

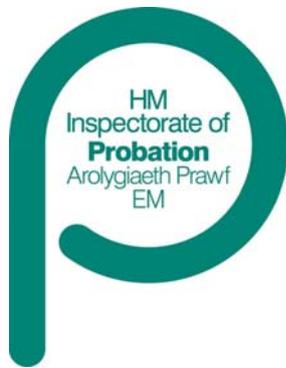
Report on an unannounced inspection of

# **HMP & YOI New Hall**

by HM Chief Inspector of Prisons

**8–19 June 2015**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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### **Glossary of terms**

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

# Introduction

HMP New Hall is a closed women's local prison holding, at the time of this inspection, around 360 women, including a small number of young adults. Several mothers and their babies were held in the prison's mother and baby unit. Most of the women were sentenced – many with long sentences – including 41 (11%) who were serving indeterminate sentences. A relatively small number of women were remanded prisoners or were convicted but not sentenced, and 40 had been recalled to prison. In keeping with our findings at similar women's prisons, levels of need, including mental health issues, in the population were high: over a third reported having depression, mental health issues or suicidal feelings on arrival and a similar number reported having a disability. Nearly half reported having a drug problem on arrival and 43% said they had problems with alcohol. Nearly two-thirds said they had experienced emotional wellbeing issues and 78% were taking prescribed medication. The results of this inspection need to be considered in the context of these disturbing statistics.

At our last inspection we found New Hall to be a basically safe and respectful prison, with excellent purposeful activity and resettlement support. At this inspection we found the prison had improved still further, and had addressed the key issues raised previously around safety and respect, which were both now good. Purposeful activity continued to provide excellent opportunities to the women held, with Ofsted very unusually rating it 'outstanding' in all the areas it reported on. Resettlement pathway work remained very strong, but there were some deficits in offender management and some aspects of public protection work.

The prison was fundamentally safe and there was very little evidence of violence or concerning incidents. Support on arrival and during the early days at the prison was very good, although women continued to spend too long waiting in court cells for escorts to the prison and often arrived too late in the evening. Support for women who were vulnerable to self-harm and those with complex needs was good, although aspects of assessment, care in custody and teamwork (ACCT) case management processes could have been improved. Security arrangements were generally proportionate and free-flow worked well, but delays in responding to some intelligence was a concern, particularly given the obvious challenges faced in managing problems with the use of illicit and diverted prescribed drugs. Support for women with substance misuse issues had moved forward from the previous inspection, although there was still room for further improvement. Disciplinary procedures were well managed, and force and segregation were used proportionately, although the monitoring of some aspects needed to be better, as did the regime provided in the segregation unit.

Relationships between staff and prisoners were a real strength, and the friendly, caring, but challenging approach adopted by most staff facilitated and supported much that was good about the prison. Residential units were mixed in quality but the prison was clean, decent and had benefited from a great deal of effort to improve the overall presentation of many areas. Support for protected characteristic groups was individualised, and despite some negativity from women with disabilities, and in particular those who were gay or bisexual, we considered that most outcomes were good. The mother and baby unit provided excellent support, and provision for pregnant women was also very good. Faith provision was also generally good. Complaints were well managed and legal services adequate. The quality of food was better than we normally see and canteen arrangements were adequate. Health services were particularly strong, and the excellent mental health provision was very welcome given the evident high levels of need.

Time out of cell was good and very few women were locked up during the core prison day. There was some curtailment of the regime and more predictability about this would have been welcomed. Learning and skills provision was outstanding in nearly all respects: the management and leadership, quantity, quality and outcomes achieved were all excellent. Women were directed to appropriate vocational pathways and their allocation to activities supported them in developing the motivation, behaviour and skills to become more employable on release. Education provision supported the development of functional skills and the range of vocational qualifications on offer was very good.

Resettlement was the only area where we had some concerns. Aspects of offender management work needed to be better to ensure women who presented a risk to the public on release were quickly identified, and that appropriate risk reduction work was initiated and management action taken before they were released to protect the public. These were serious concerns which managers took on board when raised, but they needed to be dealt with as a matter of urgency. Some other aspects of offender management work were good and support in the resettlement pathways remained very strong.

Provision for women who had been abused or victimised was very good, as was essential support to maintain contact with children and families. The new community rehabilitation company (CRC) arrangements – where rehabilitation services would be organised through new providers who would take over the work with medium- and low-risk offenders – had started shortly before the inspection and during this bedding-in period there was some confusion and duplication in the services offered. However, resettlement and reintegration outcomes remained good.

Overall, New Hall is a safe and very respectful prison which does an excellent job in providing women with a range of purposeful and vocationally-based activities, and some sound support around the resettlement pathways. The concerns we raise about aspects of offender management are well within the capacity of the prison management to quickly resolve. The prison is among the best of its type and we commend both the staff and management for the positive work they have done to achieve these outcomes.

**Nick Hardwick**  
HM Chief Inspector of Prisons

August 2015

# Fact page

## Task of the establishment

A closed female local prison, holding remand and sentenced women and young offenders in one main establishment. It can also accommodate nine mothers and 10 babies in the mother and baby unit.

## Prison status

Public

## Region

Yorkshire and Humberside

## Number held

377 plus four babies

## Certified normal accommodation

392

## Operational capacity

425

## Date of last full inspection

31 January–10 February 2012

## Brief history

New Hall prison and young offender institution (YOI) was originally used as a satellite prison for HMP Wakefield where men near the end of their sentence were housed. The open prison system began as an experiment at New Hall in 1933; its success led to the opening of the New Hall Camp in 1936. New Hall changed its role in 1961 and became a senior detention centre for male young offenders. In 1987, the prison was converted to a women's establishment.

In 2009 New Hall was clustered with Askham Grange prison and YOI near York and many functions were shared across the two sites.

## Short description of residential units

Willow House:	Three units, Willow 1, 2 and 3, which included the first night centre and a smoking-free unit.
Larch House:	Forty rooms occupied by low risk prisoners and those suitable for open conditions. Shared facilities, including association and bathroom areas. A purpose-built kitchen was recently installed.
Poplar House:	Two spurs – Poplar 1 was reserved for life-sentenced women and those on indeterminate sentences for public protection; Poplar 2 held a mixed population of adults and young offenders, remand and sentenced women.
Oak House:	A modern new-build unit with a mixed population of adults, young offenders, remand and sentenced women. It was also a drug intervention unit.
Maple House:	Mother and baby unit with child care facilities for working residents.
Rivendell House:	Up to 16 residents with complex needs and up to 14 low risk prisoners employed in trusted positions throughout the establishment. The Choices, Actions, Relationships, Emotions programme was also run at the house.

Sycamore House: Segregation unit.

Holly House: Housing for a small number of women with complex needs or vulnerabilities requiring more intense staff attention and whose behaviour often could not be safely managed on big noisy wings.

**Name of governor/director**

Diane Pellew

**Escort contractor**

GEOAmey

**Health service provider**

Spectrum Community Health Community Interest Company

Nottinghamshire Healthcare NHS Foundation Trust

Turning Point (psychosocial service intervention)

Mid Yorkshire Hospitals NHS Trust (dentist)

**Learning and skills providers**

The Manchester College

**Independent Monitoring Board chair**

Sheila Willis

# About this inspection and report

A1 Her Majesty's 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, police and court custody and military detention.

A2 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.

A3 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. The tests are:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners 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 the National Offender Management Service.

- **outcomes for prisoners are good.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

- A9 This explanation of our approach is followed by a summary of our inspection findings 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 prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

# Summary

## Safety

- S1** *Many women waited for long periods in court cells and some arrived at the prison too late in the evening. Support on arrival and during the early days at the prison was good. Most women felt safe and the number of violent incidents was low. Gay and bisexual women reported feeling less secure than other groups. Levels of self-harm were relatively high, but support for women at risk and those with complex needs was very good. Security arrangements were reasonable overall. Illicit drugs posed some significant challenges; some good work was being done but more was needed. Disciplinary procedures were well managed. Use of force was proportionate. Care planning and the regime for women in segregation needed to be developed but relationships were strong. Substance misuse support had improved since the last inspection and was now good overall. **Outcomes for prisoners were good against this healthy prison test.***
- S2** *At the last inspection in 2012 we found that outcomes for prisoners in New Hall were reasonably good against this healthy prison test. We made 36 recommendations in the area of safety. At this follow-up inspection we found that 19 of the recommendations had been achieved, four had been partially achieved and 13 had not been achieved.*
- S3** Women faced long delays in court cells waiting for transport to New Hall and over 100 had arrived after 7pm in the previous six months. Despite this, all essential first night procedures were carried out and women were positive about most aspects relating to their early days in the prison. The reception area was clean and the environment informal. Reception processes were thorough especially for those new to prison and interviews were carried out in private, although there were delays during busy periods. Staff treated women respectfully and with good humour and reception peer workers played a valuable part, helping women through the process. Women were taken to the first night centre from reception and first night staff interviewed them in private. Peer supporters and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) in the centre provided additional support. First night accommodation was generally clean and well prepared. The induction process was comprehensive and timely.
- S4** Most prisoners felt safe and the recorded number of fights and assaults was relatively low. However, in our survey prisoners' perceptions of safety and victimisation were poorer than at our last inspection, which we felt was largely explained by the more negative responses from gay and bisexual women. We found no evidence to support these perceptions, but ongoing vigilance was required. Bullying was usually about relatively minor matters and some women and staff told us there was a link between low wages, debt and trading in medication or illicit drugs. The prison's investigations into incidents and subsequent monitoring of behaviour were mostly good. In our survey, more women than the comparator said they had been treated fairly in their experience of the incentives and earned privileges (IEP) scheme; we found it to be run fairly and with common sense.
- S5** Levels of self-harm were relatively high, but a small number of women accounted for a large number of the incidents. The prison collected data about self-harm but more needed to be done to consider trends and themes. Lessons were learned from investigations of the few more serious self-harm incidents and recommendations from the Prisons and Probation Ombudsman (PPO) related to deaths in custody were regularly reviewed to ensure compliance. Mental health workers were present at most assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm

but staff from other disciplines rarely attended. There was a lack of continuity in case management but care for women on open ACCTs was good. It was unsatisfactory that women at risk did not have 24-hour access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).

- S6 Safeguarding was embedded throughout the prison and effective measures were in place to identify women who needed additional support. The needs of more complex and vulnerable women were met mainly through the Holly and Rivendell units. Good preparation had been made for the requirements of the new Care Act (which outlines new obligations on local authorities and looks at the way in which local authorities should carry out carers' assessments and needs assessments; how they determine who is eligible for support; and how they charge for both residential care and community care). Prisoners, staff and visitors received guidance on reporting staff wrongdoing. Some links had been developed with the local adult safeguarding board.
- S7 Security measures were generally proportionate and women's access to activities and other areas was not unnecessarily restricted. Closed visits were not always applied for visits-related matters. A reasonable amount of security information was analysed but not all of it received a prompt enough response. Support from the police was good; some significant intelligence was shared and joint working took place to address drug issues. Information sharing with the safer custody department was not sufficiently well developed. A supply reduction action plan had been developed but needed to be fully implemented. Information sharing between security and substance misuse services was now good.
- S8 In our survey more prisoners than the comparator said that it was easy to get drugs, and that they had developed a problem with drugs or diverted medications while at the prison. The diversion of prescribed medication was a challenge but appropriate steps had been taken. The mandatory drug testing (MDT) positive rate was a little higher than the target and few suspicion tests had been conducted despite the majority of intelligence reports being drug-related. Some robust action was being taken to address these challenges.
- S9 The number of adjudications was relatively low and had declined significantly since our last inspection. Records generally showed that full investigations took place into what had happened and punishments were proportionate. Monitoring was comprehensive.
- S10 Force was not used excessively and a small number of women accounted for a significant number of incidents. Documents we reviewed showed that restraint was used as a last resort and that de-escalation was used throughout. However, the prison did not review all incidents quickly enough. Special accommodation had been used once in the previous six months; its use was well documented and proportionate. Monitoring and analysis were weak.
- S11 The segregation environment was reasonable. Segregation was used appropriately and few women remained there for long periods. Staff from appropriate departments attended reviews, some of which lacked purposeful planning or targets to address women's behavioural issues. The segregation regime was too limited and women we spoke to said they spent most of their time locked in their cells. Relationships between women and staff were good.
- S12 The substance misuse strategy was well managed. The strategy group met every month but an up-to-date needs analysis had not been completed. A good range of interventions had been developed relating to both illicit drug use and alcohol, but less intensive workshops for short-term prisoners were not available and peer mentoring needed to improve. Clinical management of substance misuse had improved; prescribing was flexible and reviewed regularly and there was an alcohol nurse as well as a dual diagnosis nurse.

## Respect

- S13 *The quality of the accommodation was mixed but all of it was clean and the overall environment was good. Staff-prisoner relationships were a significant strength and some staff were outstanding. The support offered to women with protected characteristics was generally very good. Gay, bisexual and disabled women were less positive in our survey than others, but we found outcomes to be generally good. Faith provision was generally good. Responses to complaints were good and legal services reasonable. Health services were very good. Food and canteen arrangements were both reasonable. **Outcomes for prisoners were good against this healthy prison test.***
- S14 *At the last inspection in 2012 we found that outcomes for prisoners in New Hall were reasonably good against this healthy prison test. We made 33 recommendations in the area of respect. At this follow-up inspection we found that 15 of the recommendations had been achieved, six had been partially achieved, 11 had not been achieved and one was no longer relevant.*
- S15 Very good efforts had been made to improve the overall presentation of the establishment. The age and condition of the houses were very mixed, but all were clean and external areas pleasant. However, some women continued to live in overcrowded rooms. Women had good access to cleaning materials but some complained about access to showers and telephones. It was unfair that convicted women could only receive clothing within 28 days of arrival. General applications were well managed.
- S16 Staff-prisoner relationships were very strong. Women we met during the inspection were positive about most staff and nearly everything we observed confirmed this. Some staff doing specialist jobs were exceptional. The personal officer scheme worked reasonably well and most women said there was a named member of staff they could turn to if they had a problem. General consultation arrangements were good.
- S17 The equalities officer was very knowledgeable and had a high profile among prisoners and staff. Most women we met, including those with disabilities, were positive about equality and the support they received. Nevertheless, disabled and particularly gay and bisexual women were less positive in our survey than others. Despite this we considered the approach to managing women in relationships and support for disabled women appropriate. Support for transgender prisoners was good. Black and minority ethnic and foreign national women received good support and older women were generally positive about their experience at the prison. Some developing support was provided to the latter group and the small number of younger women held. The mother and baby unit provided good care and support to women and their babies.
- S18 The chaplaincy provided a good range of faith and pastoral support, but attended few departmental meetings. Unusually they rarely attended ACCT reviews. Good preparations had been made for Ramadan.
- S19 Complaint forms were readily available and most submitted received a prompt and respectful response. Most complaints were about minor issues. Complaints about staff received a response from someone at an appropriate level of seniority. Quality assurance and monitoring were generally good. Legal services support was in transition but bail outcomes were good. Legal visits facilities were limited and post-room staff were unsure about arrangements for dealing with legal mail.
- S20 Health care clinical governance arrangements were good. Health services were very good overall and in our survey, more women than the comparator said they had good access to services and that the quality was good. A suitable range of primary care services was

available and women could see a female GP. Several nurses had been trained to make initial social care assessments. Maternity care was good, including access to a specialist midwife for women with substance misuse problems. Some aspects of medicines management and officer supervision of queues needed to be better, but in-possession arrangements were good.

- S21 Access and waits for the dentist were reasonable. Mental health issues were prevalent in the population but services met needs well. Women waited too long for talking therapies. There was a good focus on women with learning disabilities. Some women experienced delays in being transferred to secure units.
- S22 The food was good and there were plans to reintroduce a hot meal in the evening. Lunch was served too early and women needed to be consulted more widely. Arrangements for purchases were reasonable overall, but advances were claimed back too promptly, which meant some women got into debt.

## Purposeful activity

**S23** *Time out of cell was reasonable and nearly all women were unlocked during the core day. Learning and skills provision and leadership and management were outstanding. There were sufficient good quality activity places, nearly all with embedded accreditation. The initial assessment and allocation processes promptly ensured women were directed to appropriate vocational pathways. Teaching and learning were outstanding and the development of functional skills good. Achievements were outstanding and attendance was very good. The library and physical education opportunities were very good but their use required closer scrutiny. **Outcomes for prisoners were good against this healthy prison test.***

S24 *At the last inspection in 2012 we found that outcomes for prisoners in New Hall were good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved and one had not been achieved.*

- S25 Time out of cell was reasonable and nearly all women were unlocked during the core day. The curtailment of association needed to be better managed to ensure a greater level of predictability in the regime. Not all women could have a full hour's outside exercise every day.
- S26 Outstanding partnership working between the prison and college managers had resulted in a well-planned, coherent curriculum that effectively met the population's needs. The prison had made good use of market intelligence to offer a curriculum tailored to local skills gaps and employer requirements. Quality improvement arrangements were very effective.
- S27 Almost all women were engaged in purposeful activity. The allocations team provided women with an effective, coordinated and sequenced programme of activities. The range of accredited provision was particularly good and included a very wide range of industrial workshops that matched commercial standards.
- S28 Teaching and learning were outstanding. Behaviour was very good and relationships between staff and learners very respectful. Staff provided very effective individual support in activity sessions to help learners overcome barriers to learning. Staff consistently challenged any inappropriate behaviour. Resources were good in nearly all areas; industrial workshops for call centre operations, hairdressing and photography services were particularly good.

Learners arriving late and leaving early to attend appointments disrupted a few lessons and some sessions were cancelled due to a lack of staff cover for absences.

- S29 Outcomes for classroom-based courses were high and for vocational qualifications very high. Attendance was very good. Prisoners developed very good personal, social and vocational skills and produced work of a high standard. The development of learners' English and mathematics skills was also good.
- S30 The library was adequate but underused. It provided a good range of activities to promote literacy, such as external visits from authors. There was reasonable take-up of the Six Book Challenge reading initiative and Storybook Mums (in which prisoners record stories for their children). The virtual campus needed to be used more effectively to support learners.
- S31 The gym offered a good range of accredited provision and recreational PE opportunities. Gym staff had made good links with the health care department to support women on rehabilitation and recovery programmes. The prison did not sufficiently monitor the use of the gym by different groups of prisoners.

## Resettlement

S32 *Strategic management of resettlement was very good and the needs of the population were clearly understood. Provision matched needs well but the use of release on temporary licence (ROTL) needed to improve. Offender management work was mixed; offender supervisors saw all prisoners on arrival and periodically afterwards and most assessments had been completed. However, too much case work was inadequate, as was release planning, particularly for high risk prisoners. There were also problems with some aspects of public protection work, particularly around multi-agency public protection arrangements (MAPPA). Allocation work was reasonable although a better regime needed to be offered to those considered suitable for open conditions. Indeterminate and long sentence prisoners would have benefited from more opportunities to cook for themselves. Resettlement arrangements were in transition, but reintegration work remained strong as did support in the resettlement pathways. Women received excellent support in maintaining contact with their families. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S33 *At the last inspection in 2012 we found that outcomes for prisoners in New Hall were good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved and five had not been achieved.*

- S34 The women's needs were well understood. The overall strategic approach was broadly appropriate, but it was too early to judge how the activities of the new community rehabilitation company<sup>2</sup> (CRC) would dovetail with existing work. ROTL was rarely used. Few women applied and some opportunities to support resettlement planning were missed.

<sup>2</sup> All prisoners sentenced after 1 February 2015 will be subject to a minimum of 12 months supervision and rehabilitation support on release. Rehabilitation services will be organised through CRCs who will take over the work with medium- and low-risk offenders, with the National Probation Service (NPS) maintaining responsibility for high- and very high-risk offenders. Many rehabilitation services, including accommodation brokerage and retention, employment support, finance and debt services, support for previous sex workers as well as victims of domestic violence and abuse, will be provided in both prisons and the community by the same provider to offer greater continuity between the two.

