

Report on an announced inspection of

HMP Drake Hall

3 – 7 September 2007

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	17
First days in custody	18
2 Environment and relationships	
<hr/>	
Residential units	21
Staff-prisoner relationships	23
Personal officers	24
3 Duty of care	
<hr/>	
Bullying and violence reduction	27
Self-harm and suicide	29
Diversity	31
Race equality	33
Foreign national prisoners	35
Contact with the outside world	38
Applications and complaints	40
Legal rights	42
Substance use	43
4 Health services	45
<hr/>	
5 Activities	
<hr/>	
Learning and skills and work activities	55
Physical education and health promotion	58
Faith and religious activity	60
Time out of cell	62
6 Good order	
<hr/>	
Security and rules	63
Discipline	65
Incentives and earned privileges	68

7	Services	
	Catering	71
	Prison shop	72
8	Resettlement	
	Strategic management of resettlement	75
	Offender management and planning	76
	Resettlement pathways	79
9	Recommendations, housekeeping points and good practice	89
	Appendices	
	I Inspection team	103
	II Prison population profile	104
	III Summary of prisoner questionnaires and interviews	107

Introduction

Drake Hall is a 'semi-open' prison for adult and young women. Its population has fluctuated in recent years, both in terms of the numbers and kind of women held. At the time of the inspection, it held women serving from three days to life, a third of whom were foreign nationals for whom the establishment was supposed to perform a specialist function. Together with the slightly vague security category, this range of risks and needs posed a challenge for managers. Nevertheless, Drake Hall remained a safe, generally respectful prison, with plenty of purposeful activity, but with a need to focus more fully on resettlement.

Drake Hall was a safe and relaxed place with low levels of self-harm, little evidence of bullying and remarkably low levels of illegal drugs for such an open environment. There was little use of force or segregation and there had been a decline in the number of adjudications.

Staff-prisoner relationships were generally positive, although we received complaints about certain staff, and the personal officer scheme was underdeveloped. Accommodation was mostly clean and of good quality, but two elderly units were in need of replacement. While race issues were satisfactorily managed, a clearer focus on the wider diversity agenda was required. In particular, it was surprising that with such a large foreign national population, too little attention had been paid to their needs – something we have criticised in previous inspections.

Prisoners spent plenty of time out of their rooms. They were able to participate in some good learning and skills provision, although this needed to be better planned to address more fully the needs of all prisoners. There was a wide range of work and training, but allocation was unsystematic and some jobs were of poor quality. Library and physical education resources were good.

Although resettlement outcomes appeared reasonable, this was undermined by the lack of an adequate strategy based on a proper analysis of the risks and needs presented by the diverse population – particularly the sizeable foreign national population. There was also a backlog in sentence planning, weaknesses in case management and insufficient multidisciplinary input into the nascent offender management arrangements. Nevertheless, for the majority of women, sufficient interventions were available, together with reasonable reintegration services and good drug services, including a well-run therapeutic community.

Drake Hall is in many ways an impressive establishment, which provides a safe and respectful environment and offers plenty of purposeful activity. However, it is disappointing that, as in previous inspections, we found that the prison had not adequately addressed the needs of its large foreign national population, or developed the level of expertise in this area that should be expected, given its designated specialist function. The establishment's resettlement function also needed greater clarity and better strategic management. However, these weaknesses should not obscure the fact that overall there was much to commend.

Anne Owers
HM Chief Inspector of Prisons

November 2007

Fact page

Task of the establishment

Drake Hall is a semi-open prison for sentenced adult women and young women. Prisoners at Drake Hall serve sentences from three days to life imprisonment. There are 15 houses, most with single accommodation. Employment consists of education, industrial workshops, a large gardens department, laundry and orderly work. Fifty prisoners work outside the establishment. A wide range of vocational qualifications is available.

Brief history

Drake Hall developed from a wartime hostel for women munitions workers. It closed in 1946 and reopened in 1956 to house refugees from the Suez crisis. From 1956 to 1974, it was a male open prison before becoming a female open prison in September 1975. In January 2002, Drake Hall was re-roled as a female semi-open establishment with the erection of a secure perimeter and a designated foreign national prisoner population. New building includes a reception, healthcare unit, gym and kitchen.

Area organisation

West Midlands Area

Number held

286

Certified normal accommodation

315

Operational capacity

315

Last full inspection

18–22 November 2002 (full)

September 2004 (short)

Description of residential units

Accommodation consists of 15 house units containing mainly single rooms, all fitted with courtesy locks. Each house unit has a small kitchen, a laundry room and a television lounge.

Healthy prison summary

Introduction

HP1 All inspection 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 criteria are:

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. 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.

... performing well against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

... performing reasonably well against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

... not performing sufficiently well against this healthy prison test.

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.

... performing poorly against this healthy prison test.

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.

Safety

HP3 Drake Hall was a safe and relaxed place with good reception arrangements and reasonable first night and induction procedures. There was little apparent bullying and low levels of self-harm, with good support for those who felt vulnerable. There was little use of force or segregation. Better enquiries at adjudications were needed. Positive mandatory drug testing figures were relatively low. The prison was performing well against this healthy prison test.

HP4 Most women did not have long journeys, but few found the vans safe and clean and most found them uncomfortable. At least one woman had been handcuffed in the van and a disabled woman, who should have had special transport, had a difficult and uncomfortable journey. Some women had been given very short notice of their transfer.

HP5 The reception was bright, clean and welcoming, but almost all information was in English only despite the high number of foreign national women. New arrivals were welcomed and put at their ease. Searching was carried out sensitively. Time spent in reception was well occupied and included interviews with key staff in private.

HP6 First night provision was a little rushed, but all women had a first night talk and individual interviews. Although all had a very brief free telephone call there was no advance of telephone credit to allow women to talk properly to their families and reception packs were not routinely offered. Induction had recently been reduced to a one-week programme but there were still periods of inactivity. Prisoners were generally positive about the experience and welcomed meeting the governor during induction. All important areas were covered, but some sessions could have been more imaginatively presented and more peer support was needed.

HP7 Most women felt safe and only 8%, similar to other women's prisons, said they felt unsafe at the time of the survey¹. Bullying was not a serious problem. Most incidents involved difficulties associated with living communally in a relatively unrestricted environment. Problems were often satisfactorily resolved informally, but there was a need to clarify the circumstances when formal anti-bullying procedures would be invoked.

HP8 There was little actual self-harm and most assessment, care in custody and teamwork (ACCT) booklets were opened only for a short time to support women when they were feeling low. The ACCT procedures were good, with multidisciplinary involvement and good ongoing support, including the services of a professional counsellor.

HP9 The small security department was busy and dealt promptly with security information reports (SIRs). Target and suspicion mandatory drug tests (MDT) were nearly always completed within a reasonable time but it was not always possible to track whether actions arising from SIRs had been completed. Although regarded by the prison as the most serious threat to security, drugs were not a major issue. Rules were displayed on

¹ As a semi-open prison, it is difficult to make a direct comparator, but survey results have been compared with both open prisons and all other women's prisons.

most wings and were in wing compacts, but only in English. Women found some rules petty and said staff applied them inconsistently. Some rules appeared a little restrictive for the category of the prison.

- HP10 The segregation unit was clean and well ordered, but the exercise yard was stark. Segregation was relatively little used and usually only for short periods. A log showed that until earlier in the year all women entering the segregation unit were routinely strip-searched. Since then no records had been kept so the current situation was unclear. The number of adjudications had decreased compared to several years earlier and few were for minor matters. However, a number had procedural flaws and better quality checks were needed. The segregation unit was inappropriately used for loss of association. There was little use of force and most was well recorded and analysed, although authorisations and records of injury forms were sometimes missing.
- HP11 Women were able to continue methadone and subutex programmes with flexible treatment options and good care was provided. There was good joint working between the counselling, assessment, referral, advice and throughcare (CARAT) service and healthcare. The year-to-date random MDT positive rate was 3.7% against a target of 2.3%. Most suspicion tests were carried out on time, although only about a third were positive. MDT officers also undertook voluntary testing, which was not good practice. In our survey, significantly fewer women than the open prison comparator² said it was easy to get illegal drugs.

Respect

HP12 Relationships between staff and prisoners appeared mostly positive, although many women complained that some staff were unhelpful. Personal officer work was underdeveloped. Accommodation was generally clean and of good standard, and the grounds were attractive and well kept. Race relations were reasonable. More focus on foreign national women and general promotion of diversity was needed. The food was good. Healthcare was satisfactory, but some aspects of the service needed improvement. The prison was performing reasonably well against this healthy prison test.

HP13 Prisoners told us that some individual staff were very supportive, but many others were not interested or willing to help them. This was reflected in a recent measuring the quality of prison life (MQPL) survey, which, while generally favourable about relationships, found that 34 out of 48 written comments about staff were negative. Although 74% in our survey, the same as the women's prison comparator, said most staff treated them with respect, this was significantly lower than the open prison figure of 85%. Nevertheless, 91%, much higher than the women's prison comparator and similar to the open prison figure, said they had a member of staff they could turn to for support.

HP14 Personal officers usually introduced themselves to women and this was recorded. In our survey, 71%, similar to the open prison comparator, said they found their personal officer helpful. Entries in wing files varied considerably, both in quality and frequency. Few

² The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

showed any in depth knowledge of the prisoner, their resettlement targets or individual circumstances.

- HP15 The prison had identified some flaws in the incentives and earned privileges scheme, and a new scheme was being introduced. This needed to provide more incentives for foreign national prisoners.
- HP16 The standard of accommodation was generally good apart from Richmond and Plymouth units, which needed replacing. All areas of the prison were clean and well maintained. There was good access to laundries. Shared rooms were cramped. Smoking arrangements were over-restrictive. The grounds were attractive and well maintained.
- HP17 In our survey, women were positive about the quality of food and unusually foreign national women reported more favourably than British women. Meals were good quality with many healthy options. Consultation arrangements were good. The kitchen was large and well equipped, but a small serving area limited capacity. Women had no opportunity to cook for themselves and some outworkers arrived back too late for a hot meal.
- HP18 Women were generally positive about the range of goods stocked in the shop, although foreign nationals and black and minority ethnic women were less so. The supplier's consultation arrangements were poor. As the prison operated a packing centre, it would have been easy to extend the range of items.
- HP19 There was no diversity or disability policy for prisoners. Some good work on disability was beginning but was inadequately resourced. There was no strategy to identify or address the needs of other minority groups such as young adults and older women or to address sexual orientation.
- HP20 Almost 50% of the women prisoners were black and minority ethnic compared to only 3% of staff. Our survey indicated some significant differences in perception between black and minority ethnic and white prisoners. Many black and minority ethnic women said some officers were disrespectful towards them. Less than half the staff had undertaken diversity training. Racist incident reports were mostly about name calling. They were usually answered promptly, but not all were rigorously investigated and a number of women said they lacked confidence in the system. The race equality action team included prisoner representatives, although there was no regular external community involvement. There were no general forum meetings for black and minority ethnic women and a number said their opinions were not valued.
- HP21 A third of women were foreign nationals. Despite the high proportion of prisoners, the foreign national policy was very basic, not founded on a population analysis and without any targets. The foreign national liaison officer was also the race equality officer and the diversity manager and had only an allocated 16 hours each week for all these roles, which was patently insufficient. Personal officers did little to support foreign nationals. Foreign national women were given basic information at induction and knew the liaison officer, but many complained about a lack of information and support, particularly about their immigration position. However, an immigration officer held regular surgeries and immigration detainees usually moved on quickly. Getting information was often a struggle for women who did not speak or understand English well. Women were given regular

telephone calls home and Hibiscus helped maintain family links but the service was very pressed.

- HP22 An active chaplaincy team was fully involved in the work of the prison, including attending ACCT reviews. The chaplaincy ran some lunchtime, evening and weekend meetings. Prisoners were able to get to services on time and the needs of most faiths were met.
- HP23 A new, rather complicated, application system was well publicised. A prisoner advice centre helped women complete applications and complaints when they needed it. Applications were logged and dealt with mostly on time but it was not always easy to get an application form. Complaints were also mostly answered on time. A number of complaints involved matters that should have been resolved at a lower level and not all replies were respectful or helpful.
- HP24 Legal services were well advertised, but there was no profiled time for the task and prisoners reported not getting answers to applications or replies being delayed. The provision did not match the needs of women, particularly foreign nationals.
- HP25 Women were positive about the quality of healthcare and reported easy access to the nurse and doctor, although black and minority ethnic women were not quite so positive. Interaction between staff and patients was respectful and most women felt well supported. However, they were not aware that they could request a woman GP and there was no breast screening.
- HP26 Primary care trust reorganisations had inhibited the development of services and, although staff were committed and well trained, the needs of specific minority groups were not well identified. The dental waiting list was too long. Reception screening was rushed and, although followed up by an appointment with the GP, there was a risk that neither was done well. The health centre was clean and bright but did not provide appropriate confidentiality. The approach to in possession medication was too cautious. There was reasonable access to some external specialists and most women were able to use release on temporary licence (ROTL) for outside appointments, although this was more difficult for foreign national prisoners. The mental health in-reach team provided a good multidisciplinary service for those with severe conditions, but primary mental health care was limited.

Purposeful activity

HP27 Women had a good amount of time out of their rooms. The learning and skills provision was generally effective with some good achievements, although better planning was needed. There was activity for all women with some good training, but allocation to jobs was unsystematic and not all jobs were good quality or fully occupied women. Access to the library was good. Physical education facilities were good and well used. The prison was performing reasonably well against this healthy prison test.

HP28 There were few restrictions on the amount of time women were able to spend out of their rooms. There was relatively little to do during association, although a new central

association room was about to open and would improve the range of facilities and activities.

- HP29 Learning and skills in the prison appeared generally effective. The quality of provision was good with some good achievements. All women were allocated to activity places with 118 enrolled on employability training and 77 on literacy, numeracy and English for speakers of other languages. Almost 200 were involved in personal development and social integration programmes. The information, advice and guidance service had been slow to develop and was based on too narrow a range of information, with few effective links to sentence plan targets and resettlement needs. Although there was some good individual support and teaching and some well structured courses, better target setting was needed. Management of lesson attendance was poor with too many interruptions for other regime activities. The range of the education provision and enrichment activities was broad but a clearer strategy was needed for specific groups, particularly to meet the needs of vulnerable young adults.
- HP30 Allocation to work was not systematic and as with allocation to education, information advice and guidance records did not support the process. Although all women had jobs, the quality varied considerably and not all were kept fully occupied. There were, however, some good opportunities for training. A number of women were able to work outside the prison, some in jobs that would provide employment after release, and there were some good partnerships with outside employers.
- HP31 Library access was good, with evening and weekend sessions. Although much better than the previous facility, the space was restricted. Orderlies working in the library received appropriate training. The stock did not fully reflect the needs of foreign national women and there were not enough newspapers. There was appropriate provision of legal materials and Prison Service Orders.
- HP32 The gym was well used, with sessions each weekday evening and at weekends. In our survey, significantly more women than in other women's prisons, including the opens, said they went to the gym at least twice a week. The gym was good and well equipped, however there were no outside facilities. Women could obtain qualifications in the gym and healthy living was well promoted.

Resettlement

- HP33 The resettlement strategy did not clearly identify the needs of all groups of women at Drake Hall and explain how these would be met. Despite some apparent good outcomes, there was no clear case management from first arrival through to release to ensure that individually assessed needs were met. Many women did not have up-to-date sentence plans. Offender management was not sufficiently multidisciplinary. Reintegration services were reasonable. Contact with families was satisfactory, but there was no family support worker. Drug services were reasonable. The prison was not performing sufficiently well against this healthy prison test.

- HP34 The resettlement strategy was not informed by a needs analysis of the population and did not include the two additional pathways for women. Nor did it fully address the needs of specific groups such as young adults and foreign nationals. The strategy was overseen by an offender management and regimes policy committee and there was a good balance between managing risk and meeting resettlement needs. There was good use of release on temporary licence.
- HP35 Offender management was in its very early stages, with only nine women in scope. Although there were four offender supervisors, only three out of the nine case files had a record of contact with the prisoner. There was a lack of multidisciplinary input into the development of offender management. Assessment of needs on arrival was inadequate, particularly for women who did not speak English. Over 60% of those who should have had an up-to-date offender assessment system (OASys) assessment did not have one. Some should have been completed at sending establishments, however the frequent redeployment of resettlement staff had exacerbated the position. There was no planning for prisoners serving 12 months or less, although there were plans to develop a traffic lights passport scheme to assess all resettlement needs. Only 50% of women in our survey, against an open prison comparator of 88%, said they had a sentence plan.
- HP36 Accommodation services were effective and all women were contacted eight weeks before release for help with any outstanding accommodation issues. There were an average of 48 discharges each month and only 2% of these were recorded as having no accommodation to go to. The position of some foreign national women returning to their home countries was not so clear. A benefits advisor from the job centre saw all British nationals before release and helped them to get the benefits they were entitled to. There was very limited assistance for prisoners with debt problems. Only women in paid work were supported in setting up bank accounts. A financial literacy course was newly available.
- HP37 There were some good opportunities to develop skills to prepare for education and employment in the community and 39 women went out to work or college regularly. Many of the placements offered opportunities for jobs on release through good links with employers. Careers advice was provided monthly by Next Steps. A five-day employability pre-release programme was run but was not well promoted or used. Job search materials were satisfactory but there was only limited access to job vacancy searches. Jobcentre Plus attended the prison two days each week to help with employment advice.
- HP38 The psychology department delivered a high number of thinking skills programmes each year, but there had been no recent needs assessment to confirm that this was appropriate. Psychology and probation professionals believed that emotion management, childcare and abuse-related interventions were likely to be beneficial for the population but these needs had not been formally identified in an up to date assessment.
- HP39 Nurses aimed to resolve any outstanding health issues for women about to be released. The GP saw all women two days before release, prescribed medication as necessary and prepared letters to give to community GPs. The mental health in-reach team maintained people on the care programme approach and liaised with care coordinators in the community for discharge.

- HP40 Nine women were serving life sentences. Support for lifers was good and all their personal officers were also trained lifer officers. Sentence plans were up to date with active resettlement targets. However, there had been no lifer days since September 2005 and there were no organised lifer groups. A new 'buddy' scheme had been introduced to help new lifers with the transition to a more relaxed and open environment.
- HP41 Visitors said they were well treated and found it easy to book visits, but there was still no visitors' centre, with just a waiting cabin outside the gate. The visits room was large, comfortable and well decorated and visits generally started on time. There was a small unsupervised play area and regular children's days were held. There were mostly sufficient telephones on units, although they could not be used in private. Some good courses were run to support parenting, but it was not clear that there were enough to match need. There was no qualified family support worker.
- HP42 The drug strategy was being reviewed following a recent needs analysis. The CARAT service was accessible and offered structured individual and group work and also helped women whose main problem was with alcohol. The service had an open active caseload of 53 with a high turnover and there were good links to a range of drug intervention programme teams. The former drug rehabilitation programme was now a drugs therapeutic community (TC) that was awaiting accreditation. The TC was skilfully run but there was a need to establish whether the provision best matched needs. Although the numbers signed up for voluntary testing met the target, the frequency of testing was not at the required level because of the regular diversion of staff to other duties.

Main recommendations

- HP43 Personal officers should get to know prisoners' personal circumstances by actively engaging with them to build up relationships that allow them to record in wing files an accurate chronological account of a woman's time at Drake Hall, her achievements against sentence plan and resettlement objectives and any significant events affecting her or her family.
- HP44 A diversity policy for prisoners should be produced with a senior manager responsible that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups will be met.
- HP45 There should be a comprehensive foreign nationals policy based on a needs assessment, including health and resettlement needs, with a full-time coordinator who understands the needs of foreign national prisoners.
- HP46 The learning and skills strategy should be revised to take into account needs identified in sentence plans, the demand for literacy, numeracy and English for speakers of other languages and to provide work and training to match the employment potential of the women prisoners.
- HP47 A resettlement needs analysis should be undertaken to inform service delivery. It should take account of demographics, such as length of stay at Drake Hall, as well as needs of specific groups, such as young adults and foreign nationals.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 Most women had journeys of less than four hours but found vans unsafe and uncomfortable. They reported good treatment by escort staff but many were given little notice of transfer. The prison was not always aware of moves. There was very little waiting on the escort van.
- 1.2 Following the removal of HMP Cookham Wood from the women's estate, the number of receptions at Drake Hall had increased from 61 in June 2007 to 109 in August. Reception staff were not always notified of moves and on one occasion during the inspection found out about one intake only when escort staff contacted them en route. Despite tight staffing arrangements, escort vehicles waited only short times and escort staff were positive about reception arrangements.
- 1.3 Most women had short journeys, with only 6% in our survey, against a comparator of 10%, saying they had been in the escort vehicle for more than four hours. However, few said the vans had been safe and clean and most found them uncomfortable. Prisoner escort records showed that most women were offered a comfort break. The women we spoke to said they had been treated well by escort staff and we saw staff treating them with respect, displaying good inter-personal skills. Records showed, however, that one woman had arrived in handcuffs, which could not be justified for a transfer to a semi-open prison. Another woman with disabilities had had an unacceptably uncomfortable journey in a cellular vehicle rather than special transport as had been recommended by the sending prison's health services department.
- 1.4 Some women were given very short notice of their transfer to Drake Hall, sometimes being told on the day of the transfer. In our survey, 77% of women, against a comparator of 84%, said they knew where they were going. One woman said she had been moved three times in two weeks, which had caused her some anxiety. Property did not always arrive with women, resulting in a high number of complaints to sending establishments.

Recommendations

- 1.5 Women moving to Drake Hall should not be transported in handcuffs.
- 1.6 Prisoners with special needs that make travelling in a cellular vehicle inappropriate should be transferred in suitable vehicles.
- 1.7 The prison should be notified of new arrivals.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.8 The reception area was bright and welcoming and new arrivals were treated well. Many first night procedures took place in reception and there was no unnecessary delay. First night procedures covered the main areas but were frequently rushed and some women reported problems in making contact with families. The induction programme was sound but unimaginatively presented and prisoners spent too long without activity.

