

Report on an announced inspection of

HMP Bullwood Hall

3 – 7 December 2007

by HM Chief Inspector of Prisons

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Introduction

Bullwood Hall was the second prison that was re-roled to hold only foreign national prisoners. From its opening in 1962 until mid-2006, it had always been a female establishment, holding adult and young women. In March, we published a report on the first foreign national prison, at Canterbury.

It was clear from this inspection that Bullwood Hall's transition to its new role had been more problematic and difficult than Canterbury's. The most acute problem had been in the area of resettlement. In the absence of any national guidance, regional and area managers had taken the view that no resettlement resources or strategy were needed, since all prisoners would face imminent deportation. This, however, was not the case. As at Canterbury, a significant proportion of prisoners were not deported, either because of the short length of their sentences combined with lengthy residence and ties in the UK, or because they were European Union (or in some cases even British) nationals. Even for those facing deportation, an effective strategy was needed, in order fully to utilise the facilitated returns scheme and to ensure that all practical steps and measures to reduce reoffending were in place. Belatedly, Bullwood Hall was developing a resettlement strategy. However, at the time of the inspection this was still aspirational, rather than actual, and this aspect of the prison's work was poor. Problems were exacerbated by weaknesses within the Border and Immigration Agency (now the UK Border Agency), which meant that decisions about whether or not a prisoner would be deported were made or communicated at too late a stage for effective planning.

Bullwood Hall was, nevertheless, a safe prison. Prisoners told us they felt safer there than in any other prison where they had been. There was little evidence of bullying or self-harm, and few problems with drugs. However, systems to monitor and support these areas were underdeveloped, and we were particularly concerned about this, given that the imminent doubling of cells in G wing might have consequences both for prisoners' safety and for the regime and facilities available to them.

Relationships between staff and prisoners were particularly good, and staff had adapted to their new population particularly well. There was, however, too little use of professional interpretation in areas where miscommunication might be critical – such as suicide prevention and adjudications. It was unfortunate also that there was no active foreign nationals strategy to assist staff, and further development was needed in diversity and cultural awareness training. Apart from unsafe dental equipment, healthcare services were good. The major problem relating to decency was the continued use of the ineffective and sometimes degrading and unsafe night sanitation system, which governed prisoners' access to toilets, and staff access to wings, at night.

There was a considerable amount for prisoners to do, and most were able to engage in useful education or activity. More vocational training, geared to prisoners' resettlement prospects, was needed, and some was planned. Prisoners were out of their cells for considerable periods, with regular access to association and exercise.

Overall, local managers and staff are to be congratulated on managing such a significant change of population, while retaining a positive and safe culture. However, the absence of a central strategy and guidance at national level had made their task much harder and had seriously inhibited effective resettlement work, for those prisoners released into the UK as well

as those being released abroad. As we have frequently said, national standards for the management and support of this group of prisoners are much-needed and long overdue.

Anne Owers
HM Chief Inspector of Prisons

April 2008

Fact page

Task of the establishment

HMP Bullwood Hall is a category C training prison taking all convicted foreign national prisoners serving four years or less, with two years or less to serve. No sexual or violent offenders are accepted.

Number held

184

Certified normal accommodation

180

Operational capacity

184

Last full inspection

8-12 December 2003

Brief history

HMP Bullwood Hall is situated between the village of Hockley and the town of Rayleigh, approximately seven miles from Southend-on-Sea on the Essex coast. The hall was a private dwelling built in extensive grounds at the turn of the 20th century. The estate was purchased by the Prison Commissioners in 1955. A closed female borstal was built in the new grounds and opened in 1962 and its role was extended in 1983 to hold adult female offenders. In June 2006, Bullwood Hall re-roled to a category C adult male foreign national prison.

Description of residential units

The residential living accommodation is made up of seven different wings. A, B and C wings are of a similar size, housing between 27 and 32 prisoners in single cells. D wing can house up to 30 and includes four double cells but some of its cells are out of commission as part of an overall window replacement programme. E and F wings are enhanced wings and can hold up to 13 and six prisoners respectively. None of the cells in these areas has integral sanitation. Prisoners located on A, B, C and D wings have to make use of a night sanitation system, while men on E and F wings are unlocked 24 hours a day and can use the communal toilet facilities. The six original buildings are 40 years old. G wing was built more recently in a 'quick build' design. G wing had originally been built to accommodate 40 prisoners in single cells, with en suite toilet and shower facilities. As a result of overcrowding within the prison estate, a plan is being introduced to double up all accommodation in G wing.

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- ... performing well against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- ... performing reasonably well against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.
- ... not performing sufficiently well against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- ... performing poorly against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

- HP3 Bullwood Hall was a safe and well-ordered prison and there were good outcomes in the major areas affecting prisoner safety. The reception area was cramped but the reception process was efficient and induction was thorough. There was little evidence of bullying and low levels of self-harm, although documentation and procedures

relating to both were underdeveloped. Security was proportionate and security systems effective. Conduct of adjudications was reasonable and the segregation unit was not often used. There were few problems with substance use. The planned substantial increase in the population of G wing had implications for safety. Bullwood Hall was performing well against this healthy prison test.

- HP4 Relationships between prisoners and escort staff were good, although prisoners often had little notice of transfer and little knowledge of Bullwood Hall's particular role or why they had been transferred there. Some had little time left to serve when they arrived, which undermined the prison's aim of preparing people for removal within a reasonable timeframe. The reception area was small and poorly laid out but prisoners moved quickly to the induction unit where interviews were more in-depth. Reception staff systematically tracked down missing property, and prisoner interpreters were often used to explain simple information. Prisoners reported positively on induction.

- HP5 There was little evidence of bullying but the policy had not been reviewed since the re-role. The newly-introduced strategy, based on 'promoting an acceptable community together' (PACT), was underpinned by good dynamic security but there were no effective interventions to challenge bullying behaviour. The few reported bullying incidents were not investigated thoroughly and there was no specific support for victims.

- HP6 The suicide and self-harm policy was comprehensive and there was little self-harm. Mental health in-reach and counselling services were available for those in need. However, the quality of assessment, care in custody and teamwork (ACCT) documents varied. Reviews were not always multidisciplinary and peer interpreters were inappropriately used. Nearly 20% of staff had yet to receive ACCT training. Safer community wing representatives acted as peer supporters but had no training or supervision. There were no safer cells or care suite and no night access to peer supporters. All night staff carried anti-ligature shears. They were unclear which keys were in their sealed emergency pouches and in what circumstances they could enter the wings.

- HP7 There were few security concerns and staff believed that reduced numbers of post-sentence detainees had promoted a calmer environment. However, there were some concerns about the implications of plans to double the population of G wing (see section on respect). The level of security finds was minimal and the high number of security information reports submitted in the previous six months suggested reasonably good security awareness. Trends analysis information provided to the safer community and senior management team meetings was of limited value owing to inconsistent statistical recording, although the regular security meetings used more accurate statistics.

- HP8 The level of adjudications was relatively low. Adjudications were generally conducted appropriately and prisoners were involved in the process, but the use of prisoner interpreters for hearings was unacceptable. Use of force was higher than in the only other foreign national prison but there was no evidence that it was used inappropriately. Attempts were made to de-escalate situations and the special cell was rarely used. The care and separation unit was clean and sparingly used. However, all prisoners were strip-searched on entering the unit without individual risk assessment.

- HP9 There was little evidence of drug use and few positive drug tests but there was scope for a secondary detoxification programme to ensure that relapsing prisoners did not have to transfer elsewhere. There was a good level of joint work between healthcare, mental health in-reach and counselling, assessment, referral, advice and throughcare (CARAT) services.

Respect

- HP10 Residential units were clean, although many showers and toilets were in poor condition and the night sanitation system was inadequate. The proposed doubling of G wing's population was likely to place a severe strain on its infrastructure. Staff-prisoner relationships were good and the personal officer scheme was developing well. The investigation of racist incidents was thorough. The foreign national prisoner strategy existed only in draft but was appropriate, although professional interpretation was not widely used. Prisoners were satisfied with the standard of catering and appreciative of faith provision. Complaints were dealt with promptly but responses were often inadequate. On-site immigration staff provided an improving service but information provided by external case holders was often late and of poor quality. Legal services were inadequate. Health services provision was generally good but dental equipment was unsafe. The prison was performing reasonably well against this healthy prison test.
- HP11 Cells were adequately decorated and furnished and most prisoners made an effort to keep them clean. A redecoration programme was ongoing but some shower and toilet areas remained in poor condition. Many people used the night sanitation system to obtain hot water, which meant some had to wait a long time to use the toilet. It was not unusual for the system to break down and there was scope to allow more prisoners to benefit from 24-hour unlock. The prospect of G wing doubling its population was a major concern for staff and prisoners and likely to impact substantially on the regime, restricting access to hot water, showers and telephones.
- HP12 Prisoners were addressed by their preferred names and reported good relationships with staff. In our survey, three-quarters said most staff treated them with respect but those with little English reported more problems. Personal officers received specific training and most prisoners found them helpful. Wing records showed regular personal officer entries and the quality of these was improving as a result of active management oversight. There was scope for personal officers to be more involved in the incentives and earned privileges (IEP) scheme, ACCT and some of the more practical elements of resettlement work. The IEP scheme itself was motivational but reviews were not automatic and relied on prisoners putting themselves forward.
- HP13 There was a good choice of food for different dietary needs and prisoners appreciated the standard of catering. Prisoners working in the kitchen were not specifically health screened and most had not been trained in basic food hygiene. The prison ran its own shop efficiently but the stock list was limited.
- HP14 The diversity strategy was being developed and did not yet include all aspects of diversity. A disability questionnaire was completed on arrival. The disability liaison officer had insufficient time for the role.

- HP15 The race equality officer was given too little time. Prisoner representative and race equality action team meetings took place regularly but were not always fully attended. Ethnic monitoring was analysed and disparities were followed up but the lack of nationality monitoring was a major omission. Few staff had received diversity training in the previous 12 months. Racist incident report forms were freely available on most wings. Investigations were thorough but it was not always clear what action had been taken when complaints were upheld. The foreign national prisoner needs strategy was good quality but still in draft, which was surprising given the prison's specialist role. Professional telephone interpreters were used regularly in healthcare but not in other parts of the prison.
- HP16 Immigration problems caused prisoners a great deal of anxiety. On-site immigration staff were responding more promptly to applications and holding regular surgeries on the wings. However, they were relatively inexperienced and did not receive consistent support from the Criminal Casework Directorate. Prisoners were unusually critical of on-site staff and alleged that they were pressured to sign forms issued in English that they did not understand. They reported significant unmet legal needs. There were relatively few legal visits, although the Immigration Advisory Service held weekly surgeries.
- HP17 Most prisoners said their religious beliefs were respected. There was a clear published programme of events and prisoners could attend without making a formal application. Provision for Muslim prisoners was inconsistent and there had been no Muslim chaplain to lead Friday prayers for the previous two weeks. There were plans to close the multi-faith room to provide more space for the increasing population on G wing and there was uncertainty about the quality of a replacement facility.
- HP18 Prisoners knew how to make applications and complaints but had little confidence in the process. Responses were usually prompt but the quality varied depending on who dealt with them. Few replies were polite and some failed to address the subject of the complaint or give a clear outcome.
- HP19 Health services provided an impressive range of clinical services. Significantly more prisoners surveyed than in comparator establishments said the overall quality of healthcare was good or very good. Prisoners were less positive about dental care. The dental service was good quality but the surgery was in urgent need of total refurbishment. Mental health provision was good but healthcare staff were not trained in the management of prisoners who had been victims of torture.

Purposeful activity

HP20 There were high levels of employment and good participation in education but accreditation of learning was low. Standards of teaching were satisfactory. There was good access to physical education. The library had a limited range of books in languages other than English and access was limited. Prisoners spent a significant period of the day out of cell, and exercise and association were rarely cancelled. The prison was performing reasonably well against this healthy prison test.

HP21 Levels of employment were high, and induction and allocation to work were satisfactory. Work attendance was good and language support was available in workshops.

- HP22 There were good strategies and planning systems for the development of education and training provision. Prisoner participation in learning and skills was high and teaching was generally satisfactory or better. English for speakers of other languages (ESOL) provision was appropriate and there was good teaching and learning in ESOL, literacy and numeracy. There was a good range of information and communication technology (ICT) courses.
- HP23 Some vocational courses were being piloted but there was little national accreditation to sustain and improve employability opportunities. Information, advice and guidance provision was insufficient throughout sentence and links to resettlement were underdeveloped. Only prisoners with their own funding could complete higher-level courses.
- HP24 There was good access to physical education, especially at weekends and in the evenings. However, many sessions ran under full capacity and the outdoor activities area was inadequate.
- HP25 The library had a limited number of books in languages other than English and some newspapers and magazines, but these did not meet the needs of many prisoners. There was a reasonable range of legal materials. All prisoners had an identified library period but there was no evening or weekend access and staff shortages had restricted access at other times.
- HP26 Prisoners reported being out of cells for about 10 hours a day on weekdays and roll checks confirmed that few were in cells during the working day. Daily exercise and association were predictable and rarely cancelled but there was no evening association at weekends.

Resettlement

HP27 Following the re-role, no resources had been provided for resettlement work and there was no guidance or support in developing this work. The resettlement strategy was mainly aspirational, and the needs analysis and services did not cover the whole population. Lack of certainty about immigration status and deportation, and the short stay of the population, also undermined effective planning and services. Offender assessments were not done in all appropriate cases and custody plans were of poor quality. There was scope for more use of the facilitated return and early removal schemes. The visitors' waiting area was a poor environment. Bullwood Hall was performing poorly against this healthy prison test.

- HP28 The resettlement policy had been produced a few months before the inspection and was mainly aspirational. A reducing underling action plan specifically for foreign national prisoners had not yet been developed. There had been an assumption at the time of the re-role that all foreign national prisoners would be deported and that resettlement resources would not therefore be required. However, it was clear that a substantial number of prisoners were released into the community. A comprehensive prisoner analysis had been completed in January 2007 but did not cover speakers of languages other than English and therefore was not representative of the population.
- HP29 The offender management model was undermined by a lack of coherent strategy for work specifically with foreign national prisoners. Offender assessment system

(OASys) assessments were completed on only a proportion of prisoners in scope, although the quality was generally good. Custody plans were completed for some with short sentences but were of poor quality.