- S35 In our survey, more women than in the comparator said they had an offender supervisor and a sentence plan. Offender supervisors were competent and well motivated. However, some risk of harm assessments and risk management plans were missing or insufficient. Some sentence planning work needed improvement. The offender management unit (OMU) did not operate a casework model, which was likely to have led to some duplication and communication lapses. The recording of work carried out with women needed better coordination.
- S36 We were not assured that all MAPPA cases were robustly identified or managed, particularly in the pre-release phase, which potentially put the public at risk. The inter-departmental risk management team (IDRMT) needed to focus more closely on the highest risk cases and public protection.
- S37 Too few women could transfer to the prison closest to their release address before being discharged. Most prisoners on indeterminate sentences were generally positive about their offender supervisors but there was no specific consultation forum for them or opportunities to cater for themselves.
- S38 In our survey, prisoners were positive about their ability to obtain resettlement support. Offender supervisors completed a basic custody screening of all new arrivals to establish their resettlement needs and staff used the information to make referrals and create a resettlement plan, which was reviewed pre-release. A broad range of resettlement services was available, many of them close to women's release addresses. Women could obtain much of this support and refer themselves to services at the Together Women Project (TWP) women's centre and in our survey, prisoners were positive about their ability to access resettlement services. Effective partnerships had been established between the different resettlement agencies although some tensions had emerged since the introduction of the new CRC arrangements.
- S39 In our survey more women than in the comparator said they had received support to maintain contact with their family. Extended family visits were held regularly and were available to all women with children, irrespective of their IEP status. All visitors were complimentary about their treatment but most complained about problems getting access to the telephone booking line and a lack of information for first-time visitors. The visitors' centre and visits room were bright and comfortable and there was a well-equipped, supervised play area. The attractive extended visits room was well used. Family support workers provided a range of good support, including one-to-one casework and parenting programmes.
- S40 An impressive range of organisations supported women who had suffered trauma, but representatives from several of these agencies said their funding arrangements were uncertain. Women were encouraged to disclose abuse of all types and qualified advocates helped them understand their experiences and ensured their safety on release. An integrated offender management police officer provided additional resettlement support to women from West Yorkshire. A counselling service was available four days a week, but even this comparatively generous provision did not meet women's needs. Women were invited to disclose their involvement in prostitution and support was provided both internally and through a variety of visiting organisations. Awareness of human trafficking had improved.
- S41 Accommodation services were appropriate and over the previous year most women were released to settled accommodation. Very effective links with employers had been developed, providing good employment opportunities. The quality of the National Careers Service was good.

- S42 Women received appropriate health support on release and there were effective links with community mental health services for women with complex mental health problems. All women were offered substance misuse harm reduction advice pre-release and 'through the gate'. There was a good range of support for women with financial problems.
- S43 An improved range of offending behaviour programmes was available and easily accessible. A small number of women had completed one-to-one victim awareness work, including some mediation, but more of this provision was required. The new Rivendell service provided women with personality disorders who had committed violent offences with an intense, structured intervention.

## Main concerns and recommendations

- S44 Concern: Case management work was not strong or consistent enough. Risk of harm assessments were not all sufficient or timely and management plans were missing in some cases, most of them in the run up to women's release dates. Prisoners felt less involved in the sentence planning process than at the previous inspection and some targets set were not sufficiently outcome focused or time bound.

**Recommendation: Quality assurance processes in the OMU should ensure that all OASys assessments and sentence plans are of a good standard, that ongoing contact with prisoners is meaningful and sufficient and that assessments are reviewed prior to a prisoner's release.**

- S45 Concern: Some OMU staff were not sufficiently knowledgeable about MAPPA arrangements. MAPPA levels were not always confirmed in a timely way pre-release and information on the Prison Service IT system was not always accurate. Women potentially subject to MAPPA were not routinely referred to the IDRMT pre-release. The IDRMT meeting needed to be more focused.

**Recommendation: Prison managers should ensure that the management level of all MAPPA prisoners is established six months prior to release and that the IDRMT monitors risk management plans for release as necessary.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

**Women transferring to and from the prison are treated safely, decently and efficiently.**

- 1.1** *Women continued to share escort vans with male prisoners and spend a long time in court prior to being transferred to the prison.*
- 1.2** Women still shared escort vehicles with men, which was inappropriate. Many women waited a long time in court before being transferred to the prison, arriving late in the evening which made first night procedures more difficult to carry out. In the six months prior to our inspection, 105 women had arrived at the prison after 7pm. Reception remained open to accommodate these late arrivals.
- 1.3** Escort vans were clean and women provided with drinks on the mostly short journeys to the prison. We were assured that appropriate transport was provided for disabled and pregnant women. Some women complained that they were moved up to four times onto different vehicles during their journey from the courts to the prison, which reception and escort staff confirmed sometimes happened. Discharges to court were prompt and information exchange with escort staff was very good.
- 1.4** In the six months prior to our inspection, video link services had been used for 160 court hearings. This represented 26% of all court hearings for women at the prison and a significant increase in use of the facilities since our last inspection.

### Recommendation

- 1.5** **Women should be held in court cells for the minimum possible time and transported separately from male prisoners; they should not be moved between vehicles.**

## Early days in custody

### Expected outcomes:

**Women are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Women's individual needs are identified and addressed, and they feel supported on their first night. During a woman's induction she is made aware of the prison routines, how to access available services and how to cope with imprisonment.**

- 1.6** *Women were positive about most aspects of their early days in custody in our survey. Reception processes were thorough. Staff treated women respectfully and peer workers provided women with valuable support. Some women waited too long to move to the first night centre. Induction started the day after arrival.*

- 1.7** Women were positive about most aspects of their early days in custody in our survey. The reception area was clean, the environment informal and there were some soft furnishings in waiting areas. Women were rarely locked in holding rooms on arrival. There was a significant amount of information made available about the prison but only in English. Women could use toilet facilities freely and were provided with food and drinks when needed.
- 1.8** The reception process was thorough especially for those new to the prison and all women had a private interview with the senior officer regardless of their arrival time; their immediate needs were assessed and addressed. Staff treated women respectfully and with good humour and we observed that they always introduced themselves to the women. Health care staff undertook initial health screenings in private.
- 1.9** Trained Insiders (prisoner peer supporters who introduced new arrivals to prison life) met all new arrivals and provided them with basic first night information and generally offered support. All women were offered a shower and free telephone call no matter what time they arrived although calls could not be made in private. When it was busy, some women could spend too long, up to two hours, waiting to move from reception to the first night centre.
- 1.10** On arrival in the first night centre, staff again interviewed women in private to ensure any concerns had been addressed. Accommodation was clean and well prepared. Women we spoke to were complimentary about first night staff and peer workers, as well as about the support they received.
- 1.11** Induction started the day after women's arrival at the prison. Representatives from agencies such as Turning Point (see paragraph 1.72), charity St Giles Trust and the chaplaincy visited the women. Women also had a second private interview with staff.
- 1.12** A formal two-part induction process was provided in the form of a PowerPoint presentation covering all basic information about prison regimes and services, followed by formal education and resettlement assessments. A record was kept of all new arrivals and when they had completed their induction.
- 1.13** Women were seen by peer supporters who assisted in completing various administrative tasks such as signing behaviour compacts. Peer supporters however, also collected private equalities information, which was inappropriate. Any identified needs were passed on to staff for follow up. New arrivals we spoke to told us the induction programme was informative and had helped them to understand how the prison operated.
- 1.14** Women were allocated to activities promptly following completion of their induction and moved to other residential units within the prison.

## Recommendation

- 1.15 Peer workers should not have access to the personal details of other prisoners.**

## Housekeeping point

- 1.16** Women should be able to make a telephone call in private in reception. (Repeated recommendation 1.21)

## Safe and supportive relationships

### Expected outcomes:

**Safe and supportive relationships are encouraged. Everyone feels and is safe from victimisation (which includes verbal and racial abuse, theft, violence and assault or threats). Women are protected from victimisation through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.**

**1.17** *Most women felt safe, levels of violence were low and most incidents were minor. Some perceptions around safety in our survey were poorer than at the last inspection; we thought this was largely explained by responses from gay and bisexual women who were more negative than others about a range of issues. The incentives and earned privileges (IEP) scheme was run fairly and with common sense. While structures were in place through anti-bullying and the IEP scheme to respond to poor behaviour, more could have been done through prisoner forums to promote safe and supportive relationships.*

**1.18** Most prisoners felt safe. In our survey, prisoners' perceptions of safety and victimisation were mainly similar to comparator prisons but some were poorer compared with the last inspection. We believed this was largely explained by responses from gay and bisexual women. More women said they had been victimised by staff than at the last inspection. We could find no evidence to support these perceptions and believed this was associated with a robust but measured approach to managing conflicts related to women in relationships (see 2.32). However, ongoing vigilance was required to ensure this balanced approach continued (see paragraph 2.16).

**1.19** The recorded number of fights and assaults was low. There had been 15 fights or assaults among women in the previous six months, and most were fairly minor. Non-accidental injuries and the few more serious incidents (four since January 2015) were investigated and appropriately referred to the police. There had been eight assaults on staff in the same period. Thirty-one per cent of women were assessed as being high risk for cell-sharing and reviews were completed at inter-departmental risk management team (IDRMT) meetings. Incidents involving young adult women (aged 18-21) were not specifically monitored to see if they were more likely to display problematic behaviour.

**1.20** Bullying was usually about relatively minor matters, often related to difficult relationships, verbal threats and tobacco. Some women and staff thought there was a link between low wages, debt and trading in medication or illicit drugs. Although there was no specific evidence of this in our survey, more than the comparator and than previously said they had been kicked or assaulted by other prisoners or victimised because of drugs.

**1.21** Investigations into incidents and the prison's subsequent monitoring of behaviour were mostly good. Investigations were completed when needed – 88 in the previous six months – and 51 women were monitored following investigations as part of a three-staged strategy approach. The few women who had been placed on stage 2 (where there was evidence of bullying) were downgraded to the basic IEP regime, but could have their privileges reinstated following a weekly review if their behaviour improved.

**1.22** Safety was raised at some prisoner forums but more needed to be done to explore with the women, including gay and bisexual women, ways of promoting safe and supportive relationships. There were no established mediation or support plans for women who felt victimised.

- I.23** A monthly safer custody and safeguarding meeting was usually chaired by a senior governor. Action points were identified, although some had remained on the agenda for several months. Prisoners were represented at this meeting through prisoner information desk (PID) workers, Insiders and Listeners but there were some noticeable departmental absences, including from security and the chaplaincy.
- I.24** In our survey, more women than the comparator said they had been treated fairly in their experience of the IEP scheme. The scheme was fair and run with common sense; 10.5% of women (40) were on the entry level (they were automatically reviewed after 14 days for progression) and 4.5% (17) were on the basic level. Women on the basic regime could attend work, receive visits, have daily exercise but had restricted access to association and a television. Staff considered the impact of the basic regime on women's welfare before they were downgraded. The majority of women were on the standard level, while 28% (106) were on the enhanced level of the scheme.
- I.25** Women were not given copies of behaviour warnings. Many attended IEP reviews where comments on progress were obtained from activity areas they attended. A good quality assurance procedure was in place.

## Recommendation

- I.26** **Managers should engage with women to better understand and address their concerns around safety and victimisation and to promote safe and supportive relationships.**

## Housekeeping points

- I.27** Incidents involving young adults should be monitored closely.
- I.28** Women should be given a written copy of any behaviour warnings.

## Self-harm and suicide prevention

### Expected outcomes:

**The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Vulnerable women are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

- I.29** *A small number of women harmed themselves frequently and good efforts were made to learn from more serious incidents. Day-to-day care for women on assessment, care in custody and teamwork (ACCT) case management procedures was good but some ACCT work needed improvement.*

- I.30** The suicide and self-harm prevention policy (dated April 2015) was comprehensive. It referred to self-harm among young women, recognising their specific risks and needs, which included more frequent and spontaneous acts of self-harm.
- I.31** There had been three self-inflicted deaths since 2006 – the last in 2014. A further death from a drug overdose had occurred within eight hours of a woman's release. The prison had completed an internal investigation of this incident, but there had been no investigation by

the Prisons and Probation Ombudsman (PPO) as such incidents fell outside the PPOs remit. PPO recommendations from investigations and internal investigations were discussed at the monthly safer custody and safeguarding meeting so that lessons could be learned from the few more serious self-harm incidents. A monthly safeguarding newsletter also promoted learning.

- I.32** Levels of self-harm fluctuated and a small number of women, often held in Rivendell or Holly houses, accounted for a large number of incidents. Data was collected about self-harm but not enough was being done to consider trends and themes.
- I.33** Many ACCT documents were opened, consistently accounting for around 5% to 6% of the population at any given time. Most were open for only a short time as a precautionary measure.
- I.34** Mental health workers were present at most ACCT reviews although it was rare for other groups, such as chaplains to attend. There was a lack of continuity in the case management of women on ACCTs, but overall levels of care were good. Only forty-five per cent of staff had received any refresher training in ACCT procedures.
- I.35** Staff had a good awareness of the need to consider the impact of sanctions on women at risk (see paragraph I.18). The duty governor authorised and recorded the reasons for the segregation of any woman on an open ACCT document. Alternative clothing was not used frequently (for four women since January 2015) but its use was monitored well, as was the use of gated cells for constant observations (which had been employed twice in 2015). Four cells in Holly House had CCTV coverage. A safer cell had been installed in the first night centre and there were two cells in most houses that had some safer cell features.
- I.36** There were 16 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Prisoners generally had good access to them but it was unsatisfactory that women at risk could not see them during the night and telephones providing access to the Samaritans did not work in all houses. Nevertheless, the generally mutually supportive relationships evident in the prison offset some of these concerns.

## Recommendations

- I.37** **ACCT reviews and care should be coordinated by the same case manager, and reviews should include representation from relevant staff who know the woman at risk and who can contribute to effective care plans.**
- I.38** **Prisoners should have 24-hour access to Listeners.**

## Safeguarding (protection of adults at risk) and women with complex needs

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>3</sup>**

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<sup>3</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

**I.39** *Adult safeguarding was embedded throughout the prison and support for women at risk and those with complex needs was very good. Holly and Rivendell houses provided specialist provision and some links had been developed with the local safeguarding adults board.*

- I.40** Adult safeguarding was embedded throughout the prison and effective measures were in place to identify women who needed additional support. Health care staff identified women with complex needs, many of whom had disclosed past abuse and trauma, and equalities screening at reception also effectively identified needs related to women's protected characteristics, for example, disability.
- I.41** The weekly IDRMT (see paragraph 4.18) and monthly safer custody and safeguarding meetings also identified women at risk. The particularly complex needs and vulnerabilities of some women were met well through Holly and Rivendell houses (see paragraph 4.65).
- I.42** Good preparation had been made for the requirements of the Care Act (2015) - outlines new obligations on local authorities and prisons to provide support to some very vulnerable people, including those in prison, and looks at the way in which local authorities should carry out carers' assessments and needs assessments; how they determine who is eligible for support; and how any needs will be met. Two nurses specialised in working with women with learning difficulties and who could assess women's social care needs and capacity were in post which meant that the prison was well placed to quickly respond to any referrals needed under the Act.
- I.43** Prisoners, staff and visitors received guidance on reporting staff wrongdoing. The adult safeguarding policy had been adapted from one developed for children, which meant it did not fully reflect the specific safeguarding needs of adults at risk. For sensible pragmatic reasons a representative from the male prisons within the local area attended the local adults safeguarding board; New Hall needed to ensure that the specific needs of its women prisoners were adequately represented at this forum.

## Security

### Expected outcomes:

**Physical and procedural security measures are specific to the risks in a women's prison. Security and good order are underpinned by effective security intelligence and positive staff-prisoner relationships. Women are safe from exposure to substance misuse while in prison.**

**I.44** *Security measures were generally proportionate. Closed visits were not always used for visits-related matters. Security information was analysed well but we were not confident that all of it was acted on promptly enough. Information sharing with some other departments was not sufficiently well developed. Challenges around reducing the supply of drugs were generally managed robustly.*

- I.45** Security measures were generally proportionate. Women could move freely to activities while supervised and used movement slips (which authorise prisoners to move around the prison) at other times; access to activities was not overly restricted by security risk assessments.
- I.46** Strip-searching was all intelligence-led and appropriately authorised. Twenty-two women were subject to closed visits, 19 of which had been imposed under a 'support and sanctions'

protocol (see paragraph I.52). Most closed visits were not related to illicit activity during visits. Nine visitors had been banned, all because of visits-related issues. Closed visits and banned visitors received a review every month and those affected were informed of the appeals process.

- I.47 A reasonable amount of security information was received from all prison areas; 1402 information reports (IRs) had been submitted in the six months prior to our inspection. Systems were in place to collate and analyse intelligence, but there was a backlog of IRs that had not been dealt with. Although urgent issues were prioritised, we were not assured that all intelligence was acted on promptly enough. The local police provided good support; some significant intelligence sharing and joint working took place to address drug supply issues, which led to the arrest of several suspects.
- I.48 Not all departments were represented at the monthly security meeting and safer custody staff had only attended once in the previous six months. However, objectives were set to address key areas of concern, such as drugs and antisocial behaviour, and a bulletin informed staff of current priorities.
- I.49 Drug supply reduction was discussed at both security and drug strategy meetings and the establishment had produced a detailed supply reduction action plan. The security elements of this were well developed but some aspects of substance misuse support still needed to be improved (see paragraphs I.72 and I.73).
- I.50 The random mandatory drug testing (MDT) positive rate averaged 6.61% in the previous six months, slightly above target and women mainly tested positive for subutex and dihydrocodeine. Although the majority of IRs were drug-related only nine suspicion tests had been conducted in the previous six months.
- I.51 Survey results pointed to the high availability of illicit drugs and diverted medication: 43% of women said it was easy to get illegal drugs (against a comparator of 28%); 16% reported having developed a drug problem in the prison (against a comparator of 4%); and 14% had developed a problem with diverted medication (against a comparator of 7%).
- I.52 The prison had implemented a frequent testing programme and multi-agency case reviews as part of the support and sanctions protocol, and information sharing between security and substance misuse services was good. This strategy combined punitive measures for those found using illicit substances, with a clear support plan. We felt it provided a robust response to the challenges faced, and sent a clear message that the use of illicit drugs would not be tolerated, while still offering appropriate support.
- I.53 The diversion of medication continued to be an issue but appropriate steps were being taken to monitor and address it, although some aspects of supervision around medication queues needed to improve. Intelligence reports and finds had indicated that in the months prior to the inspection new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects) had emerged as a further concern. Overall we felt the prison was aware of the main challenges and responding appropriately.

## Recommendations

- I.54 **Closed visits should only be used when there has been illicit or inappropriate behaviour directly associated with visits.**

- I.55 All information reports should be completed within a reasonable timescale and required action carried out promptly.**
- I.56 Staff from all key departments, including safer custody, should attend security meetings and all elements of the supply reduction action plan should be implemented.**

## Discipline

### Expected outcomes:

**Disciplinary procedures are applied fairly and for good reason. Women understand why they are being disciplined and can appeal against any sanctions imposed on them.**

- I.57** *The number of adjudications had declined and punishments were proportionate. Women were only restrained as a last resort and de-escalation was evident. The segregation unit was mostly clean but exercise yards were cage-like. Some segregation reviews lacked purposeful planning and targets. Relationships in the segregation unit were good and staff knew women well, however, the regime was poor and many women spent most of their time locked up.*

### Disciplinary procedures

- I.58** There had been 319 adjudications in the previous six months, compared with 540 over a similar period in 2012, representing a significant decrease. Adjudications took place in the segregation unit in relatively informal surroundings and women could present their evidence and contact legal advisers, or call on additional support or witnesses. Adjudications for only the most serious offences were referred to the independent adjudicator who attended every month. Records generally showed that full investigations took place into what had happened. Punishments were proportionate and cellular confinement was used less often than previously.
- I.59** Adjudication monitoring meetings took place quarterly. A wide range of data was considered and trends monitored. The deputy governor reviewed a sample of adjudications and identified issues were raised with individual adjudicating staff.

### The use of force

- I.60** The use of force had reduced since the last inspection; 68 incidents had occurred in the previous six months. A small number of women accounted for the large number of these incidents. There had been one planned intervention and this had been video recorded and reviewed. We looked at the incident and considered the use of force was justified and the incident appropriately managed.
- I.61** Incident records and documentation suggested that staff attempted to deploy de-escalation techniques, both before and during incidents. The use of handcuffs during incidents was also appropriate. We were concerned to find two incidents where force was used to ensure women attended adjudications, although we were assured this practice would not continue. The prison did not always review incidents promptly enough to see if force was justified.
- I.62** Special accommodation had been used once in the previous six months; it appeared justified and well documented. Women did not stay in the cell for a prolonged period and were

removed as soon as they became complaint. The cell needed cleaning; there was some graffiti and it had not been checked regularly.

- I.63** Use of force was discussed at the safer custody and safeguarding meeting but little monitoring or analysis of data took place to identify any arising trends.

## Segregation

- I.64** The segregation environment, including cells, was generally clean, although there was some graffiti. The exercise yards were bare and cage-like.
- I.65** A total of 102 women had been segregated in the six months prior to our inspection. Some women with very complex needs had been segregated when no other suitable option was available, although few remained there for long periods. Reviews took place regularly and staff from relevant departments attended, but there was little formal care or reintegration planning. Despite this some good individualised work had taken place to return women to the main prison.
- I.66** The duty manager visited women every day; they had daily access to showers, phone calls and exercise. Otherwise, the regime remained basic and the women we spoke to said they spent most of their time in their cells. Televisions were provided to most women whose behaviour was appropriate.
- I.67** Staff-prisoner relationships were supportive and we observed good interactions between women and staff. Staff knew the women very well although written records often failed to show detailed interactions. Segregation monitoring was undertaken at a quarterly meeting and involved a detailed analysis of the use of segregation.