1.9 The reception building was relatively new and was bright, clean and welcoming. There was a good range of information on display in waiting areas, although almost all of it was in English. Separate waiting areas were used for searching prisoners before and returning from release on temporary licence. Reception was overseen by a senior officer operations manager and was staffed by two officers and an operational support grade (OSG) who mostly dealt with prisoners property. The OSG was occasionally redeployed to other duties.

1.10 The atmosphere was relaxed and friendly, with anxious prisoners quickly reassured. A reception orderly acted as an information point for new arrivals but the role was not formalised. In our survey, 88% of women said they had been treated well in reception and most said they had been searched in a sensitive and understanding way.

1.11 Most women spent about two hours in reception and were kept occupied with healthcare interviews, chaplaincy visits and first night assessments. Interviews took place in private, with induction staff visiting reception to complete cell-sharing risk assessments and first night screening. Women were asked about their personal circumstances and whether they needed urgent help with housing, legal or family matters. For most women, this was their second or third custodial setting but some had been in prison for only a few weeks and these were identified. First night information was documented on wing history sheets.

1.12 New arrivals were given an information pack about Drake Hall. They were also given a toiletry pack and those without enough clothes were offered more.

First night

1.13 Keele unit served as the first night/induction centre and provided a small, dedicated centre of 18 spaces. This was a recent development, which staff said was an improvement and allowed women to settle in properly before moving to a longer-term residential unit. Most spent one or two weeks on Keele unit but some were moved within three days and returned to the unit for induction.

1.14 Most women arrived on Keele unit before tea and were allocated a room before being taken to the dining hall by the unit orderly. At this time, staff were either supervising the dining hall or having

their own tea-break. This meant the first night centre was unstaffed until 6.15pm, which gave staff just two hours to see all new arrivals individually, give the first night group talk and deal with applications and queries. First night procedures were consequently often rushed. Only one member of staff was detailed to Keele unit and often a second member of staff had to be redeployed from elsewhere.

- 1.15 The first night group was relaxed and women were encouraged to ask questions. Some of the information, such as on anti-bullying procedures and race relations, would have been better left to induction. Women were also sometimes asked to sign compacts, which again took up too much time. Canteen packs and telephone credit were not issued in advance so all new arrivals wanting to contact family on their first night had to use the office telephone. These calls were limited to two minutes. In our survey, 26% of women, against a comparator of 12%, said they had problems contacting family on arrival.

Induction

- 1.16 Induction did not start until the third day after arrival, with the aim of allowing women to settle in and sort out any domestic issues. Most women appreciated this but others said they would prefer earlier allocation to activities. In our survey, 94% of women, against a comparator of 78%, said they had been on an induction course in the first week and 57%, against a comparator of 44%, said it had covered all they needed to know.
- 1.17 The programme included talks from key departments, an individual interview with advice and guidance workers and a day at the gym to complete manual handling and heartstart. All new arrivals also met the governor and many were positive about this. Some sessions were very short, often under 30 minutes, and some would have benefited from use of audio-visual materials. Induction materials were available in English only. Attendance was good and logged by wing staff. Some sessions were rescheduled because of staffing difficulties but most women completed the full programme. The regimes manager allocated women to activities for the following week only on a Tuesday, which meant some women had to wait almost two weeks before starting work.
- 1.18 Women could use the 'signpost' information room adjacent to Keele unit, which offered good advice and support, but they were not told about the facility during induction. A prisoner orderly based on Keele unit provided a useful source of information to new arrivals but also worked as the wing cleaner and was sometimes still answering questions long after staff had left the unit at 8.15pm.

Recommendations

- 1.19 A formal peer support scheme to assist new arrivals should be introduced.
- 1.20 First night procedures should concentrate on essential information for the first night.
- 1.21 New receptions should be issued with advance canteen packs that include sufficient telephone credit to contact family and friends.
- 1.22 Induction sessions should include the use of audio-visual material.

- 1.23 Suitable induction for those whose first language is not English should be provided.
- 1.24 Prisoners should be allocated to start work or education as soon as the induction period has finished.

Housekeeping point

- 1.25 The support and services available in the signpost information room should be included in the induction programme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 All communal areas and rooms were clean and generally well maintained, although two older houses were sub-standard. Women had good access to toilets, showers and laundry facilities. Shared rooms had only one table and chair and not all women had a lockable cupboard.

Residential units

2.2 Prisoners were accommodated in 15 individual units, known as houses, in well maintained grounds. The houses accommodated between 13-40 women in mostly single rooms, although four houses had double rooms (see fact page). The houses were clean and most were well maintained, although two older houses, Richmond and Plymouth, less so and had evidence of damp.

2.3 Prisoners had a key to their rooms and each room was fitted with an emergency call bell. Communal areas and rooms were well-lit. There was sufficient storage space, although some wardrobes were missing the hanging rail. Not all women had a lockable cupboard and shared rooms contained only one table and chair. Every room had a television. None of the rooms had been adapted for prisoners with reduced mobility, although there had been some small alterations such as grab rails by the bath. A list of prisoners needing help in an evacuation was held by gate staff and was known to individual officers.

2.4 Each house had a small laundry, association room with a television and easy chairs, and a small kitchen. Kitchens contained only a hot water boiler, sink and, in some cases, a toaster. There were no facilities for women to cook for themselves (see section on catering). Women could visit other houses but could meet other prisoners only in the association room. Young adult women from Ipswich house were not allowed to mix with older women in the other houses. A new large association room had recently been completed and was due to open imminently.

2.5 Women were not allowed to smoke in the grounds, but could smoke in rooms with the door shut. However, when two women were in a single room during association, the door had to be left open for supervision and smoke escaped into communal areas. The smoky atmosphere on some houses had been raised at the monthly prisoner forum meeting in July 2007. The minutes noted that the issue would be raised with the senior management team, although the minutes of the August meeting did not record any feedback or further debate.

2.6 Houses were unsupervised at night. Although some complained about noise, most women said it was usually quiet enough for them to sleep at night.

- 2.7 A variety of notices were displayed on all wings. These were all in English apart from information about how to complete a racist incident form.

Hygiene

- 2.8 Rooms did not have toilets but women had free access to separate clean toilets and showers, all of which could be used in private. Every house apart from Richmond had a bath.
- 2.9 New arrivals were given clean bedding and women were allowed to keep sufficient personal hygiene products. Sheets and work clothes could be exchanged weekly and were washed in the main prison laundry. This was advertised on notice boards but some new arrivals were unaware of it. Sheets could easily be exchanged at the clothing exchange store. Women on the enhanced level of the incentives and earned privileges scheme (over 50%) were allowed their own bed linen and curtains.
- 2.10 Women were given two detergent tablets each week, although many complained that this was not enough, particularly those working out. Each house had a washing machine and dryer that women could use any time. Ironing boards and irons were also provided.
- 2.11 Each house had an allocated cleaner and enough colour-coded cleaning equipment. However, in our survey, only 61% of women, against a comparator of 79%, said they could get cell cleaning materials every week.

Clothing and possessions

- 2.12 Prisoners could wear their own clothes and there was a supply of clean, donated clothing, including clothing to meet cultural need. Some foreign national women incorrectly believed they were not allowed to have the donated clothing if they had more than £20 in their account. Women were not allowed to wear sandals outside the houses for 'health and safety' reasons. Clothing could be exchanged every eight weeks. Suitable bags were available in reception for discharged women.
- 2.13 Some property was held in reception and 47% of women in our survey, against a comparator of 33%, said they could access it. However, many complained to us that it was difficult to get to reception for their stored property because reception staff were allocated only 15 minutes at weekends to process all applications. Minutes of the prisoner forum meeting in August 2007 recorded that a review of reception applications was being carried out.
- 2.14 The facilities list recorded the items women could have in their possession and whether these could be obtained by post, on visits, as prison issues or through the prison shop. The list also detailed the different in possession entitlements on the incentives and earned privileges levels. Some of these appeared to be arbitrary. For example, women on standard level were allowed photographs, make up and fresh flowers in their rooms, but only women on enhanced level allowed photograph frames, make-up brushes and vases.

Recommendations

- 2.15 Richmond and Plymouth houses should be replaced.
- 2.16 All women prisoners should have a lockable cupboard and their own table and chair in their room.
- 2.17 Notices should be published in languages other than English.
- 2.18 Smoking should be allowed in suitable outside areas.
- 2.19 The facilities list and footwear allowed should be reviewed in discussion with women prisoners.
- 2.20 All prisoners should have access to stored property within a reasonable time.
- 2.21 Sufficient laundry detergent should be readily available to all prisoners.

Housekeeping points

- 2.22 All wardrobes should be fitted with hanging rails.
- 2.23 It should be made clear to all prisoners that they can access clothing from reception.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.24 In our survey, most women said staff treated them with respect. However, in discussions, many described a negative staff culture and said many officers were unwilling to help them. Almost all said they had at least one member of staff they could turn to for help. Interactions we observed were positive.
- 2.25 In our survey, 74% of women, similar to the women's prison comparator, said they were treated with respect by most staff and there was little difference in the responses from foreign national and black and minority ethnic women. However, the figure was significantly lower than the open prison comparator of 85%. Ninety-one per cent, similar to the open prison comparator and significantly better than the women's prison comparator, said they had a member of staff they could turn to for help.

- 2.26 Despite these relatively positive results, women in groups and individually were overwhelmingly negative about relationships with staff. Although many said that individual members of staff were helpful and respectful, they found most officers generally unsupportive. A number of women said staff showed favouritism when dealing with prisoners. By contrast, many women were very positive about the visibility of governors and the help they were able to give. The comments about staff were similar to those in a recent measuring the quality of prison life (MQPL) survey, in which scores about relationships were relatively positive but 34 of the 48 written comments were negative. Comments included concerns that some staff victimised prisoners, were inconsistent and disrespectful.
- 2.27 As in the two other open women's prisons, the small residential staff group and the layout of the prison meant there was relatively little interaction between staff and prisoners during association. However, only 26% of women, significantly worse than the semi-open prison comparator of 38%, said staff normally spoke to them during association. The interactions we saw were positive but mostly involved staff in offices dealing with women's issues, queries and applications.
- 2.28 Women were almost invariably addressed by their first name or title and surname.

Recommendation

- 2.29 **Managers should develop a strategy to enhance relationships between staff and prisoners, including regular forums with prisoners to identify what improvements could be made and providing regular feedback to all staff and prisoners.**

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.30 Most women knew their personal officers and found them helpful. Personal officer entries in wing files varied in quality and frequency, but few demonstrated knowledge of resettlement targets, individual circumstances or any special needs. There was no specific training for personal officers.
- 2.31 Until recently, all personal officers were residential staff, but this had resulted in each officer being responsible to too many women. Personal officers were therefore now allocated from across the officer staff group apart from the dedicated security officers and those designated as offender supervisors. Managers and officers were confident that the new arrangements would improve contact with personal officers. Residential staff were still responsible for more women than their colleagues, with each having about 10. Back up officers were appointed to cover absences.
- 2.32 The personal officer policy was set out in an undated document that staff said had been agreed earlier in 2007. This set out reasonable basic guidance for personal officers but officers we spoke to seemed unfamiliar with it and some could not remember seeing any written guidance. None had received any specific training, although all were clear that as a minimum they should introduce

themselves to the women they were responsible for and write monthly entries in wing history sheets.

- 2.33 In our survey, 37% of women, much better than the women's prison comparator of 28%, but worse than the open prison comparator of 65%, said they had met their personal officer in the first week. Almost all of the history sheets we sampled had a clear entry to show that the personal officer had introduced themselves. All the women we spoke to knew who their personal officer was and 71% in our survey, significantly better than the women's prison comparator and equal to the open prison comparator, found their personal officer helpful or very helpful. Some women said they had little contact with their personal officer and many said the onus was always on the prisoner to seek out their personal officer but a couple said their personal officer was 'brilliant'.
- 2.34 The quality and frequency of entries in wing files varied. A few files showed that the personal officer had a good understanding of the role and contained regular monthly entries including comments on sentence plans and parole reviews. However, most made little mention of resettlement or sentence plan targets and gave little indication that the personal officer took any special interest in the woman's individual circumstances or family. In some cases, there were gaps of months between entries. One file contained three months of entries from the senior officer noting that there had been no personal officer contribution for some time but there was no indication that this had been raised directly with the officer involved. Managers said that personal officer work was now reflected in an officer's annual performance reports and that poor work would be reflected in the officer's performance assessment. Other than occasional references to language difficulties for foreign national women, there was no reference to other special needs, such as for older women or those with disabilities.

Recommendations

- 2.35 **Personal officers should receive a specific job description, together with training and guidance about their role and what is expected of them.**
- 2.36 **Those with specific care needs, such as older prisoners and those with disabilities, should have regularly monitored care plans as part of their wing files.**

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Most women felt safe and good information was collated to analyse indicators of safety. Few had been placed on the anti-bullying strategy. The open and largely unsupervised environment did not lend itself to formal strategies requiring close monitoring. Incidents were often resolved informally, but bullying and other unacceptable behaviours were not clearly defined.
- 3.2 Safer custody policy and practice were overseen by the monthly safer community meeting chaired by the head of residence as the safer custody team leader. Two senior officers had responsibilities as violence reduction and safer custody coordinators, and a principal officer was the deputy safer custody team leader. Three safer custody officers had specific tasks, such as Listener liaison officer.
- 3.3 Meetings were reasonably well attended and included representatives from the Listeners and the Samaritans. A consistent standing agenda was developing, including reports from the two coordinators, security, Listeners and Samaritans. The results of a discharge questionnaire that covered safety were presented by the psychology department, and incentives and earned privileges (IEP) and adjudication levels were also discussed as potential indicators of safety. Most of these reports were supported by statistical information to identify trends. Recent meetings had identified the need to monitor levels of unexplained injuries reported to the security department and to healthcare, something we had raised at our 2002 inspection. Any trends or individuals raising concerns were discussed and the action needed was identified.
- 3.4 Prisoners signed a behaviour compact on induction. Notice boards around the prison and on house units displayed the anti-bullying policy statement and advice on where victims could get help.
- 3.5 A community safety policy that included violence reduction and anti-bullying had last been revised in January 2007. This outlined staff responsibilities and procedures for investigating suspected incidents of bullying. It described a three-stage strategy with written warnings at each stage and reviews to monitor progress. In theory, prisoners moved from simple monitoring for a month at stage one to increasing restrictions and referral to the IEP board at stage two, to the possible final sanction of a return to closed conditions at stage three. The third stage also limited visits to one hour, which unfairly impacted on visitors and the maintenance of family ties. However, few had moved through these stages and none had reached this final stage.
- 3.6 A register of prisoners being monitored on the strategy was held at the gate, although it contained several omissions and some incorrect information. Between January and August 2007, there had

been five incidents of bullying, which resulted in nine prisoners placed on the formal strategy. The names of any prisoner currently being monitored was displayed for staff entering the prison. One prisoner was being monitored at the time of the inspection.

- 3.7 Monitoring was central to the strategy, but the unlocked living accommodation and unsupervised movement of prisoners provided ample opportunity for bullying to take place. This could be intimidating for new prisoners adapting to the open environment. Other than the segregation unit, there was no accommodation to manage or isolate identified bullies or to protect victims. To improve monitoring, a move to Bristol house, which had an office, although not consistently staffed, was part of stage two procedures. In practice, staff had a difficult task to identify and monitor bullying behaviour and often depended on information from prisoners, which then needed to be corroborated.
- 3.8 In our survey, responses to questions about perceptions of safety were similar to the women's open prison comparator and better than the women's prison comparator. Bullying was not a serious problem and most women felt safe, although 33% of black and minority ethnic prisoners, compared to 15% of white women, said they had felt unsafe at some time in the prison. In May 2007, all 41 'discharge bullying questionnaires' completed indicated that respondents had felt safe or very safe at Drake Hall. A bi-annual survey was nearing completion. Preliminary findings suggested that the most common form of bullying reported included 'gossiping', practical jokes' and being 'deliberately ignored'.
- 3.9 Incidents were mostly well investigated. Senior officers had investigated 49 reported incidents to date in 2007. Previous information from security and wing files of all individuals involved were scrutinised and good efforts were made to corroborate allegations. In some cases, victims' statements were countered by others supporting the alleged bully. Many incidents involved relationship difficulties and anti-social behaviour associated with living in a communal open environment.
- 3.10 Most incidents were resolved informally through house meetings or discussion between the parties. While this was appropriate in some cases, the lack of a clear definition of bullying left open the risk that not all incidents were responded to appropriately.
- 3.11 Women were not regularly consulted about safety issues. The effectiveness of the safer community strategy had been raised at one recent prisoner forum meeting but this was not done consistently.

Recommendations

- 3.12 Restrictions on visits should not be included as part of the anti-bullying strategy.
- 3.13 The anti-bullying register should be accurate and kept up to date.
- 3.14 Prisoners should be widely and regularly consulted on ways to improve safety.
- 3.15 A clear definition of bullying should be set out in the community safety policy to make clear to staff which type of incidents should always be dealt with within the formal strategy.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.16 There were low levels of self-harm. Procedures to care for those at risk were generally good. Many cases were opened as a preventative measure to support women who were feeling low. There were no facilities to care for those at high risk of self-harm. There was a need for more counselling services. Telephone access to the Samaritans was poor.
- 3.17 A senior officer safer custody coordinator was responsible for the effective operation of the self-harm and suicide prevention strategy, which was part of the wider safer community approach. The suicide and self-harm prevention policy (February 2006) was due to be reviewed in September 2007. This described the local assessment, care in custody and teamwork (ACCT) procedures and the roles of staff. It was displayed around the prison alongside information on the help available through the Listeners and Samaritans, although many notice boards were cluttered and some notices were obscured.
- 3.18 In our survey, 15% of women, against a women's prison comparator of 30%, said they had a problem with feeling depressed or suicidal when they first arrived. There had been no self-inflicted deaths in recent years and the level of self-harm was low. The coordinator's monthly report included information on the incidence of self-harm and ACCT documents opened. Between July 2006 and June 2007, there had been an average of three incidents of self-harm a month, several involving the same prisoner. A small number were potentially very serious.
- 3.19 Seventy-three ACCT documents had been opened to date in 2007, mostly as a result of staff concerns and to support women when they were feeling low. The details of any prisoners on an open ACCT were displayed for staff at the gate. ACCT procedures were good, often with multidisciplinary involvement at reviews and good ongoing support. ACCT assessors were drawn from a range of disciplines and most were thorough. There were regular management checks of cases. Most staff had been trained in ACCT procedures.
- 3.20 A professional counsellor funded through the primary care trust worked four evenings a week and had a caseload of 11. There were 10 women on the waiting list and the wait was around four weeks, although appointments were arranged for urgent cases. Although healthcare, the chaplaincy and counselling, assessment, referral, advice and throughcare (CARAT) counsellors had also supported women at risk, the overall counselling resources were insufficient.
- 3.21 There were no facilities such as a safer cell to care for women at serious risk of self-harm over a protracted period. A gated cell in the care and separation unit had been used for prisoners on a constant watch about four times in the previous year, but no record was kept (see section on segregation).

- 3.22 There were 10 Listeners supported by a representative from the local Samaritan branch and the Listener liaison officer. Records were not kept, but demand for their services was not high. There was no Listener based in reception and no formal Listener input to the induction programme. They were required to visit Keele house (induction) to see new arrivals during evening association but this arrangement did not work well as the new arrivals were often elsewhere. Listeners also provided a drop-in service each evening at 'The Haven' (the Listener suite), although they thought it was difficult for prisoners to preserve anonymity when speaking to them and many contacts were informal.
- 3.23 The Haven was a small building with two pleasantly decorated rooms with a bed and soft furnishings. The rooms were separated by a lockable barred gate. The policy described it as an alternative to the segregation unit for caring for women at risk of self-harm, but there was no record of when it had last been used as such and its purpose lacked clarity. It was not available to Listeners when used by staff caring for women. The Haven had a direct telephone line to the Samaritans, however this was inaccessible to Listeners when the barred gate was locked. Staff and Listeners incorrectly thought the line was out of order but it was not when we checked it. The barred gate was incongruous in such an environment. It was difficult to see why it was required and it acted as a barrier to care. Prisoners could not make free calls to the Samaritans from telephones on the houses, although the action plan following our last inspection said they could. A mobile telephone with a direct line to the Samaritans was on order.
- 3.24 There was no strategy to ensure that sufficient first aid trained staff were working at night when the prison was most vulnerable. Only four of the senior officers who worked nights were first aid trained.

Recommendations

- 3.25 More counselling services should be provided to meet the needs of women.
- 3.26 Arrangements should be put in place for Listeners to have an opportunity to meet new receptions shortly after their arrival.
- 3.27 The barred gate should be removed from the Haven and the protocol for its use revised to emphasise its purpose as a supportive environment for women who need additional help in a crisis. A record should be kept of its use.
- 3.28 Prisoners should be able to contact the Samaritans free of charge at any time.
- 3.29 There should be sufficient first aid trained staff working each night.

Housekeeping point

- 3.30 Notices alerting prisoners to help available should be clearly displayed.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

3.31 There was no diversity policy detailing how the needs of minority groups would be identified or met, and no disability policy. The diversity officer had insufficient time to make any realistic impact and the disability liaison officer (DLO) was untrained and received no dedicated time for the work. Some, but not all, prisoners with disabilities had care plans. Good efforts had been made to ensure that retired prisoners and those unable to work through disability were not unreasonably financially disadvantaged. Services were being developed by the DLO. Many wing staff knew who needed help in an evacuation.

3.32 In our survey, 19% of women said they were gay or bisexual and 13% said they had a disability. Thirty-one women were aged between 50 and 59 and four were over 60. The oldest woman was 67. There was no diversity policy and the published diversity and equal opportunities available in the signpost information room referred primarily to staff. It did not outline how the needs of minority groups such as lesbian, bisexual, young and older women would be identified and met, and did not include a strategy for action based on a needs analysis. There was no formal monitoring to ensure that prisoners from minority groups were not victimised or excluded from any activity.

3.33 The diversity manager was a senior officer who worked in the offender management unit and was also the race equality officer (REO) and foreign national liaison officer. He did not have sufficient time to manage any of these areas of work properly and had not received any specific training. He did not have an accurate or up-to-date job description covering all his duties. There was no separate management committee for diversity, and diversity issues were discussed alongside race equality and foreign national issues at the monthly race equality action team (REAT) meeting.