- HP30 No accredited offending behaviour programmes were run but a locally-devised cognitive skills programme was delivered and undergoing accreditation. Prisoners found the course useful and the waiting list was not excessive. However, there may have been under-assessment of need given the limited completion of OASys and custody plans. Prisoners said they could not access interventions at other establishments. There were no sentence planning boards.
- HP31 Few prisoners had received D categorisation. Assessments did not take sufficient account of individual circumstances or the fact that not all were deported.
- HP32 All prisoners were assessed for home detention curfew regardless of current immigration status. As with re-categorisation, practice did not take sufficient account of individual circumstances. There was some use of the facilitated return and early removal scheme by the Border and Immigration Agency, with scope for more.
- HP33 There were few public protection cases but they were identified appropriately. Public protection policies were comprehensive. A category of 'raised risk' was applied in some cases where prisoners did not fit statutory risk criteria but it was not clear why this new category was necessary.
- HP34 Links to external employment, education and training agencies were in their infancy. A personal development course to support job search was provided by Milton Keynes College but there was no system to link the course to custody plans or pre-release assessment. Accommodation services for those being released into the UK were delivered by NACRO but there was no assistance for prisoners with money or debt problems. There were effective procedures for providing prisoners being released into the UK with medication, letters for GPs and ongoing mental healthcare if required.
- HP35 The drug and alcohol strategies were informed by a needs analysis but the latter was not repeated annually. The CARAT team was temporarily short staffed but offered an accessible and high-quality service. The voluntary testing scheme was well managed but there were no interventions for problem alcohol users.
- HP36 Access to telephones was generally adequate but international calls were expensive. Visitors were treated sensitively and the visits room offered a pleasant environment but the visitors' waiting room was unwelcoming. Bi-monthly family visits took place but there were few specific resettlement initiatives recognising the importance of family support.

Main recommendations

- HP37 The National Offender Management Service, in consultation with the UK Border Agency, should ensure that foreign national prisoners who fit the criteria for Bullwood Hall are transferred there early enough for adequate pre-discharge preparation to take place.
- HP38 There should be a national policy for the management and support of foreign national prisoners, which provides clear practice guidelines to establishments

and is supported by auditable standards, service level agreements or contractual requirements.

- HP39 The National Offender Management Service should give a clear strategic lead on offender management for foreign nationals, which ensures that risks are properly managed and that prisoners are adequately prepared for release or removal.
- HP40 Defensible decisions on whether or not to proceed to deportation or removal should be made and relayed as early as possible in sentence.
- HP41 The resettlement strategy should be implemented and should include consideration of the resettlement needs of prisoners who are resettling in the UK and abroad.
- HP42 A professional telephone interpreting service should be offered in sensitive matters such as adjudications and healthcare. Prisoner interpreters, subject to informed consent, should supplement and not replace this provision.
- HP43 The population of G wing should not be permanently increased.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Transfers to Bullwood Hall were often at short notice, leaving prisoners unprepared and confused. This also contributed to property loss, which reception staff alleviated by checking and tracking missing property promptly.
- 1.2 Bullwood Hall dealt with a number of escort contractors. Global Solutions Ltd (GSL) brought people from other prisons, Group 4 Securicor (G4S) took transferees from Bullwood Hall to immigration removal centres (IRCs) on behalf of the Border and Immigration Agency (BIA), and Serco took people to court. Staff described reasonable working relations with escorts, although BIA movement orders sometimes arrived or changed at short notice.
- 1.3 Prisoners said they had no problems with the escorts but would have appreciated more notice of transfer and more information. Nearly all those we asked had been told of their transfer only on that day. Some said they had been led to believe they were being moved to a category D open establishment or being released on an electronic tag. Transferees were not identified and managed by the Prison Service population management unit from a national database. Instead, a Bullwood Hall manager rang prisons in the south east to find prisoners, with mixed results. Some had little time left to serve when they arrived, which undermined the purpose of the prison, to prepare people for removal within a reasonable timeframe. In our survey, 80% of prisoners had six months or less to serve and two-thirds had sentences of less than two years.
- 1.4 Arriving at a foreign nationals prison geared to deportation or removal was startling for those who had received little warning, not least the occasional British citizens included in the drafts. Short notice meant they had no time to tell anyone of their move and contributed to property loss. In our survey, only 76%, well below the comparator¹ of 88%, said their property arrived with them. Sequential moves within a short space of time created disorientation for prisoners and difficulties for staff. One of the new arrivals we met had been held in a police cell because of prison overcrowding, followed by three successive prisons, before arriving at Bullwood Hall as a detainee. He had already been detained six weeks after the end of his short custodial sentence. His recently-closed assessment, care in custody and teamwork (ACCT) file revealed more than one self-harm attempt in the previous couple of months and was reopened. He was clearly in distress and staff decided that he should be allowed to settle into Bullwood Hall rather than being transferred out. He was one of two detainees who arrived on one day of the inspection with no evidence of security risk justifying continued detention in a prison rather than an immigration removal centre.

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

Recommendations

- 1.5 Prisoners should be given at least 24 hours' notice of planned transfer and the opportunity to inform family and legal representatives of their move.
- 1.6 Detainees held solely under Immigration Act powers should not be held in a prison other than on the basis of security risk.
- 1.7 Prisoners and detainees should not be subjected to successive moves with short notice within a short space of time.

First days in custody

Expected outcomes:

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

- 1.8 The confined reception area was not designed for the level of throughput. Documentation was checked closely for missing information. Cell-sharing risk assessments and reviews were thorough and prisoners were positive about the help and information they received on arrival. Prisoners reported positively on induction.

Reception and first night arrangements

- 1.9 The reception was very small and had a throughput of about 60 people a month. The Border and Immigration Agency's detainee escorting and population management unit (DEPMU) sometimes arranged for vans to arrive or depart at the same time, which exposed the limitations of the building. The holding room contained reading material and a television but could hold only a few prisoners. A corner was curtained off for searching but was uncomfortably close to staff and escorts of both sexes. A second, sterile holding room was similarly small. Both were clean. Between the two was a sequence of claustrophobic areas: a property store, a kitchen where staff or an orderly made hot drinks for new arrivals, and a tiny interview room used by the reception nurse. Reception staff had a second storage area but it was some distance away and shuttling between the two areas wasted time.
- 1.10 Initial interviews by prison and healthcare staff were brief but people quickly moved to the first night and induction unit for a more detailed and private interview. Arriving paperwork and property was thoroughly checked and missing items were chased without delay. Sometimes the sending prison had not transferred the complete file, inhibiting risk assessment at Bullwood Hall. The frequency of missing property complaints was such that staff had recently started marking on a board any discrepancies between the property list and arriving property, checked with the prisoner as he arrived. The board list was prioritised for immediate follow-up, prison to prison. Tracking was challenging even for experienced staff, particularly if a prisoner had moved between several prisons in a short time. Some prisons were slow to cooperate.

- 1.11 The reception orderly had been selected partly because he spoke a number of languages. The names of staff and prisoner interpreters were also listed on the prison intranet. They were often used to deliver general information but this was not always appropriate (see section on foreign national prisoners). Staff occasionally used a professional interpreting service.
- 1.12 An induction officer from C wing joined reception staff to meet new arrivals and check their paperwork, including any existing cell-sharing risk assessments. We observed an officer from C wing's trained team meeting a new arrival with a recently-closed ACCT file. She noticed that he had not had a post-closure review and arranged this.
- 1.13 All new arrivals were interviewed in private on C wing, where they spent the first week or two. They were also taken to healthcare for an interview. The reception process included a disability questionnaire. The purpose of the cell-sharing risk assessment was explained to prisoners. Few cells were shared and the allocation criteria precluded high-risk cases, but risk assessments were still done routinely. A few of the recent files had been marked as medium risk, followed with a risk minimisation interview, usually because the interviewee had indicated a history of substance use or because the full file had not been received. Individual file entries on C wing were frequent and recorded close observation.
- 1.14 In our survey, 76% of prisoners, significantly better than the comparator of 47%, said they had been given a free telephone call to anywhere in the world on arrival. They also received a £4 credit that included the value of an optional reception pack. Electronic transfer of account balances from the sending prison was usually completed the same or next day. Cells were clean and bedrolls and basic equipment were left ready for new arrivals. Some cell notice boards had been written on by previous occupants but were largely covered with notices of interest to new prisoners. Eighty-eight per cent, slightly higher than the comparator of 85%, said they had felt safe on their first night.
- 1.15 People being discharged with no bag of their own were given an inconspicuous black holdall for their possessions. According to figures provided by immigration staff, 51% of discharges had been transferred to another place of detention, 26% removed and 23% released.

Induction

- 1.16 The first two days of a five-day induction programme were devoted to showing people around and providing and reinforcing key information, sometimes in one-to-one interviews with the help of prisoner interpreters and Insiders (peer supporters) based on the unit. For those with poor English or poor literacy, the increasing stock of pictorial information was particularly useful. Subsequent days included interviews with other departments. Immigration staff interviewed everyone within two days of arrival. All programmed activities had to be signed off to ensure completion. People on C wing were out of their cells for most of the working day, apart from normal lunch and tea-time closures. The wing held staff-prisoner meetings most weeks.
- 1.17 In our survey and in groups, prisoners reported positively on the information and help they received during their first days at Bullwood Hall. Eighty-three per cent, against a comparator of 75%, said they had had induction in their first week and 73%, against a comparator of 60%, said it had covered everything they needed to know.

Recommendations

- 1.18 The reception area should be redesigned to be fit for present purposes as soon as possible.
- 1.19 In addition to the missing property board, reception staff should maintain a log tracking pursuit of missing property to identify weak spots over time.

Good practice

- 1.20 *Reception staff checked arriving property with the owner, marked discrepancies on a board, and promptly contacted sending establishments.*
- 1.21 *First night and induction staff explained and involved new prisoners in cell-sharing risk assessments, risk minimisation and the implications of perceived risk. For many, this was the first time in successive prisons that this had been explained.*

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 Personal living conditions were good. Cells were clean and reasonably well equipped, but many toilet and shower areas were in poor condition. A programme of refurbishment was underway. The night sanitation system was inefficient and unnecessarily restrictive. There were plans to double the population of G wing, which risked adversely affecting living conditions.
- 2.2 The living accommodation was made up of seven wings, A to G (see fact page). Cells were generally clean and quite well equipped. Many prisoners had painted their own cells. Each cell had a television, chair and cupboard. The furniture was in good condition and we saw no graffiti. A programme to replace cell windows was underway and the work appeared to be of a good standard. A few cells contained pictures of topless women and there appeared to be some confusion over the offensive displays policy. Prisoners were issued with privacy keys. Observation panels were free from obstruction. The cell bell system worked efficiently. The only two cells adapted for use by prisoners with disabilities were on G wing but the adaptation consisted only of installing a moveable arm rest next to the toilet (see section on diversity). Communal areas were generally clean. There was enough recreational equipment in the association areas, including table football, table tennis, pool and a reasonable range of board games.
- 2.3 There were plans to use all cells on G wing as doubles to cope with increasing numbers of prisoners. At the time of the inspection, G wing was where prisoners aspired to be because of its superior hygiene facilities (see below) but its association areas had limited space, the corridors were relatively narrow and its hot water system and telephone arrangements had been designed for a maximum of 40 prisoners. The plans therefore risked seriously reducing the overall living standards and increasing risk and tension, thereby affecting the safe operation of the unit.

Hygiene, clothing and possessions

- 2.4 Prisoners had access to cleaning materials and most maintained high standards of personal hygiene. In our survey, 93% of prisoners said they could shower every day. Ninety-six per cent, significantly better than the comparator of 85%, said they were able to collect fresh laundry every week. New mattresses and pillows were available when required and prisoners on enhanced status could buy their own duvets.
- 2.5 Many toilet and shower areas were in poor condition. This was particularly noticeable on D and E wings where there were missing tiles, flaking paint and corroded pipework. The showers on A wing had recently been upgraded as part of an ongoing refurbishment programme but, while the fittings were much improved, fundamental problems with poor drainage remained and resulted in continuing surface water. Much of the work undertaken elsewhere in the prison was similarly short-term and cosmetic.

- 2.6 Prisoners on E and F wings were unlocked 24 hours a day and could use the communal toilet facilities, and those on G wing had en suite toilets and showers. However, prisoners on A, B, C and D wings had to use the night sanitation system and many complained about this. The system entailed pressing a button to be put in a queue to be released one at a time for six minutes. How long someone had to wait depended on how many were in the queue but prisoners said it was not unusual to wait over half an hour. This was a particular problem for men with medical problems who needed to use the toilet more frequently. There were also problems in supervising those on suicide prevention measures (see paragraph 3.25). It was not uncommon for the system to break down and sometimes night staff used the manual override to unlock cells by hand, but this was time-consuming.
- 2.7 Some prisoners used the night sanitation system to access hot or cold water as there was no drinking water in the cells. Prisoners were issued with two-litre plastic jugs but had to buy their own hot water flasks costing over £7.

Recommendations

- 2.8 A regular programme of good quality refurbishment work should be carried out throughout the prison.
- 2.9 In-cell toilets or an alternative system to the current unsatisfactory arrangements should be introduced in order to provide 24-hour access to toilet facilities.
- 2.10 While the current night sanitation arrangements persist, more prisoners should be unlocked for 24 hours a day, and additional night staff should be deployed when there are technical problems with the night sanitation system to ensure that prisoners can access toilets without undue delay.
- 2.11 Prisoners should have better access to hot and cold water.

Housekeeping point

- 2.12 The offensive displays policy should be clarified and implemented consistently.

Staff-prisoner relationships

Expected outcomes:

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

- 2.13 Relationships between staff and prisoners were good, although prisoners with little or no English could be overlooked.

- 2.14 New arrivals were asked their preferred term of address on induction and this was included on cell cards together with language spoken and the name of the personal officer. The majority of staff respected this preference in talking to and writing about prisoners.

- 2.15 Trust was reinforced by issuing all prisoners with privacy keys and allowing men on E and F wings to be unlocked 24 hours a day. In our survey, 76% of prisoners said most staff treated them with respect and 80% said there was a member of staff they could turn to if they had a problem.
- 2.16 Difficulties arose where prisoners had little or no English (see section on foreign national prisoners). Some staff also had little understanding of the particular circumstances of foreign national prisoners, such as the pressures of facing an uncertain future at the end of sentence, or the prospect of forced return to a country where they might not feel safe.

Recommendation

- 2.17 Wing staff should receive training to help them understand the distinct needs of foreign national prisoners.

Personal officers

Expected outcomes:

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

- 2.18 The personal officer scheme worked well and there were plans for further improvement. Staff were committed to this area of work and prisoners found personal officers helpful.

