

Report on an unannounced inspection of

HMP Bronzefield

by HM Chief Inspector of Prisons

8–19 April 2013

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England

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Introduction

HMP Bronzefield is a closed women's local prison run by Sodexo Justice Services that at the time of this inspection held 446 women on remand or serving sentences ranging from a few weeks to life. About one in six of those held had been in the prison less than a month. They ranged in age from 18 to 79. Almost 30% were foreign nationals. As at our last inspection, and typical of a women's prison of this type, the women held presented a wide variety of complex needs: about half had children under 18; about one in three told us they felt depressed or suicidal when they first arrived at the prison, had a disability or had a problem with drugs; and one in five had a problem with alcohol.

Overall, the prison's response to this complex population had improved since our last inspection and some of the areas that remained of most concern were outside its direct control. The arrangements for transporting women to and from the prison were unacceptable. They were carried in vehicles containing men, they spent very long periods in the van – possibly because they had to wait while male prisoners were dropped off first – and 15% told us they did not feel safe on the journey. However, once at the prison, reception, first night and induction arrangements were all good. There was very good support for women with substance misuse problems that continued throughout their time in the prison; support for the significant number of women with alcohol problems was particularly impressive and best practice.

These early day processes reflected generally good care for the most vulnerable women. There had been no self-inflicted deaths since the prison opened and the number of self-harm incidents had reduced dramatically year on year. The support provided to the most vulnerable women was sensitive but effective; strip clothing, the use of 'constant watches' and managing women in health care had largely been replaced by good quality planning and active, thoughtful engagement by the safer custody team. Nevertheless, there was room for some improvement in the quality of suicide and self-harm prevention (ACCT) procedures. Most women told us they felt safe and there was little evidence of physical assaults and fights.

At our last inspection in 2010 we reported:

The prison held a small number of 'restricted status' women, some of whom had severe personality disorders. Their needs could simply not be met by the prison. One woman, who had exhibited unpredictable and violent behaviour, had effectively been held in the segregation unit for three years with very little human contact or activity to occupy her. The conditions in which she was held seemed likely to lead to further psychological deterioration and were completely unacceptable. There was little evidence that senior staff in the Prison Service had oversight of women segregated for long periods to ensure their conditions were humane. Bronzefield is not an appropriate place for women with these needs and there was a lack of a national strategy to manage women with such complex demands.

We were dismayed that the woman who had already been in the segregation unit for three years in 2010 was still there in 2013. Her cell was unkempt and squalid and she seldom left it. Although more activities had been organised for her and better multi-disciplinary support was available, she still had too little to occupy her. Her prolonged location on the segregation unit amounted to cruel, inhumane and degrading treatment – and we use these words advisedly. The treatment and conditions of other women held for long periods in segregation was little better. Much of this was outside the prison's direct control and required a national strategy for meeting the needs of these very complex women – as exists in the male estate. However, Bronzefield itself needed to do more to ameliorate the worst effects of this national failure.

The situation for most of the women held at Bronzefield was very different. The standard of accommodation was good, although too many women shared cells. Staff had a good knowledge of the women in their care and most women felt there was a member of staff they could turn to if they had a problem. Diversity and equality arrangements were reasonable, but the needs of women with

disabilities needed more attention. We were not assured that the distinct needs of the sometimes very young women held were identified or met. The mother and baby unit was an excellent resource. Health care, which had been a major concern at the last inspection, was now much improved and was reasonable overall. However, there were still some weaknesses in provision, particularly the management of medications, delays and access to female GPs.

Time out of cell was reasonable for most women and there were enough activity places to meet the needs of the population – better than we see in most local prisons. However, the range of activity was too narrow and the level insufficient to support women to gain employment, education or training on release. This was compounded by poor careers guidance and weak links with potential employers; the prison was taking steps to address this.

The strategic management of resettlement was underdeveloped and offender management needed to be better coordinated with practical resettlement services. These practical services were generally good and innovative. Among other very good chaplaincy services, volunteers escorted some women to the local railway station on release. Uniquely, the prison had its own Women's Institute branch and this provided an opportunity for continuing support for some women after they left the prison. There were good arrangements to link women with the effective professional resettlement services available. However, despite determined efforts by the prison, for a few women it could do little more than provide a sleeping bag, warm clothing or food parcels on release.

Work to support women in maintaining positive relationships with their families was adequate but underdeveloped and not sufficiently linked with offender management or wider resettlement work. The prison did not know which women were primary carers or whether they received visits from their children. There were 12 visiting days a year for children, their mothers and grandmothers only – but the activities available on these occasions had reduced since the last inspection. Visiting entitlements were generous but arrangements for booking visits were limited. Women were concerned that small children were searched, and in our view this could only be justified if there was compelling intelligence to support it.

This inspection took place while the government was conducting a review of the women's custodial estate. HMP Bronzefield illustrates some of the challenges that review should address. It is a credit to the managers and staff at Bronzefield that they meet these challenges as well as they do. There is more that can be done locally, but some of the issues identified in this report require a fundamentally different approach to the imprisonment of women at national level.

Nick Hardwick
HM Chief Inspector of Prisons

June 2013

Fact page

Task of the establishment

Bronzefield is a local closed women's prison holding restricted status, remand, short-term convicted and life-sentenced prisoners.

Prison status

Bronzefield is privately run by Sodexo Justice Services

Region

South East

Number held

446

Certified normal accommodation

527

Operational capacity

527

Date of last full inspection

13–22 October 2010

Brief history

Bronzefield opened in June 2004. It was the first privately managed women's establishment in England and Wales. Sodexo Justice Services operates the prison under a 25-year contract. It consists of four house blocks (three accommodating 137 prisoners each and one accommodating 77 prisoners), a 12-room self-contained mother and baby unit and an inpatient facility. In November 2010, Sodexo Justice Services responded to a request from the National Offender Management Service to decommission a 10-bed help and direction unit. This unit remained decommissioned at the time of the inspection.

Short description of residential units

House block 1 – Induction and detoxification

House block 2 – Remand

House block 3 – Convicted and sentenced

House block 4 – Enhanced and first stage lifer and long-term prisoners.

Name of governor

Charlotte Pattison-Rideout

Escort contractor

GEOAmey

Health service commissioner and providers

Commissioner: NHS England

Providers: Sodexo Justice Services

Boots UK

Central and North West London NHS Foundation Trust

Medacs Healthcare

Learning and skills provider

Sodexo Justice Services

Independent Monitoring Board chair
Jan Sambrook

About this inspection and report

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety	prisoners, particularly 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 effectively helped to reduce the likelihood of reoffending.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only quote statistically significant¹ comparisons between establishments and their comparators in the main body of the report.

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

Summary

Safety

S1 *Some women arrived late after long delays and waits in court cells. Reception, first night and induction procedures were good. Most prisoners felt safe but some reported being victimised. The number of violent incidents was low and the prison had good arrangements for managing problem behaviour. Levels of self-harm had decreased and some good care was being provided, but some self-harm monitoring processes needed to be improved. Adult safeguarding arrangements were in place. Security was proportionate but few suspicion tests took place. The incentives and earned privileges (IEP) scheme and adjudication arrangements needed to improve. Use of force was low and well managed. We were shocked to see a small number of women held in segregation for very long periods of time. Substance misuse services were improving and support for women with alcohol problems was very good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2010 we found that outcomes for prisoners in Bronzefield were reasonably good against this healthy prison test. We made 15 recommendations about safety. At this follow-up inspection we found that five of the recommendations had been achieved, nine had been partially achieved and one had not been achieved.*

S3 Some prisoners had long waits in court cells and women were transported in vehicles with male prisoners. Reception was clean and bright and staff and peer support was good. Significantly more prisoners than in the comparator said they were treated well and felt safe on their first night. Fewer women than in the comparator said they had been offered a shower on arrival. Most women had attended induction and the timing and information provided were appropriate.

S4 Most prisoners said they felt safe in the prison. The number of prisoner-on-prisoner assaults was low. There were more assaults on staff, often by a small number of disturbed women held in segregation or in the health care unit, but very few were serious. More prisoners felt victimised than in the comparator. This was more evident for foreign nationals and prisoners who considered themselves to have a disability. We found little evidence to support these perceptions. The prison was developing a positive approach to reducing antisocial behaviour by concentrating on support rather than punishment. This needed to be underpinned by more training so that residential staff could be more involved in this approach. The safer custody team had good links with the security department.

S5 There had been no self-inflicted deaths since the prison opened. The safer custody team was accessible and provided support for some high risk prisoners. Action had been taken to address issues raised by investigation reports following deaths in custody for other reasons. Reported incidents of self-harm had declined dramatically and were lower than in comparator prisons. There had been very few serious self-harm incidents. The move to manage self-harm in house blocks was positive. It was good to see that strip-clothing was not used and that the prison provided good quality care for more complex cases. Regular care plan and complex needs meetings supported this. Self-harm monitoring procedures needed to focus much more on residential staff addressing individual needs. Listeners provided good support. An adult safeguarding policy and arrangements were in place to identify vulnerable prisoners.

- S6 Security arrangements were proportionate and there was a good flow of information into the security department, but opportunities to act on intelligence were being missed. Drugs were the most significant security issue; a supply reduction action plan was in place and the prison was working proactively to address the issue. The random mandatory drug testing (MDT) positive rate was relatively low, although still above the local target. Few target tests were carried out. In our survey, fewer prisoners than in the comparator said it was easy to obtain illegal drugs. A more strategic and appropriate approach was needed to manage restricted status prisoners.
- S7 The IEP policy was applied inconsistently. In our survey, only half of women said they had been treated fairly by the scheme. There were too many warnings for petty matters and some examples demonstrated that the complex needs of some women were not being considered.
- S8 The standard of some adjudication paperwork was poor and a number of adjudications were for matters that could have been more appropriately dealt with through the IEP scheme. Use of force was low and many incidents did not involve control and restraint techniques. Use of force paperwork and oversight arrangements were good.
- S9 The segregation unit was clean but the environment was too austere for long-stay residents. Recording in daily record sheets was poor, which meant that we could not verify with confidence if individual regimes were being consistently delivered. Staff-prisoner relationships were mixed: while we observed some decent interactions, some long-stay prisoners complained of inconsistent treatment. We were also concerned that the staff's approach was too rigid. A few women had spent long periods there, including one woman who had been there for five and a half years. Despite some good multidisciplinary work to support these women, this was completely unacceptable and constituted cruel, inhumane and degrading treatment.
- S10 The substance misuse stabilisation unit provided a safe environment and clinical management had improved; we found more consistent first night treatment, more flexible prescribing and better controlled drug administration. Those receiving opiate substitution treatment needed more support and we welcomed plans for a dedicated recovery unit. Substance misuse and clinical services were still not fully integrated and there was no dual diagnosis service. A designated alcohol nurse had improved the care for women with alcohol problems; the alcohol service was an example of good practice. Substance misuse services were easily accessible. Service user involvement was still limited and a structured drug programme was needed.

Respect

- S11** *Living conditions were good and House Block (HB4) was excellent as was the mother and baby unit. Staff-prisoner relationships were generally good. Work on equality and diversity was reasonable although more support was needed. Faith provision was well developed. Complaints were well managed and the legal services provided were good. There were improvements in health care; however, prisoners were very negative about it and significant weaknesses remained in medication management. Prisoners did not like the food, but shop arrangements were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S12 At the last inspection in 2010 we found that outcomes for prisoners in Bronzefield were not sufficiently good against this healthy prison test. We made 28 recommendations about respect.² At this follow-up inspection we found that 12 of the recommendations had been achieved, nine had been partially achieved and seven had not been achieved.*
- S13 Communal areas and cells were clean and well maintained, and outside areas were pleasant. The accommodation was good, but most toilets were inadequately screened. The enhanced accommodation in HB4 provided excellent living conditions. Women had good access to showers, telephones, cleaning material and clean bedding. Information pods were a good resource.
- S14 The mother and baby unit was very good. It provided a positive, safe and appropriate environment for both babies and mothers. However, the regime on the unit lacked flexibility. There were well developed arrangements to support women who were pregnant or who were separated from their babies at birth.
- S15 Staff-prisoner relationships were generally good, and most women said that staff treated them with respect and that they had a member of staff they could turn to for help. Staff had a good knowledge of the women in their care and case note entries were generally good, although they were often completed late. Less than half said they had a personal officer and there was a lack of continuity in casework management.
- S16 The diversity and inclusion policy included all protected characteristics but was not based on a needs analysis. Each protected characteristic had a named lead staff member and a wide variety of consultation forums were run. The discrimination incident reporting form process was well managed, responses were generally timely and appropriate and included external scrutiny. Prisoners praised the support they received from staff.
- S17 Black and minority ethnic prisoners were more positive about some key outcomes than we normally see. Consultation arrangements with them were good. Foreign nationals had regular access to an immigration officer and independent immigration advice. They received a free phone call abroad irrespective of whether or not they had received a visit, but many still found the cost of maintaining contact with families prohibitive. Foreign national prisoners were significantly more likely to report they had been victimised by other prisoners than British prisoners. The prison failed to record all women with disabilities, and in our survey they were more negative about a range of outcomes, including perceptions of safety and concerns about victimisation. There was only one fully adapted cell, and other dedicated rooms did not always meet their needs; some women complained about not being able to shower regularly. Some good support was provided but more was needed. There was some support for gay, bisexual and older women but, like other groups with protected characteristics, some reported victimisation related to this. The specific needs of young adults were not adequately considered. Faith provision was good and prisoners' religious beliefs were respected.
- S18 The number of formal complaints had decreased significantly and trends were analysed well. Most still related to health care. Complaint forms were readily available and responses timely, respectful and legible, but not all answered the complaint fully and quality assurance was limited. A good bail service was provided and prisoners in our survey were positive about the prison's legal services.

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S19 Health care clinical governance arrangements were generally good. Health care services had greatly improved since our last inspection. However, long-term staff shortages had affected service delivery and the team needed development to provide a comprehensive service. The staff-prisoner interactions observed were professional and respectful.
- S20 Prisoners in our survey and those we spoke to were dissatisfied with access to and the quality of health care. There was a very good range of clinics and waiting times were reasonable; however access to a female GP was inadequate. Making a nurse available in induction for secondary assessments was a good initiative. The failure-to-attend rate was too high. Health promotion activity was very good. The waiting room was welcoming and the use of peer workers (from the Patient Advice and Liaison Service) excellent. The health care environment was, with a few exceptions, good. The inpatients unit was pleasant and well run by an integrated team. Individual care planning was good and the therapeutic regime was reasonable. Prisoners spoke positively of the support they received.
- S21 Medicine management processes were generally inefficient and pharmacy provision needed significant improvement. However the medication administration process was private, respectful and well supervised by discipline staff. Primary mental health provision was insufficient but mitigated by the good quality and range of secondary mental health services.
- S22 Most prisoners were unhappy with the quality of the food despite good consultation arrangements. The shop was run in-house and provided a reasonable range of options, which prisoners could access swiftly on arrival.

Purposeful activity

S23 *Time out of cell was reasonable. Data was not used effectively to improve learning and skills and work provision. There were sufficient activity places for the population but the range was too narrow, levels were too low and there was insufficient accreditation. Initial assessments did not inform individual learning plans. The quality of teaching and facilities were mostly good. There were some good outcomes and punctuality was reasonable. The library and gym provided reasonably good opportunities. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S24 *At the last inspection in 2010 we found that outcomes for prisoners in Bronzefield were reasonably good against this healthy prison test. We made nine recommendations about purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, five had been partially achieved and two had not been achieved.*

- S25 Time out of cell was reasonably good for those in full-time activity. Around 18% of prisoners were locked up during activity periods and more needed to be done to improve this. Association was rarely cancelled.
- S26 There was a clear learning and skills strategy to develop provision based on a needs analysis, but management information was not used sufficiently well to improve provision and set targets. Some good local partnerships had been developed. Quality improvement arrangements had improved, but prisoners' views were not considered and achievements were not analysed sufficiently. Ongoing staff shortages had a detrimental impact on learning and curriculum development.
- S27 There were sufficient activity places for the population but the range and level of programmes was too low. The number of accredited qualifications was insufficient,

particularly in vocational provision. There were few opportunities for formal accredited training to support employment opportunities.

- S28 The quality of teaching and standards of work were generally good but the prison did not focus enough on improving learning or identifying good practice. Support for prisoners on Open University and distance learning courses was good. Many lessons were fun, engaging and delivered at a good pace. The classroom environment, resources and management were good. Prisoners received good support and relationships were strong.
- S29 Individual learning was insufficiently planned and there was no diagnostic assessment. Vocational training lacked variety. There was no programme to develop self-employment skills. Punctuality was satisfactory but prisoners moving in and out of sessions disrupted learning. There were some good achievements but these were not analysed by qualification type or level. Skills development was good. Prisoners were making satisfactory progress but there were limited progression opportunities.
- S30 The library was pleasant and comfortable with reasonable access for all. The variety of materials was satisfactory but the rotation of stock was poor and access to outside loans limited. There was a good Storybook Mums scheme and book club.
- S31 Physical education facilities were good and the gym was well equipped. It was open throughout the week as well as evenings and weekends, and a range of remedial gym sessions were offered. The large and well used sports hall and an outside area were well used. The range of accredited programmes was insufficient.

Resettlement

S32 *The strategic management of resettlement was underdeveloped and the needs of the population were not fully understood. A whole prison approach was not embedded but this was being addressed. A more coordinated approach was needed between offender supervisors and resettlement workers. Offender management arrangements were mixed but public protection was reasonably well managed. A reasonable range of support was offered to indeterminate sentence prisoners. Resettlement officers provided all prisoners with good support; including an assessment on arrival. Prisoners were reviewed pre-release and provided with assistance. Most of the pathway provision was good, although the visitors' centre was not being used to maximum capacity.*
Outcomes for prisoners were reasonably good against this healthy prison test.

S33 *At the last inspection in 2010 we found that outcomes for prisoners in Bronzefield were reasonably good against this healthy prison test. We made five recommendations about resettlement. At this follow-up inspection we found that one of the recommendations had been achieved, two had been partially achieved, one had not been achieved and one was no longer relevant.*

S34 The needs assessment was insufficiently sophisticated, and the draft resettlement strategy did not set out a clear strategic direction. There were some good initiatives to support a 'whole prison' approach to resettlement, but prisoners and staff did not understand how services were organised and what they could expect. Work in the resettlement department and offender management unit needed to be better coordinated and the absence of a consistent practice for recording prisoner contact hampered information sharing.

S35 Sentence planning was of a variable quality and offender supervisors were not sufficiently involved in the process. The arrangements for offender assessment system (OASys) documents to be completed were impeding a fully joined-up approach. We saw both

excellent and poor practice. Management oversight was not sufficient to support a relatively inexperienced staff group.

- S36 Less than half of home detention curfew (HDC) decisions were made before the prisoner's eligibility date, but the standard of risk assessments was excellent. Rigorous assessment identified which prisoners required public protection restrictions. Any restrictions were communicated to the prisoner, and information was shared across the prison as appropriate. Photographic information was required on visits for child protection cases. The public protection committee planned releases for high risk prisoners, but it was not chaired by a specialist manager and its remit required broadening to ensure that all necessary monitoring was up to date and effective.
- S37 Categorisation work was well managed, but a number of women who were eligible for open conditions preferred to stay at the prison because it was closer to their home and families. Indeterminate sentence prisoners received reasonable support.
- S38 Every prisoner was allocated a resettlement worker who conducted an initial assessment and a basic custody plan to address resettlement needs. Pre-release planning was good and an impressive range of tangible support provided.
- S39 Accommodation services were very good. There were impressive examples of resettlement workers making huge efforts to secure accommodation for women who were difficult to place. Prisoners received help with CV writing and a broader range of employment support was imminent. Careers advice was insufficient. Health care support prior to release was good and a Women in Prison worker assisted women with mental health problems. Links with community agencies to ensure substance misuse treatment continued on release had improved. Finance, benefit and debt services were provided by appropriately trained workers. There was a money management module but it was not delivered frequently enough. Prisoners received help to open bank accounts.
- S40 Two family support workers assisted prisoners and their families, and monthly family days for prisoners with children were run. A course designed to help women support their children through play was offered. The visitors' centre was an underdeveloped resource. The visits room was clean and bright and prisoners had generous visit entitlements. Visitors were positive about the conduct of staff, although we were unhappy with the searching of young children.
- S41 There was a good range of well-run non-accredited offending behaviour programmes, which were appropriate to the needs of the population. Staff were aware of domestic violence and abuse issues, but there were insufficient counselling opportunities to deal with needs. The relatively new Power to Change course was a good initiative. The informal Street Safe group meeting encouraged sex workers to learn about harm minimisation and acted as a referral point for other support services, including the safer sex course.