3.34 An age breakdown of the population was provided to each REAT meeting and, according to the minutes from July 2007, used to 'enable the correct help to be given within specific age groups'. However, there were no published age-related policies or practices. Women of retirement age were not required to work, but could do so subject to the doctor's approval. Retirement pay was paid by the activity area where a woman last worked at the full rate of pay, which helpfully allowed older women more money than they would usually receive at basic retirement rates. The disability liaison officer (DLO) was hoping to negotiate some contact with a local branch of Age Concern.

3.35 The DLO had been given responsibility for this work since April 2007 but she received no dedicated time for the task, had no job description and had received no training. Her name was advertised on notice boards. There was no disability equality scheme. The diversity and equal opportunities policy included some information about disability but did not set out the methods for assessing the needs of prisoners with disabilities or the impact of policies or practises.

3.36 All prisoners were asked to complete a disability questionnaire at induction. Due to the limited time available, the DLO prioritised assessment interviews with prisoners who identified themselves as having impaired mobility rather than those with a medical disability, such as asthma or diabetes, who might have had mobility issues. She had devised a care plan document that included an

assessment of need and recorded any healthcare contact, adaptations and equipment provided and outside agencies involved. It also recorded any identified special needs in relation to work, visits, education, medication, meals and accommodation and any action taken. The form was signed by the DLO and prisoner and reviewed every two or three months. Health services staff and personal officers were not involved in assessments or reviews. The DLO liaised with health services staff but there were no protocols for joint work. Prisoners who were unable to work through disability received payment of £10 a week, better than we usually find. Prisoners with disabilities seen by the DLO were given an information book and a copy was also available in the signpost information room.

- 3.37** Copies of the care plan were held by the DLO and some, but not all, were copied to the prisoner's wing file. Of six wing files of prisoners recorded as having a disability, three contained no comment about it. Some individual adaptations had been provided, including a 'grabber' for picking items up off the floor and chunky 'key turners'. One woman also attended meetings of the MS society in the local community and had a prisoner 'carer', although the carer was not paid for this work. No general adaptations had been made such as lowered sinks or telephones, raised toilets or adapted showering facilities.
- 3.38** Most staff were aware of prisoners with disabilities and who would need help in an emergency. The DLO had designed an evacuation plan assessment form to inform individual evacuation plans but this was not yet in use. The DLO updated the evacuation list in the gate house each month and health services staff could add to it immediately on interviewing a prisoner in reception. Health services staff also circulated a weekly information sheet detailing the names and location of prisoners with a physical or medical disability and those who were pregnant.

Recommendations

- 3.39** Disabled prisoners should be involved in the development of a disability policy that includes the arrangements to help the establishment carry out its duties under the DDA.
- 3.40** The diversity manager should have an accurate job description, suitable training and time and resources to carry out the duties required to ensure that the needs of prisoners are met.
- 3.41** The disability liaison officer should have a job description, appropriate training and sufficient time for the work so that the needs of disabled prisoners are appropriately met.
- 3.42** Prisoners with disabilities and older prisoners should be consulted about their individual needs and care.
- 3.43** Monitoring should be introduced to ensure that prisoners from minority groups are not being victimised or excluded from activities.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.44 Nearly half the population was from a black and minority ethnic background. There was no separate management committee and only a minority of staff had received training in race and diversity. The race equality officer had insufficient time for the work, no recent training and no job description. Some racist incident reports were not rigorously investigated and there were no general forums for black and minority ethnic women.
- 3.45 Forty-eight per cent of women and 3% of staff were from a black and minority ethnic background. The race equality action team met monthly chaired by the deputy governor and was also required to deal with other diversity and foreign national issues. The REAT was multidisciplinary and included prisoner representatives, but rarely anyone from external community groups. Some women said this meeting could be intimidating and that they were not really listened to. The names and photographs of members were displayed around the prison.
- 3.46 In our survey, black and minority ethnic women reported worse experiences, particularly in feeling safe and being threatened by staff. The measuring the quality of prison life (MQPL) survey undertaken in June 2007 also found that 73% of prisoners felt that racist comment by prisoners were tolerated by staff, 25% said race complaints were not taken seriously and 31% said black prisoners were treated less favourably than white prisoners. Many black and minority ethnic women told us that some staff treated them unfairly and less favourably, but that other officers gave them good support. Only 43% of staff had attended the locally-devised diversity training and there was no general training for prisoners.
- 3.47 The race equality officer (REO) was a senior officer in the offender management unit who was also the diversity manager and foreign national liaison officer (see section on diversity). There was no assistant REO or cover provided in his absence. Prisoners knew the REO, although many said responses to applications to see him were delayed. There were no forums where black and minority ethnic women could raise issues together. Diversity representatives were expected to meet prisoners to discuss all aspects of diversity but this was not formalised.
- 3.48 Prisoner diversity representatives were advertised on all houses. They had job descriptions, but received no training or support. They did not meet regularly with the REO to discuss issues or decide what should be taken to the REAT for discussion.
- 3.49 Monitoring was carried out monthly and the information was discussed and investigated by the REAT as necessary. In July 2007, the REAT had agreed to carry out a survey of gym users after monitoring highlighted that the gym was used more by black women than white.

Managing racist incidents

- 3.50 Racist incident report forms (RIRFs) were readily available and details of how to make a complaint was displayed on all houses in a variety of languages. Forty RIRFs had been made to date in 2007, the majority relating to name-calling and inappropriate language used between prisoners. Most RIRFs were investigated on time but some investigations were not thorough and completed investigations did not always make clear the evidence, such as an interview with the alleged perpetrator, on which the conclusion had been based. Two prisoners had been recommended to attend diversity training even though they had not been found to have behaved in a discriminatory way.
- 3.51 Some women were charged with and found guilty of using inappropriate language but we saw one woman receive only a caution after admitting using totally unacceptable language to a black woman. There were no established interventions for prisoners or staff found guilty of racial misconduct. Many RIRFs recorded that prisoners were recommended to attend a diversity course but only three had actually been on one organised by the education department.
- 3.52 We were told that more than 10% of completed RIRFs were seen by a community representative, however there was no written record of this or his views.

Race equality duty

- 3.53 Ten race impact assessments had been completed since April 2007 and diversity representatives had been involved in their development. Five had been returned by Prison Service headquarters for improvement. Details of completed and planned assessments were contained in the race equality action plan. Each impact assessment had a named lead manager and set dates for completion.
- 3.54 There were no displays that reflected the racial diversity of the population and no regular events to celebrate racial, ethnic or cultural diversity. A Buddhist festival had been held late in 2006/early 2007 and black history month was due to be celebrated shortly, but no plans had been finalised.

Recommendations

- 3.55 Race equality should be monitored and managed by a multidisciplinary committee dealing only with this issue.
- 3.56 The race equality action team should include external representation.
- 3.57 The role of race equality officer should be full time, there should be an up-to-date job description and the post-holder should receive the necessary training.
- 3.58 Prisoner diversity representatives should receive appropriate training and support and should meet regularly with the race equality officer other than at race equality action team meetings.
- 3.59 All staff should receive race equality and diversity training.

- 3.60 There should be regular forums for black and minority ethnic women prisoners.
- 3.61 Racist incident complaints should be more rigorously pursued and completed investigations should contain full evidence of all interviews.
- 3.62 There should be effective interventions for those found guilty of racist misconduct.
- 3.63 Displays should reflect the diversity of the population and regular events organised to celebrate racial, ethnic and cultural diversity.

Housekeeping point

- 3.64 Written comments on the quality of completed racist incident complaint forms should be sought from the external representative.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

3.65 Nearly a third of prisoners were foreign nationals and Drake Hall had for some years been identified as a centre for foreign national women, however services were underdeveloped. There was no specific committee, the policy was poor and the foreign national liaison officer had no training and insufficient time. A Hibiscus worker offered prisoners good support. Nothing was displayed in languages other than English, although translation services were used. Detainees reaching the end of their sentence were quickly moved to immigration removal centres. There were regular prisoner forums and immigration meetings. Few foreign national women were granted release on temporary licence.

3.66 Drake Hall had been a centre for foreign national prisoners for some years and the number of such prisoners had risen quickly in recent months. Ninety-seven prisoners were foreign nationals from 29 countries and 75% of them were new to prison. Half were serving sentences of between five and 13 years for drug importation.

3.67 The published foreign national policy (May 2007) was basic and available only in English. It was not based on a needs assessment and had no strategy for action or monitoring of outcomes. It gave only scant information about family contact. It did not mention extended visits for visitors from abroad, translation services, how to send money home, provision of toiletries, allocation to employment, prisoner diversity representatives or the bi-monthly foreign national meetings. There was no list of embassies and consulates or details of local and national support and information agencies. Information on release and resettlement focused on formal processes rather than practical support such as travel arrangements and help with relationships, childcare, housing and work.

- 3.68 Foreign national issues were discussed at the race equality action team meetings but there was no specific foreign nationals committee (see section on diversity). This was unlikely to allow sufficient attention. The foreign national liaison officer (FNLO) was a senior officer in the offender management unit, and was also the race equality officer (REO) and diversity manager (see section on diversity). He was not helped in this work by other officers and there was no assistant FNLO or cover in his absence. He had not visited other establishments to increase his knowledge and skills. Foreign national women knew who he was, but found it difficult to get to speak to him and many did not feel well informed or supported.
- 3.69 In our survey, foreign national women reported worse experiences than British prisoners in a number of areas, including being insulted or assaulted by another prisoner and being victimised by prisoners because of their race or ethnicity. However, they were more positive than British prisoners about education and skills training. Many foreign national women said that, while some officers were supportive, some prisoners and officers treated them disrespectfully. Many officers told foreign national women with a problem to make an application to see the FNLO rather than dealing with the issue themselves, which increased prisoners' frustration.
- 3.70 There was no specific training on the needs of foreign national women for prisoners or staff and there was little evidence in wing files that staff were aware of foreign national women's distinct needs and individual circumstances.
- 3.71 Over £3000 had been spent on telephone interpreting services to date in 2007. Some women said these services had been used to give them verbal information and that they had also received some written information in their own language. Many staff and prisoners knew the names of other staff and prisoners who could translate, but there was no published list.
- 3.72 None of the information in reception had been translated, but details of how to make a complaint were displayed in several languages and the local information booklet was available in seven languages. Information on keeping in touch with family and for life-sentenced prisoners was available in 21 languages. No information was available on tape or DVD. A race equality and foreign nationals guide was available only in English and, as highlighted in 2002 and 2004, all notices to prisoners apart from on complaints were in English. There was no information about immigration status and procedures in languages other than English.
- 3.73 New foreign national arrivals were not seen individually by the FNLO or their personal officer to build up a picture of their status or domestic situation and individual casework was handled only by a Hibiscus worker (see below). One woman told us through a telephone interpreter that she was well treated but did not know where to go for advice and was unable to inform officers or other prisoners about a medical condition.
- 3.74 Foreign national women who had not had a visit received a free five-minute telephone call every month (see section on contact with the outside world). Many foreign national women complained of lower rates of pay than they had experienced in other establishments, a fact we highlighted in 2002. All women who did not have family or friends to send them money had to manage on low wages, but foreign national women were affected disproportionately. Many could not work out and it was difficult for them to save money to send home to their family or buy telephone credit to ring abroad.

- 3.75 The administrative worker responsible for managing immigration paperwork maintained a sound database but did not attend foreign nationals meeting to provide information on individual cases. The prison kept close contact with the Border and Immigration Agency (BIA) and detainees reaching the end of sentence were moved quickly to immigration removal centres. Paperwork from the BIA was given to prisoners personally, usually by the FNLO. A bi-monthly surgery, where prisoners could see an immigration officer individually, was advertised on the houses.
- 3.76 Bi-monthly foreign national meetings were held. These were open to all and minutes showed that they usually consisted of answering prisoners' individual questions rather than explaining or developing services or peer support. There was no set agenda, no involvement by external organisations or guest speakers and little input from staff other than the FNLO. Dissatisfaction with the food and shop products was raised regularly but women said little had changed. Poor access to some education courses, particularly hairdressing and beauty and English for speakers of other languages had also been raised but no staff comment or action recorded. There was no evidence that dissatisfaction was investigated seriously or in much depth. The minutes were not shared with the REAT.
- 3.77 A Hibiscus worker visited three times a month. Women added their names to a list in the dining room and the worker also spoke to women on the day. She saw women individually in the chapel and prisoners spoke highly of the information and support provided. She helped with resettlement needs such as making calls to the BIA, passport offices and solicitors, helping find a solicitor, contacting family abroad and chasing property as well as offering emotional support. She produced a monthly report of action taken but did not meet with the FNLO or any senior manager to discuss what she was doing. She was not consulted or involved in developing services and was not invited to REAT, foreign national prisoner or prisoner diversity meetings.
- 3.78 Foreign national prisoners were unhappy about ROTL, which many believed they were not allowed. This was raised regularly at prisoner meetings. Few were granted it. The final decision to grant ROTL was at the governor's discretion, but the foreign national policy highlighted that it was 'highly unlikely' that this would happen in the case of a detainee as the risk of absconding was 'very high', suggesting little examination of individual risk.

Recommendations

- 3.79 A multidisciplinary committee should be introduced to ensure that the needs of foreign national prisoners are represented and acted on. This should involve external representatives.
- 3.80 Staff should be aware of the distinct needs of foreign national prisoners and be trained to help them.
- 3.81 All foreign national prisoners should be seen individually on arrival and a record kept of their immigration status, domestic situation and any other identified need.
- 3.82 The pay situation of foreign nationals should be reviewed to ensure that they are not disadvantaged compared to other women and to enable women to maintain family ties.
- 3.83 Information should be provided in a range of languages to meet the needs of the population.

- 3.84 A senior manager should meet regularly and formally with the Hibiscus worker to discuss and support her work with women and to help develop service delivery.
- 3.85 Foreign national women should be encouraged to apply for release on temporary licence and managers should take decisions only on the basis of an individual risk assessment.

Housekeeping points

- 3.86 The foreign national meetings should identify and promote foreign national issues rather than acting as a question and answer service. Areas of concern should be fed back to senior managers.
- 3.87 Accurate records of staff and prisoners willing to speak languages other than English should be kept and published to prisoners and staff.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.88 Most houses had enough telephones, although calls could not be made in private. There was no visitors' centre. Visits started on time and the visits room was bright and comfortable, but the play area was unsupervised.

Mail

- 3.89 There were no restrictions on how many letters prisoners could send or receive. They were given one free letter a week and free children's letters as required. This information was included in the information booklet given at reception.

Telephones

- 3.90 In our survey, only 12% of women, against a comparator of 27%, said they had difficulty using the telephone. All houses had one telephone each. This was mostly sufficient apart from on Richmond and Plymouth houses, which held up to 40 and 33 women. Telephones were not in booths and calls could not be made in private.
- 3.91 Foreign national prisoners received only one five-minute telephone call each month and only if they had not had a visit. This was not always long enough, but the system was inflexible. We spoke to one woman with eight children who said she could not speak to all of them in five minutes or have conversations in any great depth. Other women wanted to speak to their children, but also to their carer to check on their children's welfare. We were told that all women could exchange unused visiting orders for extra letters or telephone credit, but this was not advertised.

Visits

- 3.92 In our survey, 40% of women, against an open prison comparator of 53%, said they had received information about visits on arrival and 25%, against an open prison comparator of 59%, said they had had a visit in their first week.
- 3.93 Visits took place on Tuesdays and at weekends from 1.30pm to 4pm. There were no evening visits. All visits had to be booked by telephone. The booking line was open only between 6pm and 8pm Sunday to Thursday. These times were incorrect on notices in the visitors' waiting room, the visitors' information booklet and the visiting order. Women could have one visit every fortnight, with enhanced women allowed two privilege visits a month and those on standard one. These had to be taken on Tuesdays. Only 73% of women, against an open prison comparator of 88%, said they could have their entitlement of visits but this was likely to be partly due to their home areas. A quarter were within 50 miles of their home address, 24% were between 50 and 100 miles, 27% were over 100 miles and 21% were overseas. The remainder had no fixed address.
- 3.94 No specific information was sent to visitors before their arrival. Information about how to book, visiting times, identification and how to get to the prison was printed on the visiting order (see section on resettlement pathways). Additional information such as what to expect, how to complain and useful local and national support groups was provided in an information leaflet, but only one was provided in the waiting room and this was buried under a pile of other literature.
- 3.95 There was still no visitors' centre, although funding had been received to convert a disused building. Visitors booked in and waited in a portacabin outside the prison. This was opened an hour before visits, but was mostly unstaffed apart from when two operational support grades (OSGs) arrived 20 minutes before visits were due to start. These staff simply recorded arrival, checked identification and accepted any property. They were friendly but did not really engage with visitors and visitors could not talk to them in private. Nothing was provided to occupy children and visitors were not asked if they were first time visitors.
- 3.96 The waiting room was clean and contained a range of information, although most was in English only. Information on the assisted prison visits scheme was provided in a variety of languages and in Braille, but this was not advertised. No refreshments were available and the toilets were closed when we inspected, although regular visitors said this was unusual. There was no disabled toilet and no nappy changing area.
- 3.97 All visitors were taken together into the prison. They could leave belongings in a locker before being given a rub-down search and searched by the drug dog if one was operating. Search staff were respectful, friendly and knew some of the visitors. Anyone indicated by the drug dog was only offered a closed visit if there was additional intelligence. Visits staff were told if the dog showed any interest and the visitors concerned were closely watched. Staff could not remember when the closed visits facility had last been used. All visitors had their hands stamped with ultra-violet ink. A lot of information was displayed, although visitors did not stay in the area long enough to read it. A comments book was provided but there was no evidence of any response and some comments were some years old. Clean toilets, including a disabled facility, were available.
- 3.98 The visits room was large and comfortable. Murals had been painted on the walls and a range of information was displayed, although rarely read by visitors. Easy chairs were provided and the

room was unobtrusively supervised. Prisoners and visitors could use toilets during their visit. Officers were aware of any prisoner subject to public or child protection measures. There was a small play area with some toys but it was unsupervised. A tea-bar was staffed by two prisoners and further refreshments were available from a vending machine.

- 3.99 Visitors said they were well treated and that visits usually started on time.

Recommendations

- 3.100 If Richmond and Plymouth houses are to be retained, an additional telephone should be provided.
- 3.101 Telephones should be placed in booths to allow prisoners to use them in private.
- 3.102 Foreign national prisoners should be able to exchange their visit for one 10-minute call, which should not automatically be lost if they receive a visit but assessed on an individual basis, along with the giving of supplementary free calls to enable women to maintain family ties.
- 3.103 Visitors should be able to book their next visit at the prison.
- 3.104 Privilege visiting orders should not be restricted to weekdays.
- 3.105 A well-run and properly equipped visitors' centre should be provided.
- 3.106 The play area in the visits room should be supervised.

Housekeeping point

- 3.107 Information given to visitors should be correct.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.108 The application system worked reasonably well, but was too complicated. Responses were usually received within three days. The complaints log was poorly kept. Most replies answered the complaint but, as with application replies, the style of some was abrupt. Some complaints about staff were not properly investigated.

- 3.109 There were four separate types of application. Applications were submitted in the evening in two residential areas and the signpost information room. Boxes were emptied and applications logged

by night staff before being passed on to the person responsible. In our survey, 87% of women, worse than the open prison comparator of 93%, said it was easy to get an application form. Significantly more said they were dealt with promptly and fairly.

- 3.110 Information about the system was displayed on most units. All units had racks for blank application forms, but nearly half of these were empty. Blank forms were available in the signpost information room. The two main residential areas operated the same system, while Ipswich (young adults), Keele (induction) and the rehabilitation unit operated their own systems.
- 3.111 Applications were usually replied to within three days and there were management checks. Prisoners said applications were normally dealt with in time. However, some answers were blunt and terse. The system was mostly satisfactory despite an over-complicated policy that was difficult for some women, particularly foreign nationals, to understand.
- 3.112 In our survey, 89% of women, worse than the open prison comparator of 93%, said it was easy to get a complaints form. Forms were available on the units and in the signpost information room. Boxes were emptied daily by the request and complaint clerk. According to the log, 509 complaints had been received to date in 2007, although this may not have been accurate as some numbers had been altered and different complaints from the same person were logged under the same number. There was also some variation between the date the complaint had been submitted and the date entered in the log. It was not always clear whether complaints had been answered and some paperwork was missing.
- 3.113 In a sample of 85 complaints in one month, almost a third related to money/canteen and property. Other issues included staff, release on temporary licence, transfer applications and inter-prison visits. Most responses answered the complaint but many were abrupt and few addressed prisoners by name. Replies from administrative staff tended to be more comprehensive and respectful. Some complaints were well investigated and some decisions had been revised. However, issues about staff tended to be avoided and not properly investigated.
- 3.114 It was not always clear what happened to confidential access forms. Some had been marked as 'not suitable for confidential access', but with no indication of who had made that decision and no subsequent record of the reply.
- 3.115 Complaints were analysed by subject area and by ethnicity, although not by location.

Recommendations

- 3.116 The applications policy should be simplified so that it is clearly understood by staff and prisoners.
- 3.117 Application and complaint forms should be freely available on residential units.
- 3.118 The request and complaints log should be clear and concise. Different complaints should not be put on the same number.
- 3.119 Applications and complaints should be replied to using a suitable form of address, courteously, in plain language, answering fully the issues raised.

- 3.120 Confidential access enquiries should be logged and monitored, with a copy of the reply held centrally.

Housekeeping point

- 3.121 Complaints should also be analysed by residential area to identify possible trends.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.122 There was no designated officer time for legal services, however all staff involved were trained. Provision of immigration advice to foreign national prisoners was underdeveloped. Legal visits arrangements were satisfactory.

3.123 Legal services were managed by a senior officer and six trained staff. There was no dedicated officer time for the work. Staff could use a dedicated room, but this had no telephone or computer, so most worked from unit offices. Staff had access to a wide range of leaflets from the community legal service. There was no central register of when legal applications had been submitted but a useful electronic diary detailed the name of the applicant, the nature of the application and any action by staff. This was accessible by all staff. The issues dealt with related to appeals, family court matters and adjudications. Legal services staff had no experience in immigration issues so any applications about these were referred to the foreign national liaison officer. All prisoners subject to recall proceedings had been issued with the correct paperwork.