- 2.19 Prisoners were allocated personal officers during induction. In our survey, 60% of prisoners, significantly better than the comparator of 31%, said they had met their personal officer in the first week and 59%, against a comparator of 47%, found their personal officers helpful.
- 2.20 A personal officer training programme was underway, with the aim that all officers would have completed it within 12 months. The training reflected the local personal officer policy, which clearly outlined the main elements of the role and described what was expected of staff. The personal officers we spoke to had a good understanding of their role and appeared committed to carrying it out.
- 2.21 Wing records showed personal officers made regular entries with weekly summaries. These mostly focused on wing-based behaviour, although management checks had resulted in broader contributions. Most of the support given by personal officers related to day-to-day business, such as helping to obtain missing property or to contact embassies. They were less involved in the incentives and earned privileges (IEP) scheme, assessment, care in custody and teamwork (ACCT) reviews and resettlement. There were plans to introduce monthly structured interviews between personal officers and their allocated prisoners to provide a framework for more detailed work.

Recommendation

- 2.22 The role of the personal officer should be extended to include more active involvement in specialist areas of work.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 There were few incidents of bullying or violence and prisoners said they felt safe. However, allegations of bullying were not dealt with appropriately. The role of safer community representatives and peer supporters was not sufficiently promoted and lacked clarity. The safer community management committee was not an effective vehicle for progress.
- 3.2 Prisoners reported little bullying or violence and almost all we spoke to said Bullwood Hall was a safe prison. Our survey findings also indicated lower levels of victimisation than the comparators in responses to almost all questions. Bullying was managed through the challenging anti-social behaviour (CAB) policy but this had not been reviewed since Bullwood Hall's re-role and did not address the needs of an entirely different population of foreign national prisoners.
- 3.3 The CAB policy operated in addition to a recently-developed policy based on the notion of promoting an acceptable community together (PACT). PACT was part of the comprehensive violence reduction policy and had some overlap with CAB but had not replaced it and staff had not been trained in it. This probably explained some of the inconsistencies in practice. PACT was predicated on good dynamic security, which was in place, and well-managed interventions such as mediation and restorative justice delivered by trained staff, which were not. There was a separate vulnerable prisoner strategy but it was not linked to PACT or the suicide and self-harm prevention policy and was not overseen by the safer community management committee. This weakened the coordination of the PACT and safer community approach.
- 3.4 The first stage of the CAB policy involved discreetly monitoring the alleged bully, the second stage resulted in increased monitoring and informing the alleged bully and the third stage involved objective-setting for the bully combined with loss of privileges and, in extreme cases, segregation. There had been 38 first-stage bully alerts in the previous 11 months. Of these, only three had progressed to the second stage. No prisoners had been managed on the third stage. Files contained only a log of observations, although most of these were quite detailed. No investigation into the allegation of bullying was recorded. Staff did not always follow the procedures as set out in the policy, with some cases closed on the authority of a manager rather than through a proper review process. Victim support plans were merely a record of monitoring the victim. No support was offered and there was no evidence that the victim had been spoken to.
- 3.5 An exit survey had been published in July 2007. Thirty-three prisoners had responded and 29 reported that they had not experienced bullying. Families and friends with concerns could leave messages on a Concern Line but this was not well promoted and was rarely used.

- 3.6 There was a system for investigating and monitoring unexplained or non-accidental injuries but none had been recorded in the previous 10 months. Only one prisoner had been located briefly in the segregation unit for his own protection before being moved to an establishment more able to meet his needs.
- 3.7 A monthly multidisciplinary safer community management team was responsible for overseeing the bullying and violence reduction and the suicide and self-harm prevention strategies. Key committee members did not always attend and some had not attended for three months. There was no representation from immigration or escort services. A wide range of management information was presented at meetings but it was not collated in a way that allowed easy identification of patterns or trends.
- 3.8 Each residential unit had a prisoner safer community representative, who attended the safer community management meetings regularly, although their individual contributions were limited. They had no job descriptions and there was no protocol or terms of reference setting out their responsibilities. Residential officers had only recently been appointed as wing safer community representatives but had not yet attended safer community management meetings. The detailed safer community action plan was reviewed and revised at each meeting, agreed actions were properly monitored and progress was made.
- 3.9 The prisoner safer community representatives also acted as peer supporters but had not been trained and received no staff supervision or support. Their role was not well promoted on all wings, with only some having their photographs displayed on wing notice boards. Nine volunteer prisoners had been trained as peer supporters just before the inspection but they had not become operational and few staff or prisoners knew of them. It was unclear how their role related to that of the untrained safer community representatives.

Recommendations

- 3.10 There should be a comprehensive policy, based on a needs analysis, that sets out how bullying will be dealt with and is clearly linked to the violence reduction strategy.
- 3.11 Staff should be trained in the revised bullying policy and violence reduction policy.
- 3.12 Mediation and restorative justice programmes delivered by trained staff should be developed to underpin the PACT policy.
- 3.13 The vulnerable prisoner strategy should be overseen by the safer community management committee and should be an integral part of other inter-related safety strategies.
- 3.14 The analysis of monitoring information should allow identification of patterns in bullying and self-harm.
- 3.15 All allegations of bullying should be properly investigated.
- 3.16 Victims of bullying should be properly supported through an agreed support plan.
- 3.17 The Concern Line should be more actively promoted through prominently-displayed notices in the visitors' waiting room and notices sent out with visiting orders and travel instructions.

- 3.18 Designated members of the safer community management committee should attend meetings.
- 3.19 The responsibilities of the prisoner safer community representatives, including their role as peer supporters, should be clarified and promoted more actively.

Self-harm and suicide

Expected outcomes:

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

- 3.20 There was effective management oversight of suicide and self-harm by the safer community management committee. There was a low incidence of self-harm, mostly related to anxiety about immigration issues. Assessment, care in custody and teamwork procedures were reasonably effective and prisoners at risk of self harm were offered a good range of support. Night staff did not have over-ride keys to wings, limiting their ability to respond quickly in an emergency.
- 3.21 The suicide and self-harm prevention strategy was comprehensive. There was regular management oversight of suicide and self-harm prevention by the safer community management committee. Analysis of self-harm data was limited to numbers each month and breakdown by ethnicity. It did not extend to an analysis of the reasons for opening an assessment, care in custody and teamwork (ACCT) document, but anxiety about immigration issues appeared to be the most prominent feature.
- 3.22 There were few incidents of self-harm. Sixty-four ACCTs had been opened in the previous 12 months. The number had been rising since August 2007 but remained small, with no more than four a month. The quality of ACCTs varied but was mostly reasonable and some assessments and care maps were very good. Some initial assessments lacked detail but generally covered the main issues. Care maps varied in quality and did not always cover all the issues set out in the initial assessment. Action points were appropriate, ensured accountability and were followed up in most cases. Staff observations were generally detailed and indicated a good level of interaction. There were no daytime entries by education or training staff. Post-closure reviews were not always carried out. A weekly quality assurance system had recently been introduced and there were regular management checks but both focused mainly on compliance with procedures rather than quality.
- 3.23 There were 16 trained ACCT assessors and 22 case managers. Nearly 20% of staff had not been trained in ACCT foundation and there was no refresher training. ACCT reviews were timely but not always multidisciplinary and often took place with the prisoner and wing staff only. The review we attended included representatives from the chaplaincy, the counselling, assessment, referral, advice and throughcare (CARAT) service, healthcare, immigration and three members of wing staff. The review was well conducted, with good input from staff who had a good knowledge of the prisoner. Peer interpreters were routinely used in ACCT reviews instead of professional interpreting services and this was not appropriate.

- 3.24 There was enough activity to occupy prisoners on ACCTs who needed it and a good range of support services included healthcare and mental health in-reach, the chaplaincy, peer supporters and a counselling service (see section on health services). Consideration of family as a source of support was rare. No peer support was available after lock-up at night and there were no safer cells or care suites. Handovers to night staff were reasonably efficient. All staff carried anti-ligature shears but night staff we spoke to did not know what they had in their sealed pouches or have over-ride keys to wings, which limited their ability to respond quickly enough to an emergency.
- 3.25 Apart from those requiring frequent observation, prisoners were managed on normal location, which presented difficulties at night because of the night sanitation arrangements (see section on residential units). Location on G wing was considered in the first instance as this was the only wing with in-cell sanitation. Prisoners requiring constant observation were held in the designated cell in healthcare and, in the absence of 24-hour healthcare cover, agency staff were usually employed. There was no central register of the use of the constant observation cell and the core records were not available as the prisoners had been transferred, presumably to establishments with 24-hour healthcare cover. Available records indicated that it had been used seven times in the previous 10 months but it was unclear how long prisoners had been held there.

Recommendations

- 3.26 The quality assurance system should be revised to ensure that the quality of initial assessment and care mapping is checked as well as compliance with procedures.
- 3.27 Analysis of self-harm data should be strengthened to include breakdown by reason, location, time of day, stage in sentence and nationality of the prisoner.
- 3.28 Family support should always be considered as part of care planning for prisoners at risk of self-harm.
- 3.29 Peer support should be available after prisoners are locked up at night and a care suite made available to support their work.
- 3.30 Detailed records should be maintained and retained when the constant observation cell is used and its use should be monitored by the safer community management committee.
- 3.31 Assessment, care in custody and teamwork (ACCT) reviews should be scheduled at times when key staff involved with the prisoner, including personal officers, are available to attend.
- 3.32 All staff should have ACCT foundation training and there should be a programme of refresher training.
- 3.33 Peer interpreters should be used in ACCT reviews only to support prisoners and to supplement, not replace, professional interpretation.

Housekeeping point

- 3.34 Education and training staff should contribute to monitoring records of prisoners on open ACCT documents.

Diversity

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

3.35 The diversity strategy was in the early stages of development. There was no disability equality scheme, no overall needs assessment and poor prisoner consultation. The disability officer was not given enough time for this work.

3.36 The diversity strategy was incomplete and only part published. It covered race equality, equal opportunities, disability and foreign national prisoners. The first two elements had been developed and the race equality section was comprehensive and well structured. The equal opportunities section was not sufficiently comprehensive, particularly for prisoners. The nominated equal opportunities officer was the diversity manager, and an equal opportunities committee chaired by the governor met quarterly. It was usually well attended and the minutes were clear with action points followed up, but the focus was on equal opportunities for staff only.

3.37 In our survey, 5% of prisoners said they were gay or bisexual. There was no monitoring of prisoners with disabilities or older prisoners. A diversity orderly had recently been appointed but his role was not well developed. A disability liaison officer (DLO) had been identified but had not been trained and had difficulty having any time for disability work: she had been given only three short early shifts in the previous five months to work on disability issues. Disability awareness and diversity training for staff was poor (see section on race equality).

3.38 Prisoners on induction were given a comprehensive disability questionnaire, which was then placed in their wing history files. The induction officer also put an entry on the local inmate database system (LIDS). At the time of the inspection, 17 prisoners were identified as having a disability, but as some of them had not declared a disability in the questionnaire, it was unclear why they were so identified.

3.39 The wing history files of prisoners with a declared disability had no support or care plans other than some drawn up by healthcare. One healthcare entry had asked staff to allow an extra mattress to be placed on the floor next to the bed of an epileptic prisoner. Action plans were being developed but none were available. The previous DLO had organised a well-attended disability meeting with prisoners to introduce the new DLO and solicit views on how their regime could be improved. No other meetings had been held and none were planned.

3.40 There was no disability equality scheme. Two cells on the ground floor on G wing had been identified as suitable for prisoners with disabilities but they were not fully accessible to wheelchairs, the showers had no seat or hand rail, the electric sockets had not been adapted and G wing was furthest from reception. A portable induction loop had recently been purchased to aid communication with people with hearing difficulties. It could be used anywhere in the prison including the visits room.

3.41 An excellent presentation about disability on one notice board of E wing highlighted a range of issues and included a photograph of the DLO. It had not been replicated elsewhere in the establishment. Remedial gym was available and healthcare completed separate checks (see

section on health services) but communication between healthcare and the diversity manager or DLO was poor. Access to education was reasonable but some classrooms and the library were on the first floor.

Recommendations

- 3.42 The diversity strategy should be completed and include consideration of the needs of older prisoners, prisoners with disabilities and gay prisoners. It should include a disability equality scheme that involves prisoner needs assessment.
- 3.43 The role of the diversity orderly should be clearly defined and promoted.
- 3.44 The disability liaison officer should be given profiled time sufficient for the work.
- 3.45 The cells identified for prisoners with disabilities should be properly assessed and made suitable.
- 3.46 There should be regular diversity awareness training.
- 3.47 There should be regular minuted diversity meetings that include prisoner representation and consideration of prisoner issues.
- 3.48 Prisoners with disabilities should be correctly identified, and support and care plans should be completed for each individual.

Housekeeping point

- 3.49 There should be formal links between the diversity manager, the disability liaison officer and healthcare.

Race equality

Expected outcomes:

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

3.50 Race equality was reasonably well managed. The race equality action team met regularly and analysed monitoring data. Since the re-role to a foreign nationals prison, there had not been enough staff training to raise awareness of cultural diversity. Racist incidents were thoroughly investigated. Prisoners said they were treated respectfully and had confidence in race equality procedures.

- 3.51 The recently-created post of diversity manager (a principal officer) was beginning to provide necessary management and coordination to diversity. The race equality action team (REAT) met monthly chaired by the governor or deputy governor. It was usually well attended and most areas were represented, including the immigration manager. Under a partnership agreement, the Essex Racial Equality Council (EREC) attended meetings and offered assistance such as independent scrutiny and training development. However, residential race equality officers had not been identified and officers were rarely present.

- 3.52 Nine of the 15 permanent members of the REAT had been trained in race equality in 2007. Three training sessions had been organised for staff when the prison re-roled in June 2006. These had been delivered to 35% of staff by the Prison Service and the Border and Immigration Agency (BIA) but the sessions were too brief to give staff the knowledge and confidence to deal with the complex needs of foreign national and black and minority ethnic prisoners. Twenty-six members of staff had received diversity awareness training in October 2007 from a specialist external company. The EREC had also delivered some diversity training to prisoners in September 2007.
- 3.53 Prisoners reported appropriate treatment and confident and positive engagement with staff. The interactions we observed were respectful and prisoners from different racial and ethnic groups willingly approached staff. Staff were responsive to different needs, and inappropriate language and conduct were challenged. Many prisoners had been placed on report for using inappropriate language, and racist incident reports were completed appropriately.
- 3.54 The race equality officer (REO), who had recently received the REO training, worked to the diversity manager but was provided with only 16 hours a week for this work. The REO and the race equality representatives were well advertised throughout the prison. The prisoner representatives met monthly with the REO to discuss general issues but meetings lacked a set agenda and action points were not clearly identified or followed up. The diversity manager had recently started to attend these meetings, providing necessary managerial support, and a member of the EREC also attended. The prisoner representatives usually attended the monthly REAT meetings.
- 3.55 The diversity manager and the REO did not attend violence reduction strategy meetings and violence reduction was not an agenda point at REAT meetings. All incidents within the prison were recorded in wing observation books. The orderly officer checked all entries and ensured that actions were identified but the system was not comprehensive and an incident could be overlooked.
- 3.56 Standard Prison Service data monitoring of the black and minority ethnic population was undertaken monthly. This was considered by the REAT committee, with warnings and action points discussed. Actions were clear and followed up, repeat actions were carefully analysed and further reports considered on areas for evidence of decisions taken. Nationality monitoring was not undertaken, although this had been discussed at REAT meetings.

