably suffering, and this is directly attributable to the London weighting issue. One valued member of staff has abandoned pension payments to compensate for the shortfall in salary. Several others have resigned and relocated to a local facility, as a direct result. The Board understands that positions at HMP High Down (on the same site as HMP/YOI Downview), HMP/YOI Bronzefield (not near to Downview but similarly located on the outskirts of London) and the local further education college do attract outer London weighting. These issues will remain while this iniquitous discrepancy continues. The minister has failed to address this, despite it being raised on several occasions.

9.3 The Board does not have a statistic for the proportion of women engaged with education in some form over the reporting year. Education includes functional skills – English, mathematics and information and communications technology (ICT) – and vocational pathways. All vocational training has embedded functional skills requirements; these vary, depending on the vocation, but often require a higher level of English than mathematics.

9.4 Attendance at education classes remains an area of focus for the prison. Over the reporting year, initiatives have been put in place to ensure that negative IEPs are issued for non-attendance, that sickness procedures are equitably followed and that women return to education classes or work if they have a valid appointment in the middle of their session. Despite this, absence levels remain a concern.

9.5 A little over 70% of teaching observations are rated by Ofsted as 'good' or above. While work has been done previously to improve the quality of teaching rated as 'requires improvement', it appears that this has not always been maintained.

9.6 Results in English and mathematics are lower than the regional averages, and success rates for many other courses (such as ICT and English for speakers of other languages) are also lower than the education department's target levels. The Board understands that the new education provider intends to interrogate the reasons for this. The way that statistics have been collected means that it is not always easy to get an overall picture of likely success rates over the course of the year. Higher-level courses tend to be under-allocated compared with entry-level courses; the Board understands that the new education contract allows for greater flexibility, to ensure that the provision meets women’s needs.

9.7 The Board remains concerned about equality and support for women with particular learning needs. The results of women with dyslexia and dyscalculia are notably low, on a par with the results of women with severe learning difficulties. This requires careful attention, to ensure that access to education is equal and fair, and that any reasonable adjustments are being made. The Board is also concerned about differences in educational outcomes for women of different ethnic backgrounds, with Pakistani, Black
Caribbean and Arab women showing particularly low success rates. This requires more attention and careful monitoring.

9.8 The virtual campus has been unusable for a significant proportion of the reporting year, initially because of problems caused by damage by rats and an air conditioning leak, and latterly because of issues with log-ins. This facility needs to be up and running, to enable women to access the full range of learning on offer.

9.9 The Board is pleased to note an increased focus during this reporting year on promoting success in education – for example, through bonuses given to women and a ‘learner of the month’ scheme. This is currently promoted in education classes but the Board is pleased to note plans to increase visibility in the rest of the prison.

9.10 Downview had 22 students involved with higher education through the Open University or distance learning at the end of the reporting year. During the year, seven Downview learners successfully studied alongside 15 Greenwich University students on a highly regarded undergraduate-level criminology course.

9.11 The library continues to offer an excellent provision. The Shannon Trust reading peer mentor scheme is being supported, with learners offered incentives and progressing to English and mathematics. A 10-week philosophy course, provided by King’s College London, has proved popular. The programme whereby the women recorded bedtime stories for their children onto a DVD restarted towards the end of the year.
10 WORK, VOCATIONAL TRAINING AND EMPLOYMENT

10.1 The provision of worthwhile and meaningful work and vocational placements has increased further during this reporting period with the opening of the Clink catering unit. Unfortunately, staff shortages (see paragraph 9.2 above) have had an impact on the availability of training at Max Spielmann photographic studio, the gardens, the multiskills (DIY) workshop and in the gym, to the detriment of residents. This is in addition to staff shortages in administrative areas providing support to women. Industrial cleaning training is still delayed, pending staff availability.

10.2 Halfway through the reporting year, the ‘golden hour’ of extra association ceased. This time was then used for staff training. The ‘golden hour’ had been instigated while the opportunities for structured occupation were insufficient. Thus, more than two years after the reopening of the prison, there were finally opportunities for the majority of women who wanted to undertake employment, education or purposeful training.