3.124 Legal visits were held in the visits room on Monday, Tuesday and Wednesday from 9.15am until noon. There was normally enough room for women to meet with their representatives. In our survey, 44% of women, significantly worse than the open prison comparator of 61%, said it was easy/very easy to communicate with their legal representative. Responses about legal visits and integrity of legal correspondence were similar to the comparator.

Recommendations

- 3.125 A log should be kept of all applications for legal advice monitoring the date of the application and the date seen by legal services staff.
- 3.126 Sufficient time for legal services staff to carry out their duties should be allocated to the staff profile.
- 3.127 Legal services staff should receive some advice and guidance about immigration law.
- 3.128 The legal services office should be equipped with a telephone.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.129 Opiate dependent women could continue their treatment regimes at Drake Hall. Specialist staff provided a good level of care and support, and healthcare and counselling, assessment, referral, advice and throughcare workers linked in effectively with community agencies to ensure post-release treatment. The random mandatory drug testing rate stood at 3.7%, mainly for opiates.

Clinical management

- 3.130 After a reception screen and a GP appointment the following morning, women could continue previous treatment regimes. Both methadone and buprenorphine (subutex) were prescribed on both a maintenance and a reduction basis. Treatment was flexible and needs-led. Many women commented favourably on the options available, the level of care they received and their involvement in the process.
- 3.131 In our survey, 10% of women, against an open prison comparator of 4%, said they had drug problems on arrival. To date in 2007, 105 women had received methadone and seven buprenorphine prescriptions. The majority (87) were maintained. On average, between 25 and 30 women received this treatment at any one time. Twenty-three women had been prescribed diazepam on a reducing basis.
- 3.132 Two GPs and one nurse had completed specialist substance misuse training, and another nurse was due to start the training. The national clinical management protocols for women's establishments had been implemented and local referral policies added. Methadone and buprenorphine were administered from the healthcare centre at lunchtime and consumption was supervised. Two officers were present and a random urine testing scheme had been introduced to ensure that women complied with the regime. Comprehensive assessments and care plan reviews took place during weekly substance misuse nurse-led clinics. Women could also drop in to healthcare to discuss any concerns and felt well supported.
- 3.133 Women with complex needs could be referred to a qualified counsellor and to the multidisciplinary mental health in-reach team, which provided a range of services (see section on health services), however the skills mix did not include dual-diagnosis expertise.
- 3.134 Good liaison between health services, the counselling, assessment, referral, advice and throughcare (CARAT) team and community drug intervention programme staff ensured that women could access continuation prescribing on release. However, joint work had not been formalised and regular meetings to coordinate care were not taking place. There had recently been

a problem with the teams not being informed of a woman's home leave, but release on temporary licence boards were now aware of the need to involve health services and CARAT staff.

Drug testing

- 3.135 The establishment's year-to-date random mandatory drug testing (MDT) rate stood at 3.7% against a target of 2.5%. The rate doubled if failed tests and refusals were included. The majority of security information reports were drug-related and had resulted in 32 suspicion tests since April 2007 with a 32.5% positive result. The establishment had carried out only five risk assessment tests in that period, all negative. A frequent testing programme was also in operation.
- 3.136 In our survey, 24% of women, against an open prison comparator of 33%, said it was easy to get illegal drugs at the prison. The majority of drug finds involved incoming mail. Finds and MDT results indicated that opiates were the main drug of choice. The establishment also conducted suspicion alcohol testing, and appropriate protocols were in place.
- 3.137 MDT was a flexible task. Seven staff had trained in the procedure, but they were not available daily. However, testing targets were being met. Some MDT staff also conducted voluntary drug testing, which was not good practice. The MDT suite was in reception and consisted of a waiting area, a holding room, a testing room and an office. The facilities were satisfactory. All women testing positive were referred to the CARAT service.
- 3.138 The head of operations was also the drug strategy coordinator and supply and demand reduction initiatives were well integrated.

Recommendations

- 3.139 Joint work between health services, the CARAT service and the mental health in-reach team should include multidisciplinary meetings to plan and coordinate women's care.
- 3.140 The mental health in-reach team's skills mix should include dual-diagnosis expertise.
- 3.141 Mandatory and voluntary drug testing should not be conducted by the same officers.

Section 4: Health services

Expected outcomes:

Prisoners should be 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 prisoners could expect to receive in the community.

4.1 Most prisoners considered the quality of health care provided to be good or very good, although some said they felt rushed and not listened to during consultations. Access to a female GP was poor. The design of the healthcare building was poor and compromised confidentiality. Some complaints were poorly dealt with. Health services were short staffed, with gaps in some areas, yet nursing skills were unnecessarily diverted to other tasks. There was insufficient understanding of the specific health needs of minority ethnic and foreign national women or others with particular needs. The dental waiting list, although reduced, was still too long. There was a lack of provision for women with common mental health problems.

General

- 4.2 A health needs assessment had been completed in June 2007. Reviews of mental health and sexual health needs for south Staffordshire prisons were completed in April 2007 and November 2006 respectively. The reports provided a good overview of service gaps. Since reorganisation of the local NHS in April 2007, a south Staffordshire prison health partnership board had been convened covering the six prisons in the new South Staffordshire Primary Care Trust (PCT).
- 4.3 Health services were provided from a poorly designed and inadequately soundproofed building. Consultations between a patient and the GP could be heard in the waiting area. It was well decorated, clean and tidy. The small waiting area contained a range of health-related material and the patient toilet was wheelchair accessible. There were two well-equipped treatment rooms, one of which had a small room leading off it used as the pharmacy with a hatch opening directly onto the waiting area. Other consultation rooms, the dental surgery and offices led off the main corridor. A conservatory ostensibly for meetings and groups had never been used. The dental surgery was too cramped and could not accommodate a washer/disinfector or allow demarcation between clean and dirty areas. The autoclave was so near the dental chair that the noise interfered with consultations. Health services also had use of a portacabin. This included a large group room used by the mental health in-reach team but the unit overall was too small.
- 4.4 The head of learning and skills chaired a multidisciplinary health promotion group. Work on healthy eating had been carried out with the kitchen and exercise on prescription was available for women with long-term conditions including mental health problems. A health fair involving visiting health professionals held in 2006 had been well attended by prisoners. The NHS health trainer programme was being piloted using funds from the Care Services Improvement Partnership (CSIP). Ten women had completed the first course and were qualified to give simple advice on lifestyle management (such as smoking, diet, exercise, sexual health). Women training with the physical education department also led a daily fitness and weight management session in the gym attended by over 30 women.

- 4.5 Little information about health services or health topics was displayed outside the health centre apart from in the signpost information room where a prisoner who had completed the health trainer programme advised other prisoners. Nothing was available in languages other than English, although a telephone interpreting service or informal translation through fellow prisoners was used when necessary. No formal consent was obtained to use prisoner translators for healthcare interviews, which was not acceptable

Clinical governance

- 4.6 There was one prison healthcare committee, which reported to an operational subgroup of the partnership board. Two well-attended meetings had been held covering appropriate topics. Most policies were several years out of date and systems for quality monitoring and clinical audit were very limited. Nurses contributed to assessment, care in custody and teamwork (ACCT) reviews but did not systematically monitor the quality of responses given in cases of self-harm, accident, injury and unexplained injury.
- 4.7 Members of the health team attended a number of prison committees and forums where prisoners were represented and where health concerns could be raised but there was no distinct health services consultation. In our survey, 65% of women, against a women's prison comparator of 35% and an open prison comparator of 55%, said the quality of health care was good or very good. Most respondents also said access to a doctor or nurse was easy or very easy. Results for minority ethnic prisoners were less positive than for white prisoners and other comments received suggested that some prisoners experienced difficulty in using health services. There was no named older persons lead.
- 4.8 Complainants about healthcare used the main complaints process (see section on applications and complaints), with forms forwarded to the head of healthcare. A poster advertising the independent complaints advisory service was displayed in health care but information on how to use the NHS system or what a patient could do if she was not satisfied was not routinely given. There had been 11 healthcare complaints in the previous three months. Most had been answered reasonably well and a few offered the patient an opportunity to meet with a staff member to discuss their problem. Some, including responses to foreign national women, used too formal and complicated language.
- 4.9 Primary care nursing staff were employed by the PCT. The head of health care was a member of the prison senior management team and reported to the PCT. Her deputy was a grade 6 general nurse and a further 6.5 whole time equivalent primary care nursing posts at grade 5 were supposed to be filled by eight staff. However, one nurse was on maternity leave, another had been redeployed to another prison, and there had been one part-time vacancy for many months. Three bank nurses provided some cover. Nurses were well qualified in areas such as chronic disease management, sexual health, cervical screening, vaccination and smoking cessation but no one was mental health trained. The substance misuse specialist nurse was on maternity leave but her deputy was studying for the Royal College of General Practitioners Diploma. Primary care nurses made use of good learning and development opportunities, including from the mental health trust. The head of health care had trained in clinical supervision and led internal group supervision.
- 4.10 A podiatrist visited monthly and specialist community nurses attended on request. No pharmacy staff attended. A counsellor employed by the PCT worked part-time. A local general practice had provided services to the prison for many years and the GPs had a range of special interests,

including dermatology and gynaecology. Confirmation of up-to-date resuscitation training for the GPs was not provided. A dentist had been in post for two years and was assisted by a dental surgery assistant. A full-time administrative officer, funded by the PCT and employed by the prison, worked in healthcare, although there was no cover for annual leave. The prison deployed two officers to healthcare during medicines administration times.

- 4.11 The mental health in-reach team (MHIRT) consisted of an occupational therapist, a social worker, a mental health nurse and a psychiatrist specialising in eating disorders, all of whom were part of a larger team covering the four south Staffordshire prisons. Their team leader was dual-diagnosis (substance misuse and mental health) qualified but did not see women at Drake Hall. The team received good internal and external supervision from their Trust.
- 4.12 First aid kits, maintained by the prison, for use by discipline staff were held on the residential blocks. Qualified first aiders on duty were listed in the weekly bulletin, but there was no system to ensure that there were always first aid staff on duty. Resuscitation and emergency equipment including oxygen were checked daily. The fridge for storing thermolabile medicines had daily temperature checks. Major items of equipment were regularly serviced. The dental x-ray machine had been inspected in June 2007. Cross-infection procedures in the dental surgery were satisfactory and the dental assistant cleaned the dental room. No one could recollect the last infection control audit of health care. General cleaning was done to a good standard by two orderlies but supervised by nurses in clinical areas, which was wasteful of nursing time. External contractors handled waste disposal. Relationships with the local Health Protection Agency were reported to be good but the communicable disease policy was dated 2005.
- 4.13 Paper-based clinical records were used and securely stored. Entries were of mixed quality and sometimes incomplete. The dentist made notes only in the dental record but these were stapled to the inside front cover of the main clinical record and the standard was satisfactory. Signed and dated medical history forms were usually present. Personal dental treatment plan forms (FP17DC) required by General Dental Services regulations were not used.
- 4.14 The mental health in-reach team kept its own notes. Some main clinical records contained a few good quality entries about mental health care, but this was not consistent. No copies of mental health referrals were found in notes. Standard prescription and administration charts were used, including for recording supply of 'special sick' items by nurses, although these were poorly completed. Doctors did not routinely record diagnoses, and dates were missing on some prescriptions. Administration records contained a number of blank spaces with no reason given.

Primary care

- 4.15 A nurse was supposed to see arrivals in reception every afternoon but we found two foreign national women who had arrived the previous day who had not been seen even though other British new arrivals had. The nurse used an in-house health screening questionnaire with some leading questions, which gave rise to some ambiguous responses. Prisoners were invited to sign a compact about in-possession medication and were given their own copy. They also received a leaflet on health services that was available in English only. Prisoners could collect pre-prescribed medication from healthcare at medicines administration times until reviewed by the GP. Prescriptions could be obtained out of hours and medicines were issued from pharmacy stock. Every woman saw the GP the next weekday, but the appointments were short and taken up with

administrative tasks such as assessing fitness for work and gym. Healthcare had no input at induction.

- 4.16 The health centre was open daily from 7.30am to 8.30pm. Prisoners posted application forms for appointments in a box in the health centre and could apply directly to see a nurse, GP, dentist or other health professional. Nurses reviewed applications daily and ensure that they were appropriately directed. Women prisoners could attend for advice without an appointment at treatment times and were seen by a nurse, however there was no regular nurse-led triage clinic and clinical triage algorithms were not used. Appointments for the optician and visiting health specialists were made by the administrator who also arranged requests for release on temporary licence for external appointments.
- 4.17 Appointment slips for the next day were placed on a table in the canteen for collection. Acknowledgement slips were sent if there was a waiting list for a clinic. Patients made their own way to the health centre and there were few missed appointments. Waiting times to see a nurse or GP were one to three days, but anyone acutely ill was seen that day if they came to the health centre. A GP attended from 10am to 12.30pm each weekday and reviewed prisoners on the care and segregation unit if necessary. Telephone advice from a GP was available from 8am to 6.30pm. Morning surgery usually involved 16 to 20 patients but this could be as high as 28 patients, which was too many. All consultations were attended by a nurse. This was useful to male GPs but an inefficient use of nurse time. Patients could request to see a woman GP but were not informed of this option even though this was a clear preference for some. Out-of-hours primary care medical services were out to tender and temporarily provided by Primecare.
- 4.18 Interaction between nursing staff and patients was respectful. There was a good range of nurse-led work, including smoking cessation, management of long-term conditions, cervical screening, immunisation and sexual health advice. Young adults were offered MMR and Meningitis C immunisation as appropriate. Agreed clinical protocols were used for management of long-term conditions but there were no set times for clinics due to staff shortages. Specialist nurse input from the PCT was available on request in areas such as diabetes and gastroenterology (including care of people with Hepatitis C). A continence advisor was available and a community midwife visited as required. Labour plans were made in advance but there was no emergency childbirth kit. An HIV specialist nurse followed up patients but access to genito-urinary medicine was by referral and it was not possible to establish that the 48 hour waiting time target was being met. Barrier protection (such as dental dams) was not available. There was no physiotherapist and disabled women did not receive advice and treatment to maintain mobility and fitness. Waiting times for the podiatrist were between one and two months. A local optician provided services. Women eligible for the national breast screening programme were not able to access it, which was unacceptable.
- 4.19 Not all disabled women had received an occupational therapy assessment and fitting adaptations on the residential units had been delayed, leaving at least one woman with great difficulties in using a shower or bath. Two terminally ill people had spent time in the prison in the previous two years. Healthcare had liaised effectively with others in the prison and external agencies to provide appropriate care.

Pharmacy

- 4.20 A same-day pharmacy service was provided from the West Midlands area pharmacy based at HMP Brinsford. Pharmacy staff did not visit and a tendering process for a new pharmacy service

had been delayed. Nurses conducted all pharmacy-related tasks, which was an inefficient use of their skills. The pharmacist gave advice and feedback on individual prescriptions over the telephone but there was no routine medicines management advice and support to staff prescribing or administering medicines. The proposed contract specified that a pharmacist would visit the prison for one hour a week and a technician for three hours a week, which, given the need for additional medicines management expertise in policy and practice, was not realistic.

- 4.21 In possession medicines for collection were stored in baskets on open shelves in the pharmacy. Other medicines were stored in lockable cupboards, although not all were locked. Stock and named-patient medicines were not adequately segregated and discontinued named-patient treatments were retained as stock against advice. Most medicines in the treatment room complied with labelling requirements but there were a few loose blister strips.
- 4.22 Stock levels were agreed but not adhered to and nurses over-ordered some medicines. Medicines not listed as agreed stock were present, including a significant amount of tramadol tablets even though its use was prohibited according to the prison formulary. There was no explanation for prescribers in the notes of patients receiving repeat prescriptions of tramadol despite a form for this purpose. Items required quickly were supplied from the stock of dual-labelled pre-packs. However, not all prescriptions filled out from stock were faxed through to the area pharmacy, leading to incomplete patient medication records at the pharmacy and no professional pharmacy check on prescriptions or stock usage. Controlled drugs were stored in a dedicated cabinet and appropriate records were kept. During treatment time, a quantity of methadone was measured and transferred to a dose cup that may have been contaminated and so was correctly not supplied to the prisoner. Nursing staff knew to record this amount as 'waste' in the register, but were unsure about lawful disposal.
- 4.23 Non-in possession medicines administration was at 8am, 1pm and 7pm throughout the week. A large number of patients waited, despite attempts by health staff to reduce the numbers by calling people down in two groups. The fact that 'homely remedies' issued without prescription were not held in possession contributed to high numbers. Patients came up to the hatch one at a time but there was no possibility of a confidential conversation. Methadone and other detoxification treatments were administered at the lunchtime treatment time and patients were called down by name, which reduced queuing, but was not confidential. Prisoners collecting medicines to be held in possession were asked to attend between 4.15pm and 4.45pm. Repeat medication had to be ordered at least a week in advance.
- 4.24 Medicines to be held in possession were issued for 28 days or weekly. There was a policy on risk assessment for patients to hold their medicines in possession but clinical notes did not contain the documentation outlined and there was no evidence that a GP or pharmacist had been involved in risk assessment or review. Patient group directions (PGDs) were used for immunisations and nicotine replacement therapy but doctors were asked to prescribe at least some of these medicines, leading to duplication. PGDs were also used for the list of 'homely remedies', which was not necessary. No symptomatic medication was held in possession so simple pain killers were not available out of hours. A limited list of medication for sale in the shop did not include paracetamol nor was this available from prison officers, which was poor. The PCT medicines manager attended the prison healthcare meetings. Prisoners received enough medication while at court or on home leave, although this had proved difficult to arrange at short notice.

Dentistry

- 4.25 The dental surgery had been inspected by the local dental practice adviser within the last year. Equipment and procedures were satisfactory except there was no foil-lined amalgam spillage tray beneath the amalgam mixer and a legally-required amalgam separator had yet to be fitted. This had been drawn to the attention of the governor in May 2007 as the prison was responsible.
- 4.26 A full range of dental treatment was offered but full courses of treatment were not available to women expecting discharge within six months, which was a high proportion of the population. Preventive treatment and oral health advice including on smoking cessation were given at appointments but there was no other oral health promotion.
- 4.27 A temporary increase in sessions had reduced a previous 10-month waiting list, but some women were still waiting too long. Between nine and 12 patients were treated each session. Cancelled or failed-to-attend appointments were usually followed up and reallocated. There was designated time for emergencies and acute treatments. Patients were identified by nurses and given the first available appointment, usually at the next dental session. The GP could also prescribe symptomatic treatment if necessary. Other applications were triaged by the dental surgery assistant using a specially designed flow chart. Urgent cases could be seen in two to three weeks. Specialist treatment was available on referral and emergency cover was provided by the local Dental Access Centre

Secondary care

- 4.28 The healthcare administrator organised hospital and other external appointments. Up to two escorted appointments could be accommodated each weekday. Fifteen of the 63 escorted appointments in the previous quarter had been cancelled due to staff shortages, which was disproportionately high. Release on temporary licence was often allowed for appointments, although rarely to foreign national women. This denied them equivalent and fair access to secondary care, and some women had declined to attend external appointments because of the requirement to be handcuffed.

Mental health

- 4.29 The mental health trust provided mental health awareness training to officers as part of their induction. The GPs managed mild to moderate mental health problems and prescribed for people with severe mental illness receiving care from the mental health in-reach team. The mental health nurse reviewed medicines charts and new receptions from time to time to identify patients who might benefit from short-term input from secondary care even though they might not otherwise fit the criteria for specialist mental health services. This support and the contribution from the part-time counsellor was much valued by the primary care team but was inadequate to the task of managing common mental illness.
- 4.30 Communication between primary and secondary care staff was open and constructive, although access to a mental health assessment was through GP referral using a three-page form more suitable for non-medical referrals. The MHIRT team held a weekly allocations meeting for assessments and patients were usually seen within two weeks. The multidisciplinary and holistic

approach to treatment was very positive and a number of groups were run by the occupational therapist. Approximately 20 people with severe mental illness were on the MHIRT case load. The care programme approach was used. Case reviews were as multidisciplinary as the patient wished and patients signed their own care plans and retained a copy. GPs could not refer directly to the psychiatrist, who provided one three-hour session a fortnight. Waiting times were between two and four weeks. Patients could see a female psychiatrist on request, although this was not advertised. No one could remember the last time that a patient required transfer to NHS in-patients.

Recommendations

- 4.31 Consultations with patients should take place in rooms with adequate soundproofing to ensure confidentiality.
- 4.32 Simple information on health and health services in relevant languages should be widely available throughout the prison, including reception.
- 4.33 Other prisoners should not be used to interpret for healthcare matters for patients who do not speak English without their explicit consent.
- 4.34 Healthcare policies and procedures should be up to date and regularly reviewed.
- 4.35 Systematic monitoring and quality assurance of chronic disease management should be introduced.
- 4.36 Women prisoners should be systematically consulted to allow feedback and suggestions about health services.
- 4.37 Steps should be taken to identify and minimise any barriers to health services and provide assurance of fairness to all.
- 4.38 A member of staff with sufficient knowledge, experience and seniority should act as the older person lead.
- 4.39 Prisoners should be able to complain about health services in confidence and information on how to use the NHS complaints system should be clearly displayed throughout the prison.
- 4.40 Responses to health services complaints should be in plain English, legible, respectful and acknowledge the concerns of the prisoner.
- 4.41 Staff should be able to access external clinical supervision.
- 4.42 Inefficient deployment of nurses to non-nursing duties, such as supervision of cleaning, chaperoning the GP and pharmacy administration, should be minimised.
- 4.43 All clinical records should conform to professional guidance from the regulatory bodies.