## Recommendations

- I.68** **All women in the segregation unit should receive formal care and reintegration planning to meet their individual needs.**
- I.69** **Women in the segregation unit should be able to access a better range of activities in the unit to occupy their time, as well as off-unit activities to enable them to reintegrate into the normal residential accommodation.**

## Substance misuse

### Expected outcomes:

**Women with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

- I.70** *Substance misuse services had improved considerably since the previous inspection following the appointment of specialist alcohol and dual diagnosis nurses and regular treatment reviews. Good psychosocial support was provided but low intensity interventions and peer mentoring needed further development.*

- I.71** The substance misuse strategy was well managed and a multi-agency committee met every month. The drug and alcohol policy had been updated and included a detailed annual action

plan informed by local data, although a comprehensive needs analysis had not been undertaken in over two years.

- I.72** Substance misuse services were provided by Spectrum Healthcare and Turning Point. In our survey 86% of women said they had received help with their drug use while 84% had received help for their alcohol problem, more than in 2012.
- I.73** Psychosocial support was readily available and 254 women (67% of the population) were actively involved with the service, including 11 young women. The team had introduced a stepped approach to recovery and delivered modules in group or one-to-one sessions, but there was a lack of low intensity workshops for remanded and short-term prisoners.
- I.74** A four-session alcohol group was available and a 10-week Mindfulness and Relapse Prevention course offered valuable support to women in recovery. Mutual aid included Alcoholics Anonymous, Narcotics Anonymous and self-management and recovery training. The peer mentoring scheme was still very limited and service user consultation needed to take place more regularly.
- I.75** Drug and/or alcohol dependent women received good clinical care. Following prompt screening and treatment on arrival, they were located in the first night centre, where they were monitored during stabilisation and detoxification. After the five-day review the majority moved to Oak House, the prison's drug treatment unit. During the inspection, 98 women were prescribed opiate substitutes, 40% on reducing doses. Treatment regimes were flexible and recovery clinics had been introduced to hold regular reviews.
- I.76** The supervision of controlled drug administration had improved and clinical compliance testing was now in place.
- I.77** During the previous six months, 82 women required alcohol detoxification and a designated alcohol nurse had developed screening, brief intervention, support services and treatment reviews for women with primary alcohol problems. A new dual diagnosis nurse had improved care pathways for those with mental health and substance-related issues. She had a caseload of 14 women with complex needs and met regularly with the mental health team. Specialist clinics for pregnant women were led by a GP and a midwife.
- I.78** Joint working between clinical and psychosocial support teams was evident in treatment reviews, but better information sharing and joint interventions were necessary to achieve a more integrated service.

## Recommendations

- I.79** **The range of substance misuse interventions should include low intensity workshops for short-term prisoners and the peer support scheme should be developed along with better consultation with service users.**
- I.80** **Clinical and psychosocial substance misuse services should further improve joint working and provide fully integrated care.**

## Section 2. Respect

### Residential units

#### Expected outcomes:

**Women live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Women are aware of the rules and routines of the prison which encourage responsible behaviour.**

- 2.1** *Women were positive about most residential arrangements and some refurbishment had taken place. Interior and exterior areas were clean. Some single cells continued to be used as doubles and some toilets were not sufficiently screened. Fewer women than the comparator said they could shower every day. Most telephones could not be used in private. Most women were satisfied with the applications process. The need for convicted women to purchase clothing from catalogues after receiving an initial parcel was unfair.*
- 2.2** Women were positive about most residential arrangements. Efforts had been made to improve the presentation of the establishment and external areas were pleasant and clean. The design, age and condition of houses differed but they were clean and some refurbishment had taken place.
- 2.3** Unchanged from previous inspections, some women continued to share cramped cells designed for one without sufficient furniture, and some toilets were not screened properly. Although equipped with seating, the exercise yard at the rear of Poplar House was stark.
- 2.4** Women in Rivendell House had en suite cell facilities and those in Larch House had room keys and were not locked up in their rooms at any time. Larch House had been fitted with cooking facilities.
- 2.5** All showers and baths were clean and could be used in private. In our survey only 79% of women said they could shower every day against a 90% comparator. Equality team minutes in March noted that women found it difficult to have a shower in the mornings and evenings, when there were competing demands on their time.
- 2.6** Women had weekly access to laundries to wash clothes and bedding. Underwear was precluded from the weekly wash and plastic washing bowls were provided. Convicted women could only receive one parcel of clothing within 28 days of arrival. They had to buy additional clothing from catalogues, which was expensive particularly given the very low wages earned. This was particularly unfair for those without an external source of money.
- 2.7** In our survey more women than the comparator said it was difficult to access telephones (27% against 21%). A and B wings in Willow House only had one telephone for maximum populations of 33 and 34; two additional phones near the association room were for prisoners on the enhanced regime only and could not be accessed easily. Most phones could still not be used in private.
- 2.8** General application forms were freely available and managed by prisoner information desk (PID) peer workers. In our survey, women were more positive than those in comparator prisons about the application process.

- 2.9** Custodial managers carried out monthly checks of 10% of emergency call bells in each house. The small number with response times of over 5.5 minutes was investigated.

## Recommendations

- 2.10** **Cells designed for one prisoner should not be used to accommodate two and all toilets should be effectively screened.** (Repeated recommendations 2.11 and 2.12)
- 2.11** **Women should not have to buy all their clothing from catalogues.**

## Housekeeping point

- 2.12** Women's dissatisfaction with access to phones and showers should be investigated and addressed.

## Staff-prisoner relationships

### Expected outcomes:

**Women are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

**2.13** *Staff-prisoner relationships were very strong and at the heart of much that was good about the prison. Staff were respectful in their day-to-day dealings with women who appreciated the generally supportive approach adopted. The personal officer scheme worked reasonably well.*

**2.14** Staff-prisoner relationships were very strong. Women in our survey and whom we met during the inspection were positive about most staff and nearly everything we saw confirmed this. Interactions we observed were friendly and appropriate, and staff also consistently challenged prisoners' poor or inappropriate behaviour. Some staff doing specialist jobs were exceptional, which led to some very good outcomes.

**2.15** All women had a named personal officer and the scheme worked reasonably well; contact was frequent and usually meaningful. Most women said they had a named member of staff they could turn to if they had a problem. Prisoner consultation arrangements were good and women had a range of opportunities to have their views taken into account.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>4</sup> are recognised and addressed: these include race equality, nationality, religion, disability**

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<sup>4</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

**(including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation, age and being pregnant and giving birth.**

**2.16** *Equality outcomes for women were generally good and prisoners and staff knew the knowledgeable, experienced equalities officer. Discrimination incident reporting forms (DIRFs) were well investigated. Most women felt well supported but those with disabilities and gay and bisexual women were more negative in our survey concerning the issues of safety and respect. The mother and baby unit (MBU) continued to offer good support. However, officers working in the unit were not all suitably trained and mothers were expected to remain in their rooms overnight.*

## Strategic management

- 2.17** Equalities outcomes for women were generally good. The equalities policy included all protected characteristics but was not based on a needs analysis. An equality action plan was regularly updated.
- 2.18** The knowledgeable and very experienced full-time equalities officer was responsible for work across all protected characteristics. Prisoners and staff knew her well. No cover was provided if she was absent or redeployed to other duties. As a result some planned prisoner consultation forums for women with protected characteristics were postponed.
- 2.19** Over 60% of staff in prisoner contact roles were women. Few had undertaken specific training to work with women prisoners, but the equality officer had organised a range of equality awareness training and distributed information, including on trafficking, transgender awareness, autism and aspergers syndrome and learning disability. Awareness training had also been delivered to equalities orderlies (prisoners who provided support to women from the protected groups).
- 2.20** The equalities team, chaired by the governor, met quarterly and consisted of the equalities officer, a representative from the Independent Monitoring Board and equalities orderlies. Equality monitoring data were discussed and out of range areas investigated. Action points were forwarded to senior staff. Equality was a standing agenda item at senior management team (SMT) meetings.
- 2.21** A variety of equalities events were delivered, often with support from the chaplaincy. A New Hall pride and diversity road show had been held early in June and a female paralympian had made a presentation at the equalities team meeting in March.
- 2.22** Equalities orderlies, some of whom were PID workers, were confident about their role. They completed equality questionnaires with new arrivals that were forwarded to the equalities officer. Women could also forward information themselves in sealed envelopes.
- 2.23** Nine DIRFs had been submitted in the six months preceding the inspection; 26 had been submitted in 2013 and 29 in 2014. Complaints were relatively minor and the equalities officer investigated them thoroughly. Responses were quality assessed by a senior manager. Prisoners and staff representatives from New Hall and other local establishments reviewed completed investigations on a rota basis; DIRF reviews included appropriate external representation when they were held at New Hall

## Housekeeping point

**2.24** Prisoner forums should be facilitated as planned.

## Protected characteristics

**2.25** Around 8.5% of prisoners were from black and minority ethnic backgrounds. In groups and individually women from black and minority ethnic backgrounds were generally positive about equality and raised similar concerns to white prisoners. The equalities officer saw Gypsy/Roma/Traveller women individually. In our survey 6% of prisoners identified themselves as being from these groups compared with 1.3% identified by the prison. Women from black and minority ethnic backgrounds and Gypsy/Roma/Traveller women could participate in occasional forums and received good, individual support.

**2.26** Support for the 22 foreign national prisoners was generally appropriate. Women could speak to an immigration officer and to the equalities officer individually at quarterly meetings. Two women had been referred to the national referral mechanism (which identifies, protects and supports victims of human trafficking). Women felt supported by the equalities officer but not everyone thought that all other staff understood their distinct needs or cultural preferences. Not all officers were aware of the foreign national women in their houses, or could identify their nationality.

**2.27** Foreign national women only received a free monthly five-minute phone call if they had not had a visit. For some this made it more difficult to maintain good contact with family abroad.

**2.28** The prison identified 26.5% of the population as having a disability compared with 34% in our survey. Some women with disabilities were more negative than others in our survey about safety and respect, but those we spoke to had received good care and most were positive about the support provided.

**2.29** Unpaid 'buddy' peer workers helped women with everyday activities and personal emergency and evacuation plans (PEEPs) and care plans were in place. The list of staff and prisoner translators included those who could offer British sign language support.

**2.30** Individual adaptations were provided and two adapted cells were available, one each in Willow and Rivendell houses. Larch House had no adapted rooms, showers or lifts, which would have prevented some women from living there. Retired women continued to pay for their television.

**2.31** Gym activities and specific forums were available for older women; this aside no other specific activities were provided for this group. Some older and younger women complained of boredom; a 'knit and natter' club for both groups was being planned. Two young women were receiving one-to-one mentoring from the charity Spurgeons, and 37 young women had received mentoring support since May 2014. The project was set to end in September.

**2.32** In our survey, 33% of women identified as gay or bisexual which was higher than in similar prisons. Survey responses from this group were more negative than others in areas of safety and respect. We found no evidence to support these perceptions. There were clear guidelines about acceptable behaviour and we considered the establishment's approach to managing relationships to be appropriate. Many gay, bisexual and transgender women agreed with the guidelines, however, some felt unfairly treated. There were occasional forums for these women, and as with other groups, when needed we found they received good, individual support. Most transgender women felt supported.

- 2.33** Pregnant women were generally satisfied with their support and good antenatal care was provided (see paragraphs 1.77 and 2.78). Support was available to women considering a termination and information about the MBU was provided on arrival.
- 2.34** With suitable accommodation and facilities, the MBU continued to provide a safe and stimulating environment for up to nine mothers and 10 babies. Five mothers and five babies were accommodated during the inspection.
- 2.35** The admissions board was chaired by an independent social worker and the governor made the final decision. Fortnightly boards reviewed the progress of all mothers and babies. All women held in the prison were made aware of the facility and what it could offer.
- 2.36** Action for Children (AfC) staff continued to provide excellent crèche facilities, acted as key workers and monitored children's and mothers' development. They also took children to activities in the community. Although planned, release on temporary licence was not being used to enable mothers to accompany their children. AfC staff supported women whose children had been adopted (see paragraph 4.37).
- 2.37** Relationships in the unit were very good and mothers felt well supported. All AfC staff were trained in paediatric first aid and infant resuscitation, but uniformed officers without any appropriate training were often allocated to work in the unit. Women were expected to remain in their rooms with their baby from 7.30pm which we felt was an unnecessary security restriction for mothers and their babies.

## Recommendations

- 2.38 Foreign national women should receive regular free telephone calls that are long enough for them to be able to maintain good contact with their children and their carers.**
- 2.39 The negative perceptions of women with disabilities and gay and bisexual women in our survey should be better understood and any issues addressed.**
- 2.40 The facilities available in Larch House should meet the physical needs of all women.**
- 2.41 The MBU should always be staffed by suitably trained staff and women should be able to leave their rooms at night.**

## Faith and religious activity

### Expected outcomes:

**All women are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to women's overall care, support and resettlement.**

**2.42** *Faith provision, chaplaincy facilities and activities were good. Chaplains were not represented at departmental meetings or during ACCT reviews.*

**2.43** Faith provision, pastoral care, chaplaincy facilities and activities were good. In groups and individually, women were positive about access to and support from the chaplaincy. All

women were seen by a chaplain on arrival and received verbal and published information about the services and support available. Mothers and babies could attend communal services and good preparations had been made for Ramadan.

- 2.44** The chaplaincy did not have a managing chaplain, but a new managing chaplain had been appointed to start in August 2015. Approximately 25 volunteers from local faith communities supported the team and chaplains managed an effective prison visitor scheme. A chaplain delivered a six-week bereavement course and major religious festivals and equality events were celebrated.
- 2.45** Women could be directed to support from local faith providers on release. Muslim women obtained specific resettlement support at a weekly drop-in managed by a project worker from Muslim Hands, a charity.
- 2.46** Staff and prisoners knew chaplains well, but they were not represented at departmental management meetings, such as security and safer custody and safeguarding meetings or at assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm.

## Recommendation

- 2.47** **The chaplaincy should be represented at all departmental management meetings.**

## Complaints

### Expected outcomes:

**Effective complaints procedures are in place for women, which are easy to access, easy to use and provide timely responses. Women feel safe from repercussions when using these procedures and are aware of an appeal procedure.**

- |   |
|---|
| <b>2.48</b> <i>The complaints process was efficient but not all replies were legible.</i> |
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- 2.49** Complaint forms were freely available and efficiently processed; 96% had received a response on time in the year up to the inspection. Most complaints were about relatively minor matters. Responses were polite and addressed the issue raised. Most were hand-written and not all were easy to read. Complaints about staff were appropriately dealt with by a senior manager.
- 2.50** Complaints were monitored by the number received, location, topic and ethnicity, but not across all protected characteristics or by the number upheld or refused. A quality assurance process was in place and, although complaints were discussed at SMT meetings, minutes did not record the details or any action taken.
- 2.51** Women could raise issues at various meetings with senior managers, including at prisoner consultation meetings and equality meetings.

## Housekeeping point

- 2.52** All complaint responses should be legible.

## Legal rights

### Expected outcomes:

**Women are fully aware of, and understand their sentence or remand, both on arrival and release. Women are supported by the prison staff to freely exercise their legal rights.**

**2.53** *Legal services support was in transition but bail outcomes were good. Legal visits were not sufficiently private and post-room staff did not know which letters should not be opened.*

**2.54** A designated officer helped prisoners apply for bail, and bail outcomes were good, but the service was less proactive than at our last inspection. Offender supervisors were due to take on this work. Legal visitors found it difficult to access the booking system. The prison did not have enough private rooms to meet demand and some legal visits took place in the main visits hall, which was not sufficiently private.

**2.55** In our survey, more prisoners than in the comparator said staff had opened their legal mail when they were not there. Staff in the post room did not know which letters were confidential and what to do if they opened a letter in error.

### Recommendation

**2.56** **Legal visits should always be held in private.**

### Housekeeping point

**2.57** Post-room staff should know the rules on legal and confidential access mail and what to do if they open a letter in error.

## Health services

### Expected outcomes:

**Women are cared for by a health service that assesses and meets their health needs while in prison and which promotes 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.**

**2.58** *Health services were very good overall and service providers were well integrated. Women were effectively screened on arrival and their immediate risks well managed. Waiting times for the GP were short and access to nurses was good. Care for women with long-term conditions was developing. Medicines management needed some improvement. Dental waiting times were reasonable. Mental health services were very good.*

**2.59** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>5</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

## Governance arrangements

- 2.60** The CQC found there were no breaches of the relevant regulations.
- 2.61** Partnership working between commissioner NHS England, providers Spectrum Community Health CIC and Nottinghamshire Healthcare NHS Foundation Trust and the prison was effective and relationships were positive. A new dynamic approach to the health needs assessment was being developed in Yorkshire and Humber. Service provision matched women's needs.
- 2.62** Clinical governance arrangements were generally robust and risks and service improvement needs were identified and managed well. Suitable meetings, with appropriate representation took place. Staff awareness of the incident reporting system was good and incidents were recorded well. Serious incidents were well managed and lessons learned were disseminated effectively.
- 2.63** Women could complain using the prison system and a new confidential health concerns/compliment process, which all providers shared, was about to start. A monthly patient forum meeting enabled women to influence health services. The use of the 'named nurse' concept (where each woman was allocated a nurse as a first point of contact) was a helpful initiative.
- 2.64** Staff had a rich mix of skills and experience and the majority were up to date with their training; some staff had undertaken minor illness and injury training and all had received training in the implications of human trafficking. Some staff needed to develop their skills in long-term conditions, such as diabetes management. Nursing staff received clinical supervision, but it was not recorded formally.
- 2.65** Women waited too long to see the optician; 41 were on the list and the longest wait was six weeks. Forty-two women were waiting to attend the regular smoking cessation clinics; the longest wait was 13 weeks. Care planning was reasonable, but review dates were not always adhered to. Regular audits were conducted. Consent to share information was sought routinely.
- 2.66** Women's social care needs were properly identified and several primary care staff had been trained to carry out initial assessments on prisoners on behalf of the local authority; some had been conducted, but had not met the threshold for local authority funding. There was a good focus on safeguarding and the main providers had up-to-date policies. Staff were aware of their responsibilities, for example, a health care professional had escalated and appropriately raised an incident concerning use of force with the prison (see paragraph I.42.) There was a clear process for obtaining disability living equipment.
- 2.67** Arrangements for an emergency response, including resuscitation kits were appropriate and equipment was checked regularly. Clinical staff had regular basic life support training.

<sup>5</sup> 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>.

Equipment was located so officers had access, but too few prison staff had received up-to-date basic life support training (9%).

- 2.68** Health promotion was well established, there were some excellent notice board displays and a wide range of literature was available. Twice yearly health promotion days in which health providers were involved focused on health issues pertinent to women at New Hall.

## Recommendation

- 2.69** **Waiting lists should be reduced, particularly those for the optician and smoking cessation clinic.**

## Delivery of care (physical health)

- 2.70** In our survey more women (51%) than at comparator prisons (40%) said that the overall quality of health services was good and women we spoke to were generally positive about the provision.
- 2.71** On arrival, women received a comprehensive health screening that identified their immediate health needs and risks, including substance misuse, mental health and existing dependent children. All women were also offered a pregnancy test on arrival. We noted an example involving a woman who had arrived with acute hyperglycaemia (high blood sugars); clinical staff dealt with her promptly and safely and health care and prison staff appropriately escalated the woman's case to other agencies.
- 2.72** The range of primary care services was appropriate and included women's sexual health services, immunisation and screening for blood borne viruses. Some women waited too long for some screening procedures and a new sexual health pathway was being developed. Care and screening for older women was being developed but at the time of the inspection did not fully meet their needs.
- 2.73** Secondary health assessments were reasonable but conducted in a cramped room, which meant the nurse had her back to the woman for much of the consultation. It was inappropriate for a health care support worker to have been working in the same room at the same time.
- 2.74** In our survey, more women than at comparator prisons said that they could see a GP easily and that it was easy to see a nurse. We confirmed that women had good prompt access to a GP, including a female GP, and could see a nurse every day.
- 2.75** Care for women with long-term conditions was generally sound and women were regularly involved in their own care and treatment. Waiting times for the asthma clinic were too long and care planning was not always consistent.
- 2.76** Women with insulin-dependent diabetes received a risk assessment to determine if they could keep their own testing and insulin equipment; we noted a delay in one woman being tested and receiving her insulin.
- 2.77** External hospital appointments were sometimes cancelled but a clinician monitored cancellations.

- 2.78** Maternity care was good. A midwife who had expertise in substance misuse visited every week. We noted a delay in a postnatal check for one woman during our visit. A health visitor visited the MBU and women could obtain advice on the telephone.
- 2.79** Arrangements for out of hours' medical cover were reasonable and 24-hour nursing cover was provided on site.