10.3 Over the reporting year, the population at HMP/YOI Downview has become more challenging, with an increase in prisoners with mental health problems. These women do not always access education courses, and some of the higher-level workplaces, such as Max Spielmann and the London College of Fashion, cannot accommodate them. An art course was started in January 2019 with these women in mind.

10.4 As noted last year, the Board would like to see some provision for basic piecework-type work for women who are not yet at a point of being able to engage with more structured or challenging work activities, or for those who are assessed as higher risk and are therefore unable to access many of the paid vocational opportunities within Downview. At present, many of these women are unoccupied or confined to wing work such as cleaning and painting. This is particularly urgent for those women deemed to be high risk who are unable to access the main activities and employment in the prison.

10.5 The prison's guidance booklet on education and training progression and the personal skills record have remained works in progress this reporting year, with work under way to simplify the language used and to make them more engaging to women.

10.6 The Board notes the success of the twinning project with Arsenal Football Club towards the end of the reporting year.

10.7 During the last reporting year, D wing accommodated up to 40 women in open conditions, not all of whom were eligible for ROTL. Earlier this year, this was changed to accommodating 20 in open conditions and 20 in closed conditions. In this reporting year, an average of 16 women (out of a maximum of 20) were out each week on work ROTL, for both paid and voluntary work. The Board has seen evidence of work placements in the prison successfully translating both into ROTL opportunities and work on release, and a number of access-to-work schemes have helped women apply for specific roles.
11 RESETTLEMENT PREPARATION

11.1 The Homelessness Reduction Act 2017 (the duty to refer to their local authority people who are homeless, or likely to be so within the next 56 days) came into effect for public bodies, including prisons, on 1 October 2018. At HMP/YOI Downview, this duty is carried out by St Mungo’s, which reports that local authorities are now more responsive and that, combined with close monitoring, including after release, there has been a high success rate in finding accommodation for women leaving prison over the last six months. The percentage of women with accommodation on the first night after release was 96.54%, and 78.81% had settled accommodation. Nonetheless, women report feeling very anxious as their release approaches, with the housing team unable to confirm allocated housing until very shortly before release. The Board remains concerned that there is no way of knowing how long ‘settled accommodation’ is settled for, and therefore, despite the efforts of the housing team, those relatively positive statistics on first night and settled accommodation may not reflect women being able to access a stable, suitable home on release.

11.2 The London CRC continues to provide a good service to women within 12 weeks of release. It has three full-time resettlement facilitators and one part-time facilitator shared 50% with HMP Send under the service level agreement for the enhanced through-the-gate service, which started on 1 April 2019. With extra resources, the CRC is looking to improve its support for mental health care and substance misuse issues. It will also add ‘personal social health’ and ‘supporting activities’ to its previous four main support services focused on: ‘housing’, ‘education, training and employment’, ‘finance, benefits and debt’, and ‘domestic violence and sex working’. Around 50% of women leaving Downview have reported a domestic violence need on release. A few women each month have attended relevant courses while in prison, but the majority decline CRC support.

11.3 In the previous annual report, the Board raised concerns that service join-up and through-the-gate provision were patchy. This remains the case, although the Board is hopeful that the introduction of an enhanced through-the-gate service, supported by additional CRC resources, will improve the offer. As from 1 April 2019, monthly meetings of the agencies providing education, training and employment, and a shared database are designed to achieve better coordination of services for women within six weeks of release. This initiative of the CRC aims to increase the number of women accessing employment, training or education on release through closer monitoring. It is too early to assess the success of this new approach but, in future, there will be one record of all the support provided to each woman (for example, CV preparation, interviews arranged, etc.), which will be updated by each provider. This aims to ensure that outcomes are more accurately recorded and that gaps in the provision of services are picked up.

11.4 The CRC enabled 54 women to open bank accounts over the reporting year.

11.5 It is good to note the launch, at the end of March 2019, of a support programme specifically for women who have been in care. A senior officer and the head of the offender management unit (OMU) are now ‘care leaver champions’, and there are two resident care leaver peers.