- 4.44 All new arrivals should have their immediate health and social care needs identified, documented and responded to, and all should have a further comprehensive health assessment within 72 hours of arrival.
- 4.45 Clinical triage algorithms should be used by nursing staff to ensure consistency of advice and treatment to prisoners.
- 4.46 Patients should be able to see a female GP and female psychiatrist easily and this should be advertised and made clear to them.
- 4.47 Healthcare should maintain emergency childbirth equipment and ensure staff are trained in its use.
- 4.48 Patients should have access to the full range of sexual health advice, screening and treatment in line with NHS targets.
- 4.49 Barrier protection should be freely available.
- 4.50 Women with injuries and disabilities should have access to advice and treatment from a physiotherapist.
- 4.51 All eligible women should have access to the national breast screening programme.
- 4.52 Women with disabilities should receive an occupational therapy assessment, and equipment and adaptations provided without delay.
- 4.53 The service level agreement for the pharmacy service should ensure sufficient pharmacist and technician time to undertake all appropriate tasks, including development and review of policies, stock management, clinical audit and medication reviews.
- 4.54 Prisoners should have access to the advice of a pharmacist.
- 4.55 Requests for stock and prescriptions not on the agreed list or not within the prison formulary should be queried by the pharmacist and the information used to inform regular reviews of prescribing trends.
- 4.56 All prescriptions issued should be faxed through to the pharmacy (clearly marked 'for information only' if dispensing is not required) for checking by a pharmacist to maintain complete patient medication records for all prescribed medication and to enable regular audit of faxes against original prescriptions.
- 4.57 Patients should be able to collect their medicines in privacy.
- 4.58 Simple medicines not requiring prescription, including basic analgesia, should normally be issued in possession.
- 4.59 Risk assessment for prescribed medicines to be held in possession should be systematic, multidisciplinary and conclusions documented and regularly reviewed.

- 4.60 There should be a more appropriate range of patient group directions to enable supply of more potent medication by the nurse and avoid unnecessary consultations with the doctor.
- 4.61 More space should be provided for the dental surgery so that necessary equipment can be accommodated safely, in line with infection control requirements and in a way that does not hinder communication between patient and dentist.
- 4.62 Dental services provision should meet the need for oral health promotion and dental health treatment and care and should be sufficient to maintain the waiting list at reasonable levels.
- 4.63 Mental health services should be reviewed so that women with common mental illness are able to receive the full range of appropriate multidisciplinary treatment and care as set out in National Institute for Health and Clinical Excellence (NICE) guidelines.

Housekeeping points

- 4.64 The dentist should use FP17DC forms in accordance with regulations.
- 4.65 An amalgam separator should be fitted to the dental unit.
- 4.66 Stock medicines and named-patient medication should be adequately segregated, and discontinued treatments should not be returned to stock.
- 4.67 An aluminium foil-lined tray should be placed beneath the amalgam mixer in the dental surgery.

Good practice

- 4.68 *The health trainer programme was using prisoners' own interests and enthusiasm to encourage others to maintain healthy lifestyles and enabled women to develop skills that offered the potential for future training and employment.*
- 4.69 *The prisoner-led exercise and weight management session was an empowering option for women to maintain their fitness and build confidence.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 All women prisoners were involved in activities and there was no unemployment. Part-time education was possible for all women. Vocational training leading to qualifications was linked to most work activities, but uptake was low. The range of provision was broad, although the learning and skills strategy failed to take sufficient account of sentence plans or employment potential. The English for speakers of other languages provision was underdeveloped. There were enough work activities but allocation to work was not systematic and the quality of jobs varied. Achievements were generally good, but attendance in many lessons was poor. Most prisoners received good individual learning support. The library facilities were satisfactory, however space was restricted.
- 5.2 The leadership and management of learning and skills were satisfactory. Learning and skills was provided by the prison and external providers funded through the Learning and Skills Council's (LSC) OLASS provision. City College Manchester was the main education provider. Prisoners attended education part time. Carter and Carter (a training company) provided information advice and guidance (IAG). Other providers included Stoke-on-Trent College and the Training Partnership. The 'Women in Prison' charity and the Prisoners Education Trust supported distance learning.
- 5.3 The prison had a strong commitment to improving the provision of learning and skills and worked with providers to develop courses as funding became available. Quality improvement arrangements were satisfactory. The prison's and the college's self-assessment reports were broadly accurate and were adequately self-critical but the prison did not have a summary report to assess the overall quality of the provision. Good use was made of prisoner focus groups and feedback questionnaires. The prison and the providers had few opportunities to share best practice.
- 5.4 The importance of better communications was recognised and the prison had recently introduced a new curriculum meetings structure. However, it made insufficient use of information to set targets to improve performance or to monitor and review trends in participation, retention and achievements.
- 5.5 The IAG service had been slow to develop. A newly-restructured induction programme provided useful information but not all prisoners routinely attended and some did not routinely participate in an initial assessment of their literacy and numeracy skills. IAG was based on too narrow a range of information. Prisoner summary records, which included prisoners' long-term targets, were

insufficiently helpful to plan learning, with many vague targets. Staff did not refer enough to sentence planning information, initial assessment and education, training and employment needs linked to resettlement when assessing suitability for a learning programme.

- 5.6 Peer mentors explained how to apply for work or courses and how to complain. They also provided a well-managed support service for women on open and distance learning courses.
- 5.7 The prison had a broad range of provision. Many activities with partners made a very good contribution to the local community, promoted social inclusion effectively and provided a good range of additional learning and development activities. Hairdressing and beauty therapy were offered full time. However, the learning and skills strategy failed to take account of the needs of all women prisoners and did not identify a clear plan of implementation. Insufficient use had been made of the requirements of sentence plans, labour market information or employment potential. For example, although provision of personal and social development programmes was broad, many of the short courses linked to prisoners' resettlement needs were provided only four times a year. Take-up was low and courses were not targeted at those most in need.
- 5.8 The English for speakers of other languages (ESOL) provision was underdeveloped. Women had not completed an initial assessment of their ESOL needs and the programmes did not focus enough on their everyday needs.
- 5.9 There were too few activities to engage reluctant prisoners with significant literacy and numeracy deficits. Storybook Mums and Toe by Toe were not established. Successful outreach working to embed literacy and numeracy into workshop activities, suspended in late 2006, had only recently been reinstated.
- 5.10 Access to courses during the core day for those at work was restricted. Some could access only two sessions each week while others could attend up to five. Arrangements to ensure women nearing release could complete their learning plans were underdeveloped.
- 5.11 Classrooms in the adult learning centre were bright and well furnished. The hairdressing and beauty therapy facilities were modern. Most learning centre staff were qualified teachers and some prison officer instructors were working towards assessor qualifications. Learning resources were satisfactory. However, women studying distance learning programmes did not have adequate internet access. There was not enough interactive equipment to support teaching and learning and some software was out of date.
- 5.12 There were enough work activities but allocation to work was not systematic and too little attention was paid to needs of each prisoner. IAG records did not sufficiently support the process of work allocation. Although all women had jobs, not all kept them fully occupied and the quality of the jobs varied. Many provided good opportunities for training in vocational qualifications, although uptake was low. A number of women were helped by being able to work outside the prison. Apart from for those working in the Aramark workshop, pay did not provide a disincentive for prisoners engaging in education.
- 5.13 All prisoners received a further diagnosis of their literacy and numeracy skills when they attended education. Individual learning plans (ILPs) were used well in hairdressing and numeracy. Targets were precise and regularly reviewed. In other areas, ILPs were not always specific, with

insufficiently detailed targets that did not helpfully support learning. Few learning plans included personal and social development targets.

- 5.14 Skill development and standards of work in employability skills and personal and social development were good. Women with no experience quickly developed their skills and expertise. Those involved in literacy and numeracy programmes made satisfactory progress and the standard of work was satisfactory.
- 5.15 Achievements were generally good on most programmes but those on the ESOL programmes were low. Too many women left before completing their learning plan and the development of their speaking skills was slow. Most women achieved well on the open and distance learning courses and courses they attended at local colleges. There was no access to the internet, which was difficult for those taking advanced education courses.
- 5.16 Attendance in many lessons was poor. Lessons were often disrupted by the late arrivals or by prisoners attending appointments elsewhere. The low completion rates in food hygiene courses were attributed to women not turning up and not being challenged about it.
- 5.17 Teaching and learning were planned well to meet individual needs in employability skills and personal and social development. In some employability and ESOL lessons, lesson plans and schemes of work were no more than a list of competences and failed to differentiate the range of prisoners' skill and ability. Prisoners received good individual learning support for literacy and numeracy and personal and social development. Courses in personal development and social inclusion were planned effectively.
- 5.18 A number of women regularly went to work or college in the community (see resettlement pathway on education, training and employment).

Library

- 5.19 Staffordshire County Council Libraries ran the library, with two part-time support staff and two part-time qualified librarians. The library orderly had achieved a national vocational qualification (NVQ) in customer care and had received non-accredited training from library staff. Library staff worked well with external agencies to promote reading. Projects included poetry and reading groups, and short courses on reading with children. The library had access to the required resources, including equipment, training staff and funding, and staff planned to relaunch 'Storybook Mums' shortly.
- 5.20 Access to the library was good and it was open every afternoon and early evening and all day on Saturday. In our survey, 61% of women, equal to the open prison comparator, said they used the library at least once a week. The library was bright, welcoming and used well, although space was restricted. The two tables for self-study took up a lot of space and there was too little workspace by the computers. The five computers were used particularly well by prisoners working on open and distance learning programmes.
- 5.21 The library stock had increased by 14% over five years and met the OLASS guidance of 10 books per head. Staff monitored the use of the library stock well. Relevant reference material was available including legal books, Prison Service Orders in a range of languages, and instructions. The library also had a satisfactory range of books on cultures and religions. Staff used the county library stock well to respond to individual requests for books. There was only little more than the

basic core range of books in languages other than English and prisoners had to order more as required. Requests supply rates compared well with the public library service standards, but stock rotation was not fully effective. Recent higher demand for non-fiction books was not reflected in the stock on display.

- 5.22 The library did not adequately monitor the population to plan stock. It had just started to receive some information on levels of literacy and numeracy from the IAG provider but information on nationalities, age and the start date of education courses was not shared effectively. Stock to support some current education and training courses was inadequate. A separate library collection, owned by the education contractor, was kept in the adult learning centre.
- 5.23 The library did not provide an adequate range of newspapers and journals. The only foreign newspapers were from Holland and Lithuania.

Recommendations

- 5.24 The prison should make better use of the information it collects to improve education, training and employment outcomes for prisoners.
- 5.25 The prison and its provider should clarify accountabilities for the provision of information advice and guidance and ensure a wider range of information is used to agree their needs with each prisoner.
- 5.26 Recruitment to undersubscribed courses should be improved.
- 5.27 Individual learning plans should contain SMART targets.
- 5.28 Women attending education and particularly those on Open University courses should have managed access to the intranet.
- 5.29 The English for speakers of other languages provision should be developed to meet the immediate needs of prisoners.
- 5.30 The prison should ensure that disruptions to education are minimised.
- 5.31 The prison should improve the arrangements for work allocation.
- 5.32 The library should monitor the population and education and training programmes to plan the selection of stock.
- 5.33 The library should increase the availability of newspapers, including foreign papers.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education

inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

5.34 Physical education provision was good and work to promote healthy living was excellent.

5.35 Healthy living was well promoted and the prison was part of a national health trainer pilot (see section on health services). Health and personal fitness programmes were not directly linked to sentence planning but they were linked to the offender assessment system. All women prisoners participated in internally-accredited manual handling and safety programmes. Accredited prisoner health trainers were encouraged to undertake further training and a number had taken a smoking assessor two-day external course to work with women giving up smoking. Women who attended health sessions for five consecutive days were given a healthy option pack containing fruit in addition to their meals at the weekend.

5.36 All new prisoners had an induction to the gym and a doctor completed an assessment of each woman's physical and mental health and general well being. Recommendations were made in terms of fitness, weight loss and stress management. The physical education (PE) department also completed a health screening questionnaire before recommending a health and fitness programme.

5.37 The facilities were open for general use every weekday evening and from 8am to 4pm at weekends. In our survey, 49% of women, against a comparator of 30%, said they went to the gym at least twice a week. Prisoners on health care or rehabilitation programmes could attend programmes on weekdays and were given time out from work allocation. Other prisoners complained about the lack of access during the day, particularly as their free time in the evening was limited.

5.38 The gym was well equipped. However, despite the extensive grounds, there were no outside exercise facilities. Accredited courses and recreational fitness activities were well promoted. The fitness centre was staffed by two full-time and one part-time PE officers and five orderlies. Trained prisoners ran many of the courses, such as the circuit training classes. On one evening of the inspection, 73 prisoners attended classes or the fitness suite between 6pm and 8pm. The prison was an accredited centre for the race for life charity and held fund raising events twice a year in the prison grounds.

5.39 A wide range of programmes met the needs of prisoners. Acupuncture classes were available for prisoners in rehabilitation but low impact exercise such as yoga and pilates, which were popular with more mature women, were no longer available due to a member of staff leaving. The PE senior officer was training existing staff in these areas.

5.40 Towels were provided, but prisoners brought their own kit. Prisoners said they did not use the showers as their accommodation was close by and they preferred to use showers there. There was no alternative as the gym showers were used for storage.

5.41 Prisoners said they felt safe using the PE facilities and that PE staff were helpful and treated them with respect. All incidents were recorded and reported monthly. Incidents of self-harm were rare. All classes were supervised. The small number of full-time staff meant they monitored and supervised all training regularly.

Recommendation

- 5.42 The prison should improve the opportunities to exercise outside.

Housekeeping point

- 5.43 Gym showers should be available for those who wish to use them.

Faith and religious activity

Expected outcomes:

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

- 5.44 The active chaplaincy team provided numerous services and activities. Chaplains were also involved in various management groups including assessment, care in custody reviews and teamwork and the race equality action team. Prisoners could get to services on time and most faiths were catered for. The chapel was not always accessible to prisoners.
- 5.45 There was a wide range of chaplains. The co-ordinating Church of England chaplain was a member of the senior management team. He was supported by part-time chaplains including Roman Catholic, Free Church, Quaker and Muslim ministers. The Muslim chaplain was employed for four hours a week, which was too little to cater for the growing number of Muslim women. Sessional chaplains included Sikh, Hindu, Buddhist, Jewish, Jehovah's Witness and Eastern Orthodox ministers. The prison was waiting to appoint Latter Day Saints and Pagan leaders. There were eight registered Pagan prisoners but none belonging to the Church of Latter Day Saints.
- 5.46 The most common registered religious affiliations were Church of England (33%), Roman Catholic (22%), other Christian denominations (7%) and Muslim (6%). Nineteen per cent were registered as having no religious affiliations.
- 5.47 All new prisoners were seen by a chaplain usually on the day of their arrival. In our survey, 72% of women, against a comparator of 47%, said they had seen a chaplain within 24 hours of their arrival. They were given a leaflet, in English only, detailing the chaplaincy team, times of services, and how to see a chaplain and obtain a prison visitor or pen-friend. A record was kept of all women seen. Four prison visitors visited women on the houses during the evening. There was a waiting list for a visitor and the coordinating chaplain was advertising for more.
- 5.48 Prisoners said the chaplains were very supportive and 62%, similar to the comparator, said their religious beliefs were respected. This figure rose to 76% among foreign national women compared to 57% of British nationals. Only 52%, against an open prison comparator of 63%, said they could speak to a leader of their faith in private. Some women complained that the chapel was often locked, and it sometimes had been even when a chaplain was there. The coordinating chaplain believed that it had been more open since the recent appointment of a chapel orderly.

- 5.49 Prisoners did not have to apply to go to services and could attend services of different faiths if they wished. They could get to services on time. Most services were followed with 'fellowship and refreshments' in the chapel building. Some kitchen workers wrongly believed they had to put their names down on a list to attend Sunday services and that only a limited number could go. Between 10 and 20 prisoners attended Roman Catholic Mass and between 40 and 60 Sunday worship. The chapel was attractive and well appointed and could be extended into the multi-faith room by a sliding door. The large multi-faith room was used weekly by other faiths including Muslim prayers every Tuesday. Clean washing facilities were provided in an adjoining room. Arrangements were underway for Ramadan.
- 5.50 Other regular chaplaincy activities included Sikh teaching and worship, Bible study, a Saturday morning 'drop-in', a weekly lunchtime 'music break', and a monthly 'knit and natter' group on a Saturday morning with a member of the Mothers Union. Services were regularly led by visitors from the local community including a Pentecostal Church and a Evangelical Project, and a Sunday service had recently been led by the Christian Motorcyclist Association. The chaplaincy timetable also offered frequent evening activities including concerts, choirs and a 'worship and dance workshop'. The monthly chaplaincy timetables were displayed on all houses but these were in English only.
- 5.51 The full and part-time chaplains shared generic duties. The duty chaplain visited the segregation unit and all houses and workshops daily. Chaplains provided one-to-one pastoral care and supported prisoners in the case of bereavement. Chaplains also frequently dealt with telephone calls from prisoners' families and friends. A confidential helpline giving the chaplaincy extension was advertised in the visits search area but the chaplains were unaware of this.
- 5.52 Chaplains were actively involved in the various management meetings such as the race equality action team and assessment, care in custody and teamwork reviews, and the coordinating chaplain was a trained assessor. They also contributed to offender assessment system reviews and other prisoner reports.

Recommendations

- 5.53 The hours of the Muslim leader should be increased to meet the need of prisoners.
- 5.54 A Pagan leader should be employed.
- 5.55 The chapel should be freely accessible to all women prisoners to allow contemplation, reflection and prayer.

Housekeeping point

- 5.56 Managers should ensure that all prisoners working in the kitchen understand that they can attend Sunday services.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

5.57 Prisoners were unlocked for most of the day and could move freely around the prison.

5.58 Time out of room was very good. Prisoners were unlocked for most of the day and could still associate after being confined to their units at 8.15pm. Doors to the residential units were alarmed to alert staff of prisoners in the grounds but this did not happen often. Prisoners in the rehabilitation unit, Plymouth (young women) and Keele (induction) had some restrictions on where they could go and who could come onto their units to associate. Prisoners on the units where voluntary testing was undertaken were not allowed to associate with others.

5.59 The grounds were attractive and well maintained, with many seating areas. Many prisoners appreciated the general freedom of movement, although this impacted on attendance at activities (see section on learning and skills) as it was easy for women to wander around the prison during the core day without being asked what they were doing. Most prisoners spent almost 26 hours in purposeful activity every week and 18 hours out of their rooms.

5.60 Some women complained that there was little to do during association. The gym was widely used and a new large association room had been opened and prisoners had been consulted about how best to use it.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 Security was a small, busy department dealing with a high number of security information reports (SIRs). Dynamic security was good. Illicit drugs were not a significant problem. Actions arising from SIRs were not always clear. There were some complaints about 'petty' rules and staff inconsistency. Some procedures were unnecessary for a low security prison.
- 6.2 Security was managed by a small security department consisting of a principal officer, operations manager (also responsible for the gate, mandatory drugs testing, staff detail and reception), an intelligence officer and an administrative officer who was also responsible for visits booking, inter-prison visits and transfer arrangements. To date in 2007, 1200 SIRs had been received, which was high for the size of prison.
- 6.3 The prison had been subject to a combined standards and security audit shortly before the inspection. It had achieved an 84% compliance rating for security procedures, which was good given the open regime and number of prisoners released for outside activities. Security procedures were generally relaxed, with most women having free movement throughout the prison. There were some restrictions on going into living accommodation and greater restrictions on those in Keele unit (induction) and Plymouth (young women). The prison was surrounded by a single fence. This was easily accessible to the public, but there were no concerns about 'throw-overs'.
- 6.4 The main concern to security, as documented in security minutes and at the senior management team, was drugs. Security staff concern focused on the potential pressure put on those going out on temporary licence and drugs in the post. A dog handler operated on most days using an active and passive dog but there were few indications. Prisoners returning from release on temporary licence were routinely searched. No prisoners were on closed visits, there were no banned visitors and the mandatory drug testing rate was consistently low (see section on substance misuse). Compared to 250 receptions in a three-month period, only 17 prisoners believed to be involved in drugs had been moved back to closed conditions.
- 6.5 Residential and security staff worked closely together to highlight areas of concern. Security meetings usually included residential representatives and the police liaison officer, and often the Independent Monitoring Board and representatives from other areas. The main security priority at meetings was frequently drugs, and drug-related SIRs outnumbered those about any other area. Other issues related to security and control, telephone monitoring, threats and behaviour. There had been seven security finds in August and drug paraphernalia accounted for just one of these.

There were concerns that prisoners were using medication not prescribed to them. However, the supply and trafficking of illicit substances was not a major concern raised by prisoners. In our survey, 24% of women, significantly better than the open prison comparator of 33%, said that it was easy to get illegal drugs.

- 6.6 SIRs were mostly completed on time, although there were sometimes delays over the weekend. Target searches and suspicion drug tests were also completed within the timescale, although in some documentation the reason for the search was not always clearly linked to the intelligence assessment and it was sometimes difficult to ascertain whether the actions highlighted from the SIR actually happened.
- 6.7 Incidents were rare. To date in 2007, there had been 67 reportable incidents of which 11 were drug finds, four were temporary release failures and 13 were assaults or fights. The remainder were largely self-harm incidents, most of which were minor.

Rules

- 6.8 The rules of the prison were displayed in residential areas and prisoners were given information about the local rules as part of their induction compact. A local 'do's and don'ts' list in a cartoon format for new receptions was informative and helpful for those whose first language was not English.
- 6.9 Some women complained that the rules were 'petty' and many cited staff inconsistency as a major issue. Among the issues mentioned were the shoes and tops prisoners were allowed to wear and the fact that some staff enforced the dress code while others did not. Another issue raised was the 7.45am weekend roll check. This was in addition to an early morning roll check and was unnecessary in the open environment.

Categorisation

- 6.10 There was no formal recategorisation other than those moved back to closed conditions. The prison had placed an embargo on progressive moves to fully open prisons due to the low roll. This ban had been lifted shortly before the inspection and there had subsequently been several progressive moves to HMP Askham Grange. The reason given for the low number of moves was the need to keep the Drake Hall roll high and the fact that women were able to get temporary release without moving.

Recommendations

- 6.11 Documentation for suspicion drug tests and searches should specify the link to security intelligence.
- 6.12 Actions arising from security information reports should be followed through and recorded.
- 6.13 Staff should be consistent in their enforcement of dress code rules.

- 6.14 In line with national security procedures, the procedure of having two morning roll checks should be reviewed.
- 6.15 Prisoners' progression to fully open prisons should not be held up in order to maintain a high prison roll at Drake Hall.