Main concerns and recommendations

- S42 Concern: The current configuration of the women's prison estate meant that only two prisons could hold restricted status women, and Bronzefield held the largest number. Some (but not all) restricted status women had complex management and support needs, which meant they could not be held in the normal location and their status restricted where in the estate they could be moved. In addition, the prison held a small number of other women who did not have restricted status but who presented significant management challenges. These women were usually held in the segregation unit, often for very long periods of time. In one case this had been over five years. The segregation environment and regime were

totally inappropriate: they could not ensure these women were managed humanely or provide a therapeutic approach to address the significant behavioural problems they presented. We raised this issue in our 2010 inspection report and it is disappointing that the position remains unchanged.

Recommendation: A national strategy for managing women with complex needs who cannot be supported in the prison's normal location should be developed. This should include providing a humane and properly resourced environment and regime for those women, as well as for restricted status women who fall into this category.

- S43 Concern: Prisoners' progress and achievements needed to improve; they were not being analysed sufficiently by qualification type or level. Observation of teaching was in place but there was insufficient focus on improving outcomes, identifying good practice and promoting equality and diversity. The prison did not use management information about the quality of delivery and learning and skills outcomes sufficiently well to improve provision and set improvement targets. Prisoner's views were not sufficiently considered.

Recommendation: The prison should collate and analyse data about progress and achievements and robustly observe teaching and learning in order to drive improvements and identify good practice in learning and skills.

- S44 Concern: Continuity and integration between offender management and resettlement work needed to be better. There was no single case management approach to record what work had been done or contact with prisoners. Key OASys assessments were being completed in isolation of offender supervisors and without reference to what the resettlement workers had already done to support the prisoner. Personal officers were insufficiently engaged in supporting prisoners in work to achieve targets.

Recommendation: Work in offender management and resettlement should be more effectively integrated to promote holistic case management; all staff should be familiar with how the resettlement strategy is operated and prisoners should understand how they will be supported and by whom.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Most prisoners did not receive any information about the prison in advance and some waited too long in court cells after their hearings. Many women arrived at the prison after 7pm.*

I.2 In our survey, more women than in the comparator said they had spent more than two hours in a van. Few said they had been offered a toilet break. Most prisoners did not receive any information about the prison at court. Some women travelled with young men going to HMP/YOI Feltham. Significantly more than the comparator said they had been treated well by escort staff.

I.3 In the past seven months, a total of 2,488 women had arrived from court. The video link to relevant courts continued to be underused, which meant more women than was necessary had been escorted from the prison to courts. Many women continued to spend long days in court after their hearings had ended; 337 (13.5%) had arrived after 7pm. Three women's cases had been heard at Southampton Crown Court by 10.30am, but they did not arrive at Bronzefield until 6.40pm. Another woman had completed her court appearance by 10.25am but did not arrive at the prison until 8.30pm, after the escort van had dropped young men off at HMP/YOI Feltham first. We were told this was not unusual.

Recommendations

I.4 **More effective use should be made of court video links.**

I.5 **Prisoners should return from court within a reasonable time after their hearing has ended, and should arrive at the prison early enough to allow their immediate needs to be dealt with and a period of settling in on the first night unit.**

I.6 **Women prisoners should not be escorted to prison on vans shared with male prisoners.**

Housekeeping point

I.7 Women should receive information about the prison at court.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made

aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.8** *Reception was bright, effectively supervised and women were well received by attentive staff. Most said they were treated well and felt safe on their first night. Some prisoners experienced delays because they were waiting to see the doctor. Not all night staff were aware of the whereabouts of new arrivals, however a nurse monitored those on the detoxification spur regularly. Most prisoners attended induction and many found it useful.*
- I.9** Reception was spacious, bright and well supervised. Staff and peer workers were courteous and attentive to women's needs. Despite this, our survey showed that prisoners were less positive about the information they received than the comparator.
- I.10** Prisoners were interviewed in private by an officer, who completed a cell-sharing risk assessment and a questionnaire identifying any risks or needs. This included taking details about how they were feeling, substance use and self-harm issues and the care of children.
- I.11** In our survey, more prisoners than the comparator said they were treated well in reception, but those who considered they had a disability were less positive. Fewer women than the comparator said they had been offered tobacco or a shower. Prisoners were not offered a shower in the interviews we observed, although this was subsequently offered once we brought it to the attention of a manager.
- I.12** Prisoners received a free telephone call, but this could not take place in private. Telephone credit was not automatically included in reception packs and women had to choose between a smoker's or canteen pack and phone credit. A peer worker provided information about the prison in private and answered any questions. A Listener (prisoners trained by the Samaritans to support those at risk of self-harm) was available every evening. Women received a copy of a prison information booklet available in 10 languages.
- I.13** Guidelines recommend that reception procedures should be completed within 45 minutes. In our survey, 42% of women said they had been in reception for less than two hours, lower than the comparator of 53%. Women with substance misuse needs were often delayed because they were waiting to see the doctor.
- I.14** An officer escorted prisoners to the first night unit. The single cell accommodation was clean and properly equipped. Women and staff could communicate via a cell intercom. As in 2010, night staff did not know the location of all new arrivals or speak to them during the evening to offer reassurance unless they had been identified as requiring this.
- I.15** In our survey, 77% of women said they felt safe on their first night, more than the comparator (70%); black and minority ethnic and foreign national prisoners and those who considered they had a disability were less positive although the majority still felt safe.
- I.16** Induction arrangements were good and most prisoners said it covered everything they needed to know. New prisoners received an orientation talk from an officer on their spur the day after their arrival. They also went on a prison tour and signed a compact. A two-day induction commenced in the education department, either immediately following orientation or the following morning. During induction women spoke individually to prison department representatives, including peer workers, and completed an education assessment and gym induction.

Recommendation

- I.17 Night staff should know the location of all new arrivals and should speak to them to offer reassurance.**

Housekeeping points

- I.18** Reception telephone calls should take place in private.
- I.19** Reception packs should automatically contain telephone credit.
- I.20** Prisoners should move through reception as quickly as possible.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.21** *The prison felt safe and the number of violent incidents was low. Most victimisation was low level. The prison was developing a positive approach, with a greater emphasis on supporting rather than punishing problem behaviour.*

- I.22** The safer custody team was based on Main Street, a thoroughfare to activities, where women could 'drop in' to various services and submit applications for appointments. Women were seen by a safer custody orderly during induction and the safer custody team offered victims support. An internal telephone line to report concerns was available but not being used. Monthly safer custody and violence reduction meetings were well attended and included prisoners. There were good links between safer custody and the security department.
- I.23** The prison did not feel unsafe and the number of prisoner-on-prisoner assaults was low; monthly violence reduction reports indicated an average of two to three per month. A similar number of fights were recorded. On average there were five assaults on staff every month, often committed by a small number of disturbed women held in the segregation or health care units, although most were not serious. Eight women were responsible for 66% of assaults. Procedures were in place to assess risks when prisoners shared cells.
- I.24** Findings from the prison's own survey of prisoners' perceptions of safety had been collated during the week of the inspection. They needed to be analysed to understand the level of reported violence, which was higher than our own survey: 19% said that they had been involved in fights; 13% that they had been assaulted; and 50% that drugs caused problems between prisoners.
- I.25** In our survey most prisoners said they felt safe at the time of the inspection, but more felt victimised than in comparator prisons and significantly more than at the last inspection. This was more evident for foreign nationals and women who considered themselves to have a disability. We found little evidence of threats to women's physical safety, but trading in

medication, theft and problem relationships were often cited as reasons for victimisation, much of which was low level.

- I.26** Support Towards Encouraging Positive Solutions (STEPS) was a new approach to reducing antisocial behaviour, launched in March 2013. It aimed to have a greater focus on supporting women displaying problematic behaviour rather than resorting to immediate punishment through the incentives and earned privileges scheme as was previously the case. This was a positive initiative, involving support workers drawn from a range of staff and plans for stronger links to programmes such as Anger and Me. However the approach needed to be underpinned by training so that residential staff could be more involved, as well as by better investigations to establish what the issues were and what support was needed. In most cases, prisoners were still being moved to another house block to reduce further potential conflicts. Mediation had been used on occasion.

Recommendations

- I.27** The findings from the perceptions of safety survey and our own related to victimisation should be analysed and action taken to address concerns identified.
- I.28** The new STEPS approach to reducing violence and antisocial behaviour should be underpinned by staff training with a particular emphasis on the role of the support worker.

Self-harm and suicide

Expected outcomes:

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

- I.29** *There had been no self-inflicted deaths since the prison opened. Levels of self-harm had declined, the safer custody team was accessible and some good care was provided for high risk cases. More women were cared for in house blocks, but the quality of some assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures needed to be improved. Listeners provided good peer support.*

- I.30** There had been no self-inflicted deaths since the prison opened. There were some concerns about two other deaths associated with drug use and action had been taken to address the issues raised in investigation reports.
- I.31** A good range of data was collated to identify trends and included in a monthly safer custody report. Reported incidents of self-harm had decreased dramatically year on year and were lower than in comparator prisons. This was explained in part by prolific self-harming women having been transferred; however around 23 women self-harmed each month, largely by cutting themselves. Most were in House Block I, where new receptions and women in detoxification were held. Enquiries were made to identify if lessons could be learned after women self-harmed.
- I.32** The move to manage self-harm in house blocks rather than in health care was positive. It was good to see that strip-clothing was no longer being used and that better quality care for

more complex cases was in place. The prison had moved away from the routine use of 'constant watches', and regular care plan and complex needs meetings supported improved levels of care. Women feeling vulnerable to self-harm had access to the safer custody team, which provided them with activity packs to help distract them from negative thoughts and worked closely with some at a high risk of self-harm.

- I.33** There had been a reduction in the number of ACCT documents opened – 17 on average each month – but procedures needed to ensure residential staff addressed individual needs. Review and care plans also needed to be more focused on individual needs and to take a holistic view, acknowledging, for example, the impact of being in segregation while subject to ACCT procedures. Staff from other relevant disciplines were not always present at reviews and daily entries in documents did not consistently demonstrate care and were mostly observational. While 60 staff had received some ACCT training since 2012, a greater focus on quality was required.
- I.34** Listeners attended the monthly safer custody and violence reduction meetings and provided their peers with good support. They reported that some staff were reluctant to allow them access to prisoners at night. There were suitable Listener suites on wings that ensured confidentiality and there was good telephone access to the Samaritans at night and during lock-up periods.
- I.35** There was a range of resources and programmes to support women self-harming in response to distress, including art, music and psychological therapies and counselling (see section on reintegration planning). The safer custody team was willing to liaise with families and there were good links between the team and the offender management unit.

Recommendation

- I.36 ACCT procedures should be improved. They should focus on individual needs and holistic care and should ensure that staff from relevant disciplines contribute to effective care plans.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.37** *Progress was being made in establishing structures to support the safeguarding of vulnerable adults and in most cases vulnerable women were protected.*

- I.38** Although additional work was required, the prison had made more progress in this area than many other prisons we have inspected. A local policy was in place and a safeguarding manager had been appointed. A whistle-blowing policy providing guidance on raising legitimate concerns. Safeguarding was included in officers' initial training.

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

- I.39** Links had been made with the Surrey safeguarding adults' board, and Bronzefield and other prisons in the area had met in November 2012 to consider this inspectorate's expectations and the responsibilities of prisons and the local authority. This initial meeting also considered a referral pathway to deal with identified concerns. Procedures were in place through reception and the health care unit to identify vulnerable women and referrals were made to complex needs meetings where care plans had been developed.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.40** *Security arrangements were generally proportionate. Dynamic security was good. Opportunities to act on intelligence had been missed. The mandatory drug testing (MDT) positive rate was low, but exceeded the local target. Information sharing and joint working with other departments and external agencies were good.*

- I.41** The physical security of the prison appeared to be good and two security audits in December 2012 and February 2013, showed that procedures were sound. Security arrangements were generally proportionate but category D prisoners were handcuffed and escorted, when special purpose release on temporary licence (ROTL) could have been used. There was a good flow of information and 1,516 security information reports (SIRs) had been received in the past six months, showing good levels of dynamic security. Outcomes from SIRs, such as target cell searches and suspicion drug tests, were not logged, and opportunities to act on intelligence were missed.
- I.42** The security committee met monthly and was well attended by appropriate stakeholders. Links with health care and violence reduction staff were good and information sharing across the prison was excellent. Security objectives were discussed at the security meeting and ratified at monthly senior management team (SMT) meetings.
- I.43** The local corruption prevention manager was the head of security and there were posters around the prison advising staff and prisoners of this. There were good links with agencies in the community and good information sharing to prevent and detect wrongdoing.
- I.44** There was no national strategy for dealing with restricted status women and those whose behaviour was problematic had to be moved to the segregation unit if they could not be managed in normal accommodation. This was still the case despite inspectors raising the issue in the previous inspection report and the prison's significant efforts to find a solution (see section on segregation and main recommendation S42).
- I.45** Drugs were the main security priority, and plans to deal with this were shared with appropriate staff. Three women were subject to closed visits and two visitors had been banned. These had been appropriately authorised and were reviewed monthly.
- I.46** Strip-searches were only carried out when intelligence supported this. These searches were appropriately authorised and records were comprehensive.

- I.47** The establishment's random MDT positive rate averaged 5.38% over the past six months against an annual target of 4.3%, but, while a large number of intelligence reports related to drugs, very few target tests were carried out. In March, 22 suspicion tests had been requested and none completed.
- I.48** Test results and drug finds were mainly for Subutex and opiates, but in our survey fewer women than in the comparator said it was easy to get illegal drugs. There was also some evidence that medication such as benzodiazepines and anti-psychotic drugs was being traded, although only 3% of women surveyed reported a problem with diverted medication against the comparator of 10%. Communication and information sharing between security and health departments were good and some proactive measures were in place to reduce risks such as regular prescribing reviews. A detailed supply reduction plan had been developed and security staff attended drug strategy as well as medicines management meetings.

Recommendation

- I.49** The establishment should ensure that target searches and tests are undertaken within the required timeframe.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.50** *The IEP policy was applied inconsistently. In our survey only 50% of women said they had been treated fairly by the scheme. There were too many warnings for petty matters. The complex needs of some women were not being considered.*

- I.51** Women received information about the IEP scheme during their induction. There was a comprehensive policy but it was not being delivered consistently across the prison, for example upgrades were often delayed by staffing issues. A new improved policy had been written, but was on hold until the outcome of the national IEP review was known. The IEP scheme was discussed at diversity and SMT meetings, but monitoring data did not include all protected characteristics.
- I.52** One hundred and twenty-one women were on the enhanced level, 317 on standard and 17 on basic. In our survey, 50% of women said they had been treated fairly in their experience of the IEP scheme, fewer than at our last inspection.
- I.53** Women had to wait six weeks before they could apply for the enhanced level, while prisoners who received one IEP warning had to wait three months. Too many IEP warnings were for minor matters. Staff said this was often because they had verbally challenged women; however, this was not reflected in the warnings issued. Women spent 28 days on the basic regime before being eligible for an upgrade to standard, despite weekly reviews to

⁴ In the last report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

monitor progress. We found evidence that the complex needs of some women were not being taken into account when behaviour was being assessed.

Recommendations

- I.54 Women on the basic regime should be upgraded sooner than 28 days if their behaviour improves.**
- I.55 Warnings should show a pattern of behaviour, and one warning should not automatically prevent a woman from being upgraded.**

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.

- I.56** *The standard of some adjudication paperwork was poor and many were for matters that could have been more appropriately dealt with through the IEP process. The use of force was low. Supporting records and oversight were good. The segregation unit was clean but daily records were inadequate. Some women had been held in the unit for unacceptably long periods of time. The unit was not appropriate for long-term residents who could not be supported in normal prison conditions.*

Disciplinary procedures

- I.57** The adjudication room was suitable for hearings, but the waiting room was austere and there was graffiti on the walls. Governance of adjudications had been weak and the standard of adjudication paperwork poor. Robust scrutiny arrangements had been implemented in February 2013, and standards were improving. There were quarterly adjudication meetings, but monitoring did not cover all the protected characteristics.
- I.58** There had been 362 adjudications in the last six months. Four had been referred to the Independent Adjudicator (a judge) and six to the police. Most were for assaults and disobeying lawful orders. Some could have been dealt with more appropriately through the IEP process, and many were dismissed due to reporting officers' procedural errors. Three prisoners had appealed their adjudications in the last six months: one was upheld and another was still pending.

The use of force

- I.59** The use of force was low. There had been 81 use of force incidents in the last six months, a reduction from the previous year. More than half of these had not involved the use of control and restraint (C&R). Use of force paperwork was good, and planned interventions we reviewed showed that force used was proportionate and de-escalation had taken place. Planned interventions had been filmed, but we found that video cameras were not checked every day to ensure their batteries were charged.
- I.60** Use of force meetings were held bimonthly. The matter was also discussed at diversity and safer custody meetings. Monitoring of use of force did not cover all the protected

characteristics. Scrutiny arrangements were reasonable. Most staff were up to date with their C&R training, which included a module about pregnant women.

Housekeeping point

- I.61** Video cameras used to film planned use of force incidents should be checked every day to ensure they are functioning.

Segregation

- I.62** The segregation unit comprised 13 cells and one special cell, which had not been used since our last inspection. The two small exercise yards were depressing, with some graffiti on the fences. Strip-searches were only carried out on relocation if intelligence supported them. Women were given written information about the unit and regime.
- I.63** In January 2013, monthly monitoring with better data analysis had replaced quarterly meetings, but this did not cover all the protected characteristics. Authorisation for segregation had been completed satisfactorily. Reviews had been completed on time, with appropriate multidisciplinary attendance; an operational director reviewed the cases of women held for more than six months. Care plans were in place for those in the unit for more than 28 days.
- I.64** During the last six months, 68 women had been held in the segregation unit. Too many women with complex needs, some of whom had restricted status, were there for long periods: one woman had been there for five years and five months; in our opinion this constituted cruel, inhumane and degrading treatment. Despite some good multidisciplinary work to support these prisoners, their location in the unit was completely unacceptable and psychologically damaging. A more strategic approach was needed to manage restricted status prisoners as there were many difficulties relating to this category of prisoner (see section on security and main recommendation S42).
- I.65** Daily entries in record sheets were poor and we could not verify with confidence whether individual regimes were being adhered to or statutory visits had taken place. Staff-prisoner relationships were mixed; while we observed some decent interaction, some women complained of inconsistent treatment. We were also concerned that the staff's approach was too rigid: they were maintaining a traditional segregation regime for women who had complex needs and required much more flexible and specialist day-to-day management. In the last year one woman was transferred to a secure psychiatric unit within two weeks of assessment.

Recommendations

- I.66** The segregation exercise yards should be less austere.
- I.67** Monitoring of segregation, adjudication and use of force should consider all the protected characteristics.

Substance misuse

Expected outcomes:

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

I.68 *Treatment for women dependent on drugs and/or alcohol had improved, but services were still not fully integrated and we welcomed plans for a recovery unit. The range of support for women with alcohol problems was impressive.*

- I.69** In the past six months, 589 women had received opiate substitution treatment and 128 had completed alcohol detoxification. Following a thorough screening, first night treatment was provided consistently with better out-of-hours' cover in place. Women were located on House Block 1, the designated stabilisation unit, which provided a safe environment with 24-hour nurse cover and appropriate monitoring arrangements. Opiate substitution treatment had become more flexible and needs-based, but the 38% of women who were receiving the treatment needed more support and we welcomed plans for a recovery unit. While clinical review meetings were held, these lacked regularity and consistent input from the substance misuse service, and there was no designated dual diagnosis service for women with substance use and mental health problems. Controlled drug administration now took place at regular times on house blocks 1, 2 and 3, and appropriate supervision arrangements were evident.
- I.70** Women could easily access substance misuse services and 165 were actively engaging in one-to-one or group work, but service user consultation was infrequent and the prison had not yet introduced a drug programme for women requiring more intensive and structured intervention. Voluntary drug testing was available to all and prisoners could attend weekly Narcotics Anonymous groups.
- I.71** The prison had further improved alcohol services by appointing a designated alcohol nurse and additional workers. Women could access one-to-one support, an alcohol awareness course and a two-week relapse prevention programme as well as peer mentors and regular Alcoholics Anonymous groups. A throughcare worker arranged post-release support and followed women up in the community. In the last six months, the alcohol service saw 193 new clients and we regard the range and quality of interventions as good practice.
- I.72** The drug strategy policy did not include alcohol services and the document lacked up-to-date action plans. Needs assessments had been undertaken during the previous year. The drug strategy committee met monthly and the acting head of health care provided good leadership.