## Recommendations

- 2.80** **Care for older women should reflect what they would receive in the community, including gender and age specific screening programmes and Well Woman services.**
- 2.81** **Secondary health assessments should be conducted in an environment that enables women to disclose their health and well-being concerns and feel supported during their first few days in custody.**
- 2.82** **Women with insulin-dependent diabetes who are unable to keep their testing and insulin equipment with them should have timely blood tests and insulin administration.**

## Pharmacy

- 2.83** There was an onsite pharmacy and medicines were supplied promptly. Women could ask to speak to the pharmacist or pharmacy technician and they had recently received advice on coeliac disease, inhaler technique and medicine usage to support the smoking cessation clinic; however there was scope to maximise the advice and information the pharmacist provided.
- 2.84** In-possession risk assessments were appropriate and were recorded on prisoners' individual clinical record. Supervised administration of medicines in the houses was generally reasonable, but some officers' supervision was not sufficiently vigilant (see paragraph 1.51). We saw some examples where a prisoner had not received their medicine and the omission was not properly recorded; there was a lack of clarity about how this would be followed up.
- 2.85** Women collected in-possession medicine supplies at administration times; the practice of nurses signing against a numbered medicine (rather than the name of the individual medicine) was unsafe. A large proportion of women were prescribed mirtazapine (an anti-depressant with sedative effects) even though it was not clear if there was a clinical need in all cases.
- 2.86** Out of hours' stock medicines were available. They had been 'over-labelled' even though the pharmacy did not have an appropriate licence to over-label medicines. There was a process to audit the use of stock medicines, but records were not sufficiently robust. A very limited range of over-the-counter medicines was supplied through patient group directions (PGDs), which enable nurses to supply and administer prescription-only medicine, and recorded on SystmOne (the electronic clinical information system).
- 2.87** Nurses administering controlled drugs (CDs) did not always sign the register at the time of each administration. Methadone measures used were inappropriate. CDs were transported across the prison in a soft unlocked pouch while prisoners were moving around freely. General medicines were stored in lockable metal cupboards in clinic rooms; the clinic security doors were left open during clinic sessions.

- 2.88** Fridge temperatures were appropriately managed and checked. Out-of-date and discontinued medication was returned to the pharmacy but some capsules were disposed of in the main clinical waste bin. The use of two records for patient-returned CDs created a potential risk.
- 2.89** Incidents and errors were recorded, drug alerts were implemented and a formulary (medications used to inform prescribing) was in place. The health provider had suitable procedures and policies, and standard operating procedures were signed by staff.
- 2.90** The medicines and therapeutics committee met regularly and representation was appropriate. There were procedures in place to monitor prescribing costs, and the prison monitored the prescribing of tradable medicines well.

## Recommendations

- 2.91** **Records of medicines administration should include details of omissions including the reasons, and where possible, information about administration audits conducted to provide assurance.**
- 2.92** **Nurses should record administration of all CDs at the time of administration in accordance with professional guidance and national standards. A review of how CDs are transported across the prison should be carried out and risks identified and managed appropriately.**
- 2.93** **The medicines and therapeutics committee should review the prescribing of mirtazapine to ensure it complies with the formulary and best practice guidance.**
- 2.94** **Compliance with prescribed medicines should be monitored and followed up where appropriate.**

## Housekeeping points

- 2.95** Arrangements should be made for over-labelled stock to be supplied by a company with an appropriate licence.
- 2.96** Patient group directions should be reviewed so that a wider range of remedies and medications available over the counter are on hand, reducing the need for prisoners to consult a doctor.
- 2.97** Liquid medicines should be measured using appropriate British Standard measures.

## Dentistry

- 2.98** Women had good access to dental appointments, despite an increase in routine waits due to staff sickness. Twenty women were on the waiting list and most were seen within six weeks. Women remanded or sentenced for less than six months could have urgent treatment.
- 2.99** Two emergency appointments were protected each day and the dentist prioritised other urgent cases at each session. Primary nursing staff provided pain relief out of hours. Opportunistic oral health promotion was good.

- 2.100** The small suite was not suitable for onsite decontamination and reusable instruments were cleaned and sterilised off site; the suite was compliant with national standards for infection control and cleaning.

### Delivery of care (mental health)

- 2.101** The need for mental health services was high. The integrated mental health service provided women with access to a suitable spectrum of interventions. Women we spoke to were mainly very positive about the support they had received.
- 2.102** A small team of community mental health nurses and a sessional forensic psychiatrist was supported by an 'improving access to psychological therapies' (IAPT) (talking therapies) practitioner, a psychologist and an administrator. Three nurses were about to be appointed, but the service was being maintained. Line management was clear and supervision arrangements were robust; almost all essential staff training was up to date. However, the number of prison staff who had received mental health training had dropped significantly since 2012 from 86% to only 16%.
- 2.103** During our visit approximately 100 women were on the mental health caseload. A clear referral pathway coupled with good joint working with primary care providers and effective links to relevant prison departments, such as residential staff, offender management and safer custody, enabled women to access the service at the point of need. An effective case management system included weekly case review and allocation meetings, which enabled the team to share key information and changing risks.
- 2.104** Initial routine assessments were completed within five days and urgent cases could be seen on the same day. There was an out of hours' call system for night times and weekends, which primary care or prison staff could use in urgent cases. Twenty-six women were waiting to see the IAPT practitioner; the longest wait was 17 weeks.
- 2.105** We observed mental health staff approach women thoughtfully and supportively. Women with learning disabilities were identified and received structured support from the clinical psychologist.
- 2.106** Women with severe and enduring mental health needs could generally live in the residential units. A few women with the most acute problems and complex needs were accommodated in Holly House, which provided a safe and low stimulus environment and a small dedicated group of very supportive staff (see paragraph 1.40).
- 2.107** There were excellent links with Rivendell House (see paragraph 4.65) to support women there with mental health problems and ensure their clinical needs were met.
- 2.108** One woman was waiting for a transfer to hospital and eight had been transferred under the Mental Health Act during the last year. A few transfers had been delayed for several weeks for a range of reasons, despite persistent efforts by the team for them to proceed.

### Recommendations

- 2.109 Staff working with prisoners should have up-to-date mental health awareness training.**
- 2.110 Women should have prompt access to talking therapies, including the IAPT service.**

## Catering

### Expected outcomes:

**Women are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.**

**2.111** *Food was good, but consultation needed improvement. Supervision of house serveries was weak.*

**2.112** The four-week pre-select menu included a sufficient range of choices. Food was good and in our survey, 40% of women said this was the case against a 25% comparator. Women did not like the cold meal served in the evening and there were plans to reintroduce a hot evening meal and cold lunch. Women received breakfast packs the night before they were to be eaten. Lunch was served too early at 11.30am. All prisoners could eat meals communally and satisfactory arrangements were in place for the start of Ramadan. Women on Larch and Rivendale Houses had some opportunities to cater for themselves.

**2.113** Food temperatures at the point of service were not consistently recorded. Not all servery workers were correctly dressed and weekly monitoring booklets recording the standards expected in serveries were not always completed. Women working on serveries had completed a basic food-handling course but staff oversight needed improvement. Not all officers supervising serveries had received food hygiene training. Food was stored and cooked appropriately in the central kitchen and kitchen workers could gain qualifications.

**2.114** The catering manager had attended only two of the previous six prisoner consultation meetings. Food comments books were available and the catering manager had started to monitor them routinely. There had been no prison-wide catering survey.

### Recommendations

**2.115** **Breakfast should be issued on the day it is to be eaten and lunch should not be served before 12 noon.**

**2.116** **The supervision of and standards in house serveries should be improved.**

### Housekeeping point

**2.117** Consultation about catering should be improved and a prison-wide survey conducted.

## Purchases

### Expected outcomes:

**Women can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.**

**2.118** *Arrangements for purchases were generally reasonable, but advances for reception packs were claimed back too promptly, leading to hardship and potential debt.*

- 2.119** Women could buy reception canteen packs on arrival for which they received an advance. However, depending on their day of arrival, some waited almost two weeks before they could make another purchase. Advances were claimed back as soon there was sufficient money in the women's account or at a rate of 50p a day. Those who did not receive private cash or whose induction was delayed (which meant they only received unemployment pay) suffered hardship and potential debt, which might have put them at risk of victimisation.
- 2.120** The range of products available was reasonable and consultation arrangements were effective. House representatives attended quarterly meetings and there had been two surveys in the previous year. Prisoners could buy items from several catalogues, but a 50p administration charge was applied to every order.

## Recommendations

- 2.121 Advances should be claimed back gradually, so that prisoners do not face hardship or risk being victimised.**
- 2.122 There should be no administration charge for catalogue orders.**

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**Women are able, and expected, to engage in activity<sup>6</sup> that is likely to benefit them.**

**3.1** *Time out of cell was reasonable and few women were locked up during the core day. Not all women had sufficient exercise and curtailments in association were not always predictable.*

**3.2** Time out of cell for most women was reasonable – they received between seven and nine hours per day Monday to Thursday, slightly less from Friday to Sunday. Roll checks we conducted found very few women locked up during the core day. Staff were visible on the wings and we saw a good deal of interaction between staff and women when they were unlocked.

**3.3** Not all women took part in formal exercise in the open air as this took place during the working day, although many women could walk to work outside. Association periods were sometimes cancelled or curtailed when there were not enough staff, which women complained about. We found that they were generally unpredictable and carried out at short notice.

### Recommendation

**3.4 Women should received adequate notice of any cancellation or curtailment in association.**

<sup>6</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

**All women can engage in activities that are purposeful, benefit them and increase their employability. Women are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.**

**3.5** *The leadership and management of learning and skills were outstanding overall. This resulted in outstanding teaching and learning and excellent achievements. Partnership working was highly effective. The range and take-up of activity spaces was good, which prepared women well for work and study on release. Teachers and vocational trainers used a wide range of engaging and interactive teaching and learning strategies. The quality of individual support for those in learning, skills and work was very good and helped women progress well. Library facilities were satisfactory although data were not effectively collected or analysed to ensure it was used sufficiently. The gym was good and provided a wide range of recreational and structured activities, including good accreditation opportunities.*

**3.6** *Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:*

*Overall effectiveness of learning and skills and work: Outstanding*

*Achievements of prisoners engaged in learning and skills and work: Outstanding*

*Quality of learning and skills and work provision: Outstanding*

*Leadership and management of learning and skills and work: Outstanding*

### Management of learning and skills and work

**3.7** The leadership and management of learning and skills were outstanding. The prison's learning, skills and employment manager worked very well with the learning provider, The Manchester College (TMC) to provide a well-planned, coherent curriculum that met prisoners' diverse needs.

**3.8** The management of vocational training and work was very good. Managers had implemented a comprehensive strategy for developing prisoners' employability skills and supporting their resettlement.

**3.9** College managers had carried out a thorough analysis of prisoners' needs and devised a coherent and effective strategy to ensure that the curriculum was flexible; they used local market intelligence to tailor provision to local skills gaps and employer requirements. TMC staff carried out a thorough initial assessment of all learners during induction to ensure that they were allocated to suitable learning, skills and work activities.

<sup>7</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.10** Quality improvement arrangements were very good and had led to significant improvements since the last inspection. TMC's observation of teaching and learning was effective in maintaining and improving standards. Teachers received clear and constructive advice about how to improve their classroom practice. College managers graded lessons accurately and supported teachers well. Prison managers had extended the observation scheme to cover non-Offender Learning and Skills Service provision, where it was just as effective in raising standards.
- 3.11** Self-assessment was an established process that included the views of those involved, including prisoners. Managers made particularly good use of data to support self-assessment judgements. The quality improvement plan contained clear actions and targets for further improvement. The strategy for developing learners' English and mathematics was very effective. TMC's use of learner focus groups to gauge their views about the provision was particularly effective in improving it.
- 3.12** Occasional staff shortages had led to the cancellation of a few classes and work activities.

## Recommendation

- 3.13** **The prison should ensure that cover arrangements for absent staff are adequate and do not result in the cancellation of classes or activities.**

## Provision of activities

- 3.14** The prison provided sufficient good quality activity places to meet the needs of the population. At the time of the inspection, almost all women were involved in purposeful activity. They had extensive opportunities to gain accreditation in a wide range of skills up to level 2; a few were also on distance learning courses at level 3. A highly efficient and effective allocations process ensured that all the relevant information about each prisoner was taken into account when allocating them to activities. Sequencing of purposeful activity ensured that prisoners participated in suitable learning, skills and work programmes and that they were motivated.
- 3.15** The college provided a particularly good range of accredited provision up to level 3, which was carefully aligned with promoting skills and employability. Prisoners could attend classroom sessions in English, mathematics, arts and crafts, information technology and business studies. The number of places available in vocational training was sufficient to meet the needs of the population; they included commercial training in hairdressing and call centre work as well as in a regional chain of shops specialising in photographic supplies (see paragraphs 3.14, 3.15 and 4.29). They could also learn skills in sewing and horticulture and could undertake barista training. The range of prison employment available was good and included jobs for cleaners, gardeners, laundry technicians, kitchen workers, library assistants, prisoner information desk workers and servery workers.

## Quality of provision

- 3.16** Teaching, learning and assessment in classroom-based courses, vocational training and workshops were outstanding. Staff were well qualified and experienced and teachers planned an extensive range of engaging and interactive activities. Vocational instructors were skilled at motivating and engaging learners. Behaviour in classrooms and in workshops was good and relationships very respectful. In entry level English and mathematics, teachers made very effective use of information and learning technologies to reinforce learning. They also asked

prisoners direct questions and astutely carried out regular learning checks to ensure that all learners understood the sessions.

- 3.17** In art, learners swiftly developed their drawing skills and produced work of a very high standard. Business administration learners produced high quality displays and materials to support a range of relevant prison based events.
- 3.18** Teachers and vocational tutors used the results of initial assessment well to plan for the needs of all learners, particularly those with few or no prior qualifications. Staff provided very effective individual support in classrooms and workshops to help learners overcome barriers to learning, especially prisoners with personal and social needs and those with weak English and mathematics skills. Suitably qualified peer mentors helped learners develop their knowledge and skills.
- 3.19** Teachers sensitively and consistently challenged inappropriate language and behaviour. As a result, learners developed a good awareness of the effects of their behaviour on others and improved their personal and social skills. Learners on the cookery, employability and business administration courses improved their communication skills and demonstrated that they could work well in groups to complete complex tasks.
- 3.20** Learners' progress was monitored effectively. Teachers and instructors planned and recorded assessment activities well to help prisoners make swift progress. Detailed feedback clearly identified areas for further development and suggested useful improvement strategies. Learners had a clear understanding of the progress they were making.
- 3.21** Teachers and mentors challenged learners, helping them reflect on their personal prejudices during the course of group discussions on diversity topics. Transgender learners were integrated well in education and training sessions (see paragraph 2.19). Instructors actively promoted health and safety in workshops and maintained safe working practices.
- 3.22** Classrooms were well equipped and the accommodation was conducive to learning. Well-resourced vocational training workshops and work areas reflected industry standards, particularly in the photographic services, hairdressing and call centre training areas.
- 3.23** Prison managers too often scheduled prisoners to attend health care appointments, legal visits or treatment programmes at times that clashed with activity sessions. As a result, a few lessons and workshops were disrupted because prisoners arrived late or had to leave early.

## Recommendation

- 3.24** **Managers should minimise the number of disruptions that occur during learning, skills and work activities by ensuring other appointments do not clash with them.**

## Education and vocational achievements

- 3.25** Outcomes for learners were outstanding. Success rates for classroom-based courses were high and for vocational qualifications, very high. No significant performance differences were evident for different groups of learners. Attendance was very good. The college had decided to run 'bridging' classes in mathematics for those identified during initial assessment as having particularly low attainment in this subject. Early indications suggested that this initiative helped women to progress well relative to their starting points.

- 3.26** Prisoners developed very good personal and social skills and produced work of a high standard. Their development of English and mathematics was also good and promoted well in classrooms and during work activities. For many women, the opportunities provided at the prison were helping them gain the skills and confidence they needed to resettle in the community.

## Library

- 3.27** A librarian employed by Wakefield Metropolitan District Council, which ran the service, managed the library, supported by two prison orderlies. Prisoners were entitled to two library visits a week, although women in full-time work or education could rarely take this up.
- 3.28** The library stock was adequate and the range of materials sufficient for the population. Resources included fiction and non-fiction, vocational training textbooks, and a good range of books for speakers of languages other than English. Printed copies of current Prison Service orders and up-to-date legal texts were available on request.
- 3.29** The library had one computer that supported prisoners on distance-learning courses and contained electronic copies of legal reference materials. It also had two computers linked to the virtual campus (internet access for prisoners to community education, training and employment opportunities), but prisoners rarely used them.
- 3.30** The prison promoted literacy effectively through initiatives, such as occasional visits from published authors. Some 150 prisoners had registered for the Six Book Challenge reading initiative in the three months prior to the inspection and prison orderlies coordinated reading activities such as the reasonably well-attended Storybook Mums scheme (in which prisoners record stories for their children) and the Toe by Toe mentoring scheme to help prisoners learn to read.
- 3.31** The collection and analysis of data on usage was very limited and failed to measure the extent to which groups of prisoners used the library. As a result, managers did not know whether all groups of prisoners were benefiting equitably from the library service provided.

## Recommendations

- 3.32** **The prison should ensure that the virtual campus is a better used resource by advertising its availability more widely.**
- 3.33** **The prison should ensure that library staff analyse data on usage to inform a promotion strategy for the library.**

## Physical education and healthy living

### Expected outcomes:

**All women understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.**

**3.34** *Prisoners had good access to a wide range of physical training and gym staff gave women useful advice during induction on healthy living, diet and the principles of fitness. Links with the health care department were robust. Well-qualified physical education (PE) staff provided prisoners with excellent advice and support, although women in work or education could not always attend. The prison did not sufficiently analyse or use data to monitor the involvement in PE of all groups of prisoners.*

**3.35** Gym staff managed and promoted PE effectively, and offered a good range of recreational and structured activities every day, including on weekends and in the evenings. A team of five enthusiastic and well-qualified PE staff provided high-quality daytime and weekend sessions.

**3.36** Prisoners completed a timely induction, which included an appropriate pre-activity 'readiness' questionnaire and an introduction to the equipment and activities available. Prisoners received appropriate advice on healthy living, diet and nutrition. Links with the health care department were effective. Gym staff worked well with health colleagues to provide activities for women considered medically unfit to participate or who needed rehabilitation support following injury.

**3.37** A strong vocational training programme provided a good range of training to level 3. An extensive activity programme included badminton, short tennis and volleyball. Women could visit the gym at least twice a week to participate in the prison's good range of circuit training and recreational activities. Gym staff ran specific activity sessions for the over-45s, as well as for women on drug rehabilitation programmes and those recovering from injury or dealing with weight problems. Those in full-time activities, however, had limited access to the facilities.

**3.38** The range of sports and activity resources were very good. Gym staff and prisoner representatives regularly promoted courses and activities well on the residential wings. Gym staff offered an extensive range of games, circuit training and coaching activities in the large sports hall. Prisoners made good use of the main gym and cardiovascular suite during recreational sessions. The external artificial pitch was well maintained, but it was only used for about six months in the year.

**3.39** Gym staff did not analyse or use data sufficiently to monitor how different groups of prisoners were involved in PE.

## Recommendations

**3.40** **Women who are at work or in education during the day should be able to attend the full range of PE activities and recreational gym sessions.**

**3.41** **The prison should ensure that PE staff analyse data on gym usage to encourage more prisoners to participate in activities that promote their health and well-being.**

## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

**Women are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending. Planning for a prisoner's release or transfer starts on her arrival at the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.**

- 4.1** *Strategic management of resettlement was very good; the needs of the population were well understood and the resettlement services available were appropriate. The work of the new community rehabilitation company<sup>8</sup> (CRC) was already changing the shape of provision, but it was too early to judge its effectiveness. Release on temporary licence (ROTL) needed to be used more proactively.*
- 4.2** The reducing reoffending policy was comprehensive and up to date. Women's needs had been carefully assessed using a variety of data sources and were well understood. An impressive range and number of resettlement agencies supported women, and mostly met their needs. Some thought had been given to the needs of specific population groups, for example, young women, but this required further development. The prison undertook some analysis of existing provision and was involved in active improvement planning. Bimonthly reducing reoffending meetings were well attended.
- 4.3** The charity St Giles Trust had taken on the new community rehabilitation company (CRC) role at the prison at the beginning of May; it was too early to judge its effectiveness. New Hall's pre-existing resettlement provision had been strong and the arrival of the CRC had caused some tension. It was encouraging therefore that staff had already started working together constructively to promote positive outcomes for the women in their care. The fact that the offender management unit (OMU) was not yet operating a casework model was a particular hindrance (see paragraph 4.13).
- 4.4** The Together Women Project (TWP) ran a good women's centre where prisoners could drop in to obtain information and access many resettlement services. The staff were welcoming and supportive, and prison staff and prisoners regarded them highly. Their aim was to put women in touch with the community resettlement services they needed before their release. They continuously assessed women's needs as individuals and as a group, and adapted their provision accordingly by inviting in different community agencies or delivering specific group activities (see paragraph 4.29).