Discipline

Expected outcomes:

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

- 6.16 There had been a significant reduction in the number of adjudications over recent years and good monitoring information was produced and analysed. Adjudications procedures were not always good and the use of the segregation unit when prisoners were punished by loss of association was inappropriate. The use of force was low and well analysed, but documentation was not always fully completed. Segregation was used infrequently and for a short time. Apart from the unscreened toilets, conditions were reasonable but procedures for strip-searching women were not clear.

Adjudications

- 6.17 The number of adjudications had fallen significantly from 564 in 2004 to 385 in 2006 and a similar level to date in 2007. Few charges were for petty matters, with most relating to prisoners who had absented themselves from places they were required to be (perhaps reflecting some concerns about poor attendances in education) or being in places they were not authorised to be. Charges related to controlled drugs and disobeying lawful orders were the next highest category.
- 6.18 It was not uncommon for there to be no adjudications on some days. Prisoners were given proper notice of charges and hearings, although a number of charges were poorly framed with some worded 'you admitted to...' and others setting out the evidence rather than clearly stating the alleged infringement. Not all enquiries into charges were thorough and the reporting officer was not always present for questioning even though the prisoner pleaded not guilty. Some cases were adjourned for investigation but the results of this did not appear to be put to the accused prisoner, although the adjudicator took the results into account when reaching a verdict.
- 6.19 There were no procedures to ensure that prisoners were fit for adjudication as required by the Prison Service's discipline manual (paragraph 225).
- 6.20 The adjudications room was formal and stark. A small table was provided for the prisoner along with an 'adjudication pack' containing a pen, paper and ruler and a copy of the Prison Service's adjudication manual. A tariff of punishments was available for reference by the adjudicator.
- 6.21 Adjudication review meetings took place quarterly and were attended by adjudicators and adjudication liaison officers. Minutes demonstrated good discussion aimed at promoting

consistency and learning, but adjudication records were not routinely examined to help improve standards.

- 6.22 Good monitoring information was collated and monitored. This included the punishments given by each adjudicator, the nature and location of offences, prisoners' ethnicity and outcomes from the independent adjudicator. The independent adjudicator dealt with an average of five charges a month mainly related to prisoners who failed mandatory drugs tests.
- 6.23 Prisoners given loss of association as punishment were located in the segregation unit. Staff said they were allowed to take a book or something simple to occupy themselves with, but they were clearly deprived of more than association. The use of the segregation unit for loss of association was inappropriate and amounted to cellular confinement.
- 6.24 There were some collective punishments, including a notice to prisoners (smoking by prisoners) that penalised all prisoners when guilty parties could not be identified. Toasters were also sometimes removed depriving all prisoners when the prisoner misusing it could not be identified.

Use of force

- 6.25 There was little use of force and all uses were recorded, including incidents involving personal safety techniques rather than full control and restraint. In the year to June 2007, there had been 10 uses of control and restraint and nine incidents where less force had been used for personal safety reasons, such as when breaking up fights or preventing assaults. These incidents had involved 15 prisoners. Handcuffs had been used four times on three prisoners. The location of use of force incidents, staff involved and any injuries sustained by prisoners were monitored.
- 6.26 Eighty-seven per cent of officers were trained in the use of force. Instructors were called when there was a planned use of force but these were rare.
- 6.27 Most use of force documentation was completed satisfactorily but authorisations and records of injuries were sometimes missing. The only special accommodation used was one gated cell in the segregation unit.

Segregation unit

- 6.28 Eight officers and two senior officers (job share) were responsible for the segregation unit (known as the care and support unit or CSU) and Ipswich house (young women). The policy for the CSU had last been reviewed in May 2007 and a guide for staff had been produced. Training needs, such as adjudication liaison officer training, had been identified.
- 6.29 The unit was clean. There were five standard cells and one gated cell, an office, an adjudication room, a clean single shower for prisoners and toilets. The unit also contained a store room for control and restraint equipment and a staff toilet and shower room. Each cell was fitted with anti-ligature windows and there was sufficient natural light. Large low-level heating pipes ran through all cells, providing one of many obvious ligature points. Toilets in cells were unscreened. There was no in-cell electricity.

- 6.30 The gated cell was decorated in pastel colours as an aesthetic improvement for distressed prisoners. According to the local inmate database system, it had been used 19 times in the year to August 2007. The reasons were not recorded, however staff thought it had been used about four times for women at risk of self-harm (see section on self-harm and suicide). Prisoners were usually in this cell for less than one day.
- 6.31 The segregation exercise yard was a reasonable size, but was a poor environment with only bare concrete walls and no seating.
- 6.32 Segregation was used relatively infrequently and rarely for more than three days. On average, around six women prisoners a month were held there for good order or discipline or cellular confinement. Numbers had been inflated in the previous month as several women suspected of involvement in trading drugs were held there. Forms for authorising the initial segregation of prisoners were properly completed. Those held longer than three days were reviewed and the reasons for their continued segregation recorded. Goals were identified to help the women return to a house unit. Usually one member of staff was on duty when prisoners were resident.
- 6.33 The records of strip-searching were incomplete and information about the procedures was inconsistent. A record of full searches that ended in February 2007 gave the reason for the search as 'routine' rather than on suspicion in all but one of the cases. This suggested that all prisoners were strip-searched on entry to the segregation unit. Written information for prisoners stated that 'prior to your location you will receive a strip search', although the senior officer said this was not the case. The segregation policy indicated that prisoners would be given a rub-down search on entry to the unit.
- 6.34 The segregation unit routine was published on the unit notice board along with information about property entitlements and laundry arrangements. Access to activities was based on individual assessment. Prisoners could be taken to the library on request and could obtain educational materials. There was also a small selection of hand-held video games and battery-operated radios. There was a list of helpline numbers but not all were free of charge (see section of self-harm and suicide). None of the information about segregation procedures or routines was in languages other than English.
- 6.35 The unit observation book provided a daily record of staff on duty and all visitors to the unit. The duty governor, doctor and chaplain visited daily when a prisoner was resident. Members of the Independent Monitoring Board visited frequently. Handover notes were completed, as were the occurrence and adjudication logs. Prisoners were offered a shower, exercise, a telephone call and the opportunity to clean their cell each day and this was recorded.

Recommendations

- 6.36 **Adjudicators should make thorough inquiries into possible defences, always question the reporting officer where prisoners deny the offence and ensure that the accused prisoner has the opportunity to question and challenge any evidence taken into account at the hearing.**
- 6.37 **The adjudications review meetings should quality-check adjudications by examining a sample of cases to learn lessons, encourage good practice and identify training needs.**

- 6.38 Procedures should be in place for healthcare staff to draw any relevant health issues to the attention of adjudicators.
- 6.39 The segregation unit should not be used for prisoners punished by loss of association.
- 6.40 Collective punishments should not be used.
- 6.41 All authorisations and records of injuries following use of force should be completed.
- 6.42 The segregation exercise yard environment should be improved.
- 6.43 Prisoners should not be routinely strip-searched when placed in segregation. Records should be kept recording reasons for such searches and the correct procedure published to prisoners.
- 6.44 Information about segregation routines and procedures should be available in a range of languages.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.45 Most prisoners were well behaved and very few were demoted. The scheme offered clear incentives for most prisoners, but these were unavailable for most foreign national prisoners. The scheme had been reviewed and some weaknesses identified. A new scheme had been agreed and was about to be implemented.
- 6.46 Information about the incentives and earned privileges (IEP) scheme was displayed on some, but not all, house unit notice boards, many of which were cluttered. It was also clearly outlined in the signpost information room. All prisoners signed a compact that informed them of the entitlements attached to each level, and were given the rules during induction. There was no information about the operation of the scheme in languages other than English.
- 6.47 Most prisoners valued their place at Drake Hall did not want to jeopardise it by poor behaviour. Only four prisoners had been demoted to the basic level of privileges in the previous six months. Basic level prisoners were relocated to Bristol house, one of the few where staff had a base. Sanctions included the loss of television and restrictions on movements but these were difficult for staff to monitor in an open environment. No prisoners were on the lowest privilege level, 130 were on standard and 168 on enhanced.
- 6.48 Officers checked with previous prisons to confirm a new arrival's IEP level and anyone arriving on enhanced could stay on it. Those not on enhanced could apply for it after eight weeks providing they had not been issued with warnings or subject to adjudication.

- 6.49 Enhanced level prisoners could apply for resettlement day releases and there were plans to extend the time of these for them. Only enhanced women could work in the community and they were also entitled to a wider allowance of privilege items and to spend more money. These incentives motivated most prisoners. However, foreign national prisoners could not usually access community visits and often had no external income to be able to spend more.
- 6.50 Review boards were held weekly chaired by a principal officer and usually attended by a house officer. In the four months to August 2007, 39 prisoners had applied for enhanced level and 28 had been successful. Reports were provided by several departments including the prisoner's workplace, the resettlement department, security and residential staff. Outcomes were notified to prisoners and copies retained in prisoner files. There was no senior management oversight to monitor the consistency of the scheme across the prison or sampling of the quality of reviews to ensure they were fair.
- 6.51 Wing history sheets contained few references to the use of IEP to help motivate prisoners such as linking to sentence plan targets. Prisoners complained that warnings were given for breaching petty rules. Three warnings within eight weeks led to a referral to the IEP board. The warning we saw appeared reasonable. Few prisoners appealed against warnings or IEP board decisions. The prison's race impact assessment indicated that 86% of prisoners had little faith in the appeal system.
- 6.52 Deficiencies in the current scheme had been recognised and a new scheme was due to be implemented in October 2007 in which personal officers would be more involved, all prisoners reviewed every 12 weeks and boards chaired by a senior officer.

Recommendations

- 6.53 Local information about the operation of the incentives and earned privileges scheme should be available in languages other than English.
- 6.54 The incentives and earned privileges scheme should provide alternative incentives for foreign national prisoners who do not have family support in this country and who are unable to take advantage of community visits.
- 6.55 A senior manager should monitor the operation of the incentives and earned privileges scheme by sampling the decisions of boards to check the scheme is operated fairly across the prison.

Section 7: Services

Catering

Expected outcomes:

Prisoners 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.

- 7.1 The kitchen was quite new and well managed. Women, including foreign national women, were positive about the food. Consultation arrangements were good. Menus offered a good range of healthy eating options. There was a lack of training in the kitchen and no scope for women to cook for themselves.
- 7.2 All meals were taken in a large communal dining room. This could seat around 200 women, was clean and bright and had a good range of information about the prison on display. Catering staff consisted of a catering manager, a deputy and four industrial grade caterers, with usually two staff on duty. Twenty-four women were employed working 35 hours over six days a week. They were also able to participate in other activities such education.
- 7.3 The kitchen was fairly new and was large and clean with clear labelling of storage areas for halal products and different food types. Staff said the dry storage areas were sometimes insufficient and that the size of the servery did not allow for a wide enough range of options. Food temperature checks were taken daily and the central serving of meals meant that hot food was normally served at consistently high temperatures. Halal serving utensils were well labelled and vegetarian options were served by colour-coded serving utensils.
- 7.4 Meals consisted of a breakfast pack, a lunchtime snack meal at noon and a more substantial evening meal at 6pm. The breakfast pack was inadequate, however there were plans to replace it with a proper breakfast once staffing profiles had been resolved. Women were served hot breakfast at weekends. Women selected their meals only the day before, which meant staff had to predict choices and this had resulted in some waste. A full pre-select weekly menu was to be implemented shortly. Cultural diversity was recognised in regular days focused on different world cuisines.
- 7.5 In our survey, 56% of women, against a women's prison comparator of just 32% and similar to the open prison comparator, said the food was good or very good. Unusually, foreign national women were more positive than British nationals. Some women complained about portion sizes and waste. The meals we sampled were good with a wide range of healthy options and two portions of fruit offered at both lunch and dinner. Salad was also available every day and there were very good links with the physical education department's healthy living programme.
- 7.6 Consultation arrangement were good with a monthly food focus group meeting attended by the catering manager, the head of residential, the Independent Monitoring Board and representatives of most of the residential units. Meetings were very detailed and queries were responded to fully. The catering manager responded to issues raised in the food comments books and answers were

detailed, individual and courteous. Catering staff were talking to Muslim women about Ramadan arrangements. The number of Muslim prisoners had increased from six to 21 and staff were actively working to provide properly for them.

- 7.7 There were no opportunities for women to cook for themselves or heat up food on their residential units. This particularly disadvantaged prisoner outworkers, some of whom often returned to the prison late in the evening.
- 7.8 There was a lack of prisoner training in the kitchen. An NVQ qualification was available but only a few women had started it. The nine-hour food hygiene course was run by education over four weeks but attendance was not enforced and some women found it difficult to retain the information in the long gaps between sessions. Only four had completed the qualification. Training records were up to date and on-the-job training did take place but some women struggled with their English and, although released for English for speakers of other languages classes, did not have any additional learning opportunities in the kitchen area (see section on activities).

Recommendations

- 7.9 All women working in the kitchen should be given the opportunity to participate in vocational qualifications.
- 7.10 All kitchen workers should undertake the food hygiene course.
- 7.11 Women on the outworker unit should be able to cook for themselves.

Good practice

- 7.12 *Catering staff were committed to consulting with prisoners and the catering manager gave detailed, polite replies to issues raised in food comments books. This ensured a high level of prisoner input and was reflected in the positive views of women.*

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.13 The prison shop was well organised and there was a reasonable choice of goods for most prisoners, although consultation arrangements with black and minority ethnic and foreign national women were inadequate.
- 7.14 The prison shop was provided by Aramark. The company had a base at the prison to supply a further five prisons and employed around 20 prisoners.

- 7.15 Shop prices were set nationally and based on the catering price index. Order forms and details of what women had available to spend were distributed every Tuesday and goods were collected from the shop on Fridays with officer supervision. Women working out or on temporary release could collect their goods from reception. Orders were supplied in sealed transparent bags and prisoners checked the contents before signing for them. They were also given an itemised receipt. Discrepancies were resolved quickly. Prisoners who arrived on Thursday afternoon or Friday could get a reception pack and advance of telephone credit but this was on application only. The advance was repaid at a reasonable rate.
- 7.16 Women could use catalogue shopping, including a monthly Avon selection and offers. One catalogue was aimed at the products for black and minority ethnic women. Delays in re-crediting accounts for catalogue goods that were not available had been reduced and no additional fees were charged for catalogue shopping.
- 7.17 Canteen lists were available from the signpost information room and were changed three times a year based on prisoner feedback. The head of finance had responsibility for the shop and attended the prisoner forum to answer queries when requested and responded to queries from race equality action team. Aramark also conducted an annual survey, however the return of questionnaires was too low to be a representative sample and no specific consideration was given to the needs of black and minority ethnic or foreign national prisoners. In our survey, 46% of women, against a women's prison comparator of 39%, said the shop sold a wide enough range of goods to meet their needs. However, the figure among black and minority ethnic prisoners fell to just 31% and among foreign national prisoners to 30%.
- 7.18 Different items were stocked for the other prisons supplied from Drake Hall and the canteen list could have been extended within reason to all items stocked.

Recommendation

- 7.19 There should be better consultation with black and minority ethnic and foreign national prisoners about the range of goods available from the shop.

Housekeeping point

- 7.20 All goods stocked at the prison should be available for purchase by prisoners.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 The resettlement strategy was not informed by a needs analysis. It did not address the needs of specific groups such as foreign nationals and young adults or set out how to deal with the high numbers of short-stay women. Good use was made of release on temporary licence to support resettlement and there were established links with voluntary sector services.
- 8.2 The resettlement strategy, 'releasing potential', was geared towards male establishments and quoted statistics for sentenced men. It was not informed by a needs analysis and did not include the two additional pathways suggested by the women and young people group relating to supporting women who have experienced abuse or been involved in prostitution. It did not fully address the needs of specific groups such as young adults and foreign nationals, or what would be done to prepare for release women at Drake Hall for a short period. The offender management policy group met monthly chaired by the deputy governor and with good multidisciplinary representation. It was beginning to be used to monitor and progress the offender management unit and resettlement agendas.
- 8.3 Delivery of resettlement services was affected by how long women were in the prison. In the previous eight months, 52% of those leaving had been there for less than eight weeks and 82% for less than six months.
- 8.4 There was a voluntary sector coordinator and the prison had service level agreements with a number of voluntary organisations including Richmond Fellowship (a mental health charity offering employment, training and education support), Narcotics Anonymous, CONNECT (offering resettlement services for women with less than 12 months to serve due to be released locally), Hibiscus, Alcoholics Anonymous and Business In Prisons.
- 8.5 A Hibiscus worker came in for three days a month to assist foreign national women in areas such as contact with family and resettlement issues. This had recently increased from two days a month but the worker was still meeting an average of 23 women each visit. There were no formal links between the sentence planning process and Hibiscus to help the service offer a more strategic approach to meeting the resettlement needs of foreign national women.
- 8.6 There were proposals to turn a building outside the main gate into an outworkers residential block, however no funds were available for this. This had the potential to help women reaching the end of long sentences progress towards release and become more self-sufficient while still in a supportive environment.

- 8.7 Good use was made of release on temporary licence (ROTL) to support resettlement needs, including a range of challenging opportunities that would assist on discharge.
- 8.8 Approximately 70 women a month were able to take advantage of other forms of ROTL. On average, 752 ROTLs of all types were granted each month. Removals from the scheme were time-bounded and good support was given during this period. For those who could benefit, ROTL was regarded as one of the more positive aspects of Drake Hall.
- 8.9 In a bid to save money, train fares for ROTL were due to be replaced by coach fares, which would have a significant impact on how long women had to spend on their activity or the time spent with their family.

Recommendations

- 8.10 The resettlement strategy should include reference to the two additional pathways specific to women and services should support victims of abuse or those who have been involved in prostitution.
- 8.11 An analysis of the resettlement needs of foreign national women and use of the Hibiscus service should be completed to establish whether the current three days a month is sufficient.
- 8.12 Formal communication between sentence planning and Hibiscus should take place to ensure that the needs of foreign national women are addressed.
- 8.13 The proposals to change the funded transport for all release on temporary licence (ROTL) from trains to coaches should be re-evaluated and used only where it has a minimal impact on the quality of ROTL.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.14 Offender management was just beginning and few prisoners were in scope. Some women's needs were assessed on arrival, but not comprehensively. Most women did not have a sentence or custody plan or reviews of existing plans. Some completed sentence plans were poor quality. Risk management and home detention curfew procedures were managed well and management of lifers was good.
- 8.15 An offender management unit (OMU) policy document, which had recently been written and was about to be distributed, described the role of the OMU and all related resettlement services. Offender management was in its very early stages with only nine prisoners in scope. There were

four officers acting as offender supervisors. However, only three of the nine case files had a record of contact with the prisoner, despite the policy stating that they should be interviewed monthly. Most women we spoke with had not heard of offender management.

- 8.16** There was a lack of multidisciplinary involvement in setting up offender management and plans to transfer money and reduce probation services to fund additional discipline grades before a quality OMU service has been established seemed misguided.
- 8.17** An assessment and application of end-to-end learning was begun by information, advice and guidance on arrival but was not sufficiently detailed (see section on education) and women who could not speak English were excluded. Other needs were not assessed at this stage. There were plans to develop a traffic lights passport scheme to be completed on induction but this did not take account of the specific needs of groups such as foreign national women, young adults and lifers.
- 8.18** Most women did not have an up-to-date sentence plan. Forty-four women were serving less than 12 months and had no plans at all, while of the 257 offender assessment system (OASys) assessments that should have been completed, only 25 were being written, 81 were out of date and 52 had not been started. Although some of these should have been completed by the sending establishment, the situation was not helped by the frequent redeployment of resettlement staff. In the previous month alone, 1700 hours had been taken out of resettlement. In our survey, only 50% of women, against an open prison comparator of 88%, said they had a sentence plan.
- 8.19** The quality of completed assessments varied. One indicated incorrectly that the woman had been convicted of sexual offences and another that a woman convicted of fraud had completed the cognitive self-change programme, which was delivered only in the male estate to address violence. Annual reviews were not multidisciplinary, with most boards consisting only of the prisoner and the resettlement senior officer. Minutes of the sentence planning board indicated good discussion but no review against the previous year's target, setting of new targets or linking with staff who could help.
- 8.20** Thirty-six women were subject to risk management procedures (MAPPA, prolific and priority offenders, high and very high OASys and safeguarding children). Women flagged as a risk to children were identified shortly after arrival. The discipline clerk initiated files, all relevant departments were informed and assessments were requested. Multidisciplinary case meetings were held for each individual and a management strategy was decided. For all categories of risk, there was a good balance between managing risk and meeting resettlement needs. Decisions were made on an individual basis, were well informed by a multidisciplinary team and reviewed regularly. Engagement with women and concurrent consideration given to their vulnerability issues were generally good.
- 8.21** There was an effective written procedure on how to manage prolific and priority offenders (PPOs) but it did not underline that women should be informed of their PPO status and what it meant. One woman was surprised to learn that she was subject to PPO procedures. Although reference to her status was included in the parole report, she said she had found a lot of it difficult to understand and had not felt comfortable to ask questions.
- 8.22** Women were automatically considered for home detention curfew (HDC) and the risk assessment process was well managed. In the previous 12 months, 281 women had applied for HDC, 240 had been granted it and 29 had breached the conditions. The process began 12 weeks before eligibility

but many women arrived within that time. Women were given between five weeks and two days notice of their eligibility for HDC. Some women complained about the short notice before HDC was confirmed but cases were dealt with as quickly as the circumstances allowed and, where possible, provisional decisions were made when delay might have effected a woman's development, such as by losing a college place.

- 8.23 Two women had recently been released to Clear Springs, a government initiated accommodation and support service that aimed to enable more prisoners to be granted bail and released on HDC. Six more women were being prepared for release to Clear Springs.
- 8.24 There were five licence recalls, all of whom had been at other establishments before Drake Hall and relevant documentation had come with them.