Recommendations

- I.73** **Clinical, substance misuse and mental health services should provide fully integrated care to women with drug/alcohol problems, and a dual diagnosis service should be developed.**
- I.74** **The prison should develop a supportive environment and a structured programme for women working towards recovery and actively consult service users in the process.**

I.75 The drug strategy policy should include alcohol services and contain up-to-date action plans.

Good practice

I.76 *The prison had developed an impressive and innovative range of high quality alcohol services.*

Section 2. Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *Communal areas and cells were clean and well maintained. Accommodation was good. Toilets were not adequately screened. There was good access to showers, telephones, cleaning materials and bedding. Information pods were a good resource.*
- 2.2** Communal areas and cells were clean and well maintained, and outside areas pleasant. House Block 4 (HB4), the enhanced unit, was excellent. Single and double cells had in-cell toilets and basins, but toilets did not have lids, and most were not adequately screened from the door. Most women had privacy keys to their cells. Women in double cells had a locker on their landing to store personal items. Some cells had graffiti on the walls, and a programme of cell painting had started to address this. Women said that some cells were cold, but were satisfied that extra duvets had been issued. Mattresses could be exchanged on request, but most women were unaware of this. Nearly all women said they were given clean bed linen every week.
- 2.3** There were sufficient baths and showers, which were kept very clean, and there was adequate access to cleaning materials. Women could buy toiletries from the canteen, and basic toiletry items were available free of charge on wings. There were laundries on each spur, and most women in our survey said they could get clean suitable clothing for the week. Only 43% of women said it was easy to access their stored property, but we found that applications to access stored property were dealt with quickly. Clothing could be handed in on visits during the first 28 days after arrival. Women without outside support could apply for clothing from the well run store of donated items. Only women in HB4 had kettles.
- 2.4** More women than in the comparator said their cell bell was answered within five minutes; the system allowed staff in a central hub to answer calls over an intercom. Three quarters of women said it was quiet enough for them to relax or sleep at night. There was a published decency policy which was actively policed by staff.
- 2.5** Each spur contained an information pod where women could see their personal timetables and financial statements, make appointments, applications and complaints, as well as order their meals and canteen. Most women said it was easy to make an application.
- 2.6** Applications were dealt with promptly and were logged and tracked. Most responses were polite and addressed the matter raised. Management checks of responses were only being carried out for one department. There were monthly consultation meetings between staff and prisoners, and issues raised were progressed quickly. Women could submit topics for discussion via distinctive Your Voice post boxes on each wing.
- 2.7** There were enough telephones for the population, but women complained that they were restricted to 10 minutes on the phones at popular times. Women in HB4 had in-cell telephones (for outgoing calls only). Some women complained about postal delays but mail

left the prison within 24 hours of posting and was delivered to women on the day it was received at the prison.

Recommendations

- 2.8 **Toilets in cells should have lids and be adequately screened from view.** (Repeated recommendation 2.6)
- 2.9 **Kettles should be provided in cells.** (Repeated recommendation 8.6)

Housekeeping points

- 2.10 The prison should advise women prisoners about the policy for exchanging mattresses.
- 2.11 Management quality checks of applications should cover all departments.

Mothers and babies

Expected outcomes:

Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. Pregnant women receive appropriate support.

2.12 *The prison's mother and baby unit was very good. It provided both babies and mothers with a positive, safe and appropriate environment; however, the regime on the unit lacked flexibility. There were well developed arrangements to support women who were pregnant or who were separated from their babies at birth and the prison had developed good links with the support team at the local maternity unit.*

- 2.13 The mother and baby unit was pleasant with bright age-appropriate murals. Safety arrangements for children were good. Not all staff working in the unit had completed paediatric resuscitation training. At night the unit was staffed by one officer who could be male.
- 2.14 Provision of care was equal to that provided in the community. A health visitor attended every week. Midwives from the health care department provided antenatal care, while community midwives offered post-natal care. Children were registered with the local GP surgery and mothers and their children went for a six week check and eight week immunisation appointment, accompanied by an officer.
- 2.15 Babies started nursery at eight to 10 weeks, and there was a comprehensive induction for both mother and baby. Recording of child development was good and mothers were encouraged to be involved. Nursery staff took children to nursery rhyme sessions at the local library each week and to a local petting farm. Mothers described the nursery staff as 'excellent and helpful'. Children could spend time with other family members. Young siblings could visit the unit.
- 2.16 The regime on the unit lacked flexibility and mothers said they were bored at weekends. They said they were woken at 6.45am, even if they had a very young baby and were on

maternity leave. They had to stay with their baby in their room after 7pm and eat their evening meal at 4pm at weekends.

- 2.17** The list of baby items available in the canteen was inflexible and products such as disposable nappies were expensive. Mothers wanted to do more cooking for themselves and their babies. Pregnant women were given extra food, but some items were unappetising.
- 2.18** Admissions to the unit were decided by a multidisciplinary panel, and most women appreciated the chance to gain entry. Of the 11 pregnant women, five had been given a place in the MBU. Four were due to attend a mother and baby board and two had made alternative arrangements for their babies once born. Women were generally moved to the unit four to five weeks prior to their due date, but later or emergency admissions could be facilitated.
- 2.19** Women could choose their birthing partner, subject to a risk assessment, but staff often accompanied them. There were good links with the support team at the local maternity unit, both for mothers with children and for those who had lost their baby. Support plans were in place for first time mothers.
- 2.20** Nursery staff took monthly photographs of the children in their care, but a camera was not available in the unit so mothers could record key milestones. A camera was not available at night so some women did not have photographs of their baby when they were first born.

Recommendations

- 2.21** **The mother and baby unit (MBU) should not be staffed by a male officer at night.**
- 2.22** **The regime in the MBU should be flexible enough to meet mothers' needs, for example, mothers should be able to cook for themselves and their babies.**

Housekeeping points

- 2.23** The prison should review the shop product list for women and their babies in the MBU.
- 2.24** A camera should be available in the MBU so women can record their babies' milestones and photograph babies as soon as they are born.

Staff-prisoner relationships

Expected outcomes:

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

2.25 *Staff-prisoner relationships were generally very good. Most women said staff treated them with respect. Staff had a good knowledge of women in their care. Only 41% of prisoners said they had a personal officer. There was a lack of continuity in casework management.*

- 2.26** Staff-prisoner relationships were generally very good. Most women said that staff treated them with respect, and there was a member of staff they could turn to if they had a problem. Staff had a good knowledge of prisoners in their care.

- 2.27** Four spur officers acted as personal officers to all women on the spur, which resulted in a lack of continuity in casework management. In our survey, 41% of women said they had a personal officer, significantly less than the comparator (73%), and less than at our last inspection. Of those who said they had a personal officer most said they found them helpful.
- 2.28** Personal officers were required to make weekly entries in women's case notes. These demonstrated good interaction with prisoners, but they were often completed late, and we saw few examples of management quality checks. One woman in our sample had received her first case note entry eight days after her arrival at the prison. Few personal officer entries reflected resettlement plans.
- 2.29** The proportion of male to female officers was still too high for a women's prison.

Recommendations

- 2.30** **Efforts should be made to increase the proportion of women custody officers to 60%, the standard staffing rate target for women's prisons.** (Repeated recommendation 2.22)
- 2.31** **A casework approach should be adopted to ensure that personal/spur officers understand the need to progress any issues identified, and make regular entries in case notes that also focus on resettlement issues.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.32** *The diversity and inclusion policy was not based on a needs analysis and only ethnicity was formally monitored. There was a wide variety of prisoner forums, including groups for individual nationalities. Women were positive about the support provided by diversity staff but some groups continued to report victimisation, which needed investigation. Women who considered they had a disability were significantly more negative about a range of indicators. Services needed to be developed for the small number of young adults held.*

Strategic management

- 2.33** The diversity and inclusion (DI) policy included all protected characteristics. There were also policies on foreign national prisoners and those with disabilities but none were based on a needs analysis. Each protected characteristic had a named lead member of staff and was an

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

agenda item at monthly diversity and inclusion action team (DIAT) meetings. Chaired by the director, meetings were well attended and included prisoner and community representatives.

- 2.34** Systematic monitoring and analysing of race equality treatment data covered mandatory areas as well as local concerns identified or prisoner concerns. Statistics were scrutinised at DIAT meetings and out of range trends monitored and investigated. There was no similar monitoring across all protected characteristics.
- 2.35** There continued to be a variety of prisoner forums, including occasional forums for each nationality, and issues raised were reported to the DIAT. The prison had identified only one Traveller; 9% of respondents to our survey identified themselves as Gypsy, Roma or Travellers.
- 2.36** Discrimination incident reporting forms (DIRFs) were freely available; 30 had been submitted from January up to the inspection week, and 103 during 2012. Most related to low level incidents and were generally investigated promptly and adequately. The DIAT monitored the number and outcomes of DIRFs and independent scrutiny was provided through the local authority equality committee. There were no formal interventions for prisoners found guilty of discriminatory misconduct apart from through the incentives and earned privileges (IEP) and adjudication procedures.
- 2.37** Women continued to be extremely positive about support from the full-time DI lead and foreign national coordinator (FNC). Two recently appointed DI prisoner representatives had free access to all house blocks and were included at DIAT meetings.

Recommendations

- 2.38** **The equality policy should be based on a needs analysis of all protected characteristics.**
- 2.39** **The diversity and inclusion team should satisfy itself of equality of outcomes by expanding the monitoring of diversity to cover all protected characteristics.**

Good practice

- 2.40** *The forums for all nationalities provided foreign national prisoners with the opportunity to express their particular needs and share experiences.*

Protected characteristics

- 2.41** Thirty-seven per cent of the population were from black and minority ethnic groups, and most of their survey responses were generally similar to white women. However, poor perceptions expressed by black and minority ethnic and foreign national women in 2010 had not been explored. In our survey, 13% reported victimisation due to their race or ethnicity by other prisoners and 5% by staff. Few staff knew the names and location of women with a current or previous conviction for a racially aggravated offence, although information was circulated. There were regular black and minority ethnic forums and a programme of events celebrated race, culture and nationality with some eye-catching displays on Main Street.
- 2.42** Foreign nationals were identified on arrival by the FNC, who knew the domestic and immigration circumstances of each. There were 134 (29%) foreign national women from 53 countries, including six detainees. In our survey, foreign national women reported

victimisation not only by staff but also by other prisoners (55% compared with 38% of British prisoners), although we did not identify any significantly negative outcomes related to the prison that were underpinning these perceptions. Fifteen women had been identified as victims of trafficking and were referred to the national referral mechanism, in place in the UK since April 2009 to identify, protect and support victims of trafficking.

- 2.43** All prisoners were automatically seen by an immigration officer, who was available every week, and by a representative from the Detention Advisory Service, which provided independent immigration advice and information and was available fortnightly. All women received a free five-minute monthly phone call irrespective of whether or not they had received a visit, and many also received additional free calls when necessary. The cost of maintaining contact with families was prohibitive for many but no alternative technology, such as Skype, was available.
- 2.44** A variety of translated information was available and material in additional languages was sourced as necessary. Many women complained about officers' lack of communication with those who spoke little or no English. There were published lists of prisoner and staff translators, of whom health care, reception and DI staff made good use. Residential staff used it rarely. We saw no evidence of the use of telephone interpreting recorded in wing files.
- 2.45** In our survey, 31% of respondents considered they had a disability compared with 81 identified by the prison (17.5%), suggesting under-identification. Women in this group were more negative about a range of outcomes than women who did not consider themselves to have a disability. They reported higher levels of victimisation by other prisoners (56% against 34%) and staff (40% against 25%). They were also more likely to have felt unsafe at some time (56% against 37%). Prisoners were asked on arrival if they had a disability and were assessed by a nurse; women knew her name and that of the disability liaison officer who was the protected characteristics lead. There were 12 prisoner disability assistants supporting 15 women, who appreciated their help. Those identified with a disability were invited to quarterly forums, along with assistants.
- 2.46** There was good disabled access to all areas of the prison, and one spur on each house block had an adapted shower and a lowered telephone (although it could not be used in private). Eleven prisoners used wheelchairs, but there was only one fully adapted cell. Other dedicated cells did not meet individual needs completely. Some prisoners complained that they could not shower every day. Individual adaptations were provided, but prisoners said they were not sufficient. Care plans were not automatically produced and not all care needs were being met. Those unable to work were unlocked during the day, although some said this depended on staff on duty. Sixteen women had a personal evacuation plan but not all officers knew who they were.
- 2.47** In our survey, 21% of women identified themselves as gay or bisexual, and 7% told us they had been victimised by other prisoners and staff because of their sexuality. The protected characteristics lead staff member was a representative of support group Gays and Lesbians in the Prison Service. She held quarterly gender focus groups; support was also available for transgender women.
- 2.48** A total of 244 staff were in prisoner contact roles; 167 (68%) had undertaken the women awareness staff programme. The prison continued to work with the Women's Institute (WI), paying for a year's membership for any prisoner wishing to join and attend monthly WI meetings.
- 2.49** Seventy-two women were aged 50 and over; the eldest was 79. All were seen by the older women's lead staff member who held regular forums. Responses were generally similar to other groups, and some significantly more positive; however older women said they had

been victimised by other prisoners due to their nationality (13% compared with 5% of those under 50). Women could access over-40s gym activities and age-appropriate screening. Retirees received £7.50 a week and did not pay for their television. They were entitled to be unlocked during the day, but some complained this did not always happen.

- 2.50** Twenty-two young adults were accommodated within the general population; the youngest was 18. A protected characteristics lead staff member had been appointed, but there was little specifically in place for this group.

Recommendations

- 2.51** Technology such as Skype should be introduced to help foreign national prisoners keep in touch with family abroad and residential officers should consistently use telephone interpreting services to communicate with foreign national women.
- 2.52** The needs of women with disabilities should be met through appropriate identification procedures and regularly reviewed care plans and all staff should be aware of any prisoner requiring assistance in an emergency.
- 2.53** There should be sufficient adapted cells to meet prisoners' needs.
- 2.54** Senior managers should investigate and address with prisoners and staff the perceptions of some groups of women about victimisation, and the poorer outcomes identified in the survey.
- 2.55** The specific needs of young adults should be identified and action taken to meet 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.

- 2.56** *Women were generally positive about the support provided by the chaplaincy, but those who considered they had a disability were less satisfied. Alongside corporate worship the team provided a variety of additional activities.*

- 2.57** The coordinating chaplain was supported by full-time and sessional chaplains. Prisoners were generally positive about faith support. In our survey, fewer prisoners than in the comparator said they could speak to a religious leader of their faith in private, although an improvement on 2010. The majority of women in our survey were positive about the support provided. Women received written and verbal information from a faith leader within 48 hours of arrival, and could apply to see a chaplain via the information pod.
- 2.58** The chapel and multi-faith room were good and accessible by lift. Prisoners could attend a variety of services and faith groups. The chaplaincy delivered the Sycamore Tree restorative justice course three times a year. A volunteer music therapist provided one-to-one and

group therapy. The team hosted bimonthly visits from a representative from the Irish Commission for Prisoners Overseas, who met all Irish women.

- 2.59** Chaplaincy volunteers accompanied women to the local railway station on release in response to prisoner or caseworker requests. Chaplains supported women following a death or serious illness and attended meetings to assist in the work of the prison and release on temporary licence and parole boards. There was an active prisoner visitor scheme.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.60** *Complaints were well managed and analysed but there were no established quality assurance procedures.*

- 2.61** Complaint forms were readily available. Staff from the performance delivery unit emptied complaints boxes, logged complaints and distributed them to staff to answer. Complaints about staff were allocated to staff of an appropriate grade.
- 2.62** Responses were timely, respectful and legible. Not all answered the complaint fully. Although 99% were recorded as having received a reply within the required timescales, most prisoners in our survey did not think they were dealt with quickly. A complaints database recorded the quality of replies as 'OK' but there was no established quality assurance procedure led by a senior manager. The analysis of complaints was good; most were about health care provision.
- 2.63** An average of 102 complaints were made each month. Forums had been held to clarify the appropriate use of the complaints and applications procedures. Procedures for contacting a member of the Independent Monitoring Board or making complaints to the Prisons and Probation Ombudsman were publicised.

Housekeeping point

- 2.64** A senior manager should complete a quality check of complaints.

Legal rights

Expected outcomes:

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

- 2.65** *Assistance was offered to women needing help with legal issues. The resettlement team saw all women promptly following reception. Facilities for legal visits were good.*

2.66 In our survey, prisoners were positive about legal services. The help available through the resettlement team was well advertised and included assistance with bail, debt and outstanding fines. Caseworkers had access to the internet to support their work. Information about legal services was an integral part of induction and initial assessment. Peer workers helped identify prisoners wanting to apply for bail and referred them to the caseworker acting as the duty bail officer. Two caseworkers had received specific bail training but all were familiar with the work. The FNC and family case worker provided assistance in more specialist areas and an offender supervisor saw women who had been recalled. Facilities for legal visits were good and the library had up-to-date copies of legal reference books and Prison Service Orders.

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

2.67 *Clinical governance was generally good. Long-term staff shortages had slowed service improvements and the team needed significant development. Access to a female GP was inadequate. The inpatients unit was good. Medicine management was inefficient and there was insufficient pharmacy provision. Primary mental health provision was insufficient, but mitigated by the good quality and range of secondary mental health services. Health care services had greatly improved since our last inspection and although some areas still needed significant development, services overall were reasonable.*

Governance arrangements

2.68 NHS England commissioned mental health services. Sodexo Justice Services provided primary health care services and Central and North West London NHS Foundation Trust delivered mental health in-reach services (MHIRT). The well attended clinical governance and partnership board meetings covered all key areas. A comprehensive health needs assessment and robust six-monthly service audits informed the health delivery plan. There was an ongoing 'culture change' programme to improve prisoner outcomes. Serious incidents were reported and reviewed and lessons were shared with staff and prompted service reviews. Less serious incidents were under-reported. Good service user consultation informed service development.

2.69 Prisoners knew how to complain using the prison complaints system, the prisoner-led Patient Advice and Liaison Service (PALS) or the weekly manager clinic. Responses were prompt, courteous and addressed the issues raised, but the prison's system was not confidential. Most complaints were medication related.

2.70 Health care was managed by a senior nurse and an operational manager, supported by two clinical team leaders, but two managerial vacancies affected service delivery. Qualified nurses were present over 24 hours and GPs provided clinics every day, but the lack of regular female GP clinics was unacceptable. A community midwife provided effective antenatal services.

2.71 Prisoners received a health induction and leaflets from the PALS worker. Most prisoners could access health care easily, however residents in the mother and baby unit (MBU) only

had nurse triage twice a week, which caused unreasonable delays in access to treatment. The health care waiting room was very pleasant, with good health resources and the daily presence of a PALS worker for advice was excellent. The health care environment was generally good, but some rooms needed refurbishment and cleaning was inadequate.

- 2.72** Health care staff were clearly identifiable and the interactions observed were professional. Regular agency nurses filled long-term vacancies. Most of the nursing team was inexperienced and needed development to provide a comprehensive service, but were up to date with mandatory training. Clinical supervision had been introduced since our last inspection, but all staff had regular effective managerial supervision. Daily recorded staff 'huddles' and regular staff meetings improved communication. Clinical records were good, although care planning was underdeveloped. Health care staff were familiar with and used the available policies, including those on communicable disease management and information sharing.
- 2.73** Health promotion included a good range of literature, displays and events across the prison. Barrier protection was not available but was being addressed. There were regular over-50s health clinics and mobility and health aids were available. Prisoners accessed age-appropriate screening, immunisation and vaccination programmes.
- 2.74** Emergency equipment was well distributed, but we found some out-of-date items and kit variations despite consistent checks. There was no emergency childbirth kit and no children's emergency equipment. Nurses were trained in basic child life support; we were advised that local NHS services had recommended against holding child emergency equipment, but there was no supporting policy. There was no rapid response protocol with emergency services which slowed response times. All officers were first aid- and defibrillator-trained, which was good practice.

Recommendations

- 2.75** **Staff should receive the training and support to report health care incidents using a confidential health care system and lessons from these should be shared with staff and prompt service review.**
- 2.76** **Prisoners should have easy access to a female GP for any health issue.**
- 2.77** **All health care rooms should meet current infection control standards.**
- 2.78** **The clinical governance group should ensure the emergency equipment and emergency protocols meet the needs of the prison population.**

Housekeeping points

- 2.79** Prisoners should be able to complain about health services through a confidential system accessible only to health care staff.
- 2.80** All prisoners should have access to nurse triage clinics to ensure they do not experience excessive delays in receiving treatment.
- 2.81** Prisoners should have easy confidential access to barrier protection.