Managing racist incidents

- 3.57 Racist incident report forms (RIRFs) were freely available on all wings apart from G wing, the gate and visits. They were accompanied by confidential envelopes and secure yellow boxes were provided for completed forms. Forms were available in a number of languages but some were bad photocopies. The Independent Monitoring Board had checked 15% of RIRFs but plans for regular independent scrutiny by the EREC were yet to be implemented.
- 3.58 There had been 45 RIRFs to date in 2007, 29 of which had been submitted in the previous six months. These were investigated thoroughly. We found one that had been written in Albanian, translated professionally and completed properly within timescales. Relevant people were interviewed and a comprehensive summary of the incident with recent history was included, as were findings and conclusions. Individual interview transcripts were not kept. Until recently, investigations had been completed in good time but the REO had no effective cover. Completed investigations went to the governor or his deputy for conclusion and actions. A small number of investigations identified some staff who may have acted inappropriately, but no further action was proposed or taken.

- 3.59 The REO's conclusions were issued to the complainant and in some cases to those interviewed but were inappropriately written in the third person. The REO had undertaken some one-to-one work with prisoners who had displayed racist behaviour, but what this involved and how it was documented were unclear.

Race equality duty

- 3.60 Impact assessments were considered at the REAT and equal opportunities meetings. All mandatory impact assessments had been completed but some were unsatisfactory and were being re-done. Others had been reassessed by the area diversity lead and found to be acceptable.
- 3.61 New receptions were assessed on induction and the night orderly officer checked their records for any previous convictions indicating a history of racism. This information was passed to the safer custody team and the offender management unit.
- 3.62 Some cultural events had been held in 2007, including most recently to mark black history month. More could have been done, particularly given the good relations with the EREC. Displays around the prison did not reflect the diversity of the population.

Recommendations

- 3.63 Residential staff and prisoner representatives should attend race equality action team meetings.
- 3.64 Cultural awareness training should be delivered regularly to all staff.
- 3.65 The race equality officer should be given enough time to complete race equality work, and attend the violence reduction committee meeting.
- 3.66 Nationality monitoring should be developed. Support and advice should be sought from, and provided by, the Prison Service's race equality action group.
- 3.67 Racist incident report forms should be independently scrutinised on a regular basis.
- 3.68 Appropriate actions should be taken and recorded if a member of staff is identified as behaving poorly in racist incident report forms, whether or not the behaviour is considered racist.
- 3.69 Prisoner representatives meetings should have a set agenda and clear action points.
- 3.70 Racist incident report forms should be placed on G wing and other key areas, and should be original forms rather than photocopies.
- 3.71 Regular cultural events should be held and displays throughout the prison should reflect the diversity of the population.

Housekeeping points

- 3.72 Summaries of completed recommendations provided to complainants and those interviewed should not be in the third person.

- 3.73 The orderly officer's checks of observation books should be recorded correctly and acted on.

Foreign national prisoners

Expected outcomes:

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

- 3.74 The prison had not yet published a foreign national strategy that assessed need, developed pathways and prioritised resources. Prisoner interpreters were widely used, but sometimes inappropriately for sensitive or confidential issues. The prison had received minimal advice or strategic direction from the Prison Service. Prisoners and staff voiced anxiety about the timeliness and quality of information from the Border and Immigration Agency's Criminal Casework Directorate. Immigration documentation was issued only in English. The on-site immigration liaison team had taken steps to improve contact with prisoners and collaboration with prison staff. However, prisoners still felt poorly informed and in some cases pressured into signing documents they did not understand. Notification of deportation decisions often came late in sentence, leaving little time to prepare.
- 3.75 Nearly all prisoners were foreign nationals but the prison had still to finalise a foreign nationals strategy that assessed need, developed pathways and prioritised resources. The diversity manager had consulted other foreign national strategies and the Prison Inspectorate's thematic review and follow-up report on foreign national prisoners to develop the strategy. It was due to be published in January 2008 and, although still subject to consultation with prisoners, provided an appropriate basis for developing provision.
- 3.76 Bullwood Hall had been instructed to change to a foreign national population at short notice, with little advice at a national level, little strategic direction and no assessment of the impact on staff or prisoners. However, despite policy weaknesses, foreign national prisoners said staff were aware of some of their distinct needs.
- 3.77 Lists of staff (mainly education staff) and prisoner interpreters were available on the intranet, although not all staff were aware of this. Some standard documents available in translation on the Prison Service intranet were being unnecessarily purchased elsewhere. Professional telephone interpretation services had been used 77 times in the previous six months, mostly for Vietnamese and Mandarin speakers, but were rarely used outside healthcare. Prisoner interpreters were used regularly but this was not always appropriate, such as at adjudications.
- 3.78 Uncertainty about immigration status was the main cause of anxiety among prisoners. Prisoners were supposed to have access to an on-site immigration team but the team had been subject to frequent change and was still unsettled, relatively inexperienced and poorly equipped. It comprised a chief immigration officer (CIO), three immigration officers and an administrative worker, with an inspector visiting weekly. Both the CIO and the inspector were due to move on. The team lacked desktop computer terminals and did not have enough laptops. The portable printer was broken.
- 3.79 The prison's own needs assessment (2007) indicated that nearly two-thirds did not believe they had enough help from the Border and Immigration Agency (BIA), although there had been recent improvements. The on-site team saw all new arrivals on induction, responded to

applications, drew up frequently asked questions sheets for staff and prisoners and had started regular evening surgeries on the wings. The wing surgeries improved contact and understanding among prisoners and staff. However, prisoners said on-site immigration staff were often poorly informed and had limited ability to progress their cases as primary responsibility lay with caseworkers elsewhere in the BIA's Criminal Casework Directorate (CCD).

- 3.80 The on-site immigration team undertook travel documentation interviews that were a separate source of frustration for prisoners. Some had handed passports to the police on arrest and wondered why the CCD could not simply recover these, some had already completed a travel document form that appeared to have been lost within the CCD, and some objected to complying with this process when it had not yet been determined that they were to be removed or deported. One detainee who declined to apply for a travel document while his appeal against deportation was pending was threatened with prosecution for non-compliance with deportation, which was inappropriate.
- 3.81 Prisoners who presented documents to immigration staff did not always get a copy for their own records. Several complained that immigration staff pressed them to sign documents written in English that they did not understand and presented this as if they had no option. This was also reported in safer community meeting minutes.
- 3.82 Local staff were inexperienced and dependent on primary caseholders in the CCD. Reasons for detention issued to the detainee were of poor quality. Those seen were brief, listing reasons for, but not against, detention and ignoring the diverse circumstances of individuals. For example, the standard reason that the subject had not produced satisfactory evidence of identity, nationality and lawful basis to be in the UK seemed unlikely in the case of long-term residents already granted indefinite leave to remain. In one case, a Zimbabwean detainee, with a custodial sentence of just over a year, who was awaiting a deportation appeal, had been living in the UK for nearly 20 years with indefinite leave to remain. He had a partner and child in the country and enforced returns were not generally possible to Zimbabwe. The BIA had been notified of a favourable home detention curfew release decision, indicating that the detainee was assessed to be compliant. The BIA's detention criteria also acknowledge that people with an appeal pending have greater incentive to comply with conditions. None of these factors were addressed in the brief reasons for detention issued to him.
- 3.83 If people were released, it was usually because they were not subject to deportation because, for example, they turned out to be British citizens or European Union nationals with enhanced rights under European community law. In one such case, the CCD caseworker had authorised release, only for a new caseworker to ask the prison a couple of days later why the man had been released. Prison custody staff said there had been some gradual improvement in collaboration with the CCD but caseworkers constantly changed and notification of a decision to deport and detain, or not, too often arrived within a day of the possible release date, which meant they had to drop everything to take necessary next steps. They had developed their own information and spreadsheet review systems to accommodate this workflow (see also section on resettlement). Late progress was particularly hard to understand in the case of those who had been imprisoned for false document offences, as immigration officers were often involved in their arrest and therefore on notice of their status. Such offenders were at least 39% of the population, according to a recent reception printout.
- 3.84 On-site immigration staff regularly had to deal with the anxiety resulting from late decisions to deport and detain but had no control over the process. The local inspector was trying to establish earlier reviews of cases in collaboration with prison resettlement staff. Most people

who became detainees following sentence expiry were transferred to a removal centre within a week.

Recommendations

- 3.85 The foreign national strategy under development should involve prisoner consultation and identify needs.
- 3.86 All staff should be made aware of the list of staff and prisoner interpreters and issued with guidance on their appropriate use.
- 3.87 All staff should be made aware of the information available in translation on the Prison Service intranet.
- 3.88 The cost of international telephone calls should be reviewed nationally.
- 3.89 There should be enough suitably-experienced on-site immigration staff to explain status and options to detainees and to progress their cases.
- 3.90 Decision documents, including reasons for detention and documents presented for signature by the prisoner/detainee, should be issued and explained in a language the detainee understands.
- 3.91 Detainees should not be pressured into signing documents that affect their rights, but given a copy and encouraged to seek prior legal advice.
- 3.92 The on-site immigration team should be properly equipped and connected to the UK Border Agency casework information database to enable them to work to a proper standard and maintain up-to-date files.

Contact with the outside world

Expected outcomes:

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

- 3.93 Mail was dealt with efficiently and access to telephones was good, with additional credit given to prisoners with few visits. The visits hall was pleasant but refreshments were not always available. Staff were helpful and courteous and visitors were generally positive about their experience. The visitors' waiting room was inadequate and the visitors' centre was poorly equipped and unsuitable.

Telephones and mail

- 3.94 There were enough public telephones throughout the prison and no restrictions on access. There were rarely queues for telephones even though there was no booking system. Access was regulated by cooperation between prisoners, although evenings were busy. Although they had privacy hoods, many telephones were sited close to noisy evening activities, which made it difficult for prisoners to have a conversation.

- 3.95 Prisoners who did not have a visit over a 28-day period were entitled to a free £10 telephone card to maintain contact with families and friends. However, international telephone calls were expensive and it was difficult for prisoners to maintain contact with family living in some time zones. Prisoners did not have access to email. This had been introduced with restrictions at the other fully foreign national prison, Canterbury, to facilitate cheap international communication.
- 3.96 Mail arrangements were efficient. Wing staff collected the mail from the gate mid-morning and distributed it to prisoners around lunchtime or early afternoon. Wing staff also delivered outgoing mail to the mailroom every afternoon to be collected at the end of the day. In our survey, only 19% of prisoners, significantly better than the comparator of 36%, said they had problems with mail.

Visits

- 3.97 Domestic visits took place between 2pm and 4pm on Wednesdays, Saturdays and Sundays. Each convicted prisoner was entitled to four visiting orders a month but two of these had to be taken midweek, which was not always the most suitable time for their visitors (see also section on resettlement pathways). Prisoners were entitled to a visit in their first week.
- 3.98 Visitors booked visits on a dedicated telephone line or through the Mothers' Union volunteers, although the latter were available only at weekends. Prisoners could have only three child visitors at a normal visit and four at the special children's visits held every other month, which could be problematic for large families.
- 3.99 The prison was relatively accessible by public transport but this entailed walking about a quarter of a mile to the main gate, which was difficult for those with small children. A Portakabin served as a visitors' waiting area but it was staffed by Mothers' Union volunteers only at weekends so help and support, including advice about the assisted visits scheme, was limited. General information notices in the waiting room were not well displayed or eye-catching. A small refreshment bar was open only at weekends. There were toilets with disabled access and changing facilities for babies but the toilets were in a poor state. The visitors' waiting area was little more than a shelter. All visitors had to book in at the main gate where there was no protection against inclement weather.
- 3.100 The visits room itself was pleasant, well decorated and with a reasonable amount of information on display. Chairs had been inappropriately marked for prisoners' use but these markings were removed during the inspection. The small play area was not supervised. Refreshments were available only at weekends. The Ormiston Trust was shortly due to start working in the visitors' waiting room and the visits hall.
- 3.101 Visits staff were discreet in their observation of prisoners and demonstrated an appropriate level of tolerance of boisterous children and affection between prisoners and their partners. They dealt sensitively with prisoners whose visitors were late or failed to arrive.
- 3.102 A survey of the visiting facilities had been carried out in February 2007 and 102 visitors had responded. The results were generally positive. The visitors we spoke to confirmed that staff were polite and approachable. We observed sensitive treatment of visitors, including searching procedures, although prisoners and professional visitors felt they were searched too frequently. The searching policy stated that visitors would be offered a closed visit following an indication by the drug dog without additional intelligence. This was disproportionate. The closed visits rooms were in poor condition, although not often used. Closed visits were reviewed appropriately.

Recommendations

- 3.103 Telephones with hoods that offer limited privacy should be enclosed in privacy booths.
- 3.104 Prisoners should be able to maintain contact with family and friends in different time zones.
- 3.105 Prisoners should have access to email facilities.
- 3.106 A needs analysis should be undertaken to ascertain whether the arrangements for weekend and daytime-only visits are adequate to meet the needs of prisoners and their families.
- 3.107 Visitors should be able to book their next visit before they leave the prison.
- 3.108 There should be no restriction on the number of children allowed in a single visit.
- 3.109 There should be a properly-equipped visitors' centre that is staffed to assist and support visitors.
- 3.110 Closed and non-contact visits should be authorised only when there is a significant risk justified by security intelligence.
- 3.111 The closed visits rooms should be refurbished.

Applications and complaints

Expected outcomes:

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

3.112 Prisoners knew how to make applications and complaints but expressed some dissatisfaction with how they were dealt with. The progress of applications was not well tracked. The complaints clerk managed the process well and dealt with some property complaints personally. There was good monitoring and analysis of complaints. Responses to complaints were often poor.