<sup>8</sup> All prisoners sentenced after 1 February 2015 will be subject to a minimum of 12 months supervision and rehabilitation support on release. Rehabilitation services will be organised through CRCs who will take over the work with medium- and low-risk offenders, with the National Probation Service (NPS) maintaining responsibility for high- and very high-risk offenders. Many rehabilitation services, including accommodation brokerage and retention, employment support, finance and debt services, support for previous sex workers as well as victims of domestic violence and abuse, will be provided in both prisons and the community by the same provider to offer greater continuity between the two.

- 4.5** There had been only one application for ROTL in the previous six months and one release, much lower than we would have expected. This was partly explained by the proximity of Askham Grange open prison, where some women transferred before their release, and where ROTL was used frequently. However, the 24 women suitable for open conditions at New Hall should have been encouraged to apply for ROTL as part of their resettlement plans.

## Recommendation

- 4.6** ROTL should be used creatively to support resettlement planning.

## Offender management and planning

### Expected outcomes:

**All women have a sentence based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody.**

**Women, together with all relevant staff, are involved in drawing up and reviewing plans.**

- 4.7** *Most prisoners had an offender supervisor, a timely offender assessment system (OASys) document and a sentence plan. However, the quality of some work was not good enough and did not focus sufficiently on risk management, particularly prior to release. Communication within the OMU and between the various resettlement agencies needed improvement.*

- 4.8** In our survey, more women than in comparator prisons said they had an offender supervisor and a sentence plan. We found that all prisoners had a nominated offender supervisor and most knew who they were. Most convicted prisoners had an OASys document that had been written or reviewed within the previous year and most had a sentence plan that addressed their risk of reoffending. The offender supervisor group was friendly, well motivated and generally competent. (See paragraph 4.16.)
- 4.9** In our sample of 11 cases, most risk of harm screenings were accurate and timely. However, analyses of prisoners' risk of harm to others were sometimes not sufficient and risk management plans were missing in four cases. This was a particular concern because our sample comprised women due for release within a few months. The National Probation Service was responsible for most of the work in these cases, but the prison did not have good systems in place to ensure that the work was completed or carried out to the required standard. Some poor quality work was completed in the prison, but local quality checks were effective and providing feedback.
- 4.10** Offender supervisors told us they had meetings with prisoners as part of preparing OASys documents. However, they did not always record them, and, in our survey, fewer prisoners than in comparator prisons, and compared with our last inspection, said they felt involved in the development of their sentence plan. We also noted that some sentence planning targets were not time-bound or focused on outcomes.
- 4.11** Ongoing contact with prisoners varied, but records were often not sufficient to demonstrate whether prisoners were engaging with their sentence plan or whether offender supervisors were performing any motivational work; this was a particular concern in higher risk cases. We saw too little evidence of offending behaviour and one-to-one victim awareness work, but there was a strong focus on resettlement issues, such as family contact and employment.

- 4.12** There were no routine management checks of offender supervisors' level of contact with prisoners. OASys documents and sentence plans were not routinely reviewed when circumstances changed or in anticipation of release. Home detention curfew processes were reasonable overall.
- 4.13** The OMU did not operate a casework model. Several case administrators still had specialist roles, which meant that those who did manage a caseload did not have complete ownership of their cases. The position was exacerbated by a lack of common working practices and an absence of well-maintained management information. Some processes, such as prisoners' applications and sentence calculation checks, were hindered by staff absences because there was no cover for these tasks.
- 4.14** Offender supervisors recorded their work in a contact log that was separate from P-Nomis, the Prison Service IT system, which meant that officers based in houses did not have easy access to information, such as a prisoner's sentence planning targets. In addition, the CRC had introduced its own contact logs and there were now at least three recording systems. This was likely to have caused duplication and led to poor communication on resettlement planning.

## Recommendation

- 4.15** **Subject to any confidentiality requirements, staff should use a single contact log to record and share information about sentence and resettlement plans, details of prisoner contact and the work done to achieve objectives.**

## Public protection

- 4.16** Prisoners posing a risk to the public were identified on arrival, and relevant restrictions were put in place. Mail and telephone monitoring restrictions were reviewed every month, but the security and OMU departments held inconsistent information about who was subject to monitoring. Child protection restrictions were communicated effectively to visits staff.
- 4.17** Some staff had did not have a sufficient awareness of multi-agency public protection arrangements (MAPPAs) processes and overall, the prison did not sufficiently prioritise the close management of MAPPA cases. Some prisoners had no confirmed MAPPA level despite being within six months of release, and the information on P-Nomis was not always accurate. We found it difficult to establish how many prisoners were being managed at each MAPPA level and there was no formal process for ensuring that MAPPA prisoners were routinely referred to the inter-departmental risk management team (IDRMT) six months pre-release.
- 4.18** The weekly IDRMT was a well attended, multidisciplinary meeting, but a disproportionate amount of time was spent discussing cell-sharing risk assessment reviews to the detriment of risk management planning for release. It was good that ROTL applications were considered at this forum.

## Allocation

- 4.19** OMU staff categorised women promptly on arrival and women received written notice of the outcome with details of their allocated prison and how to appeal. Overcrowding drafts (where prisoners are moved out of a prison to an establishment elsewhere to make space for new arrivals) from New Hall were rare. However, around one third of women were not from the local area and were not close to home. Women could usually only return to their

local prison prior to release if they presented unusually high risks. Categorisation reviews were conducted on time.

- 4.20** Twenty-four women were suitable for open conditions, nine of whom had declined the opportunity to transfer to Askham Grange. The remainder were not ready to go, for example, because they required ongoing medical interventions, which could not have been managed in open conditions. Despite requiring less stringent security arrangements, these women were subject to the same regime as others.

## Recommendation

- 4.21 Women suitable for open conditions should be offered a more flexible and relaxed regime in accordance with the risks they present.**

## Indeterminate sentence prisoners

- 4.22** Most of the 41 women on indeterminate sentences were held in Poplar House. All had an offender supervisor and most valued their support, but women were no longer also assigned a lifer-trained officer. Although some women appreciated the more settled population in Poplar House, others – particularly some younger women – wanted more opportunities to interact socially with others of a similar age in other houses.
- 4.23** There was no regular consultation with indeterminate sentence prisoners as a group, and some were unhappy with their accommodation, regime and facilities. In particular, they were keen for some self-catering equipment to be installed so they could cater for themselves; it had been purchased almost a year previously.
- 4.24** Prison parole processes were up to date, but the Parole Board had a backlog, which caused delays.

## Recommendations

- 4.25 The prison should introduce regular, minuted consultation with indeterminate sentenced prisoners to ensure their views are heard and their specific needs met.**
- 4.26 Life-sentenced and long-term sentenced prisoners should have the opportunity to cater for themselves.** (Repeated recommendation 2.148)

## Reintegration planning

### Expected outcomes:

**Women's resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

**4.27** *Women's needs were assessed at the beginning and end of custody and some good 'through-the-gate' services were provided. Women received good support to maintain contact with their families. A range of services supported women who had suffered trauma, although there were uncertainties about funding. Over the previous year most women were released to settled accommodation. Prisoners received a timely and effective education, training and employment resettlement programme that met their needs. Women were offered a health care appointment pre-release and those with complex mental health needs were linked with their local community teams. All women received substance misuse harm reduction advice pre-release and through the gate. A good range of support on finances was available. A better selection of offending behaviour programmes was offered but more victim awareness provision was required. The new service at Rivendell House provided women with personality disorders who had committed violent offences with structured interventions.*

**4.28** Offender supervisors completed a basic custody screening for all new arrivals, usually on the morning after their arrival. CRC staff used the information to make referrals to a wealth of services and to create a resettlement plan that was reviewed pre-release. Offender supervisors used the resettlement plan to inform sentence planning for prisoners eligible for full OASys processes.

**4.29** A broad and appropriate range of resettlement services was available to women, many of them in their home area. Women could obtain much of this support and refer themselves to services at the TWP women's centre. In our survey, prisoners were generally more positive than the comparator when asked if they knew someone who could help them with resettlement services.

**4.30** Women being discharged could get a taxi to the train station in Wakefield and were provided with the means to complete their journey home. Staff from the West Yorkshire integrated offender management (IOM) project routinely collected women from the gate and accompanied them home or to appointments.

### Children, families and contact with the outside world

**4.31** In our survey 61% of women said they had received help to maintain contact with family and friends against the comparator of 50%. There were no support plans to help identified primary carers maintain contact or receive a first visit within 48 hours of admission.

**4.32** Visits were available each afternoon except Monday and Friday. Once convicted only women on the enhanced level could have four monthly visits. Extended family visits for children up to the age of 18 and grandchildren were held every school holiday and were available to all women irrespective of their status. There were no extended family days for women without children and the prison did not identify or support those not receiving visits.

**4.33** Visitors said they were well treated but still complained about problems accessing the telephone booking line. The line was engaged on all six of our attempts at ten-minute intervals. Not all visitors knew they could book a visit in person and first-time visitors were not all sufficiently briefed about what they could take into the prison.

**4.34** Prison officers staffed the comfortable visitors' centre and there was a supervised play area and staffed tea bar. We saw some visitors arrive in the visits room 15 minutes after the advertised visits start time, despite arriving in good time in the visitors' centre. Seating was comfortable and the atmosphere relaxed.

- 4.35** Women could play with children in a well-equipped play area supervised by staff from charity Action for Children (AfC). Both prisoners and visitors could have refreshments during closed visits. There were plans to replace vending machines with a staffed facility.
- 4.36** A private, comfortable extended visits room was available for special visits when privacy was necessary, for example, during supervised contact and final visits pre-adoption.
- 4.37** A suitably experienced full-time AfC family support worker helped prisoners maintain contact with children and families, and an additional worker was due to start in the near future. She liaised with prisoners' families and statutory and non-statutory services. She prioritised prisoners according to needs but there was a high demand and applications dated three weeks earlier were outstanding. AfC also managed a parenting programme and after-adoption peer support programme, but funding for the latter was ending in September 2015.
- 4.38** The TWP employed a part-time family support worker who worked specifically with women returning to Bradford. She provided support and advocacy to help women strengthen and rebuild relationships with partners, parents and siblings. TWP also helped women from the Yorkshire and Humber regions access parental support post release.
- 4.39** The head of reducing reoffending chaired quarterly children and families pathway meetings attended by staff delivering services. Meetings monitored the provision and planned further developments.
- 4.40** A residential, three-bedroom overnight facility was nearing completion outside the gate. It would allow women on ROTL to have overnight visits from their children. Currently ROTL was not used to help women maintain contact with their dependants (see paragraph 4.5).

## Recommendations

- 4.41 Primary carers should be identified and support plans developed to ensure good contact with their children.**
- 4.42 All women should be able to have at least one visit a week.**

## Housekeeping points

- 4.43** Support should be offered to women who do not receive visits.
- 4.44** The telephone booking line should be easily accessible.

## Victimisation, abuse and vulnerability

- 4.45** An impressive range of services supported women who had suffered trauma (74% of the population according to the prison's own needs analysis) although representatives from several of these services were uncertain about future funding arrangements.
- 4.46** Women were encouraged to disclose all types of abuse and could do so formally on several occasions. They could also self-refer in confidence, and posters around the prison advertised available services.
- 4.47** Qualified domestic and sexual abuse advocates helped women understand their experiences and assessed and ensured their safety on release. An IOM police officer provided additional

through the gate resettlement support to women from West Yorkshire. The prison's programmes team delivered a shortened form of the Power to Change course (to support victims of domestic violence).

- 4.48** A counselling service with particular expertise in sexual abuse was available four days a week, but even this excellent and comparatively generous provision was still not sufficient to meet women's needs. Some women who had been identified as suitable clients had waited five months to be seen.
- 4.49** Women were invited to disclose their involvement in prostitution and support was provided both internally and through a variety of visiting organisations. Awareness of human trafficking had improved, and two women had been referred to the national referral mechanism, which identifies, protects and supports victims of human trafficking.

### Housekeeping point

- 4.50** The operational difficulties affecting the delivery of the counselling service should be resolved urgently.

### Accommodation

- 4.51** Over the last year more than 90% of women were released to settled accommodation which was better than at the previous inspection.
- 4.52** St Giles Trust workers were developing working relationships within the prison and housing providers in the many areas of the country to which women were released. There were plans to train peer advisors. The TWP continued to receive self-referrals from women through applications and had links with a wide range of agencies. It provided support with both accommodation and finance issues. Offender managers addressed the accommodation needs of women considered a high risk.

### Education, training and employment

- 4.53** A number of agencies worked effectively during the 12 weeks before release to help prisoners with education, training or employment needs. This included help with interview techniques, job searches and further study. Programmes were tailored to the individual and built well on the skills that prisoners had gained during custody. The National Careers Service provision, provided by Careers Yorkshire and Humber through their agent Prospects, was good. Use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) for job search activities was limited, largely because the information on jobs and careers was out of date (see paragraph 3.5, 3.15 and 3.30).
- 4.54** The prison had very good links with employers, which had led to work trials and jobs with employers such as the Max Spielman photographic retail outlets and the call centre company Census Data. Eight prisoners had gained employment with Max Spielman; two had been promoted to management positions. At a recent job fair in the prison, 32 employers met and spoke to prisoners with a view to considering them for employment. Poor use of ROTL limited women's opportunities to develop some of this work in real employment situations (see paragraph 4.5).

## Good practice

- 4.55** *The job fair in the prison helped dispel any pre-conceived ideas and reservations recruitment managers might have had about ex-offenders.*

## Health care

- 4.56** Women were offered an appointment with a nurse before release, and a summary of clinical care received, including medication, was sent to their GP. Women released with no settled accommodation were given information about how to register with a GP. A week's supply of prescribed medication was provided. A release pack with relevant health information and condoms was being developed but had not yet been implemented.
- 4.57** There was a palliative care policy and links with local palliative care services. One woman had been released on compassionate grounds in the previous year to receive hospice care.
- 4.58** Women with complex mental health needs were put in touch with their local community teams and mental health nurses addressed women's housing needs, linking them with local community women's services. Short notice releases were a regular challenge.

## Drugs and alcohol

- 4.59** The Turning Point drug charity team attended IDRMT boards and contributed to sentence planning. Release planning started immediately and all women were given harm reduction advice and information. The team worked closely with the clinical service to ensure treatment continuation on release.
- 4.60** Strong links had been established with local drug intervention programme (DIP) teams, and designated prison link workers held regular clinics to facilitate throughcare and arrange post-release support.

## Finance, benefit and debt

- 4.61** The new provider identified women with financial problems on reception and responded to their needs. St Giles Trust had delivered one money management course, incorporating a practical exercise in preparing and budgeting for meals.
- 4.62** Jobcentre Plus staff continued to support women with benefits advice, including obtaining outstanding benefits and making new claims. They helped women open bank accounts and assisted in the transfer of benefits to the carers of prisoners' children. The prison also had links with local credit unions.

## Attitudes, thinking and behaviour

- 4.63** The prison offered an improved range of courses to meet the women's needs, including: the Thinking Skills Programme (TSP); Choices, Actions, Relationships, Emotions; Power to Change; the A-Z motivational course; and a non-accredited programme My Anger. All were appropriate for the women held. One-to-one victim awareness work was undertaken, which had led to some restorative justice but there was not enough of this kind of provision. There were no waiting lists and programme managers actively sought women to undertake courses appropriate to their needs.

- 4.64** Women could invite family and friends and staff to post-programme reviews. There were some problems relating to families not having the financial resources to attend, which the prison was looking to address.
- 4.65** The Rivendell House service, jointly funded by the National Offender Management Service and the NHS, formed part of the national offender personality disorder pathway. From December 2014, it provided specialist support to women from the North West and Wales who had been assessed as having a personality disorder and a history of violent offending. Prisoners were selected for the two-year programme using a set of specific criteria.
- 4.66** Nine women were currently involved in the programme and staff were working towards filling all 16 available places. Living conditions in the house were very good and women could participate in work and other aspects of the main prison regime, although the treatment element took up around half of their working day. Treatment was coordinated by onsite NHS clinical staff, who also delivered the programme alongside specially selected and trained prison operational staff. Integration between NHS and prison staff was excellent and all staff were well supported; they also had to attend individual and group-based clinical supervision.
- 4.67** Women we spoke to on the programme were extremely positive about the environment, staff and the changes the work they were undertaking was prompting. This was a positive initiative and there was early evidence that institutional behaviour had improved significantly, although it was too soon to track any more enduring changes.

## Recommendation

- 4.68 The need for victim awareness work should be prioritised and appropriate interventions provided.**



## Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

### Main recommendations

To the governor

- 5.1 Quality assurance processes in the OMU should ensure that all OASys assessments and sentence plans are of a good standard, that ongoing contact with prisoners is meaningful and sufficient and that assessments are reviewed prior to a prisoner's release. (S44)
- 5.2 Prison managers should ensure that the management level of all MAPPA prisoners is established six months prior to release and that the IDRMT monitors risk management plans for release as necessary. (S45)

### Recommendation

To the escort contractor

- 5.3 Women should be held in court cells for the minimum possible time and transported separately from male prisoners; they should not be moved between vehicles. (1.5)

### Recommendations

To the governor

#### Early days in custody

- 5.4 Women should be held in court cells for the minimum possible time and transported separately from male prisoners; they should not be moved between vehicles. (1.15)

#### Safe and supportive relationships

- 5.5 Managers should engage with women to better understand and address their concerns around safety and victimisation and to promote safe and supportive relationships. (1.26)

#### Self-harm and suicide prevention

- 5.6 ACCT reviews and care should be coordinated by the same case manager, and reviews should include representation from relevant staff who know the woman at risk and who can contribute to effective care plans. (1.37)
- 5.7 Prisoners should have 24-hour access to Listeners. (1.38)

#### Security

- 5.8 Closed visits should only be used when there has been illicit or inappropriate behaviour directly associated with visits. (1.54)

- 5.9** All information reports should be completed within a reasonable timescale and required action carried out promptly. (1.55)
- 5.10** Staff from all key departments, including safer custody, should attend security meetings and all elements of the supply reduction action plan should be implemented. (1.56)

### **Discipline**

- 5.11** All women in the segregation unit should receive formal care and reintegration planning to meet their individual needs. (1.68)
- 5.12** Women in the segregation unit should be able to access a better range of activities in the unit to occupy their time, as well as off-unit activities to enable them to reintegrate into the normal residential accommodation. (1.69)

### **Substance misuse**

- 5.13** The range of substance misuse interventions should include low intensity workshops for short-term prisoners and the peer support scheme should be developed along with better consultation with service users. (1.79)
- 5.14** Clinical and psychosocial substance misuse services should further improve joint working and provide fully integrated care. (1.80)

### **Residential units**

- 5.15** Cells designed for one prisoner should not be used to accommodate two and all toilets should be effectively screened. (2.10, repeated recommendations 2.11 and 2.12)
- 5.16** Women should not have to buy all their clothing from catalogues. (2.11)

### **Equality and diversity**

- 5.17** Foreign national women should receive regular free telephone calls that are long enough for them to be able to maintain good contact with their children and their carers. (2.38)
- 5.18** The negative perceptions of women with disabilities and gay and bisexual women in our survey should be better understood and any issues addressed. (2.39)
- 5.19** The facilities available in Larch House should meet the physical needs of all women. (2.40)
- 5.20** The MBU should always be staffed by suitably trained staff and women should be able to leave their rooms at night. (2.41)

### **Faith and religious activity**

- 5.21** The chaplaincy should be represented at all departmental management meetings. 2.47)

### **Legal rights**

- 5.22** Legal visits should always be held in private. (2.56)

## Health services

- 5.23** Waiting lists should be reduced, particularly those for the optician and smoking cessation clinic. (2.69)
- 5.24** Care for older women should reflect what they would receive in the community, including gender and age specific screening programmes and Well Woman services. (2.80)
- 5.25** Secondary health assessments should be conducted in an environment that enables women to disclose their health and well-being concerns and feel supported during their first few days in custody. (2.81)
- 5.26** Women with insulin-dependent diabetes who are unable to keep their testing and insulin equipment with them should have timely blood tests and insulin administration. (2.82)
- 5.27** Records of medicines administration should include details of omissions including the reasons, and where possible, information about administration audits conducted to provide assurance. (2.91)
- 5.28** Nurses should record administration of all CDs at the time of administration in accordance with professional guidance and national standards. A review of how CDs are transported across the prison should be carried out and risks identified and managed appropriately. (2.92)
- 5.29** The medicines and therapeutics committee should review the prescribing of mirtazapine to ensure it complies with the formulary and best practice guidance. (2.93)
- 5.30** Compliance with prescribed medicines should be monitored and followed up where appropriate. (2.94)
- 5.31** Staff working with prisoners should have up-to-date mental health awareness training. (2.109)
- 5.32** Women should have prompt access to talking therapies, including the IAPT service. (2.110)

## Catering

- 5.33** Breakfast should be issued on the day it is to be eaten and lunch should not be served before 12 noon. (2.115)
- 5.34** The supervision of and standards in house serveries should be improved. (2.116)