Good practice

- 2.82** *All officers were first aid- and defibrillator-trained, which allowed prisoners rapid access to appropriate emergency support.*

Delivery of care (physical health)

- 2.83** All prisoners saw a nurse in reception for an initial assessment. A GP saw prisoners with substance misuse issues in reception and those with other health needs the next morning. Consent to liaise with other service providers was obtained. Those requiring follow-up care were referred promptly. A nurse based in induction saw everyone for a comprehensive health screening the day after their arrival.
- 2.84** Most prisoners in our survey and those we spoke to were dissatisfied with access to and the quality of health care services. Medication and some nurse clinics were provided in house blocks. All other services were delivered from the health care department. Prisoners requested services through the information pod system, although many reported this often failed. Nurses assessed prisoners requesting a GP appointment; however few minor problems were resolved because not all nurses were trained in the available protocols. This increased the demand for GP appointments and prisoners were frustrated by the process. There were daily emergency GP appointments.
- 2.85** Clinic waiting times were reasonable, but the failure-to-attend rate was very high at 20% to 40%. There was an accurate lifelong conditions register and nurses ran regular basic clinics, however nurses needed development to provide a full service. One nurse provided dedicated sexual health, cervical screening, well woman, disability and over-50s clinics, which worked well. Out-of-hours' medical cover was reported to be good, but there was no tracking system. Access to hospital appointments was good.
- 2.86** The inpatients unit was pleasant and well run by an integrated team of nurses and officers. There was a therapeutic regime, effective prison integration and good individual care planning supported by fortnightly care planning meetings attended by key prison staff. Prisoners spoke positively of the support they received and the interactions observed were very good.

Recommendations

- 2.87** **All nurses providing nurse triage should have completed triage training, patient-group direction training and use the agreed protocols.**
- 2.88** **Patients with lifelong conditions should receive regular reviews that generate an evidence-based care plan from staff that are appropriately trained and supervised.**
- 2.89** **The partnership board should investigate the high failure-to-attend rate and ensure it is reduced to less than 10%.**

Housekeeping point

- 2.90** The use of out-of-hours' medical services should be recorded, monitored and reviewed.

Pharmacy

- 2.91** Boots UK provided pharmacy services. Prisoners did not always receive medication promptly and patient information leaflets were not consistently provided. There was no on-site pharmacy; however a room in the health care department was used to store stock and distribute medicines to the house blocks. A local Boots UK branch provided some urgent medicines on the same day, but many took 48 hours to arrive.
- 2.92** The in-possession policy and risk assessment were good, however most medication was supervised and administered from stock boxes, which was time consuming. Stock use was not audited. The medicines management policy did not cover all aspects of the pharmacy service.
- 2.93** There was a full-time pharmacy technician and a pharmacist visited twice a week. There were no pharmacist clinics. The house block treatment rooms were secure, but medicine trolleys were not fixed to the wall and the medicine cupboards in House Block 4 could not be locked, which was unacceptable. There were no records of the regular medicine checks in house blocks completed by pharmacy staff. Medicine cupboards were generally organised, but we found some loose tablet strips and out-of-date medicines. The transfer of controlled drugs to the house blocks included poor practice, such as moving some single unlabelled doses and a lack of wing order books.
- 2.94** Medication was administered four times a day in private. The process was respectful and well supervised by discipline staff. We were concerned that night sedation continued to be inappropriately administered too early at 5pm. Prisoners reordered in-possession medication by application. Prescriptions for supervised medication were generally written on the day the medication ran out, which sometimes caused unacceptable gaps in prescribing. Non-attendance for medication was not consistently recorded or followed up.
- 2.95** Nurses supplied some medications for minor ailments, but there was no written policy. Prisoners who had been risk assessed as appropriate could obtain some simple remedies from the canteen. There was a good selection of patient group directions (which enable nurses to supply and administer prescription-only medicine), but they needed to be reviewed and were underused as most nurses needed training (see recommendation 2.87).
- 2.96** The selection of standard operating procedures was incomplete. There was a new appropriate formulary, but the prescribing of some drugs liable to abuse appeared high. Prescribing was paper-based, which made audits difficult. The well attended medicines and therapeutics committee met regularly. Fridge temperatures were recorded daily.

Recommendations

- 2.97** **The pharmacy should ensure that prisoners receive prescribed medication and leaflets promptly; it should have robust clinical governance arrangements underpinned by current ratified policies and procedures.**
- 2.98** **There should be regular pharmacy-led clinics and medicines use reviews.**
- 2.99** **All medication should be stored securely in locked drugs cabinets and trolleys should be fixed to the wall.**
- 2.100** **The medicines and therapeutics committee should ensure named patient medication is used consistently.**

- 2.101 All medication that cannot be held in possession should be administered at times that ensure clinical efficacy.**
- 2.102 Medication administration records should be complete and issues relating to non-attendance should be consistently addressed.**
- 2.103 The patient group directions and simple remedies policies should be reviewed.**
- 2.104 The prescribing of drugs liable to abuse should be reviewed and action taken to address any problem areas.**

Housekeeping points

- 2.105 Pharmacy medicine management checks on the wings should be recorded.**
- 2.106 All medication should be stored in the correct boxes in an orderly manner and any out-of-date stock should be removed.**
- 2.107 Order books should be used to show the movement of controlled drugs within the establishment.**

Dentistry

- 2.108 Medacs Healthcare provided a dentist and dental nurse for four sessions a week. There was a high demand for services and dental waiting times were just acceptable. Appointments were appropriately allocated based on need. Dental consultations we observed were good and NHS-equivalent dental treatment was available. There were no local protocols.**
- 2.109 Prisoners were given verbal and written advice on oral health. Appropriate records were made in clinical records. The dental surgery was a good size, but lacked adequate ventilation and needed refurbishment to comply with dental regulations HTM 01-05. All dental equipment was appropriately maintained and dental waste was subject to professional disposal.**

Recommendations

- 2.110 The partnership board should ensure there is a full range of local dental policies and procedures that are regularly reviewed.**
- 2.111 The dental surgery should comply with dental regulations HTM 01-05.**

Delivery of care (mental health)

- 2.112 Half of prison officers had attended mental health awareness training and there were effective working relationships between prison and mental health staff. Although there was a range of primary mental health (PMH) provision – including music therapy, clinical psychology and a hearing voices group – this was limited. Mental health nurses offered 15 minute signposting appointments only, there was a six-month wait for the psychologist and the only counselling available was for women after a miscarriage or termination.**

2.113 Referrals could be made to the PMH or MHIRT, which created some duplication. The PMH and MHIRT worked well together when handling inpatients and complex patients. The MHIRT worked with 96 women and had a very rich skills mix, providing psychologically informed individual and group work. Clinical governance arrangements were robust and prisoners were seen quickly. A dementia pathway was being developed and a young person's group was planned. The care programme approach (mental health services for individuals diagnosed with a mental illness) was underused, which was being addressed. All six prisoners transferred to hospital in the six months to December 2012 left within four weeks.

Recommendations

2.114 Primary mental services should include access to counselling and appropriate ongoing support with regular reviews and evidence-based care from staff that are appropriately trained and supervised.

2.115 The primary and secondary mental health teams should be integrated.

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.

2.116 *Many prisoners did not like the food, but consultation with prisoners was good. The supervision of serveries was poor.*

2.117 In our survey, only a quarter of prisoners said the food was good or very good, although the prison's own survey had found this was higher at around a half.

2.118 There was a four-week menu cycle. The menu had few pictures to help those who did not speak English choose meals. Prisoners had a reasonable choice of food, including healthy or cultural options. Fruit was offered every day. Special diets were catered for and pregnant women were provided with additional supplements. Occasionally meals were provided to celebrate different religious and cultural events.

2.119 Meals were served at reasonable times. There were good communal facilities so prisoners could eat together. Consultation arrangements were good. The catering manager attended Your Voice and DIAT meetings. There were no recurring complaints about the quality of the food. Food comments books were available but it was not evident that comments received a response.

2.120 Serveries needed to be better supervised. At the DIAT meeting (December 2012) it was stated there was insufficient staff to both unlock and supervise servery areas. Portion control and hygiene regulations needed improved monitoring. Not all servery workers had completed basic food hygiene training. We found servery temperature probes broken and food temperatures not recorded. Serveries were clean and workers wore appropriate clothing, but some were unclear about the use of utensils for halal food. There were insufficient management checks of food quality.

2.121 The main kitchen was clean and had received a positive report from the environmental health officer. There were appropriate food storage facilities. Prisoners involved in handling food were cleared by the health care department for this work and some limited accredited training was available.

Recommendation

2.122 **Supervision of serveries should be improved.**

Housekeeping point

2.123 The duty governor should check and comment on the food quality every day.

Purchases

Expected outcomes:

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

2.124 *The shop was well managed, and women could order goods and pin credit throughout the week. The canteen manager had good links with the safer custody team and responded to ad hoc canteen requests for women in need. Only 43% of women said the shop sold a wide enough range of goods to meet their needs.*

2.125 Women were offered a canteen pack or phone credit on arrival. Women with funds could place their first canteen order within 24 hours, while those without could do so on the first Friday after arrival. The shop was well managed and the canteen manager had strong links with the safer custody team, which meant ad hoc canteen requests could be fulfilled. Women could add to their shop order throughout the week and purchase pin credit every day, using the electronic pods in their unit, which also allowed them to check their accounts.

2.126 In our survey, only 43% of women said the shop sold a wide enough range of goods to meet their needs. Foreign nationals and women who considered they had a disability were more negative. Consultation arrangements about shop provision were reasonably good. Catalogue shopping was restricted to women on the enhanced level of the IEP scheme. Newspapers could be ordered from a local newsagent.

Housekeeping points

2.127 The prison should explore women's negative perceptions of the range of goods sold in the prison shop.

2.128 All women should have access to catalogue orders.

Good practice

2.129 *The prison shop manager worked closely with the safer custody team, supplying ad hoc canteen orders for women in need.*

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1** *Time out of cell was reasonable but less than at our last inspection. Unemployed prisoners were locked up. Exercise and association were offered every day but no record was kept of cancellations.*
- 3.2** Time out of cell was reasonable for those in full-time activity but less than the 10 hours we reported last time. The maximum possible was around 9.5 hours although this dropped to around eight hours from Friday to Sunday.
- 3.3** Our checks indicated around 18% of prisoners were locked up during activity periods. Many of them were unemployed. More needed to be done to maximise time out of cell for all those who wanted to be involved in purposeful activity but for whom none was provided and the director committed to address this during the inspection week.
- 3.4** An exercise and association period of nearly two hours was offered every day. In our survey prisoners' responses to questions about exercise and association were more negative than the comparator but we found no evidence of cancellations, although there was no central record of them.

Housekeeping point

- 3.5** A central record should be kept of the frequency and reasons for cancellations of exercise and association periods.

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

Learning and skills and work activities

Expected outcomes:

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

3.6 *The management of learning and skills required improvement. Most women were engaged in meaningful activities. The range and level of vocational training and work did not provide women with an appropriate level of skills to support employment, education or training on release. Education provision was adequate but there was a lack of progression opportunities and accreditation. Quality improvement processes were adequate overall, but further development was needed to collate and analyse achievement data. The observation of teaching and learning process in education was reasonable. Induction activities were adequate, but initial assessment did not inform individual learning plans. Some information and communications technology equipment needed updating. Outreach and learning activities were well supported. Information, advice and guidance did not meet the needs of prisoners. The library provided an appropriate service.*

3.7 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.8 The learning and skills strategy had been developed and prioritised the prison's plans to develop appropriate vocational training qualifications to support women into employment or further education on release. Internal departmental relationships were good. Most prisoners were engaged in meaningful activities although the range and level of vocational training programmes did not meet their individual needs. Participation rates in education, training and the workplace were reasonable, although many classes were not fully occupied. The provision required improvement.

3.9 Management information on prisoners' progress and achievements was poor and did not inform the changes needed to support programme developments. Quality improvement processes had improved but it was too early to judge the impact on the provision. The quality improvement group did not analyse achievement data and prisoners were not represented.

3.10 In education, the observation of the teaching and learning process was thorough but the prison did not focus enough on improving learning and identifying good practice. The self-

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

assessment report was broadly accurate and the learning and skills strategy and action plan linked well to the areas identified for improvement.

- 3.11 Staff recruitment was well managed. Staff shortages had affected progress in developments but the education manager had successfully prioritised actions. A good partnership arrangement with a national recruitment agency meant that the education manager could monitor the quality of teaching and training staff.
- 3.12 Equality and diversity was not promoted sufficiently well in learning sessions. Prisoners said they felt safe and respect between prisoners and staff was good; in the workshops women worked in an atmosphere of mutual respect. Health and safety had a high priority in vocational training and work areas.

Housekeeping point

- 3.13 Equality and diversity should be monitored more thoroughly through lesson plan objectives.

Provision of activities

- 3.14 The education department provided approximately 110 part-time places every day, which was sufficient for the population. The variety of education programmes was adequate and included literacy and numeracy, information communications technology (ICT), and English for speakers of other languages. Additional short courses were offered on rotation, such as units for literacy and numeracy qualifications, creative writing, parenting and health and social care. The chaplaincy offered non-accredited music courses. A few education courses were offered up to level 2, but there were insufficient progression opportunities for longer term prisoners or those who required it. Prisoners leaving early could gain unit accreditation. Twenty prisoners were taking Open University and distance learning courses. The Toe by Toe literacy scheme was well managed and around 70 women accessed well trained and enthusiastic tutor support each month. Prisoners were currently completing the Preparing to Teach in the Lifelong Learning Sector (PTLLS) qualification.
- 3.15 There were approximately 236 full-time jobs across the prison and workshops offered approximately 140 part-time places every day. There were sufficient employment places to occupy most of the prison population. Prisoners were employed in a range of mainly low-skilled, manual work. A small number of work places offered opportunities to develop higher level skills, such as hairdressing and jewellery making, but these were not accredited (see section on education and vocational achievements). A good partnership with an external organisation had helped women to develop industrial sewing skills, which were put to effective use on contracts with well-established retailers.
- 3.16 Induction to learning and skills was adequate, although the initial assessment of prisoners' literacy and numeracy was not sufficiently used to plan learning. Insufficient use was made of sentence plans to inform the action planning process.

Recommendation

- 3.17 **The prison should improve the range of education courses to provide better progression opportunities for longer-term prisoners or those who need it.**

Quality of provision

- 3.18** Teaching and learning were good. Most lessons were well planned and engaging, and prisoners made a good contribution to discussions. Tutors were suitably qualified and experienced and took appropriate account of prisoners' different learning styles. They made effective use of a wide range of learning resources, although some ICT equipment was dated. Assessments were appropriately planned with prisoners receiving clear feedback. Prisoners unable to attend education classes, such as those in the care and separation unit, were provided with good individual literacy and numeracy support, where needed. Learning support was particularly effective and well-trained prisoner learning support assistants provided in-class assistance. Prisoners on Open University and distance learning courses were well supported. No constructive use was made of the library to support learning.
- 3.19** Training was adequate and good attention was paid to health and safety. Learning environments were well managed and relationships and behaviour were good. Most women enjoyed their employment and training and worked purposefully in small groups or individually to complete tasks. They supported each other well. However, training was mainly by demonstration and practice. Teachers did not adequately explore prisoners' prior experience. Teachers often recorded the skills gained by individual women and rewarded them with internal certificates of competence. Individual learning plans (ILPs) were insufficiently informed by initial assessments and target setting was weak. Information advice and guidance did not meet the needs of women who wanted to go into employment, training or education on release.
- 3.20** Punctuality in the morning was reasonable in education, but afternoon classes often started late. Attendance was satisfactory, although classes were often disrupted by prisoners leaving or arriving from appointments elsewhere. Initial assessment outcomes were not fully analysed and there was no diagnostic assessment.
- 3.21** The quality of accommodation for teaching and learning was good and well maintained, although the training environment varied. Women working in the Stitch in Time sewing project benefited from a large, bright and well-ventilated workshop with a range of industrial standard sewing machines. A large social enterprise workshop made a range of good quality products for sale, such as cards, gift boxes and jewellery. The hairdressing salon provided an adequate, though rather dated, environment. Women employed in cleaning, painting and gardening worked on practical tasks throughout the prison. However, there was insufficient and often unsuitable classroom provision for demonstrations, training and theory work.

Recommendations

- 3.22** **Movements in education classes should be better managed to ensure less disruption.**
- 3.23** **Those on education courses should be able to make better, more constructive use of the library.**
- 3.24** **The initial assessment and planning of individual learning should be improved so that a clear and accurate record of progress and skills development can be made.**
- 3.25** **A wider information advice and guidance service should be introduced to support women seeking employment or further education opportunities on release.**

Housekeeping points

- 3.26** The quality and consistency of ILPs, particularly to record prisoners' progress, should be improved.
- 3.27** The prison should improve punctuality at education classes in the afternoons.

Education and vocational achievements

- 3.28** Achievement rates appeared low with pockets of good achievements, although there was no meaningful data to corroborate this. However, prisoners were making adequate progress. They developed good work skills in education, such as communication, and most demonstrated good standards of written work. In the workshops, women developed good skills related to the workplace, such as the safe use of tools, machinery and materials, as well as timekeeping and team working.
- 3.29** The prison offered women insufficient opportunities to obtain accredited vocational qualifications. Accredited courses were available in cleaning and textiles, but these were generally at a low level and often only individual units of qualifications. A basic, business-related qualification in the enterprise workshop was to be introduced. Well advanced plans were in place to start an online jewellery and card-making business. In cleaning, painting and decorating and gardening there was an insufficient focus on preparing women for potential self-employment on release, although the use of internal certificates of attendance and competency was quite widespread.
- 3.30** In hairdressing, a small number of women quickly mastered cutting and colouring techniques and worked with prisoner clients, but accreditation was not available so they could not receive a qualification in hairdressing or customer service. The Stitch in Time project was well organised and managed. A small group of women learned to use industrial standard sewing machines and worked well to produce high quality cotton dust bags and jewellery bags for well-known and respected outside businesses. This project had a clear focus on resettlement.

Recommendations

- 3.31** **Tutors and managers should collate, regularly analyse and use achievement data for education and accredited vocational courses so that they can identify trends and inform improvements.**
- 3.32** **Skills and experience gained through work should be identified, recorded and where possible, accredited.**

Library

- 3.33** The library was pleasant and comfortable. It was spacious and bright and prisoners had good computer access enabling them to write letters or browse legal materials. Opening hours were reasonable and prisoners in each house block could access the library twice a week, although there was no weekend service. Prisoners could request additional library access during the core day, but attendance often disrupted education sessions and work. The library appeared to be well used by around 60% of the population, but data was not analysed by house block or disability. Prisoners in the segregation and care unit were provided with a reasonable library trolley service. Storybook Mums (where prisoners record stories for their

children) and the book club were well established. A new manager had been employed and planned to re-introduce a variety of initiatives to encourage more prisoners to use the library.

- 3.34** There was a wide range of easy read and large print books, as well as an assortment in over 20 languages. A reasonable selection of DVDs and CDs was available for prisoners on the enhanced level. The range of books for vocational courses and employability was inadequate and the rotation of stock was poor, limiting the variety of materials available for longer-term prisoners. Books could be requested through the National Library loan service although in practice this was rarely used due to the costs involved. A small selection of daily newspapers and magazines was available. Prison Service Orders and legal texts were readily available to those who needed them.

Recommendation

- 3.35** **The range of learning material for those on vocational courses and for employability should be improved and the prison should consider regularly updating its book stock.**

Physical education and healthy living

Expected outcomes:

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

3.36 *Physical education (PE) facilities and access were good. The range of accredited programmes was insufficient and progression was poor and a longstanding management vacancy was delaying planned developments. There was a good variety of recreational activities and good teamwork between health care and PE staff. Healthy living and personal fitness were not promoted adequately among expectant mothers or those with new born babies at the prison.*

- 3.37** PE facilities were good and well maintained. A large sports hall and an outside sports pitch were also available. Women made good use the facilities throughout the week including evenings and weekends. Classes were available for those over the age of 40 or with poor mobility and for those employed for longer hours. Several women combined practical sessions with an accredited training programme.
- 3.38** PE was managed competently, although a longstanding vacancy for a senior member of staff had disrupted further developments, particularly of accredited training programmes. The one accredited training programme at entry level 3 did not even prepare women for basic employment in the fitness and leisure industry on release. A very small number of women progressed to the next course at level 1.
- 3.39** Enthusiastic staff worked well with prisoners. Induction to PE was thorough and included advice on diet, weight and smoking cessation. Good links with the prison health care department informed PE staff of each prisoner's fitness to participate in sporting activity.
- 3.40** The prison offered a reasonable range of recreational PE programmes, including matches at the prison with outside sports teams. There were too few wellbeing or relaxation classes to attract a wider range of women.

- 3.41** Healthy living and personal fitness were promoted, including a personal weight and diet programme. There was little promotion of healthy living among expectant mothers or those with new born babies at the prison. Women had access to showers. A satisfactory record of any injuries and accidents was maintained.