Indeterminate sentence prisoners

- 8.25 An up-to-date lifer policy clearly set out how lifers' needs would be met and managed. There were nine lifers and no women serving indeterminate sentences for public protection. The lifer management team met bi-monthly, chaired by the lifer governor and with good multidisciplinary attendance. Support and case management for lifers across all relevant disciplines was good. All personal officers were also lifer officers who had enough time to carry out their role. Lifers had up-to-date sentence plans with active resettlement targets. There were no lifer groups and one lifer described feeling isolated on arrival, although a lifer buddy scheme had recently been introduced to address this. The last lifer day had been in September 2005. Staff said there was never any problem with family members coming to lifer reviews but one woman said a family member had not been able to attend because of changes in the meeting times.

Recommendations

- 8.26 Offender supervision should be delivered in line with the offender management unit (OMU) policy document. Records of contact should be up to date.
- 8.27 The management of the OMU should be multidisciplinary.
- 8.28 All prisoners should have an up-to-date sentence or custody plan that is developed or reviewed shortly after their arrival at Drake Hall.
- 8.29 Annual sentence plan reviews should include multidisciplinary team input. They should review against targets from the previous year and set SMART targets for the coming year.
- 8.30 OASys assessments should be checked for accuracy and quality.
- 8.31 The new traffic lights passport scheme should take account of the needs of specific groups such as foreign nationals, young adults and lifers.
- 8.32 Resettlement staffing hours should be protected.
- 8.33 Women who are managed as prolific and priority offenders should routinely be made aware of this and any implications for them.

8.34 At least two lifer days should be held each year.

8.35 Lifer groups should be introduced.

Good practice

8.36 *The buddy scheme for newly arrived lifers helped to reduce their sense of isolation and helped them with the transition to a more open environment.*

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

8.37 Staff from CONNECT contacted the prison every week and arranged to see prisoners serving less than 12 months who were to be released to the local area. They offered services across all resettlement pathways, including help with accommodation, substance use, employment, relationships and child care. Staff were unsure how many women had been seen but few met the criteria.

Accommodation

8.38 Accommodation services were effective and only a few women were released to no fixed abode.

8.39 Effective accommodation services were provided by a full-time officer assisted by a lifer. Women were introduced to the service on induction and offered help with any current problems. They were also contacted eight weeks before release and helped with any accommodation issues. Women were supported in a range of areas, including arranging repayment for rent arrears, finding a hostel to proceed with tagging, arranging accommodation with councils, including setting up payment plans and making referrals to the benefits advisor. A record of service use was kept and the results fed into future delivery plans.

8.40 On average, 48 women were discharged each month. Of these, 2% were released to no fixed abode and a further 9% were released with no information. The position of foreign national women returning to their home countries on release was not clear.

Education, training and employment

- 8.41 Prisoners had good opportunities to develop skills to prepare them for education, training and employment on release from prison. Information, advice and guidance sessions did not provide sufficient opportunity for prisoners to explore their employment potential.
- 8.42 About 40 women regularly went out to work or college. Employer links were well developed. Towards the end of their time at Drake Hall, and subject to risk assessment, women could access paid employment in a number of companies. Some women who had achieved qualifications supported by these companies had gained full-time employment on release, often at branches near to their homes. The prison had established a strong working relationship with a local army base that had successfully employed several prisoners on release. A particularly impressive number of prisoners were completing higher level courses through distance learning or the Open University. The prison had developed good links with a broad range of other agencies to help prisoners resettle into their communities and improve employment opportunities when they left, however there was no formal analysis of resettlement needs to direct provision.
- 8.43 Five-day employability programmes were planned well and included a good range of stimulating discussions and relevant activities. In particular, women received useful and realistic advice on how to disclose a criminal offence to a prospective employer. Although all prisoners received individual guidance on arrival, information, advice and guidance sessions did not provide sufficient opportunity for prisoners to explore their employment potential. Jobsearch materials were satisfactory but prisoners did not have easy access to information on job vacancies available only through the internet. Women could attend this week-long course no more than eight weeks before their release but it was not a formal part of their planned resettlement. Only a few prisoners attended and it was not well promoted. The programmes were timed to be completed to coincide with the monthly visit of Next Steps, which provided careers advice. Jobcentre Plus visited the prison two days a week.

Recommendations

- 8.44 Opportunities to enable prisoners to look for external employment should be increased.
- 8.45 The number of prisoners attending the employability programme should be increased.

Mental and physical health

- 8.46 Women were given an appointment with the GP before release. Adequate medication was prescribed and information was provided for home GPs but there was no strategic approach to resettlement planning by primary health care. Mental health in-reach staff worked well to coordinated release and continuing care arrangements with external agencies. Staff found it particularly difficult to make arrangements for women who were in the prison for very short periods or released at short notice.

- 8.47 Nurses used prison records to identify women who were due for release and arranged for them to see the GP a few days beforehand. The GP prescribed between seven and 28 days medication according to need and the nature of the medication. Nurses also prepared photocopies of relevant notes and letters from the clinical records for a patient to take to their GP and tried to ensure continuity of secondary care. Condoms were available in reception, but they were kept under the counter and had to be requested. The condom packets had useful telephone numbers such as NHS Direct and some charity helplines but this was the only written health information provided.
- 8.48 There was no strategic approach to resettlement planning from a primary health care point of view unless a woman had specific needs that had already come to the attention of health staff. Healthcare had suggested sending a representative to the board overseeing release on temporary licence but this had not been taken up.
- 8.49 The mental health in-reach team liaised with local community mental health teams and encouraged care coordinators to attend a case conference at the prison. They reported good communication links with probation, although the quality of reports from OASys was inconsistent. Most women on their caseload were of no fixed abode but they said NACRO was often helpful if a woman was prepared to disclose her mental health problem.
- 8.50 Both primary care and the mental health teams found it particularly difficult to liaise with external agencies when prisoners were in Drake Hall for very short periods or where they had little notice that someone was to be released.

Recommendations

- 8.51 **Women should have the opportunity to discuss their health needs and be given appropriate information to protect and promote their health as an integral aspect of their resettlement planning.**
- 8.52 **Condoms and other barrier protection should be freely available for women going on home leave or being released without having to ask prison staff.**

Drugs and alcohol

8.53 Opiate-dependent women could continue their treatment regimes. Specialist staff provided a good level of care and support, and healthcare and counselling, assessment, referral, advice and throughcare (CARAT) workers linked in effectively with community agencies to ensure post-release treatment. The random mandatory drug testing rate stood at 3.7%, mainly for opiates.

8.54 The drug strategy committee was chaired by the head of operations/drug strategy. However, he lacked a member of staff with responsibility for implementing and coordinating the different strands of the strategy. Relevant departments were represented at the monthly meetings. The drug strategy policy was under review and the committee was awaiting the results of a recent needs analysis to inform future service developments. The existing document contained detailed action plans and performance measures. An alcohol policy had been developed.

- 8.55** Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a half-time manager, the equivalent of two workers and one trainee from Inclusion. There were appropriate supervision arrangements and access to training. The service was based in a spacious portacabin with good interviewing and group work facilities. The team offered weekly induction input and women could drop in to see a CARAT worker during the day or attend the weekly evening session. The service was on target to meet the drug intervention record assessment key performance target (KPT) of 40 a year, as well as local targets for comprehensive substance misuse assessments, care plans, one-to-one and group work sessions. The active open caseload varied between 53 and 67, and there was a high client turnover. In August 2007, 27 women had transferred in and many had only a short time left to serve. The service worked with women experiencing alcohol problems.
- 8.56** In addition to structured one-to-one work, integrated drug treatment system workshops had been introduced covering drug and alcohol awareness, harm reduction and overdose prevention, relaxation, healthy living and relapse prevention. The team had run six of these modules a month, but this was now reduced to four due to lack of demand. The large population of foreign national women rarely required CARAT services. Women needing specialist input to deal with complex problems could be referred to counselling or the mental health in-reach service.
- 8.57** The CARAT service was well integrated, represented at relevant multidisciplinary meetings, including case conferences, and contributed to release on temporary licence and home detention curfew boards. The majority of the work consisted of linking clients with a wide range of drug intervention programme teams in the community. In our survey, only 7% of women, against a comparator of 23%, said they would have a problem contacting external drug/alcohol agencies on release.
- 8.58** Over half of the team's caseload were women prescribed methadone or buprenorphine. Workers arranged community appointments during home leave and on release to ensure that treatment continued. Case files demonstrated a good level of joint work with healthcare staff but nurses did not refer all substance users to CARATs and the teams did not meet together to plan and coordinate clients' care (see section on substance use).
- 8.59** CARAT workers could refer women who were abstinent and had a minimum of 18 weeks of their sentence remaining to the prison's therapeutic community (TC). This dedicated 16-bed unit was run by Phoenix Futures. Of the 38 women who had started in the previous year, 23 had completed the programme against a target of 40 starts and 24 completions. The TC had recently been advertised as a national resource for women with serious substance abuse problems, resulting in referrals from other establishments.
- 8.60** The TC team consisted of a treatment manager, a senior practitioner and three facilitators, all of whom had considerable drug work and counselling experience. Appropriate supervision arrangements were in place. The local management team (the treatment manager, the CARAT manager and the head of psychology) met monthly. Good liaison with the CARAT service ensured that post-programme throughcare arrangements were in place.
- 8.61** The programme was split into induction, primary treatment and re-entry. The main phase lasted 12 weeks and comprised three structured group work sessions a week, a community meeting, one-to-one key working and afternoon activities such as gym sessions and work parties. Women said they would have liked more structured input and fewer cleaning duties. Some said the programme was

not long enough. In November 2005, Phoenix Futures' 12-month rehabilitation programme had been shortened to 18 weeks. Staff expressed concern about running an intensive TC over such a short time and there had not been an evaluation of treatment outcomes. The current programme was in the process of being accredited.

- 8.62** There was no evidence of a needs analysis to establish whether the TC met the requirements of Drake Hall's population. Many women did not meet the acceptance criteria as they were maintained on methadone or did not have enough time left to serve. The unit was rarely fully occupied. In September, three women participated in induction, and seven in the main programme. Women completing the programme were supposed to move to Lancaster house, one of the voluntary drug testing (VDT) units, but five had returned to the TC as lodgers due to population pressures. They were subject to different rules, including being allowed to mix with the general population.
- 8.63** The unit had only 32 hours of officer time a week and discipline staff were regularly withdrawn for other duties. Only one officer was dedicated to the TC and it was not unusual for the unit to be without discipline staff for two days. This also impacted on voluntary drug testing, which was not consistently undertaken twice a week as required for TC participants.
- 8.64** The prison had met its KPT of 170 VDT compacts for July but not for the three months before that. Ring-fenced funding covered 2.5 VDT officers but in practice only one officer was dedicated to the task and testing did not take place as often as required. Women could access VDT independent of location but the majority were in one of the six VDT houses. VDT was not linked to incentives and earned privileges. Outworkers were not tested monthly as intended. The testing suite was on the TC, which was unsuitable. Premises lacked a privacy door and mirrors for indirect observation. Officers conducting VDT also undertook mandatory drug testing, which was not good practice.

Recommendations

- 8.65** A senior officer with responsibility for implementing and coordinating the drug and alcohol strategies should be identified.
- 8.66** A thorough needs analysis should be conducted to inform drug treatment programme provision.
- 8.67** The therapeutic community should receive regularly and consistently the number of officer hours each week to allow appropriate officer input and the required voluntary drug testing to take place.
- 8.68** Suitable move-on accommodation should be provided for programme graduates.
- 8.69** The required level of voluntary drug testing should take place.

Finance, benefit and debt

- 8.70** Good assistance with benefits was provided. However, debt-related support and help setting up bank accounts were poor. A suitable financial management course was newly available.

- 8.71 A benefits advisor from the job centre saw all British nationals four to six weeks before release and helped them to get their entitlement of benefits. All prisoners could also use this service at any time by application and it was explained to them at induction. The advisor could assist with benefits owed and benefits on release, keeping a job, arranging an appointment to discuss job seekers allowance before release, arranging community care grants, tax rebates and tracing national insurance numbers. Help was also offered to close family members, particularly when they were under 18 and the prisoner was the primary carer.
- 8.72 There was very limited help for prisoners with debt problems and no Citizens Advice Bureau advisor. A debt helpline had never been used. Only prisoners on paid work were supported in setting up bank accounts. In our survey, 36% of women, against an open prison comparator of 18%, said they would have a problem with opening a bank account on release.
- 8.73 A suitable financial literacy course had just been introduced and five women were taking part. The course could run every six weeks if necessary.

Children and families of offenders

- 8.74 The resettlement strategy did not clearly set out how it would deliver against this pathway but the pathway lead had a separate published action plan to address identified need. Family members attended some reviews and some women had regular inter-prison telephone calls and visits using the video link. There were no incoming telephone calls, but regular children's days were held. Release on temporary licence was used to help women maintain relationships with their families but there was no qualified family support worker.
- 8.75 The resettlement strategy did not clearly state how the establishment planned to deliver against the pathway. It recorded that prisoners were informed about visits during induction and that Hibiscus visited monthly to help foreign national women maintain family ties. It also noted that the chaplaincy team acted as 'unofficial liaison between prisoners and their families'. It made no mention of the regular children's days, the child care courses offered or the work of the Families Do Matter project.
- 8.76 The pathway lead, a named manager, had a published action plan that identified some need and recorded progress. Plan included improving the quality of information for visitors, providing a visitors' centre, improving visitor refreshments and booking procedures, and providing diversity training for staff. A survey of visitor perceptions was underway to progress the services provided.
- 8.77 The prison was one of five involved in the West Midlands children and families of offenders project, Families Do Matter, set to run from April 2006 to March 2009. The project aimed to reduce reoffending, increase family visiting and the proportion of prisoners returning to family accommodation, and reduce family breakdown. A project worker had reviewed the visit services and there had been some improvements as a result of the subsequent action plan. Waiting time to enter the prison had been reduced, the refreshments provided to visitors improved and a senior officer was preparing an information pack for visitors. The project worker post was currently vacant.
- 8.78 Families were not included in sentence planning meetings, although some family members had been invited to enhanced thinking skills reviews and some community psychiatric nurse meetings.

Prisoners and families were informed about sensitive matters within 24 hours, often by a chaplain. Lesbian prisoners were not allowed to enter civil partnerships, although this was under discussion. Visitors said they did not know who to speak to if they had any concerns. A telephone number was advertised in the search area but this was not prominently displayed.

- 8.79 No incoming calls were allowed and there was no provision for mothers to receive calls from their children or deal with arrangements for them. When necessary, women could receive additional visits and occasionally other than the published visiting times. Women who did not receive visits could exchange unused visiting orders for extra telephone credit but this was not published or known to prisoners. Some women received regular inter-prison telephone calls to partners or inter-prison visits using the video link.
- 8.80 Information about the prisoner families helpline, assisted prison visits scheme and other local and national support groups was displayed in the visits portacabin, search area and visit room. Some information about services for prisoners, including the therapeutic community and available courses, was also displayed.
- 8.81 Prisoners could talk to a counsellor, but could not undertake relationship counselling with their immediate family. Prisoners with identified need could attend accredited programmes aimed at improving parenting skills including 'craft play for children', 'creative play for young children' and 'caring for your child'.
- 8.82 There were no family days, although regular children's days were held from 11am-3pm during the school holidays. These were organised and managed by gym staff and took place in the gym. These were open to all women with children and were advertised on all houses. A variety of activity was offered including a bouncy castle, craft play and reading. Two carers were welcome to stay with the child during the day and lunch was provided. No provision was made for carers who dropped the child off and came to collect them. Staff said children and carers often failed to turn up but the reasons why were not investigated.
- 8.83 Release on temporary licence was used to help women maintain contact with their families and children (see also section on foreign nationals), but there was no qualified family support worker to help women with any concerns about their children. The probation team was expected to offer this service, however the team was being withdrawn.

Recommendations

- 8.84 The resettlement strategy should clearly state how it plans to deliver the families and children of offenders pathway.
- 8.85 Prisoners should be able to undertake general relationship counselling with their immediate family when the need is identified.
- 8.86 The facility to exchange unused visiting orders for extra telephone credit should be published to prisoners.
- 8.87 Prisoners should be able to have incoming calls from children or to deal with arrangements for them.

- 8.88 A qualified family support worker should be employed to help women maintain relationships with their children and families.

Housekeeping point

- 8.89 Carers and children who fail to arrive at children's days should be followed up to identify any shortfalls in service.

Attitudes, thinking and behaviour

- 8.90 There was a high throughput of cognitive skills programmes but an attitudes, thinking and behaviour needs analysis had not been completed and it was likely that a number of areas of need were not being met.

- 8.91 A small psychology team delivered many thinking skills programmes each year. Women who had completed a programme said they found it helpful. The prison aimed to deliver 70 enhanced thinking skills (ETS) and cognitive skills booster programme places a year. This had been achieved in previous years but managers said it was increasingly difficult to find enough suitable women to merit continuing delivery at this level. This was partly due to changes in the population and to feeder establishments offering the same programmes. Psychology and probation professionals suggested that emotion management, childcare and abuse-related interventions were likely to be beneficial and some women said there was a need for a victim awareness intervention, however a needs analysis had not been undertaken.

- 8.92 In our survey, only 50% of women, against an open prison comparator, said they had done something or something had happened to them that they thought made them less likely to offend in the future. This figure was significantly worse for foreign national women (39%) compared to British nationals (47%) and for black and minority ethnic women (39%) compared to white women (58%).

- 8.93 The diversity needs of women attending programmes were not routinely discussed as part of the assessment process, although good additional support was offered to a woman who was blind.

- 8.94 Staff said personal officers were rarely able to attend post-programme reviews, although instructors sometimes attended.

- 8.95 A limited amount of one-to-one work was undertaken by psychology and probation services, mainly focused on lifers or those who had completed programmes but had outstanding issues to address.

- 8.96 Women under 25 years could take part in the Duke of Edinburgh award scheme.

Recommendations

- 8.97 An offending behaviour needs analysis that takes account of specific groups of women, such as foreign nationals, young women and lifers, should be completed and inform service provision. Results should be considered alongside need at other women's establishments.

8.98 Personal officers should be given time to attend post-programme reviews.

Housekeeping point

8.99 The diversity needs of women attending programmes should be routinely discussed as part of the assessment process.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations 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.

Main recommendations to the Governor

- 9.1 Personal officers should get to know prisoners' personal circumstances by actively engaging with them to build up relationships that allow them to record in wing files an accurate chronological account of a woman's time at Drake Hall, her achievements against sentence plan and resettlement objectives and any significant events affecting her or her family. (HP43)
- 9.2 A diversity policy for prisoners should be produced with a senior manager responsible that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups will be met. (HP44)
- 9.3 There should be a comprehensive foreign nationals policy based on a needs assessment, including health and resettlement needs, with a full-time coordinator who understands the needs of foreign national prisoners. (HP45)
- 9.4 The learning and skills strategy should be revised to take into account needs identified in sentence plans, the demand for literacy, numeracy and English for speakers of other languages and to provide work and training to match the employment potential of the women prisoners. (HP46)
- 9.5 A resettlement needs analysis should be undertaken to inform service delivery. It should take account of demographics, such as length of stay at Drake Hall, as well as needs of specific groups, such as young adults and foreign nationals. (HP47)

Recommendation to the women and young people group and the governor

Resettlement pathways

- 9.6 An offending behaviour needs analysis that takes account of specific groups of women, such as foreign nationals, young women and lifers, should be completed and inform service provision. Results should be considered alongside need at other women's establishments. (8.97)

Recommendations to the governor

Courts, escorts and transfers

- 9.7 Women moving to Drake Hall should not be transported in handcuffs. (1.5)

- 9.8 Prisoners with special needs that make travelling in a cellular vehicle inappropriate should be transferred in suitable vehicles. (1.6)
- 9.9 The prison should be notified of new arrivals. (1.7)

First days in custody

- 9.10 A formal peer support scheme to assist new arrivals should be introduced. (1.19)
- 9.11 First night procedures should concentrate on essential information for the first night. (1.20)
- 9.12 New receptions should be issued with advance canteen packs that include sufficient telephone credit to contact family and friends. (1.21)
- 9.13 Induction sessions should include the use of audio-visual material. (1.22)
- 9.14 Suitable induction for those whose first language is not English should be provided. (1.23)
- 9.15 Prisoners should be allocated to start work or education as soon as the induction period has finished. (1.24)

Residential units

- 9.16 Richmond and Plymouth houses should be replaced. (2.15)
- 9.17 All women prisoners should have a lockable cupboard and their own table and chair in their room. (2.16)
- 9.18 Notices should be published in languages other than English. (2.17)
- 9.19 Smoking should be allowed in suitable outside areas. (2.18)
- 9.20 The facilities list and footwear allowed should be reviewed in discussion with women prisoners. (2.19)
- 9.21 All prisoners should have access to stored property within a reasonable time. (2.20)
- 9.22 Sufficient laundry detergent should be readily available to all prisoners. (2.21)

Staff-prisoner relationships

- 9.23 Managers should develop a strategy to enhance relationships between staff and prisoners, including regular forums with prisoners to identify what improvements could be made and providing regular feedback to all staff and prisoners. (2.29)

Personal officers

- 9.24 Personal officers should receive a specific job description, together with training and guidance about their role and what is expected of them. (2.35)
- 9.25 Those with specific care needs, such as older prisoners and those with disabilities, should have regularly monitored care plans as part of their wing files. (2.36)

Bullying and violence reduction

- 9.26 Restrictions on visits should not be included as part of the anti-bullying strategy. (3.12)
- 9.27 The anti-bullying register should be accurate and kept up to date. (3.13)
- 9.28 Prisoners should be widely and regularly consulted on ways to improve safety. (3.14)
- 9.29 A clear definition of bullying should be set out in the community safety policy to make clear to staff which type of incidents should always be dealt with within the formal strategy. (3.15)

Self-harm and suicide

- 9.30 More counselling services should be provided to meet the needs of women. (3.25)
- 9.31 Arrangements should be put in place for Listeners to have an opportunity to meet new receptions shortly after their arrival. (3.26)
- 9.32 The barred gate should be removed from the Haven and the protocol for its use revised to emphasise its purpose as a supportive environment for women who need additional help in a crisis. A record should be kept of its use. (3.27)
- 9.33 Prisoners should be able to contact the Samaritans free of charge at any time. (3.28)
- 9.34 There should be sufficient first aid trained staff working each night. (3.29)