3.113 Application forms were freely available on all residential units and were processed daily. In our survey, 90% of prisoners said it was easy or very easy to make an application. Prisoners were discouraged from making verbal applications even for simple requests. All applications were entered in a wing log and forwarded to relevant departments as necessary. In our survey, 41% of prisoners, against a comparator of 38%, said applications were sorted out promptly and 36%, against a comparator of 39%, said they were sorted out fairly. Wing logs were not always fully completed and did not provide an adequate audit trail so it was not always possible to check how quickly applications sent to other departments were dealt with. The duty governor visited all wings daily and there was no backlog of applications.

3.114 Prisoners knew how to make complaints and forms were freely available. Complaint forms were placed in yellow boxes on each residential wing. These were emptied daily by

administrative staff to ensure anonymity. The complaints clerk entered each complaint onto a computer system before sending it to the relevant member of staff. Reminders about timeliness of replies were generated by the electronic system and the complaints clerk followed up delays. Apart from those reliant on responses from other establishments, all complaints were dealt with within required timescales. Between 25 and 40 complaints were made each month, mostly about property and usually involving other establishments. The complaints clerk did an excellent job in tracking missing property down. There was good monthly monitoring and analysis of complaints by type, wing, nationality and ethnicity.

- 3.115 Only 27% of prisoners said complaints were sorted out fairly and men in groups indicated little satisfaction with how they were dealt with. With a few noteworthy exceptions, few replies were addressed personally or were courteous and some did not address the issue and/or left the complaint unresolved. One response to a prisoner who had complained about property lost in reception confirmed the loss but offered no apology or compensation. Every complaint was checked by managers but this mainly aimed to ensure it had been dealt with and, with little exception, there was no evidence that quality was checked.
- 3.116 Despite the general level of anxiety about late and poor quality information from the Border and Immigration Agency (BIA), the BIA manager said she had received only one written complaint in the previous six months. She had interviewed the individual promptly, although the response issued by the prison said merely that the prison could not deal with immigration matters. Staff were unsure about the process for dealing with complaints that were diverted to BIA.

Recommendation

- 3.117 Responses to complaints should be addressed personally and address the issues raised. Apologies and compensation should be offered when appropriate.
- 3.118 Prison staff should be made aware of how complaints diverted to the UK Border Agency will be dealt with, including standards and tracking.
- 3.119 Application logs held on wings should provide a proper audit trail so that managers can check for timeliness and staff are able to deal with prisoners enquiries about the progress of their application.

Legal rights

Expected outcomes:

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

- 3.120 There was a significant shortage of independent specialist immigration legal advice to meet the needs of prisoners with diverse and complex immigration histories. An independent advice service ran surgeries once a week but took on few cases.

- 3.121 Prisoners reported great difficulty getting specialist immigration legal advice. The needs assessment undertaken by the prison earlier in the year indicated that less than half of prisoners had legal help. On average, there were only 34 legal visits a month. The low number meant they could be accommodated on two days a week. The prison facilitated surgeries on

one morning a week by an Immigration Advisory Service adviser. This provided up to nine 20-minute slots but prisoners said this was too limited and few cases were taken up for further advice and assistance. Staff were willing to fax prisoners' documents to solicitors.

- 3.122 Many prisoners were anxious to go home and cooperating but still needed advice about the long-term consequences of deportation or exclusion. A significant number had complex histories, having lived in the UK lawfully for many years, sometimes since childhood, and now with children of their own. Nearly half of respondents to our survey had children under 18 and 84% were new to prison. The possibility of deportation caused shock and insecurity and they needed specialist advice at an early stage.
- 3.123 There was no legal services officer to guide people towards legal advice. Some staff were awaiting legal services training. They believed they would benefit from some training in basic immigration law and procedure, not to advise prisoners but merely to have some understanding of their situation.
- 3.124 The library had a reasonable stock of legal reference books, although library staff had no internet access to research up-to-date information about rapidly evolving law and practice and country information or to download items such as court procedure rules and bail forms.

Recommendations

- 3.125 In consultation with the Legal Services Commission, the prison should seek to expand access to independent specialist immigration legal advice to meet the identified needs of the population.
- 3.126 The Prison Service should develop a training pack for staff in basic immigration law and procedure.

Substance use

Expected outcomes:

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

- 3.127 Drug use was not an area of concern. Prisoners had already completed detoxification at a local establishment. They received good support from healthcare, mental health in-reach and counselling, assessment, referral, advice and throughcare (CARAT) staff but there was no suitable secondary detoxification programme. Security information, drug testing rates and our own survey results indicated a low level of drug availability.

Clinical management

- 3.128 Prisoners completed detoxification before arrival but one man had required repeat detoxification and had been transferred to the local prison for this. There were clinical protocols for providing symptomatic relief and for emergency methadone treatment but these had never been used. A suitable secondary detoxification programme such as lofexidine treatment had not yet been developed.

- 3.129 In our survey, 6% of prisoners, against a comparator of 12%, said they had drug problems on arrival. Prisoners with a history of substance use were referred to the counselling, assessment, referral, advice and throughcare (CARAT) service and those with complex problems could access mental health services that included counselling. Joint working protocols between service providers had recently been reviewed, and regular meetings between CARAT, healthcare, mental health in-reach staff and the counsellor facilitated effective care planning and care coordination.

Drug testing

- 3.130 There was little evidence of drug use. Only four prisoners had returned positive mandatory drug tests (MDT) since April 2007. This included one suspicion test. The random MDT positive rate stood at 2.2% in December against a target of 7%. The MDT group consisted of a coordinator and four officers who met the target of testing 10% of the population but weekend testing was sporadic. The testing suite's two waiting rooms were very small and not suitable to hold prisoners for up to five hours.
- 3.131 Few intelligence reports related to drugs and only seven suspicion tests had been undertaken. Occasional drug finds consisted of small amounts of cannabis. In our survey, only 7% of prisoners, against a comparator of 30%, said it was easy to get illegal drugs.
- 3.132 The establishment's drug supply reduction strategy had recently been reviewed. Its implementation was discussed and monitored at bi-monthly drug strategy meetings.

Recommendations

- 3.133 A suitable secondary detoxification programme should be introduced.
- 3.134 The necessary level of mandatory drug testing should take place at weekends.
- 3.135 Holding cells in the mandatory drug testing suite should be enlarged.

Section 4: Health services

Expected outcomes:

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

- 4.1 Prisoners reported positively on the quality of healthcare. The South East Essex Primary Care Trust commissioned health services that were delivered by Prison Service staff. The change of role presented new challenges to the healthcare team. A health needs analysis had recently been completed and was being used to develop future service specification. A wide range of nurse-led clinics, including immunisation, well man and chronic disease management, had been established by appropriately trained nurses. Dental services met immediate needs but the surgery was in poor condition and equipment was unsafe. Mental health provision was developing well and there was good joint working between providers. Staff were well trained and enthusiastic but budgetary constraints risked affecting the delivery of a high quality health service.

General

- 4.2 There was good joint working between the prison and the primary care trust (PCT) and the head of healthcare and healthcare manager met regularly with the PCT through its various committees. Senior nursing staff also met regularly with more clinically-focused PCT staff to discuss issues affecting practice. Health budgets were under review following the prison's re-role and staff were concerned that services, which were currently at least equivalent to those found in the community, could be cut.

Environment

- 4.3 All health services were delivered in the health services department, which was compact, clean and orderly despite space being at a premium. An electronic clinical information system was in place and terminals were strategically placed throughout the department.
- 4.4 The waiting room was small but comfortable, with plenty of health information and promotion material in several languages. Health promotion videos were played and there was information on how to complain about health services. Additional health-related information was clearly available throughout the department.
- 4.5 The nurses' station was small but tidy and shared with administrative staff. An extensive range of clinical policies and procedures was regularly updated and most were available to prisoners in the library. Other rooms included a training room, the health services manager's office and a dispensary. Emergency bells were appropriately sited. The doctor's office was small but functional, although the layout was unsatisfactory. There were no hand-washing facilities and security was compromised because patients sat between the doctor and the door. An adjoining room, used for storage, had a kitchen-style sink but the doctor's security was again compromised as there was only one way in and out.
- 4.6 An old in-patient cell was used as an observation cell but had not been used in the previous six months. When necessary, health and discipline staff discussed the management of any

prisoner to be housed there and agreed which functional area would care for him. Healthcare staff did not carry out continuous observations unless there was a proven clinical need.

- 4.7 The room in reception used by healthcare staff was unsatisfactory and used only for the initial contact with new prisoners. All detailed reception screening was undertaken in the health services department. A planned new reception area would include better health facilities.
- 4.8 The dental surgery was very small, cramped and completely unsatisfactory. The surgery was generally clean but there were infection control and health and safety issues. The dental chair was ripped and an amalgam separator had not been fitted, which contravened regulations. There was insufficient lighting, and electrical sockets and heating pipes were suspended from the ceiling. The x-ray machine and autoclave were of an acceptable standard but much of the equipment was old and unsuitable. Storage facilities were poor, with broken cupboards and insufficient working surfaces. There was no x-ray developer or viewer, the amalgam mixer was obsolete and there was no mercury spillage kit. Neither the dentist nor healthcare staff knew the location of the dental compressor. There was a lack of disposable products and the dentist took away hazardous waste because there was no contract for its removal.
- 4.9 The dispensary was reasonably sized but had no ventilation. An outer office next door also housed the drugs trolley secured to the wall. The administrator was responsible for making NHS appointments. The system worked well and appointments were not cancelled unnecessarily.
- 4.10 Health promotion was a high priority. Healthcare staff worked well with other departments such as catering and the gym to improve prisoners' health through health promotion. Staff-prisoner relationships were respectful and most prisoners seemed happy with their healthcare. There was no identified health services lead for older prisoners.

Clinical governance

- 4.11 The healthcare manager met regularly with the PCT clinical quality and patient safety manager. A clinical governance development plan was awaiting signature by the PCT chief executive. One of the senior nurses provided the clinical governance focus for the department and met monthly with the PCT clinical governance lead. She made sure that the prison was aware of current advice and bulletins from the Department of Health and affiliated organisations. She also had responsibility for updating all the department's clinical guidelines, including policies and protocols.
- 4.12 Staffing levels were low. The current staffing level and range of health services would not be sufficient to cope if prisoner numbers were to increase. The head of healthcare was a governor grade who provided operational support to the clinical team. He and the healthcare manager were members of the senior management team and the prison partnership board. The manager regularly attended other prison meetings as appropriate.
- 4.13 The healthcare manager was a registered mental health nurse (RMN) with extensive psychiatric experience in the community. She had been at the prison for nearly two years. She was supported by three senior registered general nurses (RGNs) and two part-time enrolled nurses, all on permanent contracts. Two part-time RGN/RMNs were on temporary contracts and two RGNs worked as bank nurses. A full-time pharmacy technician provided specialist pharmacy support. One full-time administrator supported healthcare functions. Health team meetings were held regularly.

- 4.14 Nurses were on duty from 7.45am until 8.15pm every day. Either the manager or a senior nurse was on call overnight. All nursing staff had access to clinical supervision and were given protected time for this. Facilities for continuing relevant professional education were good. All nursing staff had annual training plans.
- 4.15 A GP from a local surgery had been coming to the prison for some time, providing continuity for patients and staff. He held a daily clinic every weekday and was on call until 7pm each day. Out-of-hours cover was provided by the PCT.
- 4.16 Specialist equipment such as occupational therapy aids was available through the local hospital.
- 4.17 Emergency equipment was located in the training room and appeared in order, although the defibrillator was not checked regularly. All staff had completed annual resuscitation training.
- 4.18 Clinical records were entered onto the electronic patient information system and were well written. Most staff were proficient in using the system to record notes, manage healthcare clinics and collect data. Current paper records were securely held in locked filing cabinets. Old records were archived securely within the prison.
- 4.19 A prisoner health services forum met regularly to discuss prisoners' concerns about healthcare. Prisoners clearly enjoyed the opportunity to discuss general health issues with senior staff. There was a policy to deal with complaints but the healthcare manager said there had been none since she came into post. The complaints policy followed general prison guidelines and included the facility for patients to complain directly to the chief executive of the PCT if necessary. Notices explaining the services of the Independent Complaints Advocacy Service and the Patient Advice and Liaison Service were displayed in the healthcare department.
- 4.20 There were good links to local communicable disease agencies, including the PCT and the Health Protection Agency. Two of the senior nurses were on the PCT communicable disease and infection control committee. There were clear guidelines on confidentiality and the sharing of information.

Primary care

- 4.21 In our survey, 67% of prisoners, well above the comparator of 44%, said the overall quality of healthcare was good or very good and significantly more than the comparator said the same about the care provided by the doctors and nurses. Only the dental service received a poor response.
- 4.22 Prisoners were seen by a member of healthcare staff on arrival. This initial contact was short and addressed only any serious or obvious needs as the reception medical room was not suitable for meaningful health assessments. As soon as possible following arrival, the prisoner was taken to the healthcare department for a full health screening that included any disability needs. Prisoners were advised how to access health services and given a booklet explaining what health services were offered. The booklet was translated into several languages. A professional interpreting service was used with prisoners with little or no English.
- 4.23 Named nurses looked after individual wings and went to their areas every day to collect applications and see prisoners and staff. Their photograph was displayed on the wing health promotion notice board. This 'wing walking' enabled nurses to meet patients face to face in case they had any immediate queries and allowed wing staff to speak with healthcare staff

about any concerns or issues about prisoners' health or health services in general. Relations between healthcare and wing staff were excellent.