Recommendation

- 3.42** **Appropriate accredited training programmes should be developed to prepare women appropriately for employment on release.**

Housekeeping point

- 3.43** The prison should consider offering some recreational programmes in line with what is available outside the prison and that have a greater focus on wellbeing and relaxation.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *Overall, there was a good standard of resettlement provision in many areas, but the resettlement strategy was still not based on an adequate needs assessment and there was insufficient systematic service evaluation or development. Links between the offender management unit (OMU) and the resettlement department required improvement. Greater use of release on temporary licence (ROTL) was needed to support successful resettlement.*

4.2 An up-to-date needs assessment contained useful information about prisoners' views on resettlement. However, it did not include information on the assessed needs of prisoners, such as offender assessment system (OASys) data. It was good that the latest draft strategy listed the services available under each resettlement pathway, but there was also a need for action planning. The monthly resettlement meetings were well attended, but there was little evaluation of the service's effectiveness or planning to address identified areas for development.

4.3 The prison had released six prisoners on ROTL in the last 12 months, but this was a new initiative and there was scope for more prisoners to be released and eligibility to be broadened. For example, we saw no childcare resettlement leave or special purpose licences.

4.4 Links between the OMU and the public protection team were strong. However, coordination between the OMU and the resettlement team needed improvement to provide more holistic case management. Responsibilities were divided so that resettlement workers took the lead on resettlement pathway needs and offender supervisors administered sentence plans and wrote risk-based assessments. There was some tension over the division of work following a reorganisation; each team kept separate case records, which were routinely shared, but meetings between resettlement workers and offender supervisors did not always happen as intended.

4.5 In our survey, prisoners were less aware of who in the prison could help them on release than those in comparator prisons. Although there were some good initiatives to support a 'whole prison' approach to resettlement, including an annual resettlement fair and some imaginative job shadowing opportunities, these had not yet ensured that staff and prisoners had a good understanding of how each department worked and what services were available. Personal officers were not supporting resettlement work effectively.

Recommendation

- 4.6 The resettlement strategy should be based on the assessed needs of prisoners at Bronzefield, provide a clear strategic vision and contain action plans for each pathway.**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

4.7 *The enthusiastic team of offender supervisors lacked experience and confidence and this was reflected in the work. There was no senior risk management professional to provide effective leadership for the offender supervisors or the public protection team. However, public protection processes and categorisation decisions were generally sound. Indeterminate sentence prisoners received a reasonable service.*

- 4.8** All prisoners had a resettlement worker, but only those serving more than 12 months were allocated an offender supervisor. Only prisoners subject to sentence planning had a risk of harm assessment, but the cell-sharing risk assessment process and public protection screening were both robust and provided some assurances that serious risks were identified.
- 4.9** The prison had a contract with Blue Bay Support Services to prepare OASys and sentence plans. This arrangement meant offender supervisors missed a valuable opportunity to get to know the women for whom they were responsible. Some prisoners were not sure which offender supervisor was assigned to them and in our survey, women reported comparatively negatively about their involvement in the sentence planning process. As a result of the coordination weaknesses, Blue Bay staff wrote offender assessments without seeing records of the work that had already been carried out by resettlement workers (see section on strategic management of resettlement).
- 4.10** Available data suggested that sentence planning was broadly up to date, but, as the prison did not collate data on what sentence planning objectives had been set, it was not possible to judge how many women could complete their sentence plans at Bronzefield. In our survey, only 65% of women against the comparator of 82% felt that they could complete their sentence plans without transferring elsewhere, and HMI Probation identified that interventions had been delivered in only seven of 20 cases examined. This required further investigation.
- 4.11** The quality of sentence planning work was mixed. We saw some very good practice, for example, support for women with individual needs, but also some poor work, such as a failing to hold sentence planning boards. The team of offender supervisors was enthusiastic and willing, but on the whole relatively inexperienced, and some had not yet received key elements of their training. We saw a reluctance to challenge probation officers in the community, who produced poor or late work, or to become fully involved in discussions with offender managers. There was confusion within the team about targets for contact with prisoners, and caseloads were allocated by number rather than risk. Offender supervisors felt that their workloads were too high and that they could not reasonably achieve the targets set for them.

- 4.12** Although there was a quality assurance process, and offender supervisors had regular bilateral meetings with their line manager, these did not provide adequate management oversight of high risk cases. A more proactive and specialist management approach was necessary to develop fully the competence and confidence of the team.
- 4.13** The assessments prepared for prisoners being assessed for home detention curfew (HDC) were of a good quality and prompted good decision making and careful planning to support release. However, less than half of HDC decisions were made before prisoners' eligibility date (see section on reintegration planning).

Recommendations

- 4.14** To ensure continuity in case management, the completion of risk assessments deemed to be the responsibility of the prison should be completed by prison-based offender supervisors.
- 4.15** There should be routine management oversight of assessment and sentence planning in all high risk cases or those involving child protection issues.

Housekeeping points

- 4.16** Offender supervisors should attend and record all sentence planning boards.
- 4.17** HDC decisions should be made before the prisoner's eligibility date.

Public protection

- 4.18** All prisoners received a comprehensive public protection assessment. The safeguarding manager explained any necessary restrictions to prisoners in person and confirmed this in writing. Women presenting a risk to children could make applications to see named children. This process was carefully managed and there were no unnecessary delays. Some reviews of mail and telephone monitoring were overdue.
- 4.19** The fortnightly public protection meeting planned the safe release of high risk prisoners, but did not fulfil other important elements of its remit. In particular, it needed to ensure that all restrictions were regularly reviewed. We were concerned that the meeting was not chaired by a senior risk management professional and noted that the public protection policy was out of date.
- 4.20** Offender supervisors either attended or sent written contributions to all multi-agency public protection arrangements meetings, and the names of prisoners subject to restrictions were appropriately communicated across the prison. However, we had concerns about the absence of robust photographic identification processes for children visiting women posing a risk to children.

Recommendations

- 4.21** The public protection policy and the remit and chairmanship of the public protection meeting should be reviewed to reflect existing offender management arrangements.

4.22 There should be a rigorous photographic process for identifying children visiting women who pose child protection concerns.

Categorisation

4.23 Women were not routinely involved in categorisation decisions, unless open conditions were an option. All decisions were communicated to prisoners in writing, along with information on how to appeal. Twenty-three women had been granted open conditions, but the majority had chosen to remain at Bronzefield because it was more convenient for their visitors. There were no significant waiting lists for transfers.

Indeterminate sentence prisoners

4.24 The 31 indeterminate sentence prisoners were supported by an appropriately trained and experienced lifer manager. A team of trained lifer officers aimed to see each woman once a month, but this was not currently being achieved. Remand prisoners charged with very serious offences were given information about indeterminate sentences. Parole assessments and multi-agency lifer assessments were up to date.

4.25 Occasional consultation meetings for indeterminate sentence prisoners were held, but the arrangements were currently being reviewed after a gap of a few months. There were no family or lifer days, but indeterminate sentence prisoners could apply to have an extended visit in the family room, where they could share a meal and take photographs.

4.26 Women did not have the opportunity to practise independent living skills; however, the prison did not usually release indeterminate sentence prisoners. On the one occasion it did, work to ease the woman's transition into the community had been effective.

Reintegration planning

Expected outcomes:

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

4.27 *All women were allocated a resettlement worker and received an initial assessment and a custody plan, which was reviewed pre-release. There were some innovative processes to support prisoners post-release. Accommodation work was inspiring and employment, training and education provision was reasonable. Finance, benefit and debt support was good and children and families work was sound, but unremarkable. There was a good variety of non-accredited offending behaviour programmes. Counselling services were required to support survivors of domestic abuse. Work with sex workers was good.*

4.28 Resettlement workers prepared custody plans for all women based on their needs relating to: accommodation; education, training and employment; finance, benefit and debt; domestic violence, rape and abuse; and prostitution. Assessments for drugs and alcohol and health care were led by the relevant agency, but prisoners serving less than 12 months received no assessment of their attitudes, thinking or behaviour. We saw that this had occasionally led to prisoners being refused HDC because the risk assessment for release had identified a need for offending behaviour work that had not been identified earlier in the sentence.

- 4.29** Resettlement workers were in contact with women throughout their sentence, generally seeing them every six weeks. However, women responded negatively to questions in our survey about where to get help with resettlement issues (see question 13.12 in the survey summary), and this required further investigation.
- 4.30** Towards the end of the custodial period, prisoners were seen by their resettlement worker and representatives from other agencies to ensure that their release plans were appropriate. Each woman received a letter summarising the appointments and arrangements that had been made.
- 4.31** Prisoners were provided with donated clothing before release if necessary and other items, such as emergency food parcels were also available. A new scheme to provide prisoners with a mobile telephone number, so that they could receive messages, was being evaluated. On release, members could transfer their prison branch Women's Institute membership to their local branch, a potential source of support.

Recommendation

- 4.32 All convicted prisoners should have their needs assessed against the attitudes, thinking and behaviour pathway.**

Accommodation

- 4.33** During induction, prompt action was taken to safeguard or terminate tenancies and manage financial arrangements related to accommodation. Five per cent of women were released with no address, but we were satisfied that the well trained resettlement workers were making determined efforts to find accommodation, even for women who were very difficult to place. It was excellent that, where necessary, workers put in place a series of measures designed to minimise the risks of a woman being released with no address. This included making referrals to multiple support agencies, arranging for them to be collected from prison, accompanying them to appointments at homelessness units and supplying sleeping bags and warm clothing. We were very impressed with the work carried out in the pathway to ensure women were supported with their accommodation needs on release.

Education, training and employment

- 4.34** Arrangements for resettlement into education, training and work were reasonable. A small proportion of prisoners who were discharged had either applied for or entered education, training or employment. Women had appropriate access to a range of generally low level employability programmes that did not provide them with sufficient support to gain employment on release. Links with employers and the use of ROTL to secure jobs were underdeveloped but the prison was working to improve this. Relationships between staff in resettlement and education and at Jobcentre Plus were productive. The Stitch in Time sewing project had a clear resettlement focus. In the six months prior to inspection 38 prisoners were released into full- or part-time education and 33 into full- or part-time employment.
- 4.35** The prison had agreed to introduce a virtual campus (internet access for prisoners to community education, training and employment opportunities). There was no wider information, advice and guidance service to help prisoners enter education, training or work on release, although prisoners did receive help with CVs. The prison had developed

appropriate and realistic plans to extend the provision, for example, introducing a multi-skills centre and qualifications for the existing work skills programmes.

Recommendations

- 4.36** The prison should develop an appropriate range of practical and vocational programmes at the right level to help prisoners gain work on their release.
- 4.37** Links should be developed with employers based on a skills gap needs analysis in the geographical areas where prisoners are being released.

Health care

- 4.38** Weekly pre-release clinics provided good appropriate support, but there was no robust system for managing non-attendance. The mental health in-reach team started pre-release planning early and liaised with appropriate community services. The Women in Prison worker supported prisoners in the prison and after release, which was good practice. There was no palliative or end-of-life policy, but it was in advanced development.

Housekeeping points

- 4.39** There should be robust systems for managing non-attendance at the pre-release clinic to ensure all prisoners receive the support they require.
- 4.40** There should be a current evidence-based palliative and end-of-life policy.

Good practice

- 4.41** *The Women in Prison worker supported women in the prison and after release which helped them reintegrate into the community and access the services they needed.*

Drugs and alcohol

- 4.42** Links with community drug services had improved and a designated integrated drug treatment system (IDTS) administrator was now in post to ensure that prescription details were communicated to ensure treatment continued. The substance misuse service had developed good links with a wide range of drug intervention programme teams, who regularly visited women in the prison. Care plans demonstrated that women were provided with consistent harm reduction and overdose prevention information prior to release, and the team had successfully arranged a number of residential rehabilitation placements for women post-release.

Finance, benefit and debt

- 4.43** All prisoners were assessed on induction and offered help as appropriate. The resettlement workers were appropriately trained and worked with national debt agencies to ensure women received professional advice. Jobcentre Plus staff were available three days a week. Prisoners could receive help to open bank accounts with the Halifax and the prison had run a Stop Loan Sharks campaign for prisoners and their families. However, the money

management course run by education did not take place frequently enough to meet all needs.

Children, families and contact with the outside world

- 4.44** Two family support workers, one of whom worked for PACT, a national charity that supports people affected by imprisonment, provided prisoners and their families with support. They saw all prisoners on induction and worked with prisoners on an ongoing basis; however, this work was not fully integrated into the OMU or resettlement teams. The workers supported women through pre-adoption final visits and court proceedings, as well as helping their families with a wide range of issues. They ran the first Time to Connect course, helping women to understand the impact of their imprisonment on their children and to build relationships through play. No general relationship counselling was available (see section on additional resettlement services).
- 4.45** Although substantial data was gathered, the prison did not know which women were primary carers, whether they received visits from their children or how far they were from home. Neither was it possible to establish how many women had received a first visit within a week of their arrival at the prison. Attention to some of this data would have enabled the prison to identify service improvements.
- 4.46** In our survey, only 49% of prisoners against the comparator of 57% reported that staff had supported them to maintain contact with family and friends. We saw little evidence in prisoner case notes to suggest that wing staff were aware of prisoners' domestic circumstances.
- 4.47** Prisoners valued the 12 visiting days, which were run each year for children, their mothers and grandmothers only. The provision currently met demand. It was good that the visitors' centre remained open during these visits so that the carers accompanying the children had somewhere to go. We noted that the number of activities provided had declined significantly since our last inspection.
- 4.48** The visitors' centre was open early in the mornings for use by prisoners being discharged. Visitors booked in there and received information on community support services. Although the family support workers were usually present during this time, there was little information about the prison and no details about the consultation or complaint processes. We were told that the centre was closed about once a month at weekends because of staff shortages.
- 4.49** Visiting entitlements were generous for both remand and convicted prisoners, but the booking line was not staffed on a full-time basis. This was frustrating for both visitors and prisoners. However, after the first visit, prisoners could book their visits via the electronic pods. Visitors were positive about the conduct of visits staff, but we were concerned to see small children being searched routinely in the absence of intelligence to suggest it was necessary.
- 4.50** The visits room was clean and bright with a relaxed atmosphere, and refreshments were available. Physical contact was only allowed between adults at the beginning and end of a visit, but children could sit on their mother's lap throughout the visit.
- 4.51** Foreign national prisoners, those with close family abroad and those serving indeterminate sentences could exchange unused visiting orders for telephone credit, but this was not available to all prisoners.

Recommendations

- 4.52** Children and families pathway work should be fully integrated into the resettlement work of the prison and given a higher profile.
- 4.53** The provision of information in the visitors' centre should be improved and there should be details about the consultation and complaints processes.
- 4.54** Small children should not be searched unless there is compelling evidence to suggest it is necessary.

Attitudes, thinking and behaviour

- 4.55** Women could attend a variety of useful non-accredited offending behaviour courses, including A-Z and Self-Management, which helped them reflect and consider strategies for change. There were no significant waiting lists. In addition, the chaplaincy ran a victim awareness programme (see faith and religious activity). In our groups, prisoners told us that they valued the opportunities available.

Additional resettlement services

- 4.56** Staff in general, and resettlement workers in particular, were aware of issues raised by domestic violence and abuse. However, there were insufficient counselling opportunities to deal with needs (see recommendation 2.114). Prisoners who sought help were referred to the Power to Change course, which had been delivered twice and had been well received. Where possible, women were referred to local support groups before release.
- 4.57** Women who had been involved in prostitution were invited to a monthly Street Safe group, held in the chapel. Some chose to take part in a two-day safer sex course organised in partnership with the NHS, which was sometimes run exclusively for sex workers.
- 4.58** All new staff were given training on sex workers as part of their induction, and resettlement staff were members of the Slough Sex Workers' Action Group, which helped them build community links. On release, women returning to sex work were offered 'safe packs' which could be tailored to their needs. Resettlement staff also wanted to issue rape alarms and had developed a sensible (but so far unsuccessful) business case to provide them.

Housekeeping point

- 4.59** Women who were involved in sex work should be provided with a rape alarm on release.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendation

To NOMS

- 5.1** A national strategy for managing women with complex needs who cannot be supported in the prison's normal location should be developed. This should include providing a humane and properly resourced environment and regime for those women, as well as for restricted status women who fall into this category. (S42)

Main recommendations

To the governor

- 5.2** The prison should collate and analyse data about progress and achievements and robustly observe teaching and learning in order to drive improvements and identify good practice in learning and skills. (S43)
- 5.3** Work in offender management and resettlement should be more effectively integrated to promote holistic case management; all staff should be familiar with how the resettlement strategy is operated and prisoners should understand how they will be supported and by whom. (S44)

Recommendations

To NOMS

Courts, escort and transfers

- 5.4** More effective use should be made of court video links. (1.4)
- 5.5** Prisoners should return from court within a reasonable time after their hearing has ended, and should arrive at the prison early enough to allow their immediate needs to be dealt with and a period of settling in on the first night unit. (1.5)
- 5.6** Women prisoners should not be escorted to prison on vans shared with male prisoners. (1.6)

Recommendations

To the governor

Early days in custody

- 5.7** Night staff should know the location of all new arrivals and should speak to them to offer reassurance. (1.17)

Bullying and violence reduction

- 5.8** The findings from the perceptions of safety survey and our own related to victimisation should be analysed and action taken to address concerns identified. (1.27)
- 5.9** The new STEPS approach to reducing violence and antisocial behaviour should be underpinned by staff training with a particular emphasis on the role of the support worker. (1.28)

Self-harm and suicide

- 5.10** ACCT procedures should be improved. They should focus on individual needs and holistic care and should ensure that staff from relevant disciplines contribute to effective care plans. (1.36)

Security

- 5.11** The establishment should ensure that target searches and tests are undertaken within the required timeframe. (1.49)

Incentives and earned privileges

- 5.12** Women on the basic regime should be upgraded sooner than 28 days if their behaviour improves. (1.54)
- 5.13** Warnings should show a pattern of behaviour, and one warning should not automatically prevent a woman from being upgraded. (1.55)

Discipline

- 5.14** The segregation exercise yards should be less austere. (1.66)
- 5.15** Monitoring of segregation, adjudication and use of force should consider all the protected characteristics. (1.67)

Substance misuse

- 5.16** Clinical, substance misuse and mental health services should provide fully integrated care to women with drug/alcohol problems, and a dual diagnosis service should be developed. (1.73)
- 5.17** The prison should develop a supportive environment and a structured programme for women working towards recovery and actively consult service users in the process. (1.74)
- 5.18** The drug strategy policy should include alcohol services and contain up-to-date action plans. (1.75)

Residential units

- 5.19** Toilets in cells should have lids and be adequately screened from view. (2.8, repeated recommendation 2.6)
- 5.20** Kettles should be provided in cells. (2.9, repeated recommendation 8.6)

Mothers and babies

- 5.21** The MBU should not be staffed by a male officer at night. (2.21)
- 5.22** The regime in the MBU should be flexible enough to meet mothers' needs, for example, mothers should be able to cook for themselves and their babies. (2.22)

Staff-prisoner relationships

- 5.23** Efforts should be made to increase the proportion of women custody officers to 60%, the standard staffing rate target for women's prisons. (2.30, repeated recommendation 2.22)
- 5.24** A casework approach should be adopted to ensure that personal/spur officers understand the need to progress any issues identified, and make regular entries in case notes that also focus on resettlement issues. (2.31)

Equality and diversity

- 5.25** The equality policy should be based on a needs analysis of all protected characteristics. (2.38)
- 5.26** The diversity and inclusion team should satisfy itself of equality of outcomes by expanding the monitoring of diversity to cover all protected characteristics. (2.39)
- 5.27** Technology such as Skype should be introduced to help foreign national prisoners keep in touch with family abroad and residential officers should consistently use telephone interpreting services to communicate with foreign national women. (2.51)
- 5.28** The needs of women with disabilities should be met through appropriate identification procedures and regularly reviewed care plans and all staff should be aware of any prisoner requiring assistance in an emergency. (2.52)
- 5.29** There should be sufficient adapted cells to meet prisoners' needs. (2.53)
- 5.30** Senior managers should investigate and address with prisoners and staff the perceptions of some groups of women about victimisation, and the poorer outcomes identified in the survey. (2.54)
- 5.31** The specific needs of young adults should be identified and action taken to meet them. (2.55)

Health services

- 5.32** Staff should receive the training and support to report health care incidents using a confidential health care system and lessons from these should be shared with staff and prompt service review. (2.75)
- 5.33** Prisoners should have easy access to a female GP for any health issue. (2.76)
- 5.34** All health care rooms should meet current infection control standards. (2.77)
- 5.35** The clinical governance group should ensure the emergency equipment and emergency protocols meet the needs of the prison population. (2.78)
- 5.36** All nurses providing nurse triage should have completed triage training, patient-group direction training and use the agreed protocols. (2.87)