11.6 Family ties are a very important factor in rehabilitation. Each prison is now required to have a ‘family and significant others’ strategy, and this is included in Downview’s reducing reoffending strategy, published in October 2018. There is a designated senior manager lead on families. Not all staff have had child protection/safeguarding training, but there is information on the wings explaining how to raise any concerns with the OMU, or the duty governor if out of hours. OMU staff, except for administrators, are all trained on what action to take if concerns are raised. Family days are publicised throughout the
prison, and seven were held during the reporting year. The prisoner survey held in 
February 2018 showed that 63% of women were released to their families. The next 
prisoner survey is to be held shortly.
C  Section – The Work of the Board

The Board meets monthly. Whenever possible, the governor or a deputy governor attends, to inform the Board of developments in the prison and respond to observations that the Board has made during rota visits.

During this reporting period, the Board has conducted rota visits weekly. Rota visits cover all aspects of prison life. They involve visiting core areas and interacting with prisoners and staff alike. Board members each have special interest areas and attend meetings to support this function. Applications are received in writing, and prisoners are always seen.

The Board attends segregation reviews and adjudications as far as is possible, and when notified suitably in advance.

The Board has lost two highly experienced members in this reporting period, and is significantly under-complement. A recruitment campaign has been launched.

Board members receive some training at Board meetings, when prison staff attend to discuss specific issues. Members also attend national Board training courses and have attended prison training courses on suicide and self-harm prevention, and Being Trauma Informed care during this reporting year. A number of planned attendances did not take place when training was cancelled at late notice.

The Board visited HMP/YOI East Sutton Park and HMP Send during the reporting period. HMP/& YOI East Sutton Park shares a governor with HMP/YOI Downview, and the visit enabled the Board to understand the planned progression pathway for women from closed conditions, to taking greater personal responsibility on D wing, to open conditions.

<table>
<thead>
<tr>
<th>BOARD STATISTICS</th>
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<tbody>
<tr>
<td>Recommended complement of Board members</td>
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<tr>
<td>Number of Board members at the start of the reporting period</td>
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<tr>
<td>Number of Board members at the end of the reporting period</td>
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<tr>
<td>Total number of visits to the establishment</td>
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<tr>
<td>Total number of segregation reviews attended</td>
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## Section – Applications to the Board

<table>
<thead>
<tr>
<th>Code</th>
<th>Subject</th>
<th>Current reporting year</th>
<th>Previous reporting year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Accommodation, including laundry, clothing, ablutions</td>
<td>9</td>
<td>5</td>
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<tr>
<td>B</td>
<td>Discipline, including adjudications, IEP, sanctions</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>Equality</td>
<td>4</td>
<td>4</td>
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<tr>
<td>D</td>
<td>Purposeful activity, including education, work, training, library, regime, time out of cell</td>
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<td>4</td>
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<tr>
<td>E 1</td>
<td>Letters, visits, telephones, public protection restrictions</td>
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<td>16</td>
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<tr>
<td>E 2</td>
<td>Finance, including pay, private monies, spends</td>
<td>17</td>
<td>22</td>
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<tr>
<td>F</td>
<td>Food and kitchens</td>
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<td>1</td>
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<tr>
<td>G</td>
<td>Health, including physical, mental, social care</td>
<td>12</td>
<td>26</td>
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<tr>
<td>H 1</td>
<td>Property within this establishment</td>
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<tr>
<td>H 2</td>
<td>Property during transfer or in another establishment or location</td>
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<td>31</td>
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<td>H 3</td>
<td>Canteen, facility list, catalogue(s)</td>
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<td>4</td>
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<tr>
<td>I</td>
<td>Sentence management, including home detention curfew, ROTL, parole, release dates, recategorisation</td>
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<td>27</td>
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<td>J</td>
<td>Staff/prisoner concerns, including bullying</td>
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<td>24</td>
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<tr>
<td>K</td>
<td>Transfers</td>
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<td></td>
<td>Miscellaneous</td>
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<td><strong>Total number of IMB applications</strong></td>
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<td><strong>189</strong></td>
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