- 4.24 Patients applied to access health services and placed the form in a locked healthcare box on the wings. Application forms used pictures as well as words. Nurses took the forms to healthcare, added names to the appropriate waiting list, and informed the patient in writing that he was on the waiting list and would be called as soon as possible. Wing staff and the patient were informed the night before an appointment and there were therefore few failures to attend. Prisoners wanting to see the dentist or the doctor were initially triaged by a nurse. All nurses were trained in triage and triage algorithms were in place. The system worked well and reduced the GP and dental waiting list as minor ailments could be dealt with by the senior nurses. Prisoners needing to see the GP did so within 24 hours or the same day in urgent cases. Prisoners at work had their movement slip delivered to their workplace so they could be released to attend healthcare.
- 4.25 There were several nurse-led clinics, including immunisation, well man, smoking cessation and chronic disease management. All nurses had their own area of responsibility that included running their own clinics and providing continuous health education for their patients. Health promotion included dietary advice. Health education groups and one-to-one work were a regular feature. Patients having blood tests were called to the department to be told the results even if these were normal. Patients with abnormal results were seen by the GP.
- 4.26 Chronic disease management was well structured, with patients reviewed regularly. Some nurses had additional qualifications such as the management of patients with diabetes and asthma. There were excellent links with community specialist nurses but most prisoners with chronic disease were managed in-house by nursing staff with the support of the GP. Nurses undertook diabetic foot screening but retinal screening was undertaken at a local hospital. All prisoners identified as diabetic were automatically seen by the visiting optician.
- 4.27 There were regular immunisations clinics with nurses trained in the management of patients with hepatitis, HIV and AIDS. A senior nurse was responsible for the management of immunisation and sexual health clinics, which included pre- and post-counselling for prisoners at risk from hepatitis, HIV and AIDS. MMR, meningitis C and influenza vaccinations were offered to prisoners at risk. There were excellent collaborative links with local NHS specialist departments. Barrier protection was available at the prison and offered to prisoners on release.
- 4.28 Other visiting health professionals included a chiropodist and optician. Physiotherapy needs were met by sending the patient out to local NHS services. Gym staff provided some remedial support.
- 4.29 All prisoners held in the segregation unit were seen by a member of the health team every day.

Pharmacy

- 4.30 Despite minimal professional support for the pharmacy technician and the fact that the pharmacist rarely visited, medicine management was of a reasonable standard. There were no programmed pharmacy-led clinics where patients could speak directly with the technician, although she did have some interface with patients when giving out medications on the wings. The technician participated in smoking cessation clinics and in writing patient group directives that would allow nurses to provide patients with a greater range of over-the-counter medication.

- 4.31 All pharmacy items were supplied by HMP Chelmsford. The pharmacy technician went there once a week to dispense all the medicines for Bullwood Hall, which were checked by the pharmacist. Stock was generally well maintained, although the prison was still using Henley bags and some discontinued medicines needed to be returned to Chelmsford. The pharmacist should have had professional control of the stock supplied, with a dual-labelling system implemented to ensure stock supplied could be audited.
- 4.32 Thermolabile medicines were stored appropriately but only the current temperature was recorded. Stock was not audited and there were no agreed stock levels. Controlled drugs were held but some were out of date and had not been destroyed. Current pharmacy reference books were available but others were out of date.
- 4.33 A computerised prescribing system was in use but the recording of medicine administration was haphazard and had the potential to allow medicines to be given beyond the validity of the prescription. There were no patient group directives to allow nurses and the pharmacist to supply more potent medicines.
- 4.34 The pharmacy technician was responsible for the administration of all medicines. Uniquely, all prisoners had been risk assessed by nursing staff to enable them to have medication in possession. No prisoners had to have their medication supervised. Most had their medication weekly or monthly in possession and the pharmacy technician handed out medications on the wings every weekday morning. The pharmacy technician gave prisoners with little or no English a pictorial description of the dosage instructions.
- 4.35 The medicines and therapeutics committee included representation from the PCT and met every two months.

Dentistry

- 4.36 The dental service was meeting the immediate needs of prisoners, most of whom were there for less than six months and normally only able to access emergency treatment. The waiting list was small and most patients waited only three weeks. There was one dental session every two weeks. The dentist was accompanied by a dental nurse but had no cover in his absence. One patient in severe pain was sent out to local NHS facilities because he could not wait until the next dental session. Record-keeping was good but the dentist could not access computerised clinical records. Paper-based medical records were completed by patients and checked by the dentist. Oral hygiene advice was given but there was no formal oral health promotion. The dentist and his assistant were not involved with resuscitation training and were not aware of the department's emergency procedures.

Secondary care

- 4.37 The administrator liaised directly with local NHS facilities to arrange prisoners' appointments. Security staff did their best to ensure that NHS appointments were kept and there were few cancellations. There was excellent liaison with local NHS providers and a senior nurse was working with the local accident and emergency department to establish a working protocol to ensure that prisoners needing emergency hospital treatment would be seen as soon as possible while maintaining security.

Mental health

- 4.38 Mental health provision was good and all health professionals worked cohesively to provide a holistic service to prisoners. Many prisoners were suffering from anxiety and stress about their future and most were concerned about immigration issues. Some had been victims of torture but there was no health protocol for their management. There was a policy for the management of prisoners who refused food, of which there had been 20 to date in 2007.
- 4.39 In addition to the healthcare manager, two RMNs were ring-fenced to mental health duties, although they occasionally had to assist with general healthcare matters. Prisoners' mental health was assessed through the secondary screening process and referrals were made to the primary or secondary mental health teams as required. Prisoners could also be referred by prison staff or could self-refer. There was little delay in seeing referrals and the RMNs usually completed a mental health assessment within 24 hours. The GP and RMNs appeared to work collaboratively to ensure best practice. There was no day care facility but the RMNs were often on the wings supporting prisoners and staff. Therapeutic activities, such as playing pool or one-to-one sessions with patients, were part of individual care plans. A counsellor provided additional support for one day a week. Her waiting list was short and she provided support to any prisoner on an open assessment, care in custody and teamwork (ACCT) self-harm monitoring form.
- 4.40 The secondary mental health support system was relatively new. A community psychiatric nurse (CPN) had recently joined the healthcare team and worked at the prison three days a week providing expertise to those prisoners with more complex needs. Post traumatic stress disorder was the major factor affecting her patients as well as high levels of stress and anxiety. A forensic consultant psychiatrist held clinics every two weeks. She accepted referrals from across the prison and a mental health assessment was usually carried out within 48 hours. A copy of the assessment was given to the patient if appropriate and the findings and recommendations were discussed with them. Wing staff were advised how to manage the patient. Few of the CPN's patients were eligible for the care programme approach (CPA) programme, with only one on CPA during the inspection. A mental health referral meeting was held every two weeks and included representation from healthcare, drug strategy services and the counsellor. The CPN was integrating well and attended several patient-focused meetings including multi-agency public protection arrangements (MAPPA) and safer community meetings. There had been no transfer to secure beds in recent months but one patient was awaiting assessment.

Recommendations

- 4.41 A full skill mix review should be undertaken by the primary care trust to ensure sufficient appropriately-qualified health workers are recruited to deliver health services.
- 4.42 The head of healthcare should be professionally qualified and have direct access to the governor.
- 4.43 Emergency equipment should be checked daily and records kept.
- 4.44 A healthcare worker should be identified to take responsibility for the health management of older prisoners.

- 4.45 The healthcare manager should contact the Medical Foundation for the Care of Victims of Torture for guidance on the care of prisoners who may have been victims of torture, and all healthcare staff should undergo specialist training on the management of such prisoners.
- 4.46 The doctor's office should be fitted with hand-washing facilities and reconfigured to meet safety regulations.
- 4.47 A new dedicated room should be provided in reception to allow initial health screenings to take place.
- 4.48 Regular pharmacist-led clinics should be held to allow patients to discuss their medication.
- 4.49 The pharmacist should visit the prison at least once a month to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review.
- 4.50 Administration of medicines records should be completed methodically and accurately, and where patients fail to attend or refuse medication this should be recorded.
- 4.51 The computerised clinical management system should be designed to allow the administration of medication to be recorded.
- 4.52 The ambient temperature of the pharmacy should be monitored to ensure that it provides an appropriate environment for medicines to be stored.
- 4.53 All pre-packs should be dual-labelled and one label removed when the pre-pack is dispensed. Where practicable, the use of patient-named medication should be encouraged.
- 4.54 Patient group directives (PGDs) should be introduced to enable nurses or the pharmacist to supply more potent medication and to avoid unnecessary consultations with the doctor. A copy of the original signed PGDs should be present in the pharmacy. Staff should read and sign them.
- 4.55 The dental surgery should be refurbished to bring it up to acceptable standards. This should include cabinetry, flooring and essential dental instruments.
- 4.56 Dental treatment should be suspended until the amalgamator is removed, a mercury vapour check carried out and any necessary decontamination completed. Mercury hygiene measures should be instituted, including a new amalgam mixer, with a tray beneath, and provision of a mercury spillage kit.
- 4.57 The x-ray machine should be commissioned urgently, with the visit carried out when the dentist is present. Local rules should be produced urgently, including radiation safety procedures, and the dentist named as the radiation protection supervisor.
- 4.58 The dental surgery should have its own set of resuscitation equipment.
- 4.59 A contract for the disposal of hazardous waste from the dental surgery should be set up urgently to include the provision of clean and contaminated waste.

Housekeeping points

- 4.60 The compressor should be located immediately, drained and serviced if necessary, ensuring that the vessel has up-to-date pressure vessel certification. Responsibility for these functions should be ascertained and, if not the dental team, a drainage logbook initiated and randomly checked.
- 4.61 Oral health promotion should be incorporated into prison healthcare advice programmes.
- 4.62 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and the pharmacy to ensure that thermolabile items are stored within the 2-8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 4.63 Old pharmacy reference books should be discarded and only the most recent copy should be kept to ensure that any information used is up to date.
- 4.64 Henley bags should not be used and suitable bottles or boxes used instead.

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 Most prisoners could access a range of full or part-time education and training, but there was little evening provision. The English for speakers of other languages provision was sufficient. Participation in learning and skills activities was high and the curriculum was generally sufficient to meet learners' needs. Some vocational training was available. Leadership and management were satisfactory. Teaching and learning were good on many programmes. Enough work and some accreditation were available. Library facilities were satisfactory but access was limited.
- 5.2 Learning and skills management had been significantly restructured following the re-role. The head of activities and learning and skills was a member of the senior management team and worked well with the education provider to maximise funding. Learning and skills were provided by Milton Keynes College through the Learning and Skills Council (LSC) offender learning and skills service (OLASS) provision. Learning and skills were available both full and part-time, with on average over 85% of prisoners participating each week. The curriculum included personal development courses and practical vocationally-related training. Information, advice and guidance (IAG) was provided by Milton Keynes College but this was shortly to change to Tribal, who had the contract for the second year. Learning and skills were well organised and managed and staff had clear roles and responsibilities that focused on improving the quantity and quality of education.
- 5.3 There was a strong strategic direction and commitment to improve learning and skills and this had been well communicated to all staff, including prison-appointed instructional staff. Partners worked well together and developed the curriculum in line with a detailed needs analysis. The prison had improved the education and training opportunities for prisoners as well as focusing on addressing prisoners' underlining. One improvement was the introduction of short taster courses in brickwork, woodwork and plumbing and the Certificate in Skills for Construction Services (CSCS). The resources for the construction-related vocational training areas were poor and much of the provision was in cramped conditions in classrooms. The prison planned to improve resources if the courses proved successful.
- 5.4 Induction and the initial assessment of learners' literacy and numeracy needs were adequate. Learners with language support needs were offered English for speakers of other languages (ESOL). Additional literacy, numeracy and language support was available in the kitchen and workshops, and was proving effective in widening participation. There were nine sessions a week, with education closed on Wednesday mornings for meetings and staff development. Prisoners remained locked up during this period. Much of the provision lacked national accreditation, although good use was made of frameworks such as Recognising and Recording Progress and Achievement (RARPA) and Profile of Achievement (POA). While the

practical training provided some skills appropriate to employment in prisoners' country of origin, the training provided inadequate accredited skills for employment for those released in the UK. The self-assessment process was inclusive, well established and very effective. The prison was developing this area, particularly in the construction programmes and garment making. One member of the kitchen staff was a trained national vocational qualification (NVQ) assessor and the prison planned to introduce catering qualifications at level one.

- 5.5 The provision of IAG was inadequate. It focused primarily on the induction period and staff used the time to prepare individual timetables for participation in activities. There was little formal and routine support throughout prisoners' sentences. Prisoners' needs were not prioritised by length of sentence or release/transfer dates. The current education contractor was using existing resources to support IAG as an interim measure prior to Tribal starting in the prison. There had been delays in starting the new contractor.
- 5.6 The curriculum was broadly satisfactory but there was limited access to higher-level and distance learning, except where prisoners were able to fund themselves. The usual range of courses was available, including literacy and numeracy, social and life skills and ICT. There were no courses for self employment, although ICT-based Sage accounting courses were provided. There was a good range of courses in ICT and sufficient ESOL provision. Some prisoners benefited from attending an accredited peer support worker course and helping out as peer mentors and classroom assistants. Retention was low on some courses, due mainly to prisoners being moved out at short notice. Attendance and punctuality were very good, with prison officers working hard to get people to activities on time.
- 5.7 Teaching, training and learning was satisfactory or better. Lessons were well planned and contained a good range of stimulating activities. Good development of practical skills took place in vocational areas. Achievement was good on literacy and numeracy programmes but less so in ESOL.
- 5.8 There were sufficient full and part-time work places to meet prisoners' needs. These included contract workshops, including the multi-skills induction shop, education and training areas, horticulture, painting and cleaning, a peer mentor programme and the laundry. The prison generally managed to employ 95% of prisoners at any one time. A few prisoners were engaged in some mundane and repetitive work. The pay policy was fair and those participating in education were not disadvantaged.

Library

- 5.9 The library was provided by the Essex County Library Service. It was an appropriate size and was based in the activities block close to the education centre. There was no access for prisoners with mobility difficulties, although the library was prepared to provide an outreach service. All prisoners had an identified library period. Education classes had a suitable range of allocated periods. The library was not open at weekends or in the evenings. Staffing shortages had restricted access in the recent past.
- 5.10 The library had carried out a survey of users' needs. The stock had been largely changed appropriately to meet the needs of the re-role, although the number of books in languages other than English remained limited. The library provided a small range of newspapers and magazines in languages other than English. There was a suitable range of talking books and easy reading material. Losses were low at less than 5%.
- 5.11 There were six computer terminals for prisoner use but these were not always used and staff did not monitor use. Staff had no internet connection and could not download any information

for prisoners. The library was developing its involvement in the wider prison community and had contributed to a number of cross-prison initiatives, including adult learners' week, and a range of further activities were planned including Story Book Dads.

- 5.12 The library had a reasonable range of legal materials, including a textbook explaining immigration law and procedures. No library guidance materials were available in languages other than English.

Recommendations

- 5.13 The information, advice and guidance provision should be fully implemented as a matter of urgency.
- 5.14 The range of formal nationally-recognised accredited skills training programmes should be increased.
- 5.15 More suitable basic skills programmes should be introduced to meet the needs of those in the prison for short periods.
- 5.16 Better teaching resources should be provided in vocational training areas.
- 5.17 Planned library opening hours should include access in the evenings and at weekends.
- 5.18 Use of IT should be monitored and its development planned.
- 5.19 Library guidance materials should be translated into relevant languages.
- 5.20 Library staff should have direct internet access.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.21 Prisoners had good opportunities to attend physical education (PE), especially in the evenings and at weekends. Accredited training programmes were limited to basic weight-lifting awards. The asphalt surface of the outside activities area was unsuitable for use in wet weather. PE was well promoted and users of the gym were well supported. The range of weights and cardiovascular equipment was good.