## Purchases

- 5.35** Advances should be claimed back gradually, so that prisoners do not face hardship or risk being victimised. (2.121)
- 5.36** There should be no administration charge for catalogue orders. (2.122)

## Time out of cell

- 5.37** Women should received adequate notice of any cancellation or curtailment in association. (3.4)

### **Learning and skills and work activities**

- 5.38** The prison should ensure that cover arrangements for absent staff are adequate and do not result in the cancellation of classes or activities. (3.13)
- 5.39** Managers should minimise the number of disruptions that occur during learning, skills and work activities by ensuring other appointments do not clash with them. (3.24)
- 5.40** The prison should ensure that the virtual campus is a better used resource by advertising its availability more widely. (3.32)
- 5.41** The prison should ensure that library staff analyse data on usage to inform a promotion strategy for the library. (3.33)

### **Physical education**

- 5.42** Women who are at work or in education during the day should be able to attend the full range of PE activities and recreational gym sessions. (3.40)
- 5.43** The prison should ensure that PE staff analyse data on gym usage to encourage more prisoners to participate in activities that promote their health and well-being. (3.41)

### **Strategic management of resettlement**

- 5.44** ROTL should be used creatively to support resettlement planning. (4.6)

### **Offender management and planning**

- 5.45** Subject to any confidentiality requirements, staff should use a single contact log to record and share information about sentence and resettlement plans, details of prisoner contact and the work done to achieve objectives. (4.15)
- 5.46** Women suitable for open conditions should be offered a more flexible and relaxed regime in accordance with the risks they present. (4.21)
- 5.47** The prison should introduce regular, minuted consultation with indeterminate sentenced prisoners to ensure their views are heard and their specific needs met. (4.25)
- 5.48** Life-sentenced and long-term sentenced prisoners should have the opportunity to cater for themselves. (4.26, repeated recommendation 2.148)

### **Reintegration planning**

- 5.49** Primary carers should be identified and support plans developed to ensure good contact with their children. (4.41)
- 5.50** All women should be able to have at least one visit a week. (4.42)
- 5.51** The need for victim awareness work should be prioritised and appropriate interventions provided. (4.68)

## Housekeeping points

### Early days in custody

- 5.52** Women should be able to make a telephone call in private in reception. (1.16, repeated recommendation 1.21)

### Safe and supportive relationships

- 5.53** Incidents involving young adults should be monitored closely. (1.27)
- 5.54** Women should be given a written copy of any behaviour warnings. (1.28)

### Residential units

- 5.55** Women's dissatisfaction with access to phones and showers should be investigated and addressed. (2.12)

### Equality and diversity

- 5.56** Prisoner forums should be facilitated as planned. (2.24)

### Complaints

- 5.57** All complaint responses should be legible. (2.52)

### Legal rights

- 5.58** Post-room staff should know the rules on legal and confidential access mail and what to do if they open a letter in error. (2.57)

### Health services

- 5.59** Arrangements should be made for over-labelled stock to be supplied by a company with an appropriate licence. (2.95)
- 5.60** Patient group directions should be reviewed so that a wider range of remedies and medications available over the counter are on hand, reducing the need for prisoners to consult a doctor. (2.96)
- 5.61** Liquid medicines should be measured using appropriate British Standard measures. (2.97)

### Catering

- 5.62** Consultation about catering should be improved and a prison-wide survey conducted. (2.117)

### Reintegration planning

- 5.63** Support should be offered to women who do not receive visits. (4.43)

**5.64** The telephone booking line should be easily accessible. (4.44)

**5.65** The operational difficulties affecting the delivery of the counselling service should be resolved urgently. (4.50)

## Examples of good practice

**5.66** The job fair in the prison helped dispel any pre-conceived ideas and reservations recruitment managers might have had about ex-offenders. (4.55)

## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas  
 Sean Sullivan  
 Joss Crosbie  
 Karen Dillon  
 Paul Fenning  
 Jeanette Hall  
 Michelle Bellham  
 Tim McSweeney  
 Njilan Morris-Jarra

Deputy chief inspector  
 Team leader  
 Inspector  
 Inspector  
 Inspector  
 Inspector  
 Researcher  
 Researcher  
 Researcher

#### **Specialist inspectors**

Sigrid Engelen  
 Nicola Rabjohns  
 Matthew Tedstone  
 Richard Chapman  
 John Grimmer  
 Gerard McGrath  
 Jai Sharda  
 Jo Dowling  
 Keith Humphreys

Substance misuse inspector  
 Health services inspector  
 Care Quality Commission inspector  
 Pharmacist  
 Ofsted inspector  
 Ofsted inspector  
 Ofsted inspector  
 Offender management inspector  
 Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2012, reception and first night arrangements had improved. Most women reported feeling safe and there was little serious bullying or violence, although some monitoring of suspected bullies was ineffective. Levels of self-harm had fallen. Some suicide and self-harm monitoring (ACCT) procedures had improved but there was a need for more focused care of vulnerable women. Cellular confinement and moves to the basic level of the incentives and earned privileges scheme were used too frequently and there was no holistic approach to ensuring that troubled women in the segregation unit, and elsewhere in the prison, received effective support. Clinical management for drug and alcohol users was generally effective. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendations**

The IDTS clinical team should be routinely notified when women on methadone treatment test positive for opiates in addition to their prescribed medicine. (HP43)

##### **Achieved**

Senior managers should ensure that all use of force is necessary and lawful. (HP44)

##### **Not achieved**

Women should not be routinely placed in strip clothing when relocating to special accommodation and use of strip clothing should be recorded and justified by a senior manager in the associated records. Women should only have their clothes removed using officially approved control and restraint techniques. (HP45)

##### **Achieved**

The use of basic should be avoided for women at risk of suicide and self-harm and reviews should provide evidence that the implications for such downgrading have been considered in conjunction with the safer custody team. (HP46)

##### **Achieved** (recommendation repeated,)

#### **Recommendations**

Cash should automatically accompany all unconvicted prisoners to court. (1.8)

##### **Not achieved**

Women should be transported separately from girls or male prisoners. (1.9)

##### **Not achieved**

Women should arrive before 7pm to allow essential first night procedures. (1.10)

##### **Partially achieved**

Women should be held in court cells for the minimum time. (1.11)

**Not achieved**

All senior officers should give consistent and specific first night information to women during their reception interview. (1.18)

**Achieved**

Staff should wear identification displaying their names and status. (1.19)

**Not achieved**

Information given to women should be properly and accurately produced and provided in media other than the printed word. (1.20)

**Achieved**

Women should be able to make a telephone call in private in reception. (1.21)

**Not achieved** (recommendation repeated as housekeeping point, 1.16)

All women should be able to shower on the day of arrival. (1.22)

**Achieved**

All women should be interviewed in private by a first night officer on the day of their arrival, irrespective of the time of their arrival. (1.30)

**Achieved**

All women should be explicitly offered the opportunity to speak to a Listener on their first night. (1.31)

**Achieved**

Induction should take place on the first working day after reception. (1.38)

**Achieved**

Women subject to the anti-bullying strategy should be consistently monitored. (1.49)

**Partially achieved**

Support plans should be developed for all victims of bullying in consultation with them. (1.50)

**Not achieved**

All staff in prisoner contact roles should be trained in the anti-bullying strategy. (1.51)

**Not achieved**

All staff should be trained in ACCT procedures. Permanent night staff should be given particular attention. (1.62)

**Not achieved**

More Listeners should be recruited and retained so that they are available 24 hours a day. Listener suites should be used. (1.63)

**Achieved**

Safer cells should be provided. (1.64)

**Achieved**

All use of strip clothing for women at risk of suicide and self-harm should be centrally recorded and monitored at the safer prisons meeting. Records outlining the use of special accommodation should indicate whether such clothing is used. (1.65)

**Achieved**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.69)

**Achieved**

The clinical substance misuse service should be informed immediately of women testing positive for both methadone and other drugs. (I.76)

**Achieved**

The establishment should develop and implement a detailed supply reduction plan. (I.77)

**Partially achieved**

Cellular confinement punishments should be used less frequently and should start at less than seven days. (I.89)

**Achieved**

Special accommodation should be subject to regular management scrutiny and quality checks. (I.94)

**Not achieved**

Prisoners remaining in the segregation unit for significant periods should receive coordinated multidisciplinary support, underpinned by a care plan process. (I.98)

**Not achieved**

Segregation reviews should document long-term plans to progress a woman from segregation. (I.99)

**Not achieved**

Long-term residents on Sycamore House (the segregation unit) should, where possible, be able to participate in regime activities such as using the gym. (I.100)

**Not achieved**

The substance misuse team should ensure that regular treatment reviews are undertaken for all women treated under the IDTS. (I.107)

**Achieved**

The establishment should further develop service provision and care pathways for women with primary alcohol problems. (I.108)

**Achieved**

Medication diversion should be minimised by ensuring consistent officer cover and by introducing clinical compliance testing. (I.109)

**Achieved**

A dual diagnosis service should be developed for women who experience mental health and substance-related problems. (I.110)

**Achieved**

Substance misuse teams should develop a mechanism for regular service user consultation. (I.111)

**Partially achieved**

## Respect

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

*At the last inspection, in 2012, living conditions were better than at our last inspection. Dormitories were no longer used but double cells were too cramped. Showers had been refurbished and more were now provided. The mother and baby unit continued to be a positive facility. Staff-prisoner relationships were much improved but a small number of officers were unprofessional. Equality and diversity work was satisfactory but not fully embedded throughout the prison. Women had mixed views about the quality of food. Health services were generally good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### **Recommendations**

Cells designed for one prisoner should not be used to accommodate two. (2.11)

**Not achieved** (recommendation repeated, 2.10)

All toilets should be effectively screened. (2.12)

**Not achieved** (recommendation repeated, 2.10)

Women should be given enough time to make telephone calls. (2.13)

**Partially achieved**

Applications should be responded to within seven days. (2.14)

**Achieved**

Women should be able to have clothing handed in on visits after the first week after their initial reception. (2.15)

**Achieved**

At least one member of staff who is trained in paediatric first aid should be available in the unit at all times. (2.27)

**Not achieved**

Staff should not wear prison uniforms in the mother and baby unit. (2.28)

**Not achieved**

Efforts should be made to increase the proportion of women officers. (2.36)

**Achieved**

Appropriate language should be used in wing files and inappropriate comments challenged by managers. (2.37)

**Achieved**

Adult women should not be referred to as girls. (2.38)

**Not achieved**

Suitably adapted accommodation should be provided to meet the needs of women with physical disabilities. (2.65)

**Partially achieved**

The disability equality scheme should set out how women with disabilities have been involved in its development, the methods for assessing the impact of policies and practice and the arrangements to help the establishment carry out its statutory duties. (2.66)

**Partially achieved**

All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and promote race equality. (2.67)

**Partially achieved**

Monitoring of foreign national prisoners and those from minority groups should be expanded to reflect their experience of the prison and ensure that they are not victimised, discriminated against or excluded from any activities or allocation to work and accommodation. (2.68)

**Achieved**

There should be regular contact with accredited independent immigration and support agencies. (2.69)

**Partially achieved**

The timings for dealing with medication issues should be reviewed to ensure that all women have the opportunity to attend Sunday services. (2.75)

**Achieved**

Applications should be logged and tracked to ensure timeliness of replies. (2.83)

**Achieved**

Complaints about staff should be dealt with by a senior manager. (2.84)

**Achieved**

Legal services officers should be properly trained. (2.90)

**Not achieved**

Current information on relevant legal issues should be available to prisoners in a range of languages. (2.91)

**Not achieved**

All clinical health care personnel should have up to date basic life support training. (2.105)

**Achieved**

All clinical rooms should be fit for purpose and comply with contemporary infection control standards. (2.106)

**Achieved**

Health care complaints should be handled in confidence. (2.107)

**Not achieved**

Applications and appointments for health care should be appropriately confidential. (2.119)

**Achieved**

Appropriate inpatient care should be provided for women with physical as well as mental health needs where appropriate. (2.120)

**No longer relevant**

The pharmacy and treatments rooms should be fit for purpose and refurbished or relocated as necessary. (2.126)

**Achieved**

The pharmacists should be supported to develop pharmacy-led clinics and medicine use reviews. (2.127)

**Not achieved**

Security arrangements should be in place to ensure that an authorised health care professional has charge of the controlled drug cabinet keys at all times to prevent unauthorised access. (2.128)

**Achieved**

The special sickness policy and patient group directions should be reviewed so that a supply of a wider range of remedies and medications available over the counter are on hand, reducing the need to consult a doctor. (2.129)

**Not achieved**

Medicines management practices on the wings should be subject to a regular clinical audit. (2.130)

**Achieved**

Life-sentenced and long-term sentenced prisoners should have the opportunity to cater for themselves. (2.148)

**Partially achieved** (recommendation repeated, 4.26)

New arrivals should be able to receive orders from the prison shop within their first week. (2.156)

**Not achieved**

The range of products available to black and minority ethnic women should be improved. (2.157)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2012, time out of cell was reasonably good and most women were occupied during the day. Association was regular but short and the evening lock up time was early. Not all women had scheduled daily time in the open air. There was a good focus on developing employability within learning and skills provision. Education provision had improved and vocational training had extended, with some effective links to employers. The library service was accessible but resources were not fully used. PE provision was satisfactory. Outcomes for prisoners were good against this healthy prison test.*

### Recommendations

Evening association should be longer so that women have time to use the phone and shower as well as to associate with each other. (3.4)

**Partially achieved**

All women should be able to take exercise in the open air for one hour daily. (3.5)

**Not achieved**

The prison should review and put into practice a comprehensive skills for life strategy, which should ensure that all prisoners' literacy and numeracy skills are analysed. It should also ensure that all non-English speakers are actively encouraged to develop their language skills. (3.15)

**Achieved**

The quality improvement group should focus more on overall performance and the strategic development of learning and skills and should set challenging and demanding targets for improvement. (3.16)

**Achieved**

The observation process for teaching, learning and assessment should be of a consistently high standard and should lead to a realistic action plan to improve staff performance. (3.17)

**Achieved**

Soft skills targets should be specific, time-bound and reviewed so that learners know when they have progressed and what they must do to improve. (3.25)

**Achieved**

More frequent library activities should be offered to encourage the enjoyment of reading and writing. (3.33)

**Achieved**

Level 2 qualifications in PE for orderlies and more capable learners should be reintroduced. (3.41)

**Achieved**

The prison should update the practical facilities to accommodate resistance machines and repair the fabric of the sports hall walls. (3.42)

**Achieved**

Gym facilities should be updated to support delivery of fitness instructor courses. (3.43)

**Achieved**

## Resettlement

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

*At the last inspection, in 2012, a well founded reducing reoffending strategy provided a good focus on developing services across each of the resettlement pathways. Offender management and sentence planning was well managed with a range of developing interventions to meet the needs of women, including those with drug and alcohol problems. Useful reintegration services were provided, which were backed up by helpful post-release work. There was some good family work. Outcomes for prisoners were good against this healthy prison test.*

### Main recommendation

An appropriate private venue should be provided for special visits, such as formal separation from children. (HP47)

**Achieved**

### Recommendations

Women should have the opportunity to spend their last months in custody in the area where they will be discharged. (4.19)

**Not achieved**

Family members should be involved in sentence planning when appropriate. (4.20)

**Partially achieved**

Follow-up basic custody screening (BCS) should be undertaken to ensure identified areas of concern have been addressed. (4.37)

**Achieved**

The CARAT team should monitor the number of young adults accessing its services and ensure that their needs are met. (4.50)

**Achieved**

A money management course should be available to prisoners outside of any pre-release course. (4.55)

**Not achieved**

Transport should be provided to get visitors to and from the nearest mainline station. (4.65)

**Not achieved**

The visitors' centre should not close until one hour after visits have ended. (4.66)

**Partially achieved**

Visits should start at the published time and last for the advertised duration. (4.67)

**Partially achieved**

Women should not have to wear fluorescent bands in the visits room. (4.68)

**Achieved**

Women who don't have children should also be allowed family visits. (4.69)

**Not achieved**

All women should be able to exchange unused visiting orders for telephone credit. (4.70)

**Achieved**

Suitable interventions should be introduced to address identified needs. (4.77)

**Achieved**

The officer providing support to sex workers should be allocated the hours designated for this work. (4.85)

**Not achieved**

## Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	11	278	76.7
Recall	0	40	10.6
Convicted unsentenced	2	17	5.0
Remand	4	24	7.4
Civil prisoners	0	0	0.0
Detainees	0	1	0.3
Other - moved to sentenced stats	0	0	0.0
<b>Total</b>	<b>17</b>	<b>360</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	6	44	13.3
Less than 6 months	1	32	8.8
6 months to less than 12 months	1	35	9.5
12 months to less than 2 years	3	36	10.3
2 years to less than 4 years	3	74	16.2
4 years to less than 10 years	2	87	23.6
10 years and over (not life)	0	12	3.2
ISPP (indeterminate sentence for public protection)	1	24	10.9
Life	0	16	4.2
<b>Total</b>	<b>17</b>	<b>360</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 18	0	0
Under 21 years	17	4.5
21 years to 29 years	101	26.8
30 years to 39 years	136	36.1
40 years to 49 years	86	22.8
50 years to 59 years	29	7.7
60 years to 69 years	8	2.1
70 plus years	0	0
Please state maximum age here: 66		
<b>Total</b>	<b>377</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	14	340	93.9
Foreign nationals	3	20	6.1
<b>Total</b>	<b>17</b>	<b>360</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Female closed	11	266	73.5
Female open	0	24	6.4
Unclassified	3	14	4.5
Unsentenced	3	56	15.6
<b>Total</b>	<b>17</b>	<b>360</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	13	315	87.0
Irish	0	2	0.5
Gypsy/Irish Traveller	0	5	1.3
Other white	3	6	2.4
<b>Mixed</b>			
White and black Caribbean	0	4	1.1
White and black African	0	0	0.0
White and Asian	0	3	0.8
Other mixed	0	6	1.6
<b>Asian or Asian British</b>			
Indian	0	4	1.1
Pakistani	0	4	1.1
Bangladeshi	0	0	0.0
Chinese	0	0	0.0
Other Asian	0	2	0.5
<b>Black or black British</b>			
Caribbean	0	3	0.8
African	0	2	0.5
Other black	0	1	0.3
<b>Other ethnic group</b>			
Arab	0	0	0.0
Other ethnic group	1	3	1.1
Not stated	0	0	0.0
<b>Total</b>	<b>17</b>	<b>360</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	1	0.3
Church of England	0	94	24.9
Roman Catholic	2	68	18.6
Other Christian denominations	3	34	9.8
Muslim	0	10	2.7
Sikh	0	2	0.5
Hindu	0	1	0.3
Buddhist	0	3	0.8
Jewish	0	0	0.0
Other	0	0	0.0
No religion	12	147	42.1
<b>Total</b>	<b>17</b>	<b>360</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	0	0	0.0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0.0</b>

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3	55	14.6
1 month to 3 months	3	0.8	69	18.3
3 months to 6 months	2	0.5	38	10.1
6 months to 1 year	4	1.1	73	19.4
1 year to 2 years	0	0.0	53	14.1
2 years to 4 years	1	0.3	17	4.5
4 years or more	0	0.0	11	2.9
<b>Total</b>	<b>11</b>	<b>2.9</b>	<b>316</b>	<b>83.8</b>

**Sentenced prisoners only**

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	5	136	37.4
<b>Total</b>	<b>5</b>	<b>136</b>	<b>37.4</b>

**Unsentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	1.3	13	3.4
1 month to 3 months	1	0.3	15	4.0
3 months to 6 months	0	0.0	12	3.2
6 months to 1 year	0	0.0	4	1.1
1 year to 2 years	0	0.0	0	0.0
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	0	0.0
<b>Total</b>	<b>6</b>	<b>1.6</b>	<b>44</b>	<b>11.7</b>

Unable to obtain the following information break down.

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
<b>Total</b>			



## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>9</sup>. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

### Survey response

At the time of the survey on 8 June 2015 the prisoner population at HMP New Hall was 378. Using the method described above, questionnaires were distributed to a sample of 189 prisoners.

We received a total of 169 completed questionnaires, a response rate of 89%. This included one questionnaire completed via interview. Ten respondents refused to complete a questionnaire, four questionnaires were not returned and six were returned blank.

Wing/unit	Number of completed survey returns
A	13
B	12
C	5
E	53

<sup>9</sup> 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

F	50
G	17
M	3
R	11
Segregation unit	4
Health care	1

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP New Hall.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant<sup>10</sup> differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP New Hall in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in seven local women's prisons since April 2013.
- The current survey responses from HMP New Hall in 2015 compared with the responses of prisoners surveyed at HMP New Hall in 2012.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2015 survey between responses of prisoners who consider themselves to be homosexual or bisexual and those who consider themselves to be heterosexual.