- 5.37** Patients with lifelong conditions should receive regular reviews that generate an evidence-based care plan from staff that are appropriately trained and supervised. (2.88)
- 5.38** The partnership board should investigate the high failure-to-attend rate and ensure it is reduced to less than 10%. (2.89)
- 5.39** The pharmacy should ensure that prisoners receive prescribed medication and leaflets promptly; it should have robust clinical governance arrangements underpinned by current ratified policies and procedures. (2.97)
- 5.40** There should be regular pharmacy-led clinics and medicines use reviews. (2.98)
- 5.41** All medication should be stored securely in locked drugs cabinets and trolleys should be fixed to the wall. (2.99)
- 5.42** The medicines and therapeutics committee should ensure named patient medication is used consistently. (2.100)
- 5.43** All medication that cannot be held in possession should be administered at times that ensure clinical efficacy. (2.101)
- 5.44** Medication administration records should be complete and issues relating to non-attendance should be consistently addressed. (2.102)
- 5.45** The patient group directions and simple remedies policies should be reviewed. (2.103)
- 5.46** The prescribing of drugs liable to abuse should be reviewed and action taken to address any problem areas. (2.104)
- 5.47** The partnership board should ensure there is a full range of local dental policies and procedures that are regularly reviewed. (2.110)
- 5.48** The dental surgery should comply with dental regulations HTM 01-05. (2.111)
- 5.49** Primary mental services should include access to counselling and appropriate ongoing support with regular reviews and evidence-based care from staff that are appropriately trained and supervised. (2.114)
- 5.50** The primary and secondary mental health teams should be integrated. (2.115)

Catering

- 5.51** Supervision of serveries should be improved. (2.122)

Learning and skills and work activities

- 5.52** The prison should improve the range of education courses to provide better progression opportunities for longer-term prisoners or those who need it. (3.17)
- 5.53** Movements in education classes should be better managed to ensure less disruption. (3.22)
- 5.54** Those on education courses should be able to make better, more constructive use of the library. (3.23)

- 5.55** The initial assessment and planning of individual learning should be improved so that a clear and accurate record of progress and skills development can be made. (3.24)
- 5.56** A wider information advice and guidance service should be introduced to support women seeking employment or further education opportunities on release. (3.25)
- 5.57** Tutors and managers should collate, regularly analyse and use achievement data for education and accredited vocational courses so that they can identify trends and inform improvements. (3.31)
- 5.58** Skills and experience gained through work should be identified, recorded and where possible, accredited. (3.32)
- 5.59** The range of learning material for those on vocational courses and for employability should be improved and the prison should consider regularly updating its book stock. (3.35)

Physical education and healthy living

- 5.60** Appropriate accredited training programmes should be developed to prepare women appropriately for employment on release. (3.42)

Strategic management of resettlement

- 5.61** The resettlement strategy should be based on the assessed needs of prisoners at Bronzefield, provide a clear strategic vision and contain action plans for each pathway. (4.6)

Offender management and planning

- 5.62** To ensure continuity in case management, the completion of risk assessments deemed to be the responsibility of the prison should be completed by prison-based offender supervisors. (4.14)
- 5.63** There should be routine management oversight of assessment and sentence planning in all high risk cases or those involving child protection issues. (4.14)
- 5.64** The public protection policy and the remit and chairmanship of the public protection meeting should be reviewed to reflect existing offender management arrangements. (4.21)
- 5.65** There should be a rigorous photographic process for identifying children visiting women who pose child protection concerns. (4.22)

Reintegration planning

- 5.66** All convicted prisoners should have their needs assessed against the attitudes, thinking and behaviour pathway. (4.32)
- 5.67** The prison should develop an appropriate range of practical and vocational programmes at the right level to help prisoners gain work on their release. (4.36)
- 5.68** Links should be developed with employers based on a skills gap needs analysis in the geographical areas where prisoners are being released. (4.37)
- 5.69** Children and families pathway work should be fully integrated into the resettlement work of the prison and given a higher profile. (4.52)

- 5.70** The provision of information in the visitors' centre should be improved and there should be details about the consultation and complaints processes. (4.53)
- 5.71** Small children should not be searched unless there is compelling evidence to suggest it is necessary. (4.54)

Housekeeping points

Courts, escort and transfers

- 5.72** Women should receive information about the prison at court. (1.7)

Early days in custody

- 5.73** Reception telephone calls should take place in private. (1.18)
- 5.74** Reception packs should automatically contain telephone credit. (1.19)
- 5.75** Prisoners should move through reception as quickly as possible. (1.20)

Discipline

- 5.76** Video cameras used to film planned use of force incidents should be checked every day to ensure they are functioning. (1.61)

Residential units

- 5.77** The prison should advise women prisoners about the policy for exchanging mattresses. (2.10)
- 5.78** Management quality checks of applications should cover all departments. (2.11)

Mothers and babies

- 5.79** The prison should review the shop product list for women and their babies in the mother and baby unit (MBU). (2.23)
- 5.80** A camera should be available in the MBU so women can record their babies' milestones and photograph babies as soon as they are born. (2.24)

Complaints

- 5.81** A senior manager should complete a quality check of complaints. (2.64)

Health services

- 5.82** Prisoners should be able to complain about health services through a confidential system accessible only to health care staff. (2.79)
- 5.83** All prisoners should have access to nurse triage clinics to ensure they do not experience excessive delays in receiving treatment. (2.80)

- 5.84** Prisoners should have easy confidential access to barrier protection. (2.81)
- 5.85** The use of out-of-hours' medical services should be recorded, monitored and reviewed. (2.90)
- 5.86** Pharmacy medicine management checks on the wings should be recorded. (2.105)
- 5.87** All medication should be stored in the correct boxes in an orderly manner and any out-of-date stock should be removed. (2.106)
- 5.88** Order books should be used to show the movement of controlled drugs within the establishment. (2.107)

Catering

- 5.89** The duty governor should check and comment on the food quality every day. (2.123)

Purchases

- 5.90** The prison should explore women's negative perceptions of the range of goods sold in the prison shop. (2.127)
- 5.91** All women should have access to catalogue orders. (2.128)

Time out of cell

- 5.92** A central record should be kept of the frequency and reasons for cancellations of exercise and association periods. (3.5)

Learning and skills and work activities

- 5.93** Equality and diversity should be monitored more thoroughly through lesson plan objectives. (3.13)
- 5.94** The quality and consistency of ILPs, particularly to record prisoners' progress, should be improved. (3.26)
- 5.95** The prison should improve punctuality at education classes in the afternoons. (3.27)

Physical education and healthy living

- 5.96** The prison should consider offering some recreational programmes in line with what is available outside the prison and that have a greater focus on wellbeing and relaxation. (3.43)

Offender management and planning

- 5.97** Offender supervisors should attend and record all sentence planning boards. (4.16)
- 5.98** HDC decisions should be made before the prisoner's eligibility date. (4.17)

Reintegration planning

- 5.99** There should be robust systems for managing non-attendance at the pre-release clinic to ensure all prisoners receive the support they require. (4.39)
- 5.100** There should be a current evidence-based palliative and end-of-life policy. (4.40)
- 5.101** Women who were involved in sex work should be provided with a rape alarm on release. (4.59)

Examples of good practice

- 5.102** The prison had developed an impressive and innovative range of high quality alcohol services. (1.76)
- 5.103** The forums for all nationalities provided foreign national prisoners with the opportunity to express their particular needs and share experiences. (2.40)
- 5.104** All officers were first aid- and defibrillator-trained, which allowed prisoners rapid access to appropriate emergency support. (2.82)
- 5.105** The prison shop manager worked closely with the safer custody team, supplying ad hoc canteen orders for women in need. (2.129)
- 5.106** The Women in Prison worker supported women in the prison and after release which helped them reintegrate into the community and access the services they needed. (4.41)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Elizabeth Tysoe	Inspector
Alissa Redmond	Senior researcher
Amy Radford	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Majella Pearce	Health services inspector
Sharon Monks	Pharmacist
Tim Brackpool	Care Quality Commission
Neil Edwards	Ofsted inspector
Linda Truscott	Ofsted inspector
Jen Walters	Ofsted inspector
Krystyna Findley	Offender management inspector
Keith Humphries	Offender management inspector
Ian Simpkins	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2010, reception was satisfactory but first night arrangements were not fully supportive. Most women felt safe and bullying was not a major issue. Levels of self-harm were high and most women at risk received good support but providing appropriate therapeutic interventions for women who self-harmed prolifically was difficult. The segregation unit was a decent facility but a small number of women, particularly restricted status women, remained confined for too long. Adjudications varied in the quality of inquiry. Clinical management for substance users had improved but was not yet operating effectively. Illegal drug use appeared relatively low. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

A range of counselling and other interventions should be developed to help reduce the level of self-harm, including intensive therapeutic support in a supportive environment for women who self-harm prolifically and some short-term interventions. (HP44)

Partially achieved

A national strategy for managing restricted status women should be developed to include providing a humane and properly resourced environment and regime for those women who cannot be supported and managed in normal prison conditions. (HP45)

Not achieved

Women prisoners with substance use problems should receive treatment in line with the integrated drug treatment model with suitable first night provision and flexible prescribing regimes based on individual needs. (HP46)

Partially achieved

Recommendations

Escort arrangements should ensure that women prisoners travel in appropriate and respectful conditions that take account of their individual needs and are not held in court cells for long periods. (1.7)

Partially achieved

Prisoners should be surveyed annually and consulted regularly about their experiences and perceptions of bullying and violence to inform the development of the violence reduction strategy. (3.11)

Partially achieved

Strip-searching on relocation to the segregation unit should take place only following an active risk assessment and should be appropriately authorised and logged. (7.8)

Achieved

All disciplinary charges should be thoroughly investigated, regardless of the prisoner's plea, before a finding is made by the adjudicator. Senior managers should routinely scrutinise adjudication records to ensure this is the case. (7.16)

Partially achieved

Use of force records and recorded planned removals should be routinely scrutinised by senior managers to ensure all use is appropriate and justified. (7.21)

Achieved

Multidisciplinary reviews for women remaining in the segregation unit for longer than 30 days should result in care plans that demonstrate a cohesive approach by all disciplines concerned in helping women to move from the segregation unit back to normal location. (7.27)

Achieved

A Prison Service operational director should personally review the case of any woman held in segregation for more than six months to satisfy themselves that ongoing segregation is necessary and humane. (7.28)

Achieved

Methadone administration should take place at a regular time and within a respectful environment. (3.68)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2010, staff-prisoner relationships were positive. There was no individual personal officer scheme but spur officers' entries in wing records showed good interaction and knowledge of women. Living conditions were very good but there was little satisfaction with the food. Applications were managed effectively and most complaints were answered satisfactorily. Some reasonable work across all the wider diversity areas was beginning. Race equality work and support for foreign national women were generally good but black and minority ethnic and foreign national women had poorer perceptions than others in a range of areas. The mother and baby unit was an excellent facility. Women were justifiably dissatisfied about the inadequate delivery of health services. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Procedures should be introduced on residential units which ensure that first night officers discuss and address with women any immediate needs or anxieties before women are locked up for the night and that night staff are appropriately briefed and check the well being of new arrivals. (HP43)

Partially achieved

The relatively poor perceptions expressed by black and minority ethnic and foreign national women in our survey should be explored in discussion with them and action taken where necessary. (HP47)

Not achieved

A full health needs assessment including mental health provision should be undertaken. This should include a full review of all health care staffing levels to ensure there are sufficient qualified nursing and other health professionals and administrative support to deliver a safe, decent and comprehensive health service that matches services in the community and meets the particular needs of women prisoners at Bronzefield. (HP48)

Achieved

Recommendations

A standard possessions list should be agreed for all women's prisons. (2.9)

Not achieved

Bunk beds should be equipped with ladders. (2.5)

Achieved

Toilets in cells should have lids and be adequately screened from view. (2.6)

Not achieved (Recommendation repeated, 2.8)

The length of time a woman has to be in the prison before being eligible to apply for enhanced status should be reduced. (7.37)

Partially achieved

Efforts should be made to increase the proportion of women prison custody officers to 60% - the standard staffing rate target for women's prisons. (2.22)

Partially achieved (Recommendation repeated, 2.30)

Personal/spur officers should routinely use interpreting services to communicate with women who do not speak or understand English well and managers should specifically check their entries to ensure they are of the same high standard as others. (2.29)

Partially achieved

A casework approach should be adopted to ensure that multiple personal/spur officers understand the need to progress any issues identified. (2.30)

Partially achieved

Kettles should be provided in cells. (8.6)

Not achieved (Recommendation repeated, 2.9)

The equality and inclusion team should satisfy itself of equality of outcomes by expanded monitoring of diversity areas in addition to ethnicity. (4.5)

Not achieved

All staff should be aware of prisoners currently or previously convicted of a racially aggravated offence. (4.15)

Not achieved

All staff, including spur/personal officers, should ensure foreign national women are not isolated by language barriers, use telephone interpreting services when necessary to communicate with them and record such use in wing files. (4.28)

Partially achieved

The needs of women with disabilities should be met through appropriate identification procedures and regularly reviewed care plans. (4.34)

Not achieved

All staff should be aware of any prisoner requiring assistance in an emergency. (4.35)

Not achieved

Prisoners with disabilities and unable to work and those who have reached retirement age should remain unlocked through the day. (4.36)

Not achieved

Procedures for dealing with complaints about staff should have the confidence of prisoners and complaints should be investigated and replied to by managers not immediately responsible for the member of staff concerned. (3.43)

Partially achieved

Sufficient office equipment including fax machines, photocopiers and computer terminals should be provided to support health care functions. (5.5)

Achieved

Staffing levels and working patterns, including nursing and administrative posts, should be sufficient to deliver a good quality comprehensive health service to women prisoners with appropriately qualified and trained staff. (5.14)

Partially achieved

A lead GP should be nominated to provide a single point of contact for the health care manager and to ensure consistent medical cover for prisoners. (5.15)

Achieved

Communication and co-ordination between health care services and individual staff should be improved as a priority. Measures to do this should include regular meetings of health staff including dental, pharmacy and GP representatives. (5.16)

Achieved

An appropriate and efficient appointment system should be introduced to allow all women to see a GP, including a female GP if requested, within a reasonable timescale consistent with NHS targets in the community. (5.25)

Partially achieved

A full review of pharmacy procedures should be undertaken to address the deficiencies identified and to ensure up-to-date and appropriate policies and practice to enable a satisfactory and safe service for women prisoners that so far as practicable allows them to take responsibility for their own medication. (5.33)

Partially achieved

A simple system should be introduced for patients to order and manage their own repeat medication. (5.34)

Achieved

Controlled drugs should always be administered by two health care staff, one of whom should be a registered nurse or doctor and, wherever possible, medicine rounds should be administered by two health care staff, one of whom should be a registered nurse. (5.35)

Achieved

All women prisoners should have access to the range of dental treatment and equipment equivalent to that provided in the NHS and in particular those with dental pain should be seen as soon as possible. Clear outcome measures should be agreed to ensure the quality of delivery. (5.47)

Achieved

Appropriate dental records with all baseline checks should be kept, with a system to allow the dentist to enter notes directly onto SystemOne. (5.48)

Achieved

Appropriate qualified nursing input should be provided for the care of inpatients. (5.54)

Achieved

A full assessment of primary mental health needs should be carried out and services provided to meet those needs. (5.60)

Partially achieved

Day services for women prisoners less able to cope with daily life on the house blocks should be provided. (5.61)

Achieved

Purposeful activity

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

At the last inspection, in 2010, time out of cell was mostly very good and most women were occupied in activities. Education and training was generally satisfactory. Courses in education were mostly at a low level, which met the needs of many women, but there was little for the small group of women who stayed longer or those already above level 1 literacy. The quality of some of the work had improved but there was relatively little formal accredited training or informal recognition of skills acquired. There was a satisfactory library service. PE provision was reasonably good but had suffered from some staffing shortages. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Appropriate education and training courses should be introduced to meet the range of needs and abilities, including for more able women and women who stay at the prison for longer periods. (HP49)

Partially achieved

Recommendations

Women should be able to have at least one hour in the open air each day. (6.47)

Achieved

Strategic management and quality improvement processes should be further developed to ensure there are coherent and clearly understood structures and that data are well used to identify participation and achievements of different groups and to improve provision. (6.10)

Partially achieved

The initial employment allocation process should ensure that prisoners' learning and skills needs are taken into account and where relevant contribute to sentence plan targets. (6.14)

Partially achieved

The prison should recognise and record the skills prisoners achieve in non-accredited work and training. (6.19)

Partially achieved

Arrangements should be made to ensure important education posts are not left vacant for significant periods. (6.26)

Partially achieved

Individual reviews should be held to set and monitor personalised and time-bound targets in education. (6.27)

Not achieved

PE should be actively promoted to all prisoners, particularly those women who do not participate regularly, with activities provided that meet their needs. (6.40)

Achieved

The PE department should have a clear strategy for its role in the prison, with targets well understood by staff. (6.41)

Not achieved

Resettlement

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

At the last inspection, in 2010, although there was no clear strategy document outlining the resettlement role of Bronzefield, some good development work had taken place across each of the resettlement pathways. Offender management arrangements were good and eligible women had sentence plans. Public protection work was sound. Basic custody plans had been developed for remanded and short-sentenced women but it was too early to judge their effectiveness. There was a lack of psychology support for lifers. Reintegration services were good and included some through-the-gate support. There was a good focus on helping women maintain contact with their children and families. Services for those with substance use problems were reasonably good and included alcohol but community drug workers did not always receive timely notification of methadone regimes to support women being released. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

An up-to-date resettlement policy should be produced based on the assessed needs of women prisoners at Bronzefield to provide a clear strategic vision of resettlement aims and actions for future development. (HP50)

Not achieved

Recommendations

The role of the prison as a first stage prison for women sentenced to life imprisonment should be clarified and resources allocated to reflect the provision in public sector first stage prisons. (9.39)

No longer relevant

Resettlement policy meetings should be held regularly and include attendance and feedback from each pathway lead. (9.9)

Achieved

Reception officers should know how to manage the initial telephone calls of women subject to public protection restrictions. (9.30)

Achieved

The prison should establish if there is sufficient need among its population for delivering a structured drug/alcohol programme. (9.59)

Not achieved

Prisoners should be able to exchange unused visiting orders for telephone credit. (9.69)

Partially achieved

Appendix III: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	14	304	68.83
Recall	1	10	2.38
Convicted unsentenced	1	21	4.76
Remand	5	100	22.73
Civil prisoners	0	0	
Detainees	1	5	1.30
Total	22	440	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	7	118	27.06
Less than 6 months	0	58	12.55
6 months to less than 12 months	2	22	5.19
12 months to less than 2 years	3	64	14.50
2 years to less than 4 years	4	81	18.40
4 years to less than 10 years	6	57	13.64
10 years and over (not life)	0	9	1.95
ISPP (indeterminate sentence for public protection)	0	4	0.87
Life	0	27	5.84
Total	22	440	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	22	4.76
21 years to 29 years	122	26.41
30 years to 39 years	152	32.90
40 years to 49 years	94	20.35
50 years to 59 years	54	11.69
60 years to 69 years	15	3.25
70 plus years	3	0.65
Please state maximum age here: 79		
Total	462	100

Nationality	18–20 yr olds	21 and over	%
British	15	317	71.86
Foreign nationals	7	122	27.92
Not stated	0	1	0.22
Total	22	440	100

Security category	18–20 yr olds	%	21 and over	%
Unsentenced	5	1.08	107	23.16
Unclassified	1	0.22	30	6.49
Closed	15	3.25	281	60.82
Open	1	0.22	22	4.76
Total	22	4.76	440	95.24

Ethnicity	18–20 yr olds	21 and over	%
White			
British	15	266	60.8
Irish	0	7	1.5
Gypsy/Irish Traveller	1	0	0.2
Other white	2	39	8.9
Mixed			
White and black Caribbean	0	16	3.5
White and black African	0	1	0.2
White and Asian	0	0	0
Other mixed	0	9	1.9
Asian or Asian British			
Indian	0	10	2.2
Pakistani	0	5	1.1
Bangladeshi	0	0	
Chinese	0	1	0.2
Other Asian	1	5	1.3
Black or black British			
Caribbean	0	24	5.2
African	3	35	8.2
Other black	0	10	2.2
Other ethnic group			
Arab	0	0	
Other ethnic group	0	10	2.2
Not stated	0	2	0.4
Total	22	440	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	
Church of England	2	72	16
Roman Catholic	3	64	14.5
Other Christian denominations	2	81	18
Muslim	1	17	3.9
Sikh	0	4	0.9
Hindu	1	4	1.1
Buddhist	0	9	1.9
Jewish	0	2	0.4
Other	0	3	0.6
Not stated	0	4	0.9
No religion	13	180	41.8
Total	22	440	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	0.89	74	21.96
1 month to 3 months	6	1.78	87	25.82
3 months to 6 months	4	1.19	64	18.99
6 months to 1 year	1	0.30	53	15.73
1 year to 2 years	1	0.30	33	9.79
2 years to 4 years	0	0.00	7	2.08
4 years or more	0	0.00	4	1.19
Total	15	4.45	322	95.55

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	5	1.48
Public protection cases <i>(This does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).</i>	1	16	5.04
Total	1	21	6.52

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	2.40	51	40.80
1 month to 3 months	2	1.60	32	25.60
3 months to 6 months	0	0.00	21	16.80
6 months to 1 year	1	0.80	9	7.20
1 year to 2 years	1	0.80	4	3.20
2 years to 4 years	0	0.00	1	0.80
4 years or more	0	0.00	0	
Total	7	5.6	118	94.4

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 8 April 2013 the prisoner population at HMP Bronzefield was 441. Using the method described above, questionnaires were distributed to a sample of 175 prisoners.