- 5.22 PE was well promoted and opportunities for recreational PE were covered at induction. All prisoners underwent a medical assessment. The results were conveyed to PE staff who held a current register. There was routine cross-referencing of information between PE and health services. Between 60% and 70% of the prisoners attended the gym but many sessions operated under full capacity. Opportunities for PE extended to evening sessions and weekends. There were four sessions for activities on Saturdays and Sundays. Activities were

largely restricted to weights training and use of cardio-vascular equipment. Daily exercise was not counted for PE purposes.

- 5.23 Current facilities were not fully suited to the needs of the population. They offered little opportunity to engage in team activities, although prisoner surveys had suggested football and basketball would be welcomed. The asphalt surface of the outdoor activities area rendered it unusable in poor weather and most of the indoor sports hall area was used for weight training. The facilities for weight training and cardiovascular training were good and well used by prisoners. A full range of PE kit and towels was issued in duplicate to each new prisoner on reception and there were arrangements to allow adequate laundering weekly. Prisoners' own suitable personal kit was allowed. Shower facilities were adequate. Records of all accidents and incidents were recorded routinely in the PE daily diary.

Recommendations

- 5.24 There should be facilities for team sports.
- 5.25 There should be a wider range of accredited programmes.

Faith and religious activity

Expected outcomes:

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

- 5.26 Prisoners had generally good access to faith provision, although the programme of services was in English only. The provision for Muslim prisoners was inconsistent and there were few other activities such as discussion groups.
- 5.27 Christians formed the largest faith group, followed by Muslims and Buddhists. The chaplaincy team consisted of a full-time coordinating chaplain, an Anglican, and five chaplains from different Christian denominations, all of whom worked on different days to cover the duty roster. Other faith chaplains, including Buddhists, Jehovah's witnesses and Pagans, also visited the prison as required. Regular chaplaincy team meetings helped to promote involvement in prison life and members of the team attended key committees and some assessment, care in custody and teamwork (ACCT) reviews (see section on suicide and self-harm).
- 5.28 Prisoners reported positively on faith provision and 78% in our survey said their religious beliefs were respected. There were regular services for Christians, Muslims, Hindus and Sikhs but the only class on offer was a weekly Bible studies class.
- 5.29 There was a clear published programme of events on the wings, although it was in English only. Prisoners had easy access to services and could attend without making a formal application. Information on the chaplaincy notice boards on the units included a programme of worship for various faiths and notices advertising and explaining upcoming religious festivals, such as Christmas and Eid-Al-Adha. Recent celebrations were of Eid-ul-Fitr, marking the end of Ramadan, and Diwali, the Hindu and Sikh festival of light. Both had been marked by special celebratory meals.

- 5.30 Provision for Muslim prisoners was inconsistent. The coordinating chaplain had formed a good relationship with Southend Mosque and the imam from there visited regularly but he did not have time to lead Friday prayers. A suitable replacement had not been identified but funding had recently been agreed for a half-time Muslim chaplain.
- 5.31 The chapel was attractive and welcoming. The multi-faith room was located on G wing. It was an adequate size but was due to close to be used as a wing association room when G wing became double occupancy.

Recommendations

- 5.32 Information on services should be available in languages other than English.
- 5.33 The current multi-faith room should not be closed before an alternative room of adequate size and with appropriate facilities for ablutions has been identified and opened.
- 5.34 A Muslim chaplain should be appointed.

Time out of cell

Expected outcomes:

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

- 5.35 Prisoners were unlocked according to the published programme. Exercise and association were rarely cancelled.

- 5.36 The published programme indicated that prisoners were out of their cells for between 9.5 and 10 hours on weekdays. Prisoners said the programme was adhered to and our roll checks suggested that few prisoners were in cells during the working day. Neither staff nor prisoners could remember daily exercise or association being cancelled, and prisoners could go out even in inclement weather. Time in cell was longer at weekends because there was no evening association. The exercise yard provided a pleasant environment but had only two benches.

Recommendation

- 5.37 Prisoners should have evening association at weekends.

Housekeeping point

- 5.38 The exercise yard should have more benches.

Section 6: Good order

Security and rules

Expected outcomes:

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

- 6.1 There were relatively few security concerns and few finds. Good dynamic security was based on positive relationships. Rules were consistently applied, although local rules were in English only. The approach to recategorisation was risk-averse and only one person had been moved to an open prison since the re-role.
- 6.2 There were relatively few security concerns and security staff believed that fewer people detained after sentence, particularly since the summer, had led to a calmer environment. The level of drug finds was very low, with one find of cannabis in the year to date. There were few finds of any sort, with only 13 in the previous six months. Two of these were mobile telephones and another five were components of telephone chargers. Two visitors had attempted to bring in a quantity of cannabis the previous week and had been banned for three months as a result. They were the first people banned in 2007. One prisoner was currently subject to closed visits and two others had been since the start of the year. In all cases, the action taken appeared proportionate.
- 6.3 Prisoners consistently told us that Bullwood Hall was the safest establishment they had been in. Dynamic security was good and underpinned by generally good staff-prisoner relationships. There had been only two reportable incidents in 2007, both of which related to prisoners' refusal to return to their cells; both had been quickly resolved. Sight-lines in most wings were adequate but G wing had narrow, easily-crowded corridors and was unlikely to remain a safe environment if it was entirely doubled up as planned (see section on residential units).
- 6.4 Almost 600 security information reports (SIRs) had been submitted in the preceding six months, suggesting that staff maintained a reasonably high level of security awareness despite the generally relaxed atmosphere. SIRs were usually actioned within a day but frequently took more than 72 hours to complete. Mobile telephones were the most common concern in recent months. Trends analysis information on SIRs was provided to the safer community meetings and the senior management team by the psychology department but was of limited value owing to poor statistical recording. The number of SIRs recorded in June, for example, ranged from 24 to 93 in different documents. The highest figure was apparently correct but the lowest had been used to inform analysis.
- 6.5 The security meeting used different and more accurate statistics to inform discussion. Meetings were monthly and the level of attendance, while variable, was usually reasonable. Issues raised were tasked to named individuals and systematically followed up at subsequent meetings, although recording of the action taken and reasons for action points deemed achieved was not always clear. A basic security bulletin was published to staff every week but the security objectives agreed at security meetings were not included in this or any other staff

circulars. Residential managers tended to disseminate this information verbally but this was not systematic.

- 6.6 Prisoners were given clear information at induction about security requirements, including searching and telephone monitoring, and this was reinforced through notices on the wings. Little of this information was available in translation.

Rules

- 6.7 The rules were outlined in prisoners' compacts in the information booklet they received on the induction wing. The main rules were also posted on some, but not all, wings but were in English only. The induction booklet with some of the rules was translated into various languages. Prisoners did not suggest that staff applied rules unfairly or harshly.

Categorisation

- 6.8 Security categories were reviewed every six months. One person had been recategorised upwards and transferred to a category B prison in the previous 12 months. Following the re-role, prisoners were automatically considered ineligible for category D as a result of their immigration status. This appeared to be based partly on the false assumption that all foreign nationals would be deported and partly on the risk-averse approach of some managers. In the year to 7 November 2007, seconded probation staff confirmed that 115 prisoners had been identified as possible cases for D categorisation but only one person had achieved it (see also resettlement section).
- 6.9 In all the categorisation forms we reviewed, the reason given for not allowing recategorisation was immigration status. One prisoner had not been informed of any interest by the Border and Immigration Agency but recategorisation had been refused because he would 'probably' be served with immigration papers. The prisoner's wing behaviour was good, he was on the enhanced level of the incentives scheme and was in prison as a result of his first conviction. Decisions appeared to be based entirely on immigration status or imagined immigration status without consideration of other issues, such as the number of convictions and wing behaviour. The blanket approach had been revised slightly and offender management unit staff now initiated documentation using existing information from the security department and then obtained verbal feedback from on-site immigration staff.

Recommendations

- 6.10 An accurate analysis of security information reports should be used to set security targets for staff.
- 6.11 Information about security requirements should be distributed in languages other than English.
- 6.12 Security categories should be reviewed in light of the full range of information available to the governor, including timely written information from the UK Border Agency and taking into account prisoners' individual circumstances.

Housekeeping point

- 6.13 The main rules should be posted on all wings in a range of languages.

Discipline

Expected outcomes:

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

- 6.14 Adjudications were rare and conducted properly, although language needs were not always properly identified. Use of force was high but not apparently inappropriate, with evidence of de-escalation in many cases. The special cell was not often used but one use had been without the correct authority. The segregation unit was little used and clean but stark. The routine was out of date and some of the rules inappropriate.
- 6.15 Adjudications were used sparingly, with only 63 in the previous six months, 40 of which had been in the previous three months. There was no obvious reason for this disparity. Most adjudications were for disobeying a lawful order and use of threatening or abusive language. Cellular confinement had been used 12 times in the previous six months for an average of eight days. The prison did not effectively monitor any patterns of adjudications by location or type.
- 6.16 The deputy governor completed monthly monitoring checks highlighting discrepancies and feeding back to the adjudicating governors. The adjudications we examined were conducted properly, with prisoners questioned thoroughly and involved in the process. However, explanations were not always given when charges were proved and it was unclear from the paperwork if any mitigation had been considered.
- 6.17 The quarterly adjudication standardisation meeting did not follow a set agenda. There were few action points and previous actions were not always followed up. The February meeting had concentrated on requirements of the Prison Service Order and advised adjudicating governors to deal with relatively minor offences, such as refusing to work, through the incentives and earned privileges (IEP) system. It then inappropriately recommended that further offences under the same charge should be managed with a potential stoppage of earnings at 100%. Some punishments had involved 80% stoppage of earnings, which was also inappropriate.
- 6.18 The language needs of prisoners on adjudication were not documented. There was a form in 11 different languages explaining what happened when a prisoner was put on report. This gave clear details of the process but it was not recorded if it had been issued. Prisoner interpreters were used rather than the telephone interpreting service, which was inappropriate. The tariff document was clear but several punishments outside the tariff had been given with no documented reasons. Most conduct reports were to a good standard but a few could have shown more thought and insight.

Use of force

- 6.19 There had been 28 uses of force to date in 2007, with 16 in the previous six months. This was significantly higher than in HMP Canterbury, the other foreign national prison. In our survey, 15% of prisoners, significantly worse than the comparator of 5%, said a member of staff had physically restrained them in the previous six months. Use of force was monitored monthly through the ethnicity data at the race equality action team meetings and warning signs were discussed and acted on. Uses of force were not discussed at any other meeting and there was no examination of patterns of where and when it was used or its appropriateness.
- 6.20 Use of force paperwork was mostly completed to a good standard, with relevant statements and forms included. The deputy governor had completed audit trails on some of the paperwork and summarised his conclusions to managers. However, the orderly officer did not routinely sign off that section. De-escalation was clearly evident and recorded in a significant number of cases. What had led up to the incident and why force had been used was also clear. However, documentation was not clear when concluding the incident. It was difficult to determine whether a prisoner had been left in the special cell after a full strip search or moved to a normal furnished cell in the segregation unit.
- 6.21 The special cell had been used four times in 2007 and three times in the previous six months. Only three of the four incidents had been recorded. In October, a prisoner had been strip-searched in the special cell and kept there but there was no governor authorisation or any recorded observations. On the three other occasions it had been used, all observations were thorough and use had been for short periods: 20 minutes on two occasions and five hours on the other.
- 6.22 Planned interventions were not video-recorded. The video camera had gone missing over six months previously and had not been replaced. Healthcare attended all planned interventions and examined prisoners where force had spontaneously been used as soon as practicable. All prisoners located to the segregation unit after use of force were strip-searched without any risk assessment.
- 6.23 On one occasion, the special cell had been used to manage a prisoner on an open assessment, care in custody and teamwork (ACCT) document who had barricaded a cell in the segregation unit. This was properly authorised and recorded but the prisoner had self-harmed two hours later while still in the special cell. He remained there for a further three hours, observed every 15 minutes. Following an ACCT review, he was located to a cell on D wing.

Segregation unit

- 6.24 The care and separation unit (CSU) was clean and mostly free of graffiti. There were six cells with a mix of cardboard and wooden furniture, apparently because of a shortage of the latter. The cells had recently been painted but were bare and stark, and privacy screens were too small. There was one unfurnished special cell and a store cupboard, a separate staff office and adjudication room. The exercise yard was bleak, enclosed by a standard fence and brick wall, and had one bench.
- 6.25 In the previous six months, the unit had been used nine times for good order or discipline, 12 for cellular confinement and 10 pending adjudication. The average stay on good order or discipline was two days. The majority of use was for cellular confinement as a punishment from an adjudication. Occupancy levels were low and it was used only once for a very short

period during the inspection. In our survey, only 4% of prisoners, significantly lower than the comparator of 13%, said they had spent a night in the segregation unit.

- 6.26 The CSU rules and routines were out of date and referred to the time when Bullwood Hall had been a women's prison. The evening meals were served at 4.25pm, which was too early and meant prisoners waited over 15 hours before breakfast. The rules stated that children were not allowed to visit while prisoners were in the unit, which was unacceptable. Other rules were unnecessary, including that prisoners on basic level could ask staff to light a cigarette only every two hours instead of hourly like all other prisoners.
- 6.27 The regime allowed prisoners daily showers and exercise. There was a telephone but it had no privacy hood. Prisoners could also attend worship weekly and were visited daily by the duty manager and chaplain. There was little in-cell activity, work or education. There were no in-cell electrical points, although battery radios were offered. There were a few books but none in languages other than English. Staff said foreign national prisoners could ask for a book and the librarian would be consulted.
- 6.28 The Independent Monitoring Board was informed within an acceptable time and all forms and algorithms were completed correctly. All paperwork was completed in English and given to prisoners, apparently without using a telephone interpreting service. Personal officers from the wings kept in contact with prisoners and attended the unit to ensure relationships remained good and prepare for a return to the wing if practicable.