<sup>10</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	Under 21 .....	8 (5%)	
	21 - 29.....	45 (27%)	
	30 - 39.....	57 (34%)	
	40 - 49.....	38 (23%)	
	50 - 59.....	13 (8%)	
	60 - 69.....	5 (3%)	
	70 and over .....	1 (1%)	
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	Yes .....	135 (82%)	
	Yes - on recall.....	14 (8%)	
	No - awaiting trial.....	8 (5%)	
	No - awaiting sentence .....	8 (5%)	
	No - awaiting deportation.....	0 (0%)	
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	Not sentenced .....	16 (10%)	
	Less than 6 months .....	24 (15%)	
	6 months to less than 1 year .....	16 (10%)	
	1 year to less than 2 years .....	17 (10%)	
	2 years to less than 4 years .....	31 (19%)	
	4 years to less than 10 years .....	29 (18%)	
	10 years or more .....	8 (5%)	
	IPP (indeterminate sentence for public protection) .....	12 (7%)	
	Life.....	10 (6%)	
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>		
	Yes .....	9 (5%)	
	No.....	157 (95%)	
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes .....	163 (98%)	
	No.....	3 (2%)	
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes .....	162 (98%)	
	No.....	3 (2%)	
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	131 (79%)	Asian or Asian British - Chinese .....
	White - Irish .....	4 (2%)	Asian or Asian British - other .....
	White - other.....	14 (8%)	Mixed race - white and black Caribbean. ....
	Black or black British - Caribbean.....	3 (2%)	Mixed race - white and black African .....
	Black or black British - African .....	1 (1%)	Mixed race - white and Asian .....
	Black or black British - other .....	0 (0%)	Mixed race - other.....
	Asian or Asian British - Indian .....	2 (1%)	Arab.....
	Asian or Asian British - Pakistani.....	0 (0%)	Other ethnic group .....
	Asian or Asian British - Bangladeshi.....	0 (0%)	

<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes .....		9 (6%)
	No.....		152 (94%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	45 (27%)	Hindu .....
	Church of England .....	69 (42%)	Jewish .....
	Catholic .....	36 (22%)	Muslim .....
	Protestant.....	2 (1%)	Sikh.....
	Other Christian denomination .....	6 (4%)	Other .....
	Buddhist .....	1 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight .....		109 (67%)
	Homosexual/Gay.....		26 (16%)
	Bisexual.....		28 (17%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)</b>		
	Yes .....		55 (34%)
	No.....		108 (66%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes .....		4 (2%)
	No.....		159 (98%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes .....		78 (48%)
	No.....		86 (52%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		92 (56%)
	No.....		73 (44%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours .....		102 (61%)
	2 hours or longer .....		50 (30%)
	Don't remember .....		15 (9%)
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	My journey was less than two hours .....		102 (61%)
	Yes .....		32 (19%)
	No.....		26 (16%)
	Don't remember .....		6 (4%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	My journey was less than two hours .....		102 (61%)
	Yes .....		8 (5%)
	No.....		55 (33%)
	Don't remember .....		1 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes .....		108 (64%)
	No.....		44 (26%)

	<i>Don't remember</i> .....	16 (10%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	142 (85%)
	No.....	22 (13%)
	<i>Don't remember</i> .....	4 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i> .....	63 (38%)
	<i>Well</i> .....	67 (40%)
	<i>Neither</i> .....	26 (16%)
	<i>Badly</i> .....	3 (2%)
	<i>Very badly</i> .....	2 (1%)
	<i>Don't remember</i> .....	5 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i> .....	131 (78%)
	<i>Yes, I received written information</i> .....	3 (2%)
	<i>No, I was not told anything</i> .....	31 (18%)
	<i>Don't remember</i> .....	3 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	142 (85%)
	No.....	23 (14%)
	<i>Don't remember</i> .....	2 (1%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	<i>Less than 2 hours</i> .....	84 (51%)		
	<i>2 hours or longer</i> .....	67 (41%)		
	<i>Don't remember</i> .....	13 (8%)		
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes .....	141 (85%)		
	No .....	21 (13%)		
	<i>Don't remember</i> .....	3 (2%)		
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	<i>Very well</i> .....	54 (33%)		
	<i>Well</i> .....	71 (43%)		
	<i>Neither</i> .....	26 (16%)		
	<i>Badly</i> .....	9 (5%)		
	<i>Very badly</i> .....	2 (1%)		
	<i>Don't remember</i> .....	2 (1%)		
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>			
	<i>Loss of property</i> .....	10 (6%)	<i>Physical health</i> .....	34 (21%)
	<i>Housing problems</i> .....	39 (24%)	<i>Mental health</i> .....	57 (35%)
	<i>Contacting employers</i> .....	1 (1%)	<i>Needing protection from other prisoners</i>	3 (2%)
	<i>Contacting family</i> .....	33 (20%)	<i>Getting phone numbers</i> .....	42 (26%)
	<i>Childcare</i> .....	5 (3%)	<i>Other</i> .....	10 (6%)
	<i>Money worries</i> .....	21 (13%)	<i>Did not have any problems</i> .....	44 (27%)
	<i>Feeling depressed or suicidal</i> .....	64 (40%)		

<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes .....	66 (40%)
	No.....	54 (33%)
	Did not have any problems .....	44 (27%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco.....	141 (84%)
	A shower .....	54 (32%)
	A free telephone call.....	137 (82%)
	Something to eat.....	144 (86%)
	PIN phone credit.....	58 (35%)
	Toiletries/ basic items .....	116 (69%)
	Did not receive anything .....	2 (1%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	Chaplain .....	98 (59%)
	Someone from health services.....	128 (77%)
	A Listener/Samaritans .....	89 (53%)
	Prison shop/ canteen .....	44 (26%)
	Did not have access to any of these.....	20 (12%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	What was going to happen to you .....	100 (61%)
	What support was available for people feeling depressed or suicidal.....	95 (58%)
	How to make routine requests (applications) .....	89 (55%)
	Your entitlement to visits.....	81 (50%)
	Health services .....	94 (58%)
	Chaplaincy .....	91 (56%)
	Not offered any information.....	30 (18%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes .....	127 (77%)
	No.....	32 (19%)
	Don't remember .....	6 (4%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course .....	17 (10%)
	Within the first week.....	41 (25%)
	More than a week.....	100 (60%)
	Don't remember .....	8 (5%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course .....	17 (11%)
	Yes .....	98 (61%)
	No.....	38 (24%)
	Don't remember .....	8 (5%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	Did not receive an assessment.....	27 (17%)
	Within the first week.....	27 (17%)
	More than a week.....	90 (57%)
	Don't remember .....	14 (9%)

### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to...</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	22 (14%)	47 (30%)	21 (13%)	36 (23%)	10 (6%)	23 (14%)
	<i>Attend legal visits?</i>	26 (17%)	57 (38%)	25 (17%)	9 (6%)	2 (1%)	32 (21%)
	<i>Get bail information?</i>	11 (8%)	19 (13%)	26 (18%)	23 (16%)	13 (9%)	54 (37%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters.....</i>						18 (11%)
	<i>Yes.....</i>						74 (46%)
	<i>No.....</i>						68 (43%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes.....</i>						49 (31%)
	<i>No.....</i>						16 (10%)
	<i>Don't know.....</i>						95 (59%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	105 (64%)	54 (33%)	4 (2%)			
	<i>Are you normally able to have a shower every day?</i>	130 (79%)	33 (20%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	155 (96%)	1 (1%)	5 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	143 (89%)	13 (8%)	4 (3%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	66 (42%)	74 (47%)	16 (10%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	100 (63%)	58 (36%)	2 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	45 (28%)	66 (41%)	49 (31%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good.....</i>						6 (4%)
	<i>Good.....</i>						60 (37%)
	<i>Neither.....</i>						36 (22%)
	<i>Bad.....</i>						36 (22%)
	<i>Very bad.....</i>						26 (16%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>						
	<i>Have not bought anything yet/ don't know.....</i>						9 (6%)
	<i>Yes.....</i>						84 (52%)
	<i>No.....</i>						69 (43%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>						
	<i>Yes.....</i>						109 (66%)
	<i>No.....</i>						29 (18%)
	<i>Don't know.....</i>						27 (16%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>						
	<i>Yes.....</i>						89 (55%)
	<i>No.....</i>						17 (10%)
	<i>Don't know/ N/A.....</i>						56 (35%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>						
	<i>Yes.....</i>						107 (66%)
	<i>No.....</i>						8 (5%)
	<i>Don't know/ N/A.....</i>						48 (29%)

**Q4.10 How easy or difficult is it for you to attend religious services?**

<i>I don't want to attend</i> .....	29 (18%)
<i>Very easy</i> .....	47 (29%)
<i>Easy</i> .....	38 (23%)
<i>Neither</i> .....	9 (6%)
<i>Difficult</i> .....	7 (4%)
<i>Very difficult</i> .....	4 (2%)
<i>Don't know</i> .....	28 (17%)

**Section 5: Applications and complaints****Q5.1 Is it easy to make an application?**

<i>Yes</i> .....	149 (91%)
<i>No</i> .....	11 (7%)
<i>Don't know</i> .....	4 (2%)

**Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).**

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	9 (6%)	110 (69%)	40 (25%)
<i>Are applications dealt with quickly (within seven days)?</i>	9 (6%)	76 (51%)	64 (43%)

**Q5.3 Is it easy to make a complaint?**

<i>Yes</i> .....	107 (67%)
<i>No</i> .....	18 (11%)
<i>Don't know</i> .....	35 (22%)

**Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).**

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	74 (47%)	37 (23%)	47 (30%)
<i>Are complaints dealt with quickly (within seven days)?</i>	74 (46%)	32 (20%)	54 (34%)

**Q5.5 Have you ever been prevented from making a complaint when you wanted to?**

<i>Yes</i> .....	24 (15%)
<i>No</i> .....	134 (85%)

**Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i> .....	40 (25%)
<i>Very easy</i> .....	28 (18%)
<i>Easy</i> .....	34 (21%)
<i>Neither</i> .....	28 (18%)
<i>Difficult</i> .....	24 (15%)
<i>Very difficult</i> .....	5 (3%)

**Section 6: Incentive and earned privileges scheme****Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

<i>Don't know what the IEP scheme is</i> .....	14 (9%)
<i>Yes</i> .....	94 (58%)
<i>No</i> .....	40 (25%)
<i>Don't know</i> .....	15 (9%)

<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	14 (9%)
	<i>Yes</i> .....	85 (53%)
	<i>No</i> .....	52 (32%)
	<i>Don't know</i> .....	10 (6%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	<i>Yes</i> .....	17 (10%)
	<i>No</i> .....	146 (90%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	113 (72%)
	<i>Very well</i> .....	11 (7%)
	<i>Well</i> .....	9 (6%)
	<i>Neither</i> .....	14 (9%)
	<i>Badly</i> .....	7 (4%)
	<i>Very badly</i> .....	3 (2%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i> .....	129 (81%)
	<i>No</i> .....	31 (19%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i> .....	136 (83%)
	<i>No</i> .....	28 (17%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i> .....	66 (40%)
	<i>No</i> .....	98 (60%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	16 (10%)
	<i>Never</i> .....	15 (9%)
	<i>Rarely</i> .....	45 (27%)
	<i>Some of the time</i> .....	40 (24%)
	<i>Most of the time</i> .....	30 (18%)
	<i>All of the time</i> .....	18 (11%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	31 (19%)
	<i>In the first week</i> .....	55 (34%)
	<i>More than a week</i> .....	59 (37%)
	<i>Don't remember</i> .....	15 (9%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	31 (20%)
	<i>Very helpful</i> .....	44 (29%)
	<i>Helpful</i> .....	33 (21%)
	<i>Neither</i> .....	23 (15%)
	<i>Not very helpful</i> .....	13 (8%)
	<i>Not at all helpful</i> .....	10 (6%)

## Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>		
	Yes .....	72 (44%)	
	No.....	91 (56%)	
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>		
	Yes .....	23 (15%)	
	No.....	134 (85%)	
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>		
	Never felt unsafe .....	91 (60%)	At meal times..... 22 (14%)
	Everywhere .....	11 (7%)	At health services..... 5 (3%)
	Segregation unit.....	5 (3%)	Visits area..... 2 (1%)
	Association areas .....	26 (17%)	In wing showers .....
	Reception area .....	2 (1%)	In gym showers .....
	At the gym .....	8 (5%)	In corridors/stairwells.....
	In an exercise yard .....	28 (18%)	On your landing/wing .....
	At work.....	10 (7%)	In your cell .....
	During movement.....	24 (16%)	At religious services.....
	At education .....	8 (5%)	
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>		
	Yes .....	63 (39%)	
	No.....	99 (61%)	
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>		
	Insulting remarks (about you or your family or friends) .....	35 (22%)	
	Physical abuse (being hit, kicked or assaulted) .....	22 (14%)	
	Sexual abuse .....	2 (1%)	
	Feeling threatened or intimidated.....	43 (27%)	
	Having your canteen/property taken.....	13 (8%)	
	Medication.....	12 (7%)	
	Debt .....	6 (4%)	
	Drugs.....	9 (6%)	
	Your race or ethnic origin.....	3 (2%)	
	Your religion/religious beliefs .....	5 (3%)	
	Your nationality .....	6 (4%)	
	You are from a different part of the country than others.....	6 (4%)	
	You are from a traveller community .....	0 (0%)	
	Your sexual orientation .....	5 (3%)	
	Your age.....	9 (6%)	
	You have a disability.....	5 (3%)	
	You were new here.....	18 (11%)	
	Your offence/ crime .....	11 (7%)	
	Gang related issues.....	6 (4%)	
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>		
	Yes .....	48 (31%)	
	No.....	108 (69%)	
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>		
	Insulting remarks (about you or your family or friends) .....	24 (15%)	
	Physical abuse (being hit, kicked or assaulted) .....	6 (4%)	
	Sexual abuse .....	3 (2%)	
	Feeling threatened or intimidated.....	20 (13%)	
	Medication.....	5 (3%)	

Debt .....	1 (1%)
Drugs.....	5 (3%)
Your race or ethnic origin.....	2 (1%)
Your religion/religious beliefs .....	0 (0%)
Your nationality .....	1 (1%)
You are from a different part of the country than others.....	3 (2%)
You are from a traveller community .....	1 (1%)
Your sexual orientation .....	7 (4%)
Your age.....	1 (1%)
You have a disability.....	2 (1%)
You were new here.....	8 (5%)
Your offence/ crime .....	6 (4%)
Gang related issues.....	2 (1%)

**Q8.8 If you have been victimised by prisoners or staff, did you report it?**

Not been victimised.....	84 (57%)
Yes.....	30 (20%)
No.....	34 (23%)

**Section 9: Health services****Q9.1 How easy or difficult is it to see the following people?**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	4 (3%)	12 (8%)	44 (28%)	25 (16%)	55 (34%)	20 (13%)
The nurse	6 (4%)	34 (21%)	74 (47%)	22 (14%)	16 (10%)	7 (4%)
The dentist	26 (17%)	4 (3%)	18 (11%)	12 (8%)	38 (24%)	59 (38%)

**Q9.2 What do you think of the quality of the health service from the following people?**

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	12 (7%)	28 (17%)	63 (39%)	20 (12%)	27 (17%)	12 (7%)
The nurse	6 (4%)	41 (26%)	65 (41%)	24 (15%)	15 (9%)	9 (6%)
The dentist	51 (33%)	14 (9%)	26 (17%)	26 (17%)	18 (12%)	21 (13%)

**Q9.3 What do you think of the overall quality of the health services here?**

Not been .....	5 (3%)
Very good.....	28 (17%)
Good.....	52 (32%)
Neither.....	34 (21%)
Bad.....	31 (19%)
Very bad.....	12 (7%)

**Q9.4 Are you currently taking medication?**

Yes.....	125 (78%)
No.....	36 (22%)

**Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?**

Not taking medication.....	36 (22%)
Yes, all my meds.....	29 (18%)
Yes, some of my meds .....	41 (25%)
No.....	56 (35%)

**Q9.6 Do you have any emotional or mental health problems?**

Yes.....	100 (63%)
No.....	59 (37%)

<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)</b>	
	<i>Do not have any emotional or mental health problems.....</i>	59 (39%)
	Yes.....	62 (41%)
	No.....	31 (20%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes.....	75 (47%)
	No.....	85 (53%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes.....	68 (43%)
	No.....	92 (57%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy.....	39 (25%)
	Easy.....	29 (18%)
	Neither.....	10 (6%)
	Difficult.....	6 (4%)
	Very difficult.....	3 (2%)
	Don't know.....	71 (45%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	3 (2%)
	Easy.....	2 (1%)
	Neither.....	6 (4%)
	Difficult.....	15 (9%)
	Very difficult.....	41 (26%)
	Don't know.....	92 (58%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	25 (16%)
	No.....	135 (84%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	22 (14%)
	No.....	136 (86%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem.....</i>	76 (50%)
	Yes.....	66 (43%)
	No.....	11 (7%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem.....</i>	92 (60%)
	Yes.....	52 (34%)
	No.....	10 (6%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help.....</i>	67 (44%)
	Yes.....	71 (47%)
	No.....	14 (9%)

## Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	13 (8%)	27 (17%)	75 (48%)	17 (11%)	20 (13%)	4 (3%)
	Vocational or skills training	29 (19%)	19 (13%)	53 (35%)	18 (12%)	22 (15%)	10 (7%)
	Education (including basic skills)	22 (15%)	27 (18%)	65 (43%)	14 (9%)	19 (13%)	4 (3%)
	Offending behaviour programmes	44 (30%)	14 (9%)	36 (24%)	19 (13%)	26 (17%)	10 (7%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i> .....						15 (10%)
	Prison job .....						105 (69%)
	Vocational or skills training.....						22 (14%)
	Education (including basic skills).....						45 (30%)
	Offending behaviour programmes .....						24 (16%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	19 (14%)	71 (54%)	33 (25%)	9 (7%)		
	Vocational or skills training	33 (32%)	40 (38%)	18 (17%)	13 (13%)		
	Education (including basic skills)	27 (23%)	67 (58%)	11 (10%)	10 (9%)		
	Offending behaviour programmes	37 (34%)	47 (43%)	14 (13%)	12 (11%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i> .....						21 (14%)
	<i>Never</i> .....						32 (21%)
	<i>Less than once a week</i> .....						25 (16%)
	<i>About once a week</i> .....						73 (47%)
	<i>More than once a week</i> .....						4 (3%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i> .....						38 (25%)
	<i>Yes</i> .....						86 (55%)
	<i>No</i> .....						31 (20%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i> .....						40 (26%)
	<i>0</i> .....						52 (34%)
	<i>1 to 2</i> .....						26 (17%)
	<i>3 to 5</i> .....						17 (11%)
	<i>More than 5</i> .....						18 (12%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>						
	<i>Don't want to go</i> .....						43 (28%)
	<i>0</i> .....						25 (16%)
	<i>1 to 2</i> .....						58 (38%)
	<i>3 to 5</i> .....						10 (6%)
	<i>More than 5</i> .....						18 (12%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>						
	<i>Don't want to go</i> .....						7 (5%)
	<i>0</i> .....						8 (6%)
	<i>1 to 2</i> .....						11 (8%)
	<i>3 to 5</i> .....						45 (31%)
	<i>More than 5</i> .....						74 (51%)

**Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)**

Less than 2 hours .....	17 (11%)
2 to less than 4 hours .....	22 (14%)
4 to less than 6 hours .....	23 (15%)
6 to less than 8 hours .....	43 (28%)
8 to less than 10 hours.....	15 (10%)
10 hours or more .....	21 (14%)
Don't know .....	13 (8%)

**Section 12: Contact with family and friends****Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes .....	93 (61%)
No.....	60 (39%)

**Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?**

Yes .....	71 (44%)
No.....	90 (56%)

**Q12.3 Have you had any problems getting access to the telephones?**

Yes .....	43 (27%)
No.....	118 (73%)

**Q12.4 How easy or difficult is it for your family and friends to get here?**

I don't get visits .....	28 (18%)
Very easy.....	19 (12%)
Easy .....	27 (17%)
Neither .....	16 (10%)
Difficult.....	34 (22%)
Very difficult.....	31 (20%)
Don't know .....	3 (2%)

**Section 13: Preparation for release****Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

Not sentenced .....	16 (10%)
Yes .....	113 (72%)
No.....	27 (17%)

**Q13.2 What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)**

Not sentenced/ NA.....	43 (27%)
No contact.....	44 (28%)
Letter .....	36 (23%)
Phone .....	15 (9%)
Visit.....	42 (27%)

**Q13.3 Do you have a named offender supervisor in this prison?**

Yes .....	120 (78%)
No.....	33 (22%)

**Q13.4 Do you have a sentence plan?**

Not sentenced .....	16 (10%)
Yes .....	93 (60%)