We received a total of 153 completed questionnaires, a response rate of 87%. This included one questionnaire completed via interview. Nine respondents refused to complete a questionnaire, nine questionnaires were not returned and four were returned blank.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
1	32
2	46
3	40
4	29
Mother and baby	2
Health care	2
Care and separation	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Bronzefield.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Bronzefield in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in seven local prisons since April 2008.
- The current survey responses from HMP Bronzefield in 2013 compared with the responses of prisoners surveyed at HMP Bronzefield in 2010.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		9 (6%)
	<i>21 - 29</i>		41 (27%)
	<i>30 - 39</i>		47 (31%)
	<i>40 - 49</i>		32 (21%)
	<i>50 - 59</i>		19 (13%)
	<i>60 - 69</i>		3 (2%)
	<i>70 and over</i>		1 (1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		107 (71%)
	<i>Yes - on recall</i>		6 (4%)
	<i>No - awaiting trial</i>		21 (14%)
	<i>No - awaiting sentence</i>		16 (11%)
	<i>No - awaiting deportation</i>		1 (1%)
Q1.4	How long is your sentence?		
	Not sentenced		38 (26%)
	<i>Less than 6 months</i>		24 (17%)
	<i>6 months to less than 1 year</i>		10 (7%)
	<i>1 year to less than 2 years</i>		18 (12%)
	<i>2 years to less than 4 years</i>		23 (16%)
	<i>4 years to less than 10 years</i>		16 (11%)
	<i>10 years or more</i>		2 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>		3 (2%)
	<i>Life</i>		11 (8%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		35 (23%)
	<i>No</i>		118 (77%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		147 (96%)
	<i>No</i>		6 (4%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		147 (96%)
	<i>No</i>		6 (4%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	82 (56%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	13 (9%)	<i>Mixed race - white and black Caribbean</i> 10 (7%)
	<i>Black or black British - Caribbean</i>	9 (6%)	<i>Mixed race - white and black African</i> 4 (3%)
	<i>Black or black British - African</i>	10 (7%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 3 (2%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i> 1 (1%)

<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	3 (2%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	13 (9%)
No	126 (91%)

Q1.10 What is your religion?

<i>None</i>	40 (26%)	<i>Hindu</i>	2 (1%)
<i>Church of England</i>	41 (27%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	25 (17%)	<i>Muslim</i>	11 (7%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	18 (12%)	<i>Other</i>	8 (5%)
<i>Buddhist</i>	5 (3%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	117 (79%)
<i>Homosexual/Gay</i>	8 (5%)
<i>Bisexual</i>	24 (16%)

Q1.12 Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs)

Yes	47 (31%)
No	104 (69%)

Q1.13 Are you a veteran (ex- armed services)?

Yes	2 (1%)
No	149 (99%)

Q1.14 Is this your first time in prison?

Yes	81 (54%)
No	70 (46%)

Q1.15 Do you have children under the age of 18?

Yes	72 (47%)
No	80 (53%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	78 (51%)
<i>2 hours or longer</i>	57 (38%)
<i>Don't remember</i>	17 (11%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	78 (52%)
Yes	28 (19%)
No	39 (26%)
<i>Don't remember</i>	4 (3%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	78 (52%)
Yes	6 (4%)
No	59 (39%)
<i>Don't remember</i>	7 (5%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		102 (67%)
	No		41 (27%)
	Don't remember		9 (6%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		123 (83%)
	No		23 (15%)
	Don't remember		3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		44 (29%)
	Well		77 (51%)
	Neither		23 (15%)
	Badly		5 (3%)
	Very badly		0 (0%)
	Don't remember		2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply)		
	Yes, someone told me		103 (69%)
	Yes, I received written information		5 (3%)
	No, I was not told anything		35 (23%)
	Don't remember		6 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		119 (79%)
	No		27 (18%)
	Don't remember		4 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		63 (42%)	
	2 hours or longer		74 (49%)	
	Don't remember		13 (9%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		131 (87%)	
	No		12 (8%)	
	Don't remember		7 (5%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		46 (31%)	
	Well		69 (46%)	
	Neither		21 (14%)	
	Badly		7 (5%)	
	Very badly		2 (1%)	
	Don't remember		4 (3%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply)			
	Loss of property	24 (17%)	Physical health	38 (26%)
	Housing problems	31 (21%)	Mental health	30 (21%)
	Contacting employers	2 (1%)	Needing protection from other prisoners	8 (6%)

	Contacting family	40 (28%)	Getting phone numbers	41 (28%)
	Childcare	5 (3%)	Other	7 (5%)
	Money worries	31 (21%)	Did not have any problems	43 (30%)
	Feeling depressed or suicidal	47 (32%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes			52 (37%)
	No			46 (33%)
	Did not have any problems			43 (30%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply)			
	Tobacco			112 (73%)
	A shower			57 (37%)
	A free telephone call			128 (84%)
	Something to eat			131 (86%)
	PIN phone credit			59 (39%)
	Toiletries/ basic items			119 (78%)
	Did not receive anything			0 (0%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply)			
	Chaplain			75 (51%)
	Someone from health services			107 (72%)
	A Listener/Samaritans			68 (46%)
	Prison shop/ canteen			58 (39%)
	Did not have access to any of these			19 (13%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply)			(Please
	What was going to happen to you			59 (42%)
	What support was available for people feeling depressed or suicidal			63 (45%)
	How to make routine requests (applications)			49 (35%)
	Your entitlement to visits			45 (32%)
	Health services			66 (47%)
	Chaplaincy			57 (40%)
	Not offered any information			48 (34%)
Q3.9	Did you feel safe on your first night here?			
	Yes			115 (77%)
	No			29 (19%)
	Don't remember			6 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?			
	Have not been on an induction course			13 (9%)
	Within the first week			118 (79%)
	More than a week			9 (6%)
	Don't remember			10 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?			
	Have not been on an induction course			13 (9%)
	Yes			85 (57%)
	No			42 (28%)
	Don't remember			10 (7%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	24 (16%)
	<i>Within the first week</i>	84 (57%)
	<i>More than a week</i>	15 (10%)
	<i>Don't remember</i>	25 (17%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	22 (15%)	50 (34%)	18 (12%)	28 (19%)	11 (8%) 17 (12%)
	<i>Attend legal visits?</i>	24 (18%)	56 (41%)	16 (12%)	9 (7%)	6 (4%) 25 (18%)
	<i>Get bail information?</i>	8 (7%)	21 (17%)	17 (14%)	18 (15%)	14 (11%) 45 (37%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					16 (11%)
	<i>Yes</i>					43 (29%)
	<i>No</i>					91 (61%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					74 (50%)
	<i>No</i>					5 (3%)
	<i>Don't know</i>					70 (47%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	129 (88%)	16 (11%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	127 (86%)	20 (14%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	136 (96%)	4 (3%)	2 (1%)		
	<i>Do you normally get cell cleaning materials every week?</i>	119 (82%)	23 (16%)	4(3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	95 (64%)	35 (24%)	18 (12%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	107 (75%)	33 (23%)	3 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	62 (43%)	50 (35%)	31 (22%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					6 (4%)
	<i>Good</i>					31 (21%)
	<i>Neither</i>					46 (31%)
	<i>Bad</i>					35 (24%)
	<i>Very bad</i>					29 (20%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					5 (3%)
	<i>Yes</i>					63 (43%)
	<i>No</i>					80 (54%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	<i>Yes</i>					91 (62%)
	<i>No</i>					15 (10%)
	<i>Don't know</i>					41 (28%)
Q4.8	Are your religious beliefs respected?					
	<i>Yes</i>					86 (58%)

No	13 (9%)
Don't know/ N/A	50 (34%)

Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	87 (58%)
	No	6 (4%)
	Don't know/ N/A	57 (38%)

Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	33 (22%)
	Very easy	41 (28%)
	Easy	42 (28%)
	Neither	6 (4%)
	Difficult	9 (6%)
	Very difficult	3 (2%)
	Don't know	14 (9%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	121 (83%)
	No	19 (13%)
	Don't know	6 (4%)

Q5.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option)			
		Not made one	Yes	No
	Are applications dealt with fairly?	15 (11%)	83 (61%)	39 (28%)
	Are applications dealt with quickly (within seven days)?	15 (11%)	53 (40%)	63 (48%)

Q5.3	Is it easy to make a complaint?	
	Yes	88 (63%)
	No	17 (12%)
	Don't know	35 (25%)

Q5.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)			
		Not made one	Yes	No
	Are complaints dealt with fairly?	59 (42%)	37 (26%)	45 (32%)
	Are complaints dealt with quickly (within seven days)?	59 (44%)	27 (20%)	48 (36%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	16 (11%)
	No	124 (89%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are	44 (31%)
	Very easy	26 (18%)
	Easy	39 (27%)
	Neither	22 (15%)
	Difficult	9 (6%)
	Very difficult	3 (2%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	15 (10%)
	Yes	74 (50%)
	No	36 (24%)
	<i>Don't know</i>	22 (15%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	15 (10%)
	Yes	74 (51%)
	No	28 (19%)
	<i>Don't know</i>	27 (19%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	3 (2%)
	No	141 (98%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	120 (90%)
	Very well	3 (2%)
	Well	5 (4%)
	Neither	4 (3%)
	Badly	1 (1%)
	Very badly	1 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	127 (86%)
	No	21 (14%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	121 (81%)
	No	28 (19%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	67 (46%)
	No	79 (54%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	32 (21%)
	Never	17 (11%)
	Rarely	23 (15%)
	Some of the time	47 (32%)
	Most of the time	22 (15%)
	All of the time	8 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	85 (59%)
	In the first week	30 (21%)
	More than a week	9 (6%)

Don't remember 21 (14%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 85 (64%)
 Very helpful 25 (19%)
 Helpful 15 (11%)
 Neither 4 (3%)
 Not very helpful 3 (2%)
 Not at all helpful 0 (0%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes 64 (44%)
 No 83 (56%)

Q8.2 Do you feel unsafe now?

Yes 24 (17%)
 No 116 (83%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply)

Never felt unsafe	82 (59%)	<i>At meal times</i>	8 (6%)
<i>Everywhere</i>	10 (7%)	<i>At health services</i>	12 (9%)
<i>Segregation unit</i>	2 (1%)	<i>Visits area</i>	8 (6%)
<i>Association areas</i>	11 (8%)	<i>In wing showers</i>	9 (6%)
<i>Reception area</i>	6 (4%)	<i>In gym showers</i>	4 (3%)
<i>At the gym</i>	9 (6%)	<i>In corridors/stairwells</i>	9 (6%)
<i>In an exercise yard</i>	13 (9%)	<i>On your landing/wing</i>	15 (11%)
<i>At work</i>	9 (6%)	<i>In your cell</i>	10 (7%)
<i>During movement</i>	28 (20%)	<i>At religious services</i>	4 (3%)
<i>At education</i>	16 (12%)		

Q8.4 Have you been victimised by other prisoners here?

Yes 62 (42%)
 No 87 (58%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	27 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	36 (24%)
<i>Having your canteen/property taken</i>	10 (7%)
<i>Medication</i>	9 (6%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	4 (3%)
<i>Your race or ethnic origin</i>	7 (5%)
<i>Your religion/religious beliefs</i>	2 (1%)
<i>Your nationality</i>	9 (6%)
<i>You are from a different part of the country than others</i>	7 (5%)
<i>You are from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	6 (4%)
<i>You have a disability</i>	7 (5%)
<i>You were new here</i>	15 (10%)
<i>Your offence/ crime</i>	13 (9%)
<i>Gang related issues</i>	4 (3%)

Q8.6	Have you been victimised by staff here?	
	Yes	44 (30%)
	No	102 (70%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)	
	<i>Insulting remarks (about you or your family or friends)</i>	15 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	19 (13%)
	<i>Medication</i>	11 (8%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	2 (1%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	8 (5%)
	<i>You were new here</i>	9 (6%)
	<i>Your offence/ crime</i>	4 (3%)
	<i>Gang related issues</i>	1 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	73 (56%)
	Yes	31 (24%)
	No	26 (20%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		Don't know	Very easy	Easy	Neither	Difficult	Very difficult
	The doctor	3 (2%)	7 (5%)	19 (13%)	19 (13%)	67 (46%)	30 (21%)
	The nurse	3 (2%)	14 (10%)	42 (29%)	36 (25%)	39 (27%)	10 (7%)
	The dentist	22 (15%)	7 (5%)	9 (6%)	9 (6%)	43 (30%)	52 (37%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		Not been	Very good	Good	Neither	Bad	Very bad
	The doctor	8 (6%)	11 (8%)	30 (21%)	20 (14%)	41 (28%)	35 (24%)
	The nurse	3 (2%)	19 (13%)	48 (34%)	27 (19%)	31 (22%)	14 (10%)
	The dentist	45 (33%)	13 (9%)	30 (22%)	17 (12%)	13 (9%)	19 (14%)
Q9.3	What do you think of the overall quality of the health services here?						
	Not been					3 (2%)	
	Very good					11 (8%)	
	Good					20 (14%)	
	Neither					26 (18%)	
	Bad					35 (25%)	
	Very bad					47 (33%)	
Q9.4	Are you currently taking medication?						
	Yes					110 (75%)	
	No					37 (25%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	Not taking medication	37 (26%)
	Yes, all my meds	21 (14%)
	Yes, some of my meds	42 (29%)
	No	45 (31%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes	78 (53%)
	No	69 (47%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	Do not have any emotional or mental health problems	69 (49%)
	Yes	33 (23%)
	No	40 (28%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	46 (32%)
	No	100 (68%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	32 (22%)
	No	113 (78%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	12 (8%)
	Easy	16 (11%)
	Neither	10 (7%)
	Difficult	8 (6%)
	Very difficult	11 (8%)
	Don't know	88 (61%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	0 (0%)
	Easy	3 (2%)
	Neither	1 (1%)
	Difficult	7 (5%)
	Very difficult	25 (17%)
	Don't know	107 (75%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	3 (2%)
	No	144 (98%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	4 (3%)
	No	142 (97%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	98 (67%)
	Yes	42 (29%)
	No	6 (4%)

Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)	
	<i>Did not / do not have an alcohol problem</i>	113 (79%)
	Yes	23 (16%)
	No	7 (5%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	96 (66%)
	Yes	37 (26%)
	No	12 (8%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		Don't know	Very Easy	Easy	Neither	Difficult	Very difficult
	Prison job	9 (6%)	30 (21%)	65 (46%)	14 (10%)	15 (11%)	7 (5%)
	Vocational or skills training	23 (18%)	18 (14%)	54 (42%)	17 (13%)	13 (10%)	5 (4%)
	Education (including basic skills)	11 (8%)	37 (28%)	66 (50%)	12 (9%)	4 (3%)	3 (2%)
	Offending behaviour programmes	48 (36%)	17 (13%)	31 (23%)	20 (15%)	10 (8%)	6 (5%)
Q11.2	Are you currently involved in the following? (Please tick all that apply)						
	<i>Not involved in any of these</i>					13 (9%)	
	Prison job					95 (67%)	
	Vocational or skills training					24 (17%)	
	Education (including basic skills)					51 (36%)	
	Offending behaviour programmes					21 (15%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		Not been involved	Yes	No		Don't know	
	Prison job	11 (9%)	60 (48%)	29 (23%)		26 (21%)	
	Vocational or skills training	15 (15%)	43 (43%)	23 (23%)		18 (18%)	
	Education (including basic skills)	9 (8%)	50 (47%)	27 (25%)		21 (20%)	
	Offending behaviour programmes	21 (23%)	38 (41%)	15 (16%)		19 (20%)	
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					8 (6%)	
	Never					11 (8%)	
	Less than once a week					42 (30%)	
	About once a week					46 (32%)	
	More than once a week					35 (25%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					12 (9%)	
	Yes					63 (45%)	
	No					64 (46%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					42 (30%)	
	0					40 (29%)	
	1 to 2					27 (19%)	
	3 to 5					26 (19%)	
	More than 5					5 (4%)	

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	33 (24%)
	0	35 (25%)
	1 to 2	43 (31%)
	3 to 5	21 (15%)
	More than 5	8 (6%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	26 (19%)
	0	12 (9%)
	1 to 2	21 (15%)
	3 to 5	26 (19%)
	More than 5	55 (39%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	11 (8%)
	2 to less than 4 hours	18 (13%)
	4 to less than 6 hours	18 (13%)
	6 to less than 8 hours	32 (23%)
	8 to less than 10 hours	29 (21%)
	10 hours or more	14 (10%)
	Don't know	16 (12%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	69 (49%)
	No	72 (51%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	54 (38%)
	No	89 (62%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	28 (20%)
	No	114 (80%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	20 (14%)
	Very easy	17 (12%)
	Easy	34 (24%)
	Neither	17 (12%)
	Difficult	24 (17%)
	Very difficult	25 (17%)
	Don't know	7 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	38 (26%)
	Yes	61 (42%)
	No	47 (32%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply)	
	Not sentenced/ NA	85 (60%)
	No contact	12 (8%)
	Letter	18 (13%)
	Phone	5 (4%)
	Visit	33 (23%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	59 (44%)
	No	74 (56%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	38 (26%)
	Yes	51 (35%)
	No	57 (39%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	95 (66%)
	Very involved	14 (10%)
	Involved	15 (10%)
	Neither	6 (4%)
	Not very involved	8 (6%)
	Not at all involved	7 (5%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply)	
	Do not have a sentence plan/ not sentenced	95 (68%)
	Nobody	13 (9%)
	Offender supervisor	20 (14%)
	Offender manager	13 (9%)
	Named/ personal officer	5 (4%)
	Staff from other departments	12 (9%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	95 (66%)
	Yes	32 (22%)
	No	6 (4%)
	Don't know	11 (8%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	95 (66%)
	Yes	11 (8%)
	No	19 (13%)
	Don't know	19 (13%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	95 (66%)
	Yes	14 (10%)
	No	11 (8%)
	Don't know	25 (17%)
Q13.10	Do you have a needs based custody plan?	
	Yes	10 (7%)
	No	62 (46%)
	Don't know	62 (46%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	29 (22%)
No	103 (78%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply)

	<i>Do not need help</i>	Yes	No
Employment	28 (22%)	32 (25%)	69 (53%)
Accommodation	34 (27%)	49 (39%)	43 (34%)
Benefits	27 (21%)	57 (44%)	46 (35%)
Finances	27 (23%)	26 (22%)	65 (55%)
Education	32 (27%)	26 (22%)	60 (51%)
Drugs and alcohol	45 (36%)	50 (40%)	30 (24%)

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

Not sentenced	38 (28%)
Yes	56 (41%)
No	42 (31%)