Diversity

- 9.35 Disabled prisoners should be involved in the development of a disability policy that includes the arrangements to help the establishment carry out its duties under the DDA. (3.39)
- 9.36 The diversity manager should have an accurate job description, suitable training and time and resources to carry out the duties required to ensure that the needs of prisoners are met. (3.40)
- 9.37 The disability liaison officer should have a job description, appropriate training and sufficient time for the work so that the needs of disabled prisoners are appropriately met. (3.41)

- 9.38 Prisoners with disabilities and older prisoners should be consulted about their individual needs and care. (3.42)
- 9.39 Monitoring should be introduced to ensure that prisoners from minority groups are not being victimised or excluded from activities. (3.43)

Race equality

- 9.40 Race equality should be monitored and managed by a multidisciplinary committee dealing only with this issue. (3.55)
- 9.41 The race equality action team should include external representation. (3.56)
- 9.42 The role of race equality officer should be full time, there should be an up-to-date job description and the post-holder should receive the necessary training. (3.57)
- 9.43 Prisoner diversity representatives should receive appropriate training and support and should meet regularly with the race equality officer other than at race equality action team meetings. (3.58)
- 9.44 All staff should receive race equality and diversity training. (3.59)
- 9.45 There should be regular forums for black and minority ethnic women prisoners. (3.60)
- 9.46 Racist incident complaints should be more rigorously pursued and completed investigations should contain full evidence of all interviews. (3.61)
- 9.47 There should be effective interventions for those found guilty of racist misconduct. (3.62)
- 9.48 Displays should reflect the diversity of the population and regular events organised to celebrate racial, ethnic and cultural diversity. (3.63)

Foreign national prisoners

- 9.49 A multidisciplinary committee should be introduced to ensure that the needs of foreign national prisoners are represented and acted on. This should involve external representatives. (3.79)
- 9.50 Staff should be aware of the distinct needs of foreign national prisoners and be trained to help them. (3.80)
- 9.51 All foreign national prisoners should be seen individually on arrival and a record kept of their immigration status, domestic situation and any other identified need. (3.81)
- 9.52 The pay situation of foreign nationals should be reviewed to ensure that they are not disadvantaged compared to other women and to enable women to maintain family ties. (3.82)
- 9.53 Information should be provided in a range of languages to meet the needs of the population. (3.83)

- 9.54 A senior manager should meet regularly and formally with the Hibiscus worker to discuss and support her work with women and to help develop service delivery. (3.84)
- 9.55 Foreign national women should be encouraged to apply for release on temporary licence and managers should take decisions only on the basis of an individual risk assessment. (3.85)

Contact with the outside world

- 9.56 If Richmond and Plymouth houses are to be retained, an additional telephone should be provided. (3.100)
- 9.57 Telephones should be placed in booths to allow prisoners to use them in private. (3.101)
- 9.58 Foreign national prisoners should be able to exchange their visit for one 10-minute call, which should not automatically be lost if they receive a visit but assessed on an individual basis, along with the giving of supplementary free calls to enable women to maintain family ties. (3.102)
- 9.59 Visitors should be able to book their next visit at the prison. (3.103)
- 9.60 Privilege visiting orders should not be restricted to weekdays. (3.104)
- 9.61 A well-run and properly equipped visitors' centre should be provided. (3.105)
- 9.62 The play area in the visits room should be supervised. (3.106)

Applications and complaints

- 9.63 The applications policy should be simplified so that it is clearly understood by staff and prisoners. (3.116)
- 9.64 Application and complaint forms should be freely available on residential units. (3.117)
- 9.65 The request and complaints log should be clear and concise. Different complaints should not be put on the same number. (3.118)
- 9.66 Applications and complaints should be replied to using a suitable form of address, courteously, in plain language, answering fully the issues raised. (3.119)
- 9.67 Confidential access enquiries should be logged and monitored, with a copy of the reply held centrally. (3.120)

Legal rights

- 9.68 A log should be kept of all applications for legal advice monitoring the date of the application and the date seen by legal services staff. (3.125)
- 9.69 Sufficient time for legal services staff to carry out their duties should be allocated to the staff profile. (3.126)

- 9.70 Legal services staff should receive some advice and guidance about immigration law. (3.127)
- 9.71 The legal services office should be equipped with a telephone. (3.128)

Substance use

- 9.72 Joint work between health services, the CARAT service and the mental health in-reach team should include multidisciplinary meetings to plan and coordinate women's care. (3.139)
- 9.73 The mental health in-reach team's skills mix should include dual-diagnosis expertise. (3.140)
- 9.74 Mandatory and voluntary drug testing should not be conducted by the same officers. (3.141)

Health services

- 9.75 Consultations with patients should take place in rooms with adequate soundproofing to ensure confidentiality. (4.31)
- 9.76 Simple information on health and health services in relevant languages should be widely available throughout the prison, including reception. (4.32)
- 9.77 Other prisoners should not be used to interpret for healthcare matters for patients who do not speak English without their explicit consent. (4.33)
- 9.78 Healthcare policies and procedures should be up to date and regularly reviewed. (4.34)
- 9.79 Systematic monitoring and quality assurance of chronic disease management should be introduced. (4.35)
- 9.80 Women prisoners should be systematically consulted to allow feedback and suggestions about health services. (4.36)
- 9.81 Steps should be taken to identify and minimise any barriers to health services and provide assurance of fairness to all. (4.37)
- 9.82 A member of staff with sufficient knowledge, experience and seniority should act as the older person lead. (4.38)
- 9.83 Prisoners should be able to complain about health services in confidence and information on how to use the NHS complaints system should be clearly displayed throughout the prison. (4.39)
- 9.84 Responses to health services complaints should be in plain English, legible, respectful and acknowledge the concerns of the prisoner. (4.40)
- 9.85 Staff should be able to access external clinical supervision. (4.41)
- 9.86 Inefficient deployment of nurses to non-nursing duties, such as supervision of cleaning, chaperoning the GP and pharmacy administration, should be minimised. (4.42)

- 9.87 All clinical records should conform to professional guidance from the regulatory bodies. (4.43)
- 9.88 All new arrivals should have their immediate health and social care needs identified, documented and responded to, and all should have a further comprehensive health assessment within 72 hours of arrival. (4.44)
- 9.89 Clinical triage algorithms should be used by nursing staff to ensure consistency of advice and treatment to prisoners. (4.45)
- 9.90 Patients should be able to see a female GP and female psychiatrist easily and this should be advertised and made clear to them. (4.46)
- 9.91 Healthcare should maintain emergency childbirth equipment and ensure staff are trained in its use. (4.47)
- 9.92 Patients should have access to the full range of sexual health advice, screening and treatment in line with NHS targets. (4.48)
- 9.93 Barrier protection should be freely available. (4.49)
- 9.94 Women with injuries and disabilities should have access to advice and treatment from a physiotherapist. (4.50)
- 9.95 All eligible women should have access to the national breast screening programme. (4.51)
- 9.96 Women with disabilities should receive an occupational therapy assessment, and equipment and adaptations provided without delay. (4.52)
- 9.97 The service level agreement for the pharmacy service should ensure sufficient pharmacist and technician time to undertake all appropriate tasks, including development and review of policies, stock management, clinical audit and medication reviews. (4.53)
- 9.98 Prisoners should have access to the advice of a pharmacist. (4.54)
- 9.99 Requests for stock and prescriptions not on the agreed list or not within the prison formulary should be queried by the pharmacist and the information used to inform regular reviews of prescribing trends. (4.55)
- 9.100 All prescriptions issued should be faxed through to the pharmacy (clearly marked 'for information only' if dispensing is not required) for checking by a pharmacist to maintain complete patient medication records for all prescribed medication and to enable regular audit of faxes against original prescriptions. (4.56)
- 9.101 Patients should be able to collect their medicines in privacy. (4.57)
- 9.102 Simple medicines not requiring prescription, including basic analgesia, should normally be issued in possession. (4.58)

- 9.103 Risk assessment for prescribed medicines to be held in possession should be systematic, multidisciplinary and conclusions documented and regularly reviewed. (4.59)
- 9.104 There should be a more appropriate range of patient group directions to enable supply of more potent medication by the nurse and avoid unnecessary consultations with the doctor. (4.60)
- 9.105 More space should be provided for the dental surgery so that necessary equipment can be accommodated safely, in line with infection control requirements and in a way that does not hinder communication between patient and dentist. (4.61)
- 9.106 Dental services provision should meet the need for oral health promotion and dental health treatment and care and should be sufficient to maintain the waiting list at reasonable levels. (4.62)
- 9.107 Mental health services should be reviewed so that women with common mental illness are able to receive the full range of appropriate multidisciplinary treatment and care as set out in National Institute for Health and Clinical Excellence (NICE) guidelines. (4.63)

Learning and skills and work activities

- 9.108 The prison should make better use of the information it collects to improve education, training and employment outcomes for prisoners. (5.24)
- 9.109 The prison and its provider should clarify accountabilities for the provision of information advice and guidance and ensure a wider range of information is used to agree their needs with each prisoner. (5.25)
- 9.110 Recruitment to undersubscribed courses should be improved. (5.26)
- 9.111 Individual learning plans should contain SMART targets. (5.27)
- 9.112 Women attending education and particularly those on Open University courses should have managed access to the intranet. (5.28)
- 9.113 The English for speakers of other languages provision should be developed to meet the immediate needs of prisoners. (5.29)
- 9.114 The prison should ensure that disruptions to education are minimised. (5.30)
- 9.115 The prison should improve the arrangements for work allocation. (5.31)
- 9.116 The library should monitor the population and education and training programmes to plan the selection of stock. (5.32)
- 9.117 The library should increase the availability of newspapers, including foreign papers. (5.33)

Physical education and health promotion

- 9.118 The prison should improve the opportunities to exercise outside. (5.42)

Faith and religious activity

- 9.119 The hours of the Muslim leader should be increased to meet the need of prisoners. (5.53)
- 9.120 A Pagan leader should be employed. (5.54)
- 9.121 The chapel should be freely accessible to all women prisoners to allow contemplation, reflection and prayer. (5.55)

Security and rules

- 9.122 Documentation for suspicion drug tests and searches should specify the link to security intelligence. (6.11)
- 9.123 Actions arising from security information reports should be followed through and recorded. (6.12)
- 9.124 Staff should be consistent in their enforcement of dress code rules. (6.13)
- 9.125 In line with national security procedures, the procedure of having two morning roll checks should be reviewed. (6.14)
- 9.126 Prisoners' progression to fully open prisons should not be held up in order to maintain a high prison roll at Drake Hall. (6.15)

Discipline

- 9.127 Adjudicators should make thorough inquiries into possible defences, always question the reporting officer where prisoners deny the offence and ensure that the accused prisoner has the opportunity to question and challenge any evidence taken into account at the hearing. (6.36)
- 9.128 The adjudications review meetings should quality-check adjudications by examining a sample of cases to learn lessons, encourage good practice and identify training needs. (6.37)
- 9.129 Procedures should be in place for healthcare staff to draw any relevant health issues to the attention of adjudicators. (6.38)
- 9.130 The segregation unit should not be used for prisoners punished by loss of association. (6.39)
- 9.131 Collective punishments should not be used. (6.40)
- 9.132 All authorisations and records of injuries following use of force should be completed. (6.41)
- 9.133 The segregation exercise yard environment should be improved. (6.42)
- 9.134 Prisoners should not be routinely strip-searched when placed in segregation. Records should be kept recording reasons for such searches and the correct procedure published to prisoners. (6.43)

- 9.135 Information about segregation routines and procedures should be available in a range of languages. (6.44)

Incentives and earned privileges

- 9.136 Local information about the operation of the incentives and earned privileges scheme should be available in languages other than English. (6.53)
- 9.137 The incentives and earned privileges scheme should provide alternative incentives for foreign national prisoners who do not have family support in this country and who are unable to take advantage of community visits. (6.54)
- 9.138 A senior manager should monitor the operation of the incentives and earned privileges scheme by sampling the decisions of boards to check the scheme is operated fairly across the prison. (6.55)

Catering

- 9.139 All women working in the kitchen should be given the opportunity to participate in vocational qualifications. (7.9)
- 9.140 All kitchen workers should undertake the food hygiene course. (7.10)
- 9.141 Women on the outworker unit should be able to cook for themselves. (7.11)

Prison shop

- 9.142 There should be better consultation with black and minority ethnic and foreign national prisoners about the range of goods available from the shop. (7.19)

Strategic management of resettlement

- 9.143 The resettlement strategy should include reference to the two additional pathways specific to women and services should support victims of abuse or those who have been involved in prostitution. (8.10)
- 9.144 An analysis of the resettlement needs of foreign national women and use of the Hibiscus service should be completed to establish whether the current three days a month is sufficient. (8.11)
- 9.145 Formal communication between sentence planning and Hibiscus should take place to ensure that the needs of foreign national women are addressed. (8.12)
- 9.146 The proposals to change the funded transport for all release on temporary licence (ROTL) from trains to coaches should be re-evaluated and used only where it has a minimal impact on the quality of ROTL. (8.13)

Offender management and planning

- 9.147 Offender supervision should be delivered in line with the offender management unit (OMU) policy document. Records of contact should be up to date. (8.26)
- 9.148 The management of the OMU should be multidisciplinary. (8.27)
- 9.149 All prisoners should have an up-to-date sentence or custody plan that is developed or reviewed shortly after their arrival at Drake Hall. (8.28)
- 9.150 Annual sentence plan reviews should include multidisciplinary team input. They should review against targets from the previous year and set SMART targets for the coming year. (8.29)
- 9.151 OASys assessments should be checked for accuracy and quality. (8.30)
- 9.152 The new traffic lights passport scheme should take account of the needs of specific groups such as foreign nationals, young adults and lifers. (8.31)
- 9.153 Resettlement staffing hours should be protected. (8.32)
- 9.154 Women who are managed as prolific and priority offenders should routinely be made aware of this and any implications for them. (8.33)
- 9.155 At least two lifer days should be held each year. (8.34)
- 9.156 Lifer groups should be introduced. (8.35)

Resettlement pathways

- 9.157 Opportunities to enable prisoners to look for external employment should be increased. (8.44)
- 9.158 The number of prisoners attending the employability programme should be increased. (8.45)
- 9.159 Women should have the opportunity to discuss their health needs and be given appropriate information to protect and promote their health as an integral aspect of their resettlement planning. (8.51)
- 9.160 Condoms and other barrier protection should be freely available for women going on home leave or being released without having to ask prison staff. (8.52)
- 9.161 A senior officer with responsibility for implementing and coordinating the drug and alcohol strategies should be identified. (8.65)
- 9.162 A thorough needs analysis should be conducted to inform drug treatment programme provision. (8.66)

- 9.163 The therapeutic community should receive regularly and consistently the number of officer hours each week to allow appropriate officer input and the required voluntary drug testing to take place. (8.67)
- 9.164 Suitable move-on accommodation should be provided for programme graduates. (8.68)
- 9.165 The required level of voluntary drug testing should take place. (8.69)
- 9.166 The resettlement strategy should clearly state how it plans to deliver the families and children of offenders pathway. (8.84)
- 9.167 Prisoners should be able to undertake general relationship counselling with their immediate family when the need is identified. (8.85)
- 9.168 The facility to exchange unused visiting orders for extra telephone credit should be published to prisoners. (8.86)
- 9.169 Prisoners should be able to have incoming calls from children or to deal with arrangements for them. (8.87)
- 9.170 A qualified family support worker should be employed to help women maintain relationships with their children and families. (8.88)
- 9.171 Personal officers should be given time to attend post-programme reviews. (8.98)

Housekeeping points

First days in custody

- 9.172 The support and services available in the 'signpost' information room should be included in the induction programme. (1.25)

Residential units

- 9.173 All wardrobes should be fitted with hanging rails. (2.22)
- 9.174 It should be made clear to all prisoners that they can access clothing from reception. (2.23)

Self-harm and suicide

- 9.175 Notices alerting prisoners to help available should be clearly displayed. (3.30)

Race equality

- 9.176 Written comments on the quality of completed racist incident complaint forms should be sought from the external representative. (3.64)

Foreign national prisoners

- 9.177 The foreign national meetings should identify and promote foreign national issues rather than acting as a question and answer service. Areas of concern should be fed back to senior managers. (3.86)
- 9.178 Accurate records of staff and prisoners willing to speak languages other than English should be kept and published to prisoners and staff. (3.87)

Contact with the outside world

- 9.179 Information given to visitors should be correct. (3.107)

Applications and complaints

- 9.180 Complaints should also be analysed by residential area to identify possible trends. (3.121)

Health services

- 9.181 The dentist should use FP17DC forms in accordance with regulations. (4.64)
- 9.182 An amalgam separator should be fitted to the dental unit. (4.65)
- 9.183 Stock medicines and named-patient medication should be adequately segregated, and discontinued treatments should not be returned to stock. (4.66)
- 9.184 An aluminium foil-lined tray should be placed beneath the amalgam mixer in the dental surgery. (4.67)

Physical education and health promotion

- 9.185 Gym showers should be available for those who wish to use them. (5.43)

Faith and religious activity

- 9.186 Managers should ensure that all prisoners working in the kitchen understand that they can attend Sunday services. (5.56)

Prison shop

- 9.187 All goods stocked at the prison should be available for purchase by prisoners. (7.20)

Resettlement pathways

- 9.188 Carers and children who fail to arrive at children's days should be followed up to identify any shortfalls in service. (8.89)
- 9.189 The diversity needs of women attending programmes should be routinely discussed as part of the assessment process. (8.99)

Good practice

Health services

- 9.190 The health trainer programme was using prisoners' own interests and enthusiasm to encourage others to maintain healthy lifestyles and enabled women to develop skills that offered the potential for future training and employment. (4.68)
- 9.191 The prisoner-led exercise and weight management session was an empowering option for women to maintain their fitness and build confidence. (4.69)

Catering

- 9.192 Catering staff were committed to consulting with prisoners and the catering manager gave detailed, polite replies to issues raised in food comments books. This ensured a high level of prisoner input and was reflected in the positive views of women. (7.12)

Offender management and planning

- 9.193 The buddy scheme for newly arrived lifers helped to reduce their sense of isolation and helped them with the transition to a more open environment. (8.36)

Appendix 1: Inspection team

Michael Loughlin	Team Leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Susan Fenwick	Inspector
Hayley Folland	Inspector
Sigrid Engelen	Substance use inspector
Sarah Corlett	Healthcare inspector
Helen Meckiffe	Researcher
Sherrelle Parke	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	N° of Women	N° of YO's	%
Sentenced	286	16	100
Convicted but unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees (single power status)	0	0	0
Detainees (dual power status)	0	0	0
Total	286	16	100

(ii) Sentence	N° of Sentenced Women	N° of Sentenced YO's	%
Less than 6 months	12	1	4
6 months to less than 12 months	32	1	11
12 months to less than 2 years	33	4	12
2 years to less than 4 years	69	3	24
4 years to less than 6 years	39	2	14
6 years to less than 8 years	38	4	14
8 years to less than 10 years	20	1	7
10 years and over (less than life)	34	0	11
Life	9	0	3
Total	286	16	100

(iii) Length of stay (all prisoners last 329 discharges)	N° of Women	N° of YO's	%
Less than 1 month	76		23
1 month to 3 months	122		37
3 months to 6 months	62		19
6 months to 1 year	30		9
1 year to 2 years	20		6
2 years to 4 years	13		4
4 years or more	6		2
Total	329		100

(iv) Main Offence	N° of Women	N° of YO's	%
Violence against the person	25	5	10.0
Sexual offences	2	0	0.5
Burglary	10	2	4.0
Robbery	14	1	5.0
Theft & handling	27	0	9.0
Fraud and forgery	31	0	10.0
Drugs offences	140	6	48.5
Other offences	37	2	13.0

Civil offences	0	0	0.0
Offence not recorded/holding warrant	0	0	0.0
Total	286	16	100

(v) Age	N° of Women	N° of YO's	%
18 years to 20 years	0	13	4
21 years to 29 years	105	3	36
30 years to 39 years	86	0	29
40 years to 49 years	60	0	20
50 years to 59 years	31	0	10
60 years to 69 years	4	0	1
70 plus years	0	0	0
Maximum age	67	21	-
Total	286	16	100

(vi) Home address	N° of Women	N° of YO's	%
Within 50 miles of the prison	71	3	24.5
Between 50 and 100 miles of the prison	67	4	23.5
Over 100 miles from the prison	73	8	27
Overseas	63	1	21
NFA	12	0	4
Total	286	16	100

(vii) Nationality	N° of Women	N° of YO's	%
British	197	13	70
Foreign national	89	3	30
Total	286	16	100

(viii) Ethnic group	N° of Women	N° of YO's	%
<i>White</i>			
British	158	12	56.2
Irish	1	0	0.3
Other White	8	1	3
<i>Mixed</i>			
White and Black Caribbean	6	1	2
White and Black African	6	0	2
White and Asian	0	0	0
Other mixed	7	0	2.5
<i>Asian or Asian British</i>			
Indian	1	0	0.3
Pakistani	1	0	0.3
Bangladeshi	1	0	0.3
Other Asian	1	0	0.3

<i>Black or Black British</i>			
Caribbean	26	1	9.0
African	48	1	16
Other Black	16	0	5
<i>Chinese or other ethnic group</i>			
Chinese	7	0	2.5
Other ethnic group	1	0	0.3
Total	286	16	100

(ix) Religion	N° of Women	N° of YOs	%
Baptist	2	0	0.5
Church of England	95	6	33
Roman Catholic	65	2	22
Other Christina denominations	20	1	7
Muslim	18	0	6
Sikh	1	0	0.5
Hindu	2	0	0.5
Buddhist	5	0	2
Jewish	1	0	0.5
Other	27	0	9
No religion	50	8	19
Total	286	16	100

Appendix 3: 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.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a Home Office statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 6-7 August 2007, the prisoner population at HMPYOI Drake Hall was 273. The baseline sample size was 94. Overall, this represented 34% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Five respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable

- to seal the questionnaire in the envelope provided and leave it in their room for collection

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 79 respondents completed and returned their questionnaires. This represented 29% of the prison population. The response rate was 73%. In addition to the five respondents who refused to complete a questionnaire, 36 questionnaires were not returned and three were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in open prisons and in women's prisons. This comparator is based on all responses from prisoner surveys carried out since April 2003.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals.

In the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.