	No.....	46 (30%)		
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>			
	<i>Do not have a sentence plan/ not sentenced.....</i>	62 (42%)		
	<i>Very involved.....</i>	19 (13%)		
	<i>Involved.....</i>	28 (19%)		
	<i>Neither.....</i>	19 (13%)		
	<i>Not very involved.....</i>	12 (8%)		
	<i>Not at all involved.....</i>	8 (5%)		
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced.....</i>	62 (42%)		
	<i>Nobody.....</i>	26 (17%)		
	<i>Offender supervisor.....</i>	30 (20%)		
	<i>Offender manager.....</i>	31 (21%)		
	<i>Named/ personal officer.....</i>	18 (12%)		
	<i>Staff from other departments.....</i>	22 (15%)		
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced.....</i>	62 (41%)		
	<i>Yes.....</i>	62 (41%)		
	<i>No.....</i>	9 (6%)		
	<i>Don't know.....</i>	18 (12%)		
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced.....</i>	62 (41%)		
	<i>Yes.....</i>	18 (12%)		
	<i>No.....</i>	49 (32%)		
	<i>Don't know.....</i>	24 (16%)		
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced.....</i>	62 (40%)		
	<i>Yes.....</i>	27 (18%)		
	<i>No.....</i>	24 (16%)		
	<i>Don't know.....</i>	41 (27%)		
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes.....</i>	9 (6%)		
	<i>No.....</i>	57 (37%)		
	<i>Don't know.....</i>	89 (57%)		
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes.....</i>	36 (25%)		
	<i>No.....</i>	109 (75%)		
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	22 (16%)	68 (49%)	49 (35%)
	Accommodation	27 (19%)	79 (56%)	34 (24%)
	Benefits	19 (13%)	82 (58%)	40 (28%)
	Finances	22 (17%)	54 (41%)	57 (43%)
	Education	23 (18%)	63 (48%)	45 (34%)
	Drugs and alcohol	32 (23%)	84 (60%)	24 (17%)

**Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**

<i>Not sentenced</i> .....	16 (11%)
Yes .....	76 (50%)
No .....	59 (39%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP New Hall 2015

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		HMP New Hall 2015	Womens local prisons comparator	HMP New Hall 2015	HMP New Hall 2012
	Any percentage highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>169</b>	<b>1050</b>	<b>169</b>	<b>147</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	5%	6%	5%	8%
1.3	Are you sentenced?	90%	76%	90%	84%
1.3	Are you on recall?	8%	6%	8%	6%
1.4	Is your sentence less than 12 months?	25%	26%	25%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	2%	7%	5%
1.5	Are you a foreign national?	5%	13%	5%	7%
1.6	Do you understand spoken English?	98%	97%	98%	100%
1.7	Do you understand written English?	98%	97%	98%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	20%	10%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	7%	6%	8%
1.1	Are you Muslim?	2%	6%	2%	4%
1.11	Are you homosexual/gay or bisexual?	33%	24%	33%	28%
1.12	Do you consider yourself to have a disability?	34%	32%	34%	24%
1.13	Are you a veteran (ex-armed services)?	3%	1%	3%	2%
1.14	Is this your first time in prison?	48%	51%	48%	39%
1.15	Do you have any children under the age of 18?	56%	55%	56%	57%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	30%	39%	30%	29%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	50%	45%	50%	60%
2.3	Were you offered a toilet break?	13%	13%	13%	11%
2.4	Was the van clean?	64%	61%	64%	70%
2.5	Did you feel safe?	85%	77%	85%	79%
2.6	Were you treated well/very well by the escort staff?	78%	78%	78%	74%
2.7	Before you arrived here were you told that you were coming here?	78%	75%	78%	83%
2.7	Before you arrived here did you receive any written information about coming here?	2%	4%	2%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	85%	82%	85%	81%
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	51%	58%	51%	53%

## Main comparator and comparator to last time

### Key to tables

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3.2	When you were searched in reception, was this carried out in a respectful way?	85%	90%	85%	85%
3.3	Were you treated well/very well in reception?	76%	79%	76%	74%
When you first arrived:					
3.4	Did you have any problems?	73%	77%	73%	73%
3.4	Did you have any problems with loss of property?	6%	13%	6%	7%
3.4	Did you have any housing problems?	24%	27%	24%	25%
3.4	Did you have any problems contacting employers?	1%	2%	1%	0%
3.4	Did you have any problems contacting family?	20%	28%	20%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	5%	3%	6%
3.4	Did you have any money worries?	13%	25%	13%	22%
3.4	Did you have any problems with feeling depressed or suicidal?	39%	36%	39%	38%
3.4	Did you have any physical health problems?	21%	25%	21%	19%
3.4	Did you have any mental health problems?	35%	34%	35%	28%
3.4	Did you have any problems with needing protection from other prisoners?	2%	5%	2%	3%
3.4	Did you have problems accessing phone numbers?	26%	26%	26%	22%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	55%	51%	55%	49%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	84%	80%	84%	87%
3.6	A shower?	32%	46%	32%	35%
3.6	A free telephone call?	82%	76%	82%	87%
3.6	Something to eat?	86%	81%	86%	79%
3.6	PIN phone credit?	35%	62%	35%	36%
3.6	Toiletries/ basic items?	69%	75%	69%	72%
<b>SECTION 3: Reception, first night and induction continued</b>					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	59%	51%	59%	63%
3.7	Someone from health services?	77%	72%	77%	71%
3.7	A Listener/Samaritans?	53%	41%	53%	41%
3.7	Prison shop/ canteen?	26%	29%	26%	26%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	61%	51%	61%	50%
3.8	Support was available for people feeling depressed or suicidal?	58%	49%	58%	45%

## Main comparator and comparator to last time

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3.8	How to make routine requests?	55%	38%	55%	40%
3.8	Your entitlement to visits?	50%	38%	50%	40%
3.8	Health services?	58%	49%	58%	50%
3.8	The chaplaincy?	56%	46%	56%	55%
3.9	Did you feel safe on your first night here?	77%	74%	77%	74%
3.10	Have you been on an induction course?	90%	87%	90%	90%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	68%	57%	68%	59%
3.12	Did you receive an education (skills for life) assessment?	83%	81%	83%	81%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	43%	42%	43%	44%
4.1	Attend legal visits?	55%	57%	55%	61%
4.1	Get bail information?	21%	20%	21%	30%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	39%	46%	46%
4.3	Can you get legal books in the library?	31%	47%	31%	36%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	74%	64%	76%
4.4	Are you normally able to have a shower every day?	79%	90%	79%	90%
4.4	Do you normally receive clean sheets every week?	96%	88%	96%	95%
4.4	Do you normally get cell cleaning materials every week?	89%	83%	89%	85%
4.4	Is your cell call bell normally answered within five minutes?	42%	44%	42%	47%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	68%	63%	64%
4.4	Can you normally get your stored property, if you need to?	28%	28%	28%	37%
4.5	Is the food in this prison good/very good?	40%	25%	40%	34%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	48%	52%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	66%	65%	66%	67%
4.8	Are your religious beliefs are respected?	55%	59%	55%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	65%	66%	70%
4.10	Is it easy/very easy to attend religious services?	53%	52%	53%	53%
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	91%	83%	91%	86%

## Main comparator and comparator to last time

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	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	73%	64%	73%	69%
5.2	Do you feel applications are dealt with quickly (within seven days)?	54%	45%	54%	42%
5.3	Is it easy to make a complaint?	67%	61%	67%	66%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	44%	45%	44%	41%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	37%	38%	37%	38%
5.5	Have you ever been prevented from making a complaint when you wanted to?	15%	18%	15%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	39%	37%	39%	33%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	50%	58%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	50%	53%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	4%	10%	11%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	46%	52%	46%	54%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	81%	83%	81%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	83%	81%	83%	84%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	40%	42%	40%	43%
7.4	Do staff normally speak to you most of the time/all of the time during association?	29%	25%	29%	24%
7.5	Do you have a personal officer?	81%	53%	81%	82%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	63%	72%	63%	74%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	44%	43%	44%	35%
8.2	Do you feel unsafe now?	15%	15%	15%	13%
8.4	Have you been victimised by other prisoners here?	39%	38%	39%	29%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	22%	19%	22%	12%
8.5	Hit, kicked or assaulted you?	14%	8%	14%	6%
8.5	Sexually abused you?	1%	2%	1%	0%
8.5	Threatened or intimidated you?	26%	25%	26%	20%
8.5	Taken your canteen/property?	8%	8%	8%	6%

## Main comparator and comparator to last time

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8.5	Victimised you because of medication?	7%	7%	7%	2%
8.5	Victimised you because of debt?	4%	2%	4%	2%
8.5	Victimised you because of drugs?	6%	3%	6%	2%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	1%
8.5	Victimised you because of your nationality?	4%	3%	4%	3%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	2%
8.5	Victimised you because of your sexual orientation?	3%	2%	3%	2%
8.5	Victimised you because of your age?	6%	3%	6%	2%
8.5	Victimised you because you have a disability?	3%	5%	3%	3%
8.5	Victimised you because you were new here?	11%	10%	11%	4%
8.5	Victimised you because of your offence/crime?	7%	8%	7%	7%
8.5	Victimised you because of gang related issues?	4%	3%	4%	0%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	31%	30%	31%	22%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	12%	15%	10%
8.7	Hit, kicked or assaulted you?	4%	2%	4%	3%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	13%	13%	13%	8%
8.7	Victimised you because of medication?	3%	7%	3%	2%
8.7	Victimised you because of debt?	1%	1%	1%	1%
8.7	Victimised you because of drugs?	3%	4%	3%	2%
8.7	Victimised you because of your race or ethnic origin?	1%	2%	1%	2%
8.7	Victimised you because of your religion/religious beliefs?	0%	2%	0%	1%
8.7	Victimised you because of your nationality?	1%	2%	1%	2%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	5%	2%	5%	3%
8.7	Victimised you because of your age?	1%	2%	1%	1%

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### Key to tables

		HMP New Hall 2015	Womens local prisons comparator	HMP New Hall 2015	HMP New Hall 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you have a disability?	1%	4%	1%	1%
8.7	Victimised you because you were new here?	5%	4%	5%	2%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	1%
8.7	Victimised you because of gang related issues?	1%	2%	1%	2%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	47%	50%	47%	68%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	35%	27%	35%	34%
9.1	Is it easy/very easy to see the nurse?	68%	50%	68%	65%
9.1	Is it easy/very easy to see the dentist?	14%	17%	14%	15%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	61%	47%	61%	45%
9.2	The nurse?	69%	59%	69%	63%
9.2	The dentist?	38%	45%	38%	34%
9.3	The overall quality of health services?	51%	40%	51%	47%
9.4	Are you currently taking medication?	78%	75%	78%	70%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	56%	43%	56%	66%
9.6	Do you have any emotional well being or mental health problems?	63%	59%	63%	44%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	67%	56%	67%	63%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	47%	41%	47%	43%
10.2	Did you have a problem with alcohol when you came into this prison?	43%	28%	43%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	28%	43%	37%
10.4	Is it easy/very easy to get alcohol in this prison?	3%	3%	3%	2%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	4%	16%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	7%	14%	10%
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	86%	84%	86%	73%
10.8	Have you received any support or help with your alcohol problem while in this prison?	84%	81%	84%	63%
For those who have received help or support with their drug or alcohol problem:					
10.9	Was the support helpful?	84%	82%	84%	82%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP New Hall 2015	Womens local prisons comparator	HMP New Hall 2015	HMP New Hall 2012
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	65%	49%	65%	70%
11.1	Vocational or skills training?	48%	43%	48%	58%
11.1	Education (including basic skills)?	61%	58%	61%	67%
11.1	Offending behaviour programmes?	34%	31%	34%	42%
Are you currently involved in any of the following activities:					
11.2	A prison job?	69%	57%	69%	64%
11.2	Vocational or skills training?	14%	14%	14%	18%
11.2	Education (including basic skills)?	30%	36%	30%	28%
11.2	Offending behaviour programmes?	16%	17%	16%	17%
11.3	Have you had a job while in this prison?	86%	79%	86%	84%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	63%	56%	63%	53%
11.3	Have you been involved in vocational or skills training while in this prison?	68%	69%	68%	79%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	57%	59%	57%	71%
11.3	Have you been involved in education while in this prison?	77%	79%	77%	83%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	76%	66%	76%	74%
11.3	Have you been involved in offending behaviour programmes while in this prison?	66%	65%	66%	72%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	64%	61%	64%	64%
11.4	Do you go to the library at least once a week?	50%	46%	50%	53%
11.5	Does the library have a wide enough range of materials to meet your needs?	56%	51%	56%	60%
11.6	Do you go to the gym three or more times a week?	23%	22%	23%	23%
11.7	Do you go outside for exercise three or more times a week?	18%	39%	18%	9%
11.8	Do you go on association more than five times each week?	51%	47%	51%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday?	14%	17%	14%	15%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	61%	50%	61%	51%
12.2	Have you had any problems with sending or receiving mail?	44%	40%	44%	48%
12.3	Have you had any problems getting access to the telephones?	27%	21%	27%	33%

## Main comparator and comparator to last time

### Key to tables

		HMP New Hall 2015	Womens local prisons comparator	HMP New Hall 2015	HMP New Hall 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
12.4	Is it easy/ very easy for your friends and family to get here?	29%	33%	29%	34%
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	81%	61%	81%	85%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	38%	39%	38%	27%
13.2	Contact by letter?	31%	32%	31%	24%
13.2	Contact by phone?	13%	12%	13%	10%
13.2	Contact by visit?	37%	38%	37%	59%
13.3	Do you have a named offender supervisor in this prison?	78%	43%	78%	83%
For those who are sentenced:					
13.4	Do you have a sentence plan?	67%	48%	67%	70%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	55%	63%	55%	67%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	30%	33%	30%	29%
13.6	Offender supervisor?	34%	38%	34%	40%
13.6	Offender manager?	36%	27%	36%	37%
13.6	Named/ personal officer?	21%	20%	21%	20%
13.6	Staff from other departments?	25%	28%	25%	15%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	70%	71%	70%	71%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	19%	20%	30%
13.9	Are there plans for you to achieve any of your targets in the community?	29%	32%	29%	39%
13.10	Do you have a needs based custody plan?	6%	8%	6%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	25%	21%	25%	23%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	58%	47%	58%	52%
13.12	Accommodation?	70%	58%	70%	62%
13.12	Benefits?	67%	61%	67%	67%
13.12	Finances?	49%	39%	49%	40%
13.12	Education?	58%	48%	58%	57%
13.12	Drugs and alcohol?	78%	67%	78%	70%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	56%	58%	56%	60%

## Diversity Analysis



### Key question responses (disability, aged over 50) HMP New Hall 2015

**Prisoner survey responses** (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>55</b>	<b>108</b>	<b>19</b>	<b>148</b>
1.3	Are you sentenced?	91%	90%	100%	89%
1.5	Are you a foreign national?	6%	5%	17%	4%
1.6	Do you understand spoken English?	100%	97%	95%	99%
1.7	Do you understand written English?	100%	97%	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	12%	5%	10%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	11%	3%	6%	6%
1.1	Are you Muslim?	3%	1%	0%	2%
1.12	Do you consider yourself to have a disability?	-	-	47%	32%
1.13	Are you a veteran (ex-armed services)?	2%	3%	0%	3%
1.14	Is this your first time in prison?	41%	51%	76%	45%
2.6	Were you treated well/very well by the escort staff?	74%	81%	74%	79%
2.7	Before you arrived here were you told that you were coming here?	71%	81%	58%	80%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	91%	83%	86%
3.3	Were you treated well/very well in reception?	73%	79%	73%	77%
3.4	Did you have any problems when you first arrived?	91%	64%	69%	74%
3.7	Did you have access to someone from health care when you first arrived here?	82%	75%	84%	76%
3.9	Did you feel safe on your first night here?	66%	82%	74%	78%
3.10	Have you been on an induction course?	82%	95%	84%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	43%	42%	44%

## Diversity Analysis

### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	54%	70%	78%	63%
4.4	Are you normally able to have a shower every day?	79%	80%	78%	80%
4.4	Is your cell call bell normally answered within five minutes?	40%	45%	47%	42%
4.5	Is the food in this prison good/very good?	42%	40%	39%	40%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	39%	60%	45%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	53%	74%	61%	67%
4.8	Do you feel your religious beliefs are respected?	49%	57%	58%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	68%	66%	66%
5.1	Is it easy to make an application?	83%	95%	82%	92%
5.3	Is it easy to make a complaint?	58%	73%	71%	67%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	59%	55%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	54%	29%	55%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	8%	10%	11%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	84%	80%	95%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	91%	81%	69%	85%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27%	28%	16%	31%
7.4	Do you have a personal officer?	77%	83%	74%	82%
8.1	Have you ever felt unsafe here?	56%	38%	52%	43%
8.2	Do you feel unsafe now?	28%	7%	18%	14%
8.3	Have you been victimised by other prisoners?	48%	34%	48%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	39%	22%	31%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	2%	5%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	2%	5%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	3%	10%	3%
8.5	Have you been victimised because of your age? (By prisoners)	3%	6%	16%	4%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	0%	5%	3%
8.6	Have you been victimised by a member of staff?	39%	26%	47%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	10%	29%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%	5%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	2%	0%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	4%	0%	5%	1%
9.1	Is it easy/very easy to see the doctor?	26%	39%	33%	35%
9.1	Is it easy/ very easy to see the nurse?	62%	70%	69%	68%
9.4	Are you currently taking medication?	91%	71%	78%	78%
9.6	Do you feel you have any emotional well being/mental health issues?	86%	50%	50%	64%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	39%	34%	44%
11.2	Are you currently working in the prison?	63%	73%	69%	69%
11.2	Are you currently undertaking vocational or skills training?	20%	11%	19%	14%
11.2	Are you currently in education (including basic skills)?	28%	30%	25%	30%
11.2	Are you currently taking part in an offending behaviour programme?	20%	14%	11%	16%
11.4	Do you go to the library at least once a week?	48%	50%	53%	49%
11.6	Do you go to the gym three or more times a week?	20%	24%	10%	25%
11.7	Do you go outside for exercise three or more times a week?	16%	18%	24%	18%
11.8	On average, do you go on association more than five times each week?	54%	50%	53%	51%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	13%	18%	13%
12.2	Have you had any problems sending or receiving mail?	48%	43%	39%	44%
12.3	Have you had any problems getting access to the telephones?	31%	25%	17%	28%

## Diversity analysis



### Key question responses (sexual orientation) HMP New Hall 2015

**Prisoner survey responses** (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>54</b>	<b>109</b>
1.3	Are you sentenced?	92%	89%
1.5	Are you a foreign national?	0%	7%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	9%	10%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%
1.1	Are you Muslim?	2%	2%
1.12	Do you consider yourself to have a disability?	42%	29%
1.13	Are you a veteran (ex-armed services)?	6%	1%
1.14	Is this your first time in prison?	31%	55%
2.6	Were you treated well/very well by the escort staff?	76%	80%
2.7	Before you arrived here were you told that you were coming here?	89%	74%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	92%
3.3	Were you treated well/very well in reception?	71%	80%
3.4	Did you have any problems when you first arrived?	77%	70%
3.7	Did you have access to someone from health care when you first arrived here?	74%	80%
3.9	Did you feel safe on your first night here?	83%	75%
3.10	Have you been on an induction course?	91%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	41%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	69%
4.4	Are you normally able to have a shower every day?	79%	80%
4.4	Is your cell call bell normally answered within five minutes?	27%	51%
4.5	Is the food in this prison good/very good?	46%	38%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	70%	65%
4.8	Do you feel your religious beliefs are respected?	56%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	67%
5.1	Is it easy to make an application?	92%	91%
5.3	Is it easy to make a complaint?	63%	69%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	60%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	8%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	70%	88%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	86%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	25%	31%
7.4	Do you have a personal officer?	88%	77%
8.1	Have you ever felt unsafe here?	57%	38%
8.2	Do you feel unsafe now?	25%	9%
8.3	Have you been victimised by other prisoners?	52%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	40%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	10%	0%
8.5	Have you been victimised because of your age? (By prisoners)	12%	3%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	6%	2%
8.6	Have you been victimised by a member of staff?	52%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	22%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
8.7	Have you been victimised because of your sexual orientation? (By staff)	12%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	2%	1%
9.1	Is it easy/very easy to see the doctor?	35%	35%
9.1	Is it easy/ very easy to see the nurse?	72%	64%
9.4	Are you currently taking medication?	76%	78%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	54%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	36%
11.2	Are you currently working in the prison?	74%	67%
11.2	Are you currently undertaking vocational or skills training?	9%	17%
11.2	Are you currently in education (including basic skills)?	28%	31%
11.2	Are you currently taking part in an offending behaviour programme?	16%	16%
11.4	Do you go to the library at least once a week?	51%	50%
11.6	do you go to the gym three or more times a week?	22%	23%
11.7	Do you go outside for exercise three or more times a week?	17%	19%
11.8	On average, do you go on association more than five times each week?	55%	49%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	14%
12.2	Have you had any problems sending or receiving mail?	54%	41%
12.3	Have you had any problems getting access to the telephones?	34%	25%