Main comparator and comparator to last time



Prisoner survey responses HMP Bronzefield 2013

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		153	959	153	164
SECTION 1: General information					
1.2	Are you under 21 years of age?	6%	12%	6%	11%
1.3	Are you sentenced?	75%	75%	75%	65%
1.3	Are you on recall?	4%	7%	4%	3%
1.4	Is your sentence less than 12 months?	23%	25%	23%	35%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	1%
1.5	Are you a foreign national?	23%	10%	23%	28%
1.6	Do you understand spoken English?	96%	100%	96%	
1.7	Do you understand written English?	96%	99%	96%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	32%	21%	32%	34%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	6%	9%	8%
1.1	Are you Muslim?	7%	6%	7%	4%
1.11	Are you homosexual/gay or bisexual?	21%	26%	21%	20%
1.12	Do you consider yourself to have a disability?	31%	19%	31%	21%
1.13	Are you a veteran (ex-armed services)?	1%	2%	1%	
1.14	Is this your first time in prison?	54%	45%	54%	56%
1.15	Do you have any children under the age of 18?	47%	54%	47%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	37%	31%	37%	25%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	40%	60%	40%	
2.3	Were you offered a toilet break?	8%	11%	8%	
2.4	Was the van clean?	67%	70%	67%	
2.5	Did you feel safe?	83%	79%	83%	
2.6	Were you treated well/very well by the escort staff?	80%	72%	80%	77%
2.7	Before you arrived here were you told that you were coming here?	69%	83%	69%	
2.7	Before you arrived here did you receive any written information about coming here?	3%	3%	3%	
2.8	When you first arrived here did your property arrive at the same time as you?	79%	81%	79%	79%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	42%	53%	42%	
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	85%	87%	88%
3.3	Were you treated well/very well in reception?	77%	68%	77%	67%
	When you first arrived:				
3.4	Did you have any problems?	70%	77%	70%	80%
3.4	Did you have any problems with loss of property?	17%	12%	17%	16%
3.4	Did you have any housing problems?	21%	29%	21%	29%
3.4	Did you have any problems contacting employers?	1%	4%	1%	6%
3.4	Did you have any problems contacting family?	28%	34%	28%	26%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	9%	3%	12%
3.4	Did you have any money worries?	21%	25%	21%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	32%	37%	32%	32%
3.4	Did you have any physical health problems?	26%	19%	26%	
3.4	Did you have any mental health problems?	21%	28%	21%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	7%	6%	7%
3.4	Did you have problems accessing phone numbers?	28%	27%	28%	31%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	53%	49%	53%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	73%	88%	73%	83%
3.6	A shower?	37%	47%	37%	41%
3.6	A free telephone call?	84%	83%	84%	86%
3.6	Something to eat?	86%	81%	86%	83%
3.6	PIN phone credit?	39%	36%	39%	
3.6	Toiletries/ basic items?	78%	72%	78%	

Main comparator and comparator to last time

Key to tables

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SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	51%	63%	51%	
3.7	Someone from health services?	72%	71%	72%	
3.7	A Listener/Samaritans?	46%	41%	46%	
3.7	Prison shop/ canteen?	39%	13%	39%	35%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	42%	51%	42%	61%
3.8	Support was available for people feeling depressed or suicidal?	45%	53%	45%	62%
3.8	How to make routine requests?	35%	39%	35%	47%
3.8	Your entitlement to visits?	32%	44%	32%	51%
3.8	Health services?	47%	51%	47%	53%
3.8	The chaplaincy?	40%	49%	40%	49%
3.9	Did you feel safe on your first night here?	77%	70%	77%	66%
3.10	Have you been on an induction course?	91%	85%	91%	91%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	62%	56%	62%	65%
3.12	Did you receive an education (skills for life) assessment?	84%	81%	84%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	49%	43%	49%	44%
4.1	Attend legal visits?	59%	59%	59%	58%
4.1	Get bail information?	24%	26%	24%	29%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	29%	40%	29%	25%
4.3	Can you get legal books in the library?	50%	36%	50%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	88%	58%	88%	70%
4.4	Are you normally able to have a shower every day?	86%	90%	86%	94%
4.4	Do you normally receive clean sheets every week?	96%	86%	96%	93%
4.4	Do you normally get cell cleaning materials every week?	82%	80%	82%	72%
4.4	Is your cell call bell normally answered within five minutes?	64%	45%	64%	70%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	63%	75%	68%
4.4	Can you normally get your stored property, if you need to?	43%	29%	43%	41%
4.5	Is the food in this prison good/very good?	25%	25%	25%	31%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	49%	43%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	65%	62%	71%
4.8	Are your religious beliefs are respected?	58%	60%	58%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	64%	58%	51%
4.10	Is it easy/very easy to attend religious services?	56%	53%	56%	

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	83%	86%	83%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	68%	62%	68%	71%
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	44%	46%	62%
5.3	Is it easy to make a complaint?	63%	66%	63%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	45%	41%	45%	38%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	36%	47%	36%	53%
5.5	Have you ever been prevented from making a complaint when you wanted to?	11%	17%	11%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	45%	29%	45%	36%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	51%	50%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	47%	51%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	6%	2%	5%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	58%	54%	58%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	86%	76%	86%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	79%	81%	83%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	46%	43%	46%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	26%	20%	30%
7.5	Do you have a personal officer?	41%	73%	41%	70%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	85%	71%	85%	79%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	44%	43%
8.2	Do you feel unsafe now?	17%	16%
8.4	Have you been victimised by other prisoners here?	42%	30%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	17%
8.5	Hit, kicked or assaulted you?	4%	8%
8.5	Sexually abused you?	2%	1%
8.5	Threatened or intimidated you?	24%	20%
8.5	Taken your canteen/property?	7%	7%
8.5	Victimised you because of medication?	6%	2%
8.5	Victimised you because of debt?	1%	2%
8.5	Victimised you because of drugs?	3%	5%
8.5	Victimised you because of your race or ethnic origin?	5%	4%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%
8.5	Victimised you because of your nationality?	6%	3%
8.5	Victimised you because you were from a different part of the country?	4%	3%
8.5	Victimised you because you are from a Traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	2%	3%
8.5	Victimised you because of your age?	4%	3%
8.5	Victimised you because you have a disability?	5%	3%
8.5	Victimised you because you were new here?	10%	9%
8.5	Victimised you because of your offence/crime?	9%	7%
8.5	Victimised you because of gang related issues?	3%	2%

HMP Bronzefield 2013	HMP Bronzefield 2010
44%	33%
17%	15%
42%	24%
18%	16%
4%	5%
2%	0%
24%	
7%	3%
6%	
1%	
3%	2%
5%	4%
1%	3%
6%	
5%	1%
0%	
2%	1%
4%	3%
5%	1%
10%	3%
9%	0%
3%	3%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	30%	19%	30%	20%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	8%	10%	7%
8.7	Hit, kicked or assaulted you?	1%	2%	1%	2%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	13%	8%	13%	
8.7	Victimised you because of medication?	8%	2%	8%	
8.7	Victimised you because of debt?	0%	1%	0%	
8.7	Victimised you because of drugs?	3%	2%	3%	2%
8.7	Victimised you because of your race or ethnic origin?	1%	2%	1%	4%
8.7	Victimised you because of your religion/religious beliefs?	3%	1%	3%	3%
8.7	Victimised you because of your nationality?	2%	2%	2%	
8.7	Victimised you because you were from a different part of the country?	3%	1%	3%	2%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	2%	3%	2%	1%
8.7	Victimised you because of your age?	1%	2%	1%	1%
8.7	Victimised you because you have a disability?	6%	2%	6%	2%
8.7	Victimised you because you were new here?	6%	4%	6%	3%
8.7	Victimised you because of your offence/crime?	3%	4%	3%	3%
8.7	Victimised you because of gang related issues?	1%	1%	1%	0%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	54%	54%	54%	55%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	34%	18%	11%
9.1	Is it easy/very easy to see the nurse?	39%	61%	40%	31%
9.1	Is it easy/very easy to see the dentist?	11%	16%	11%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	30%	52%	30%	32%
9.2	The nurse?	48%	65%	48%	47%
9.2	The dentist?	47%	44%	47%	29%
9.3	The overall quality of health services?	22%	47%	22%	21%
9.4	Are you currently taking medication?	75%	70%	75%	68%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	58%	66%	58%	
9.6	Do you have any emotional well being or mental health problems?	53%	48%	53%	42%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	45%	63%	45%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	31%	46%	31%	32%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	36%	22%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	19%	27%	19%	16%
10.4	Is it easy/very easy to get alcohol in this prison?	2%	2%	2%	
10.5	Have you developed a problem with drugs since you have been in this prison?	2%	8%	2%	2%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	3%	10%	3%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	88%	73%	88%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	77%	63%	77%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	75%	79%	75%	87%

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Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	68%	70%	68%	
11.1 Vocational or skills training?	55%	58%	55%	
11.1 Education (including basic skills)?	78%	67%	78%	
11.1 Offending behaviour programmes?	36%	42%	36%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	67%	56%	67%	63%
11.2 Vocational or skills training?	17%	15%	17%	18%
11.2 Education (including basic skills)?	36%	42%	36%	41%
11.2 Offending behaviour programmes?	15%	14%	15%	10%
11.3 Have you had a job while in this prison?	91%	81%	91%	86%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	52%	57%	52%	52%
11.3 Have you been involved in vocational or skills training while in this prison?	85%	68%	85%	75%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	51%	59%	51%	60%
11.3 Have you been involved in education while in this prison?	92%	83%	92%	88%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	51%	70%	51%	60%
11.3 Have you been involved in offending behaviour programmes while in this prison?	78%	66%	78%	68%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	53%	62%	53%	46%
11.4 Do you go to the library at least once a week?	57%	46%	57%	70%
11.5 Does the library have a wide enough range of materials to meet your needs?	45%	60%	45%	
11.6 Do you go to the gym three or more times a week?	22%	22%	22%	25%
11.7 Do you go outside for exercise three or more times a week?	21%	38%	21%	36%
11.8 Do you go on association more than five times each week?	39%	65%	39%	56%
11.9 Do you spend ten or more hours out of your cell on a weekday?	10%	15%	10%	22%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	49%	57%	49%	55%
12.2 Have you had any problems with sending or receiving mail?	38%	40%	38%	33%
12.3 Have you had any problems getting access to the telephones?	20%	23%	20%	20%
12.4 Is it easy/ very easy for your friends and family to get here?	35%	34%	35%	

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bronze field 2013	Local prisons comparator	HMP Bronze field 2013	HMP Bronze field 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	57%	85%	57%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	21%	27%	21%	
13.2	Contact by letter?	32%	24%	32%	
13.2	Contact by phone?	9%	10%	9%	
13.2	Contact by visit?	58%	59%	58%	
13.3	Do you have a named offender supervisor in this prison?	44%	83%	44%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	47%	54%	47%	46%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	58%	71%	58%	72%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	29%	29%	29%	
13.6	Offender supervisor?	45%	40%	45%	
13.6	Offender manager?	29%	37%	29%	
13.6	Named/ personal officer?	11%	20%	11%	
13.6	Staff from other departments?	27%	15%	27%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	65%	82%	65%	83%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	30%	23%	
13.9	Are there plans for you to achieve any of your targets in the community?	28%	39%	28%	
13.10	Do you have a needs based custody plan?	8%	9%	8%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	22%	24%	22%	23%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	32%	52%	32%	
13.12	Accommodation?	53%	62%	53%	
13.12	Benefits?	55%	67%	55%	
13.12	Finances?	29%	40%	29%	
13.12	Education?	30%	57%	30%	
13.12	Drugs and alcohol?	63%	70%	63%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	57%	60%	57%	51%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Bronzefield 2013

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		47	100	35	118
1.3	Are you sentenced?	66%	80%	63%	78%
1.5	Are you a foreign national?	51%	8%		
1.6	Do you understand spoken English?	93%	99%	86%	99%
1.7	Do you understand written English?	93%	99%	86%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			75%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	12%	12%	9%
1.1	Are you Muslim?	17%	2%	20%	4%
1.12	Do you consider yourself to have a disability?	21%	36%	12%	37%
1.13	Are you a veteran (ex-armed services)?	2%	0%	0%	2%
1.14	Is this your first time in prison?	67%	46%	86%	45%
2.6	Were you treated well/very well by the escort staff?	81%	81%	74%	82%
2.7	Before you arrived here were you told that you were coming here?	61%	73%	50%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	88%	86%	88%
3.3	Were you treated well/very well in reception?	79%	77%	77%	77%
3.4	Did you have any problems when you first arrived?	78%	67%	86%	66%
3.7	Did you have access to someone from health care when you first arrived here?	73%	72%	65%	74%
3.9	Did you feel safe on your first night here?	67%	83%	65%	80%
3.10	Have you been on an induction course?	89%	92%	91%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	47%	48%	50%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	87%	89%	83%	89%
4.4	Are you normally able to have a shower every day?	96%	82%	94%	84%
4.4	Is your cell call bell normally answered within five minutes?	70%	61%	63%	65%
4.5	Is the food in this prison good/very good?	30%	23%	27%	25%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	45%	27%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	69%	53%	65%
4.8	Do you feel your religious beliefs are respected?	76%	48%	77%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	68%	54%	71%	54%
5.1	Is it easy to make an application?	76%	86%	74%	86%
5.3	Is it easy to make a complaint?	53%	68%	60%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	52%	36%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	54%	34%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	2%	7%	1%
7.1	Do most staff, in this prison, treat you with respect?	87%	86%	86%	86%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	81%	77%	83%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	19%	6%	24%
7.4	Do you have a personal officer?	48%	40%	42%	41%
8.1	Have you ever felt unsafe here?	37%	48%	44%	44%
8.2	Do you feel unsafe now?	19%	16%	21%	16%
8.3	Have you been victimised by other prisoners?	36%	44%	55%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	28%	21%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	1%	18%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%	3%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	6%	21%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	5%	3%	5%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	27%	32%	39%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	16%	16%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	0%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	3%	3%	3%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%	7%	1%
8.7	Have you been victimised because you have a disability? (By staff)	5%	6%	3%	6%
9.1	Is it easy/very easy to see the doctor?	27%	14%	28%	15%
9.1	Is it easy/ very easy to see the nurse?	42%	38%	35%	40%
9.4	Are you currently taking medication?	67%	80%	69%	76%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	63%	35%	58%
10.3	Is it easy/very easy to get illegal drugs in this prison?	9%	23%	7%	23%
11.2	Are you currently working in the prison?	65%	70%	64%	68%
11.2	Are you currently undertaking vocational or skills training?	26%	12%	23%	15%
11.2	Are you currently in education (including basic skills)?	46%	31%	48%	33%
11.2	Are you currently taking part in an offending behaviour programme?	20%	13%	10%	16%
11.4	Do you go to the library at least once a week?	60%	57%	52%	59%
11.6	Do you go to the gym three or more times a week?	31%	17%	36%	19%
11.7	Do you go outside for exercise three or more times a week?	16%	24%	13%	23%
11.8	On average, do you go on association more than five times each week?	29%	46%	16%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	10%	7%	11%
12.2	Have you had any problems sending or receiving mail?	33%	39%	39%	38%
12.3	Have you had any problems getting access to the telephones?	18%	21%	26%	18%

Diversity analysis



Key question responses (disability, age over 50) HMP Bronzefield 2013

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		47	104	23	129
1.3	Are you sentenced?	77%	75%	82%	73%
1.5	Are you a foreign national?	9%	29%	30%	21%
1.6	Do you understand spoken English?	100%	94%	91%	97%
1.7	Do you understand written English?	100%	94%	91%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	22%	37%	48%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	10%	6%	10%
1.1	Are you Muslim?	7%	8%	5%	7%
1.12	Do you consider yourself to have a disability?			39%	30%
1.13	Are you a veteran (ex-armed services)?	4%	0%	5%	1%
1.14	Is this your first time in prison?	52%	55%	70%	50%
2.6	Were you treated well/very well by the escort staff?	81%	82%	82%	80%
2.7	Before you arrived here were you told that you were coming here?	72%	68%	73%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	91%	91%	87%
3.3	Were you treated well/very well in reception?	63%	83%	78%	77%
3.4	Did you have any problems when you first arrived?	89%	62%	68%	71%
3.7	Did you have access to someone from health care when you first arrived here?	66%	76%	56%	76%
3.9	Did you feel safe on your first night here?	70%	80%	74%	78%
3.10	Have you been on an induction course?	87%	93%	81%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	46%	52%	45%	50%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	90%	91%	87%
4.4	Are you normally able to have a shower every day?	87%	87%	86%	86%
4.4	Is your cell call bell normally answered within five minutes?	54%	68%	70%	63%
4.5	Is the food in this prison good/very good?	11%	31%	39%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	47%	37%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	64%	78%	60%
4.8	Do you feel your religious beliefs are respected?	47%	63%	65%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	63%	70%	56%
5.1	Is it easy to make an application?	80%	84%	81%	83%
5.3	Is it easy to make a complaint?	70%	59%	58%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	49%	65%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	50%	72%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%	5%	2%
7.1	Do most staff, in this prison, treat you with respect?	82%	88%	96%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	82%	81%	81%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	22%	21%	20%
7.4	Do you have a personal officer?	43%	41%	48%	41%
8.1	Have you ever felt unsafe here?	56%	37%	39%	45%
8.2	Do you feel unsafe now?	23%	14%	14%	18%
8.3	Have you been victimised by other prisoners?	56%	34%	39%	43%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	37%	18%	26%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	6%	5%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	5%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	8%	13%	5%
8.5	Have you been victimised because of your age? (By prisoners)	9%	2%	5%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	0%	9%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	40%	25%	26%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	22%	9%	9%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	1%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	2%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%	5%	2%
8.7	Have you been victimised because of your age? (By staff)	2%	1%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	16%	1%	9%	5%
9.1	Is it easy/very easy to see the doctor?	14%	20%	32%	16%
9.1	Is it easy/ very easy to see the nurse?	34%	41%	32%	41%
9.4	Are you currently taking medication?	93%	67%	91%	72%
9.6	Do you feel you have any emotional well being/mental health issues?	87%	38%	48%	55%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	17%	13%	21%
11.2	Are you currently working in the prison?	61%	70%	65%	68%
11.2	Are you currently undertaking vocational or skills training?	14%	17%	22%	16%
11.2	Are you currently in education (including basic skills)?	37%	36%	39%	35%
11.2	Are you currently taking part in an offending behaviour programme?	16%	14%	18%	14%
11.4	Do you go to the library at least once a week?	48%	62%	37%	61%
11.6	Do you go to the gym three or more times a week?	21%	23%	14%	24%
11.7	Do you go outside for exercise three or more times a week?	19%	22%	32%	19%
11.8	On average, do you go on association more than five times each week?	48%	36%	35%	40%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	11%	9%	11%
12.2	Have you had any problems sending or receiving mail?	41%	36%	18%	41%
12.3	Have you had any problems getting access to the telephones?	18%	20%	19%	19%

Diversity analysis



Key question responses (sexual orientation) HMP Bronzefield 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		32	117
1.3	Are you sentenced?	75%	75%
1.5	Are you a foreign national?	13%	25%
1.6	Do you understand spoken English?	97%	96%
1.7	Do you understand written English?	97%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	23%	5%
1.1	Are you Muslim?	3%	9%
1.12	Do you consider yourself to have a disability?	40%	28%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	44%	55%
2.6	Were you treated well/very well by the escort staff?	85%	79%
2.7	Before you arrived here were you told that you were coming here?	78%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	94%	85%
3.3	Were you treated well/very well in reception?	82%	75%
3.4	Did you have any problems when you first arrived?	73%	70%
3.7	Did you have access to someone from health care when you first arrived here?	86%	68%
3.9	Did you feel safe on your first night here?	85%	75%
3.10	Have you been on an induction course?	93%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	67%	45%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	93%	86%
4.4	Are you normally able to have a shower every day?	93%	84%
4.4	Is your cell call bell normally answered within five minutes?	69%	62%
4.5	Is the food in this prison good/very good?	14%	27%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	48%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	82%	57%
4.8	Do you feel your religious beliefs are respected?	62%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	58%
5.1	Is it easy to make an application?	97%	80%
5.3	Is it easy to make a complaint?	78%	58%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	63%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
7.1	Do most staff, in this prison, treat you with respect?	94%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	90%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	22%	19%
7.4	Do you have a personal officer?	53%	36%
8.1	Have you ever felt unsafe here?	42%	44%
8.2	Do you feel unsafe now?	16%	18%
8.3	Have you been victimised by other prisoners?	38%	43%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	26%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	7%	1%
8.5	Have you been victimised because of your age? (By prisoners)	3%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	5%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	35%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	3%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	1%
8.7	Have you been victimised because of your sexual orientation? (By staff)	7%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	7%	5%
9.1	Is it easy/very easy to see the doctor?	15%	16%
9.1	Is it easy/ very easy to see the nurse?	50%	34%
9.4	Are you currently taking medication?	90%	71%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	50%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	16%
11.2	Are you currently working in the prison?	84%	62%
11.2	Are you currently undertaking vocational or skills training?	20%	15%
11.2	Are you currently in education (including basic skills)?	20%	40%
11.2	Are you currently taking part in an offending behaviour programme?	30%	9%
11.4	Do you go to the library at least once a week?	60%	55%
11.6	do you go to the gym three or more times a week?	23%	22%
11.7	Do you go outside for exercise three or more times a week?	35%	17%
11.8	On average, do you go on association more than five times each week?	54%	35%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	11%
12.2	Have you had any problems sending or receiving mail?	36%	39%
12.3	Have you had any problems getting access to the telephones?	10%	23%