Recommendations

- 6.29 The standardisation meeting should have a set agenda and monitor adjudications by location and type.
- 6.30 Adjudications should clearly state why charges are proved and record any mitigation.
- 6.31 A record should be made on the adjudication hearing about prisoners' ability to understand English. Those with language problems should be offered professional interpreting services and this should be documented.
- 6.32 Conclusions to use of force incidents should be clear and state whether the special cell was used.
- 6.33 Use of force should be separately monitored by senior managers to ensure that all usage is appropriate and to identify any patterns.
- 6.34 Use of the special cell should always be monitored and authorised.
- 6.35 A video camera should be purchased and used at all planned interventions.
- 6.36 A recorded risk assessment should take place before any strip search.
- 6.37 In-cell activities should be provided in the care and separation unit.
- 6.38 The rules and routines of the care and separation unit should be re-written to reflect the present population. Restrictions on children visiting should be lifted.

- 6.39 Meals in the care and separation unit should be served at similar intervals to those in the rest of the prison.
- 6.40 The care and separation unit telephone should have a privacy hood.
- 6.41 Care and separation unit cells should be properly furnished with wooden furniture.

Housekeeping points

- 6.42 Orderly officers should sign the correct use of force form.
- 6.43 Notice boards should be put in each care and separation unit cell.
- 6.44 Prisoners in segregation should be able to ask for a cigarette light hourly.
- 6.45 Books in languages other than English should be readily available in the segregation unit.

Good practice

- 6.46 *Personal officers visited and stayed in touch with prisoners in the segregation unit to ensure a link was kept with the normal location.*

Incentives and earned privileges

Expected outcomes:

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

- 6.47 The scheme was administered efficiently and prisoners were motivated to progress through the levels. However, many prisoners did not understand the scheme and reviews relied on prisoners putting themselves forward rather than taking place automatically.
- 6.48 The incentives and earned privileges (IEP) scheme comprised enhanced, standard and basic levels. New arrivals who had been on enhanced level at their previous establishment could retain this level and everyone else was put on standard. The scheme depended on prisoners putting themselves forward for review rather than being reviewed automatically. Prisoners could request reviews after 28 days and then at any time using the application system. Reviews were chaired by a senior officer who was not based on the same wing as the prisoner. Prisoners attended the reviews along with a member of staff from the wing. Decisions were based on written reports from the personal officer and the prisoner's wing file. The prisoner was told the decision verbally and in writing and notified of his right to appeal, although this procedure was seldom followed.
- 6.49 The IEP scheme was explained at induction, where necessary by talking to prisoners individually. The message was further reinforced through written material and by use of simple pictorial depictions displayed on the wings. Despite these considerable efforts, results of an internal survey showed that around a third of prisoners did not understand how the scheme worked. Personal officers did not take a prominent role in explaining and reinforcing the IEP

process, although the planned structured monthly interviews could provide an opportunity for this (see section on personal officers).

- 6.50 About 40% of prisoners were on enhanced level and staff said no one had been on basic level for some time. Anyone who was demoted to basic rarely stayed on that level for more than a week. The IEP scheme was not linked to voluntary drug testing. The level of adjudications suggested that staff were confident to deal with straightforward discipline problems through the scheme.
- 6.51 There were substantial incentives for prisoners to gain enhanced level, including being able to wear personal clothing, have PlayStation equipment and gain a small financial bonus. E and F wings were designated enhanced wings and prisoners located there were unlocked 24 hours a day. Many enhanced level prisoners remained on the mainstream wings. They were offered a move to E and F wings when vacancies came up but many preferred to stay where they were.

Recommendations

- 6.52 Incentives and earned privileges (IEP) levels should be reviewed automatically.
- 6.53 More should be done to ensure that prisoners with little or no English understand how the IEP scheme works.

Section 7: Services

Catering

Expected outcomes:

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

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| 7.1 | The kitchen was clean and well maintained but less than half the kitchen workers were trained in basic food hygiene and national vocational qualifications were not offered. Prisoners were encouraged to eat healthily but those on the induction unit could not pre-select lunchtime sandwiches. |
|-----|--|
- 7.2 Food was stored and prepared effectively. Protective clothing was worn and the kitchen and serving areas were clean. The food temperature was logged at the point of serving. Halal meat and colour-coded serving utensils were stored separately and the Muslim chaplain was satisfied with the arrangements. Halal certificates were merely taped to the wall in the dining room.
- 7.3 Thirty prisoners worked in the kitchen but there was documentary evidence of training in basic food hygiene for only one. Staff said 12 more prisoners had been trained and were awaiting certificates. Healthcare did not screen prisoners as suitable to work in the preparation of food. National vocational qualifications were not offered.
- 7.4 Breakfast packs were left in the small wing kitchens and prisoners could help themselves in the mornings. The kitchens had toasters and fridges but no other facilities for prisoners to cook for themselves. A packed lunch was served from the wing offices from 11.30am onwards. Prisoners ate in their room or, if allowed, in association. There was a choice of sandwich fillings including halal meat marked by symbols, although non-halal choices were not always offered. Prisoners on the induction unit could not pre-select their choices and we saw several given only one option because the rest had run out. They were not given the opportunity to order from the kitchen and some with limited English could not articulate their concerns. The evening meal offered a good choice, catering for vegetarian, vegan, religious, cultural and medical diets. The food and portion sizes were good. Mealtimes were well supervised and prisoners appreciated the opportunity to eat in the dining room.
- 7.5 Prisoners were encouraged to eat healthily and the menus offered five portions of fruit or vegetables a day. The catering manager was trained in food and nutrition. Prisoners on transfer or at court could have a meal saved for them.
- 7.6 The food comments book in the dining room was not clearly labelled. Of the 16 entries since 30 September 2007, 12 were positive and two requested other dishes, which later comments indicated had been provided. A food survey conducted in October 2007 indicated a preference for the evening meal and a dislike of the packed lunches. The possibility of providing hot items at lunchtime had been discounted due to concerns about the lack of facilities on wings to ensure serving within relevant health and safety legislation.

Recommendations

- 7.7 All prisoners should have training in basic food hygiene and be screened for suitability to work in the preparation of food.
- 7.8 National vocational qualifications should be available for those working in the kitchens.
- 7.9 Prisoners on the induction unit should be able to pre-select their meals.

Housekeeping points

- 7.10 Halal food certificates should be framed or laminated to ensure they remain clean and presentable.
- 7.11 The food complaints book should be clearly labelled in a range of languages.

Prison shop

Expected outcomes:

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

- 7.12 The prison ran its own shop efficiently but the stock list was limited.
- 7.13 The prison ran its own shop. Orders were bagged and delivered to the wings with an updated account balance on set days of the week. New arrivals were usually able to order and receive items within a day. Fresh fruit, salads and newspapers were bought and delivered the same day. Problems with orders were resolved quickly.
- 7.14 The size of the shop limited the range of goods available and some prisoners said the shop list was shorter than at other prisons. Staff were responsive to prisoner suggestions, including for items that suited minority needs. Prices were comparable with high street shops. Clothing catalogues were available on the wings.

Recommendation

- 7.15 Following prisoner consultation, the range of goods in the shop should be expanded.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

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| 8.1 | Fundamental aspects of the resettlement policy were not delivered and the analysis of resettlement need was relatively unsophisticated. Effective resettlement work was undermined by problems associated with immigration status and the assumption that prisoners would be deported. |
|-----|--|
- 8.2 At the time of the re-role, it was wrongly assumed that resettlement services would not be required for a foreign national population and Bullwood Hall had subsequently struggled to identify the resettlement needs of its population. It had adopted the National Offender Management model and incorporated the seven pathways to resettlement but had received little external guidance on how best to adapt the model to its population. Recording of reasons for discharge was inconsistent across departments and it was in any event difficult to establish at an early stage who would remain in the UK or be deported. Consequently, planning resettlement services was extremely difficult, even if the infrastructure for their development had been in place.
- 8.3 Bullwood Hall had an aspirational resettlement policy dated 30 July 2007. This recognised the need to develop an action plan for reducing underling specifically for foreign national prisoners, as well as the importance of working in partnership with the voluntary, private and statutory sectors and for a full assessment of needs for every prisoner and appropriate interventions. However, none of these fundamental aspects of the policy were being delivered.
- 8.4 The multidisciplinary resettlement policy committee chaired by the head of the offender management unit met monthly. The head of residence, regimes, the Border and Immigration Agency and voluntary organisations were represented. The committee was responsible for coordinating resettlement work and focused on prisoners remaining in the UK both strategically and in terms of delivery.
- 8.5 A comprehensive self-report prisoner analysis had been completed in January 2007. This had involved 143 interviews with prisoners, although 23 prisoners had not responded because of language difficulties and no interpretation service had been offered. The results of this survey were therefore not fully representative.
- 8.6 The psychology department had conducted a limited survey of prisoners' views of resettlement services through an exit survey in July 2007. The questionnaire had not been updated following the re-role and was in English only. Twenty of a possible 33 responses had been received and suggested a lack of resettlement provision for all prisoners (see section on resettlement pathways).
- 8.7 The resettlement pathways were addressed through interventions that were accessible primarily to UK residents. Little thought had been given to the needs of foreign national prisoners returning home. No accredited offending behaviour programmes were run, although

a locally-devised cognitive skills and enhanced thinking programme was offered. Two staff were trained in the A to Z motivational programme and there were plans to deliver this. Both programmes were suitable for all types of prisoner and the waiting lists suggested sufficient provision.

Recommendations

- 8.8 The prison should have a robust and accessible system for recording discharge numbers and destinations.
- 8.9 A comprehensive resettlement needs analysis should incorporate the views of prisoners who are not fluent in English.

Offender management and planning

Expected outcomes:

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

- 8.10 The offender management unit had only recently been established. All prisoners were allocated an offender supervisor and most had a custody plan or an offender assessment system. Public protection arrangements were mostly efficient. The failure to identify a prisoner's immigration status was undermining effective resettlement work. Little integrated sentence planning was taking place.
- 8.11 The offender management model was undermined by the lack of a coherent strategy for working specifically with foreign nationals. The offender management unit (OMU), set up in September 2007, comprised 4.5 offender supervisors (one probation officer, one probation service officer and 2.5 discipline officers). The latter were doing all current custody plans, while probation and offender assessment system (OASys) staff were clearing a backlog of OASys assessments. The officer offender supervisors had caseloads of 51, 44 and 38 and complained that they were regularly redeployed to other duties. All new arrivals were regarded as OMU cases regardless of sentence length and each prisoner was given a named offender supervisor. Prisoners we spoke to were positive about their offender supervisors.
- 8.12 Most prisoners had a custody plan completed within two days of arrival but the quality was poor. They relied mostly on self-report and there was little evidence of any reference to file information such as previous reports. Targets were a pro forma and focused on complying with the regime, education and work. Additional targets were occasionally added, including substance-related work with the counselling, assessment, referral, advice and throughcare (CARAT) service and seeking accommodation advice from NACRO. There was no assessment of risk in custody plans.
- 8.13 Of the 82 prisoners in scope for OASys, 27 had an OASys assessment and 26 with lesser sentences had a custody plan. Twenty-nine prisoners had no custody plan or OASys and we were told that this was either because of a lack of time or because the prisoner was to be deported or discharged to an immigration removal centre. The quality of OASys was good but interventions tended to focus on what was available at Bullwood Hall rather than relating to offending history and resettlement need. OASys documentation indicated that contributions

were received from a range of sources but no multidisciplinary sentence planning boards were run and there were no attempts to involve families. Previous conviction information was difficult to obtain for many foreign nationals who had been resident abroad and this inevitably affected the quality of risk assessments.

- 8.14 Only one prisoner was in scope for offender management, which was usual given Bullwood Hall's criteria of accepting only those serving sentences of less than four years. Cases were prioritised if it was known that prisoners were likely to resettle in the UK. Probation areas were generally reluctant to accept responsibility for prisoners if they were not already known to them until it had been confirmed that they would be released into the UK. This had an adverse impact on effective sentence planning for the substantial number of prisoners who were eventually released. In such cases, supervision arrangements were confirmed only a short time before release, which left little preparation time for offender managers or prisoners.
- 8.15 There was little evidence of effective inter-departmental working. None of the offender management files we saw, for example, made any reference to the development of work and training opportunities relevant to foreign national prisoners facing deportation to their home countries. Education screening results were not shared so targets took no account of educational need. Psychological services were not providing any specialist assessment during the sentence planning process.
- 8.16 Neither OASys nor custody plans made reference to immigration issues. In one case, the target to 'cooperate with immigration' had been set without an explanation why this was appropriate. Little attention was paid to maintaining family ties. Staff described attempts to facilitate accumulated visits to promote family contact in the UK, which were undermined by population pressures that meant no prison could be found to take prisoners from Bullwood Hall temporarily. This was not reflected in the offender management files we saw.
- 8.17 All prisoners were routinely considered for home detention curfew (HDC) regardless of immigration status. If no immigration restrictions materialised, they could therefore benefit at least from a period of HDC. Twenty-nine of 312 to date this year had been granted HDC. However, probation areas did not prioritise community assessments for HDC on prisoners for whom they did not accept responsibility. The assessments received were largely due to the tenacity of staff at Bullwood Hall.
- 8.18 No one had benefited from release on temporary licence (ROTL) in the previous 12 months. Staff said this was because of unresolved immigration status issues and the prison being disinclined to grant ROTL while there was any possibility of deportation or removal (see sections on foreign nationals and categorisation).
- 8.19 The facilitated return scheme (FRS) had been used 38 times in 2007 to return prisoners to their home countries, which was a relatively small number of those who might have been eligible. Under this scheme, there was the potential for resettlement and reintegration support through the International Organisation for Migration, although examples of what support had been given to those removed were not available. There was no such assistance for those removed under other schemes. Seventy-five prisoners had been removed under the early removal scheme to date in 2007.
- 8.20 Managers described good interaction between sentence planning and the personal officer scheme. Copies of targets were issued to personal officers, who were expected to discuss them with the prisoners and encourage engagement during their weekly meetings. There was no structured feedback to offender supervisors about progress made or otherwise.

- 8.21 Public protection policies were comprehensive. The few public protection cases were identified appropriately. Systems for informing the prisoner were not clear and there was no evidence that prisoners were given information on how to challenge this. The probation team took responsibility for all public protection work. The local use of 'raised risk' to identify cases where prisoners did not fit the statutory risk criteria seemed unnecessary and risked these prisoners being subject to more restrictive monitoring and interventions than necessary. Prisoners were not advised of their raised risk status.

Recommendations

- 8.22 Offender supervisors should have sufficient allocated time to complete their duties.
- 8.23 All prisoners serving sentences of 12 months and over should have an offender assessment system assessment.
- 8.24 Probation areas should accept responsibility for prisoners sentenced in their geographic region.
- 8.25 As far as is possible, previous conviction information should be sought by staff completing risk assessments. The National Offender Management Service should provide support and guidance to help achieve this.
- 8.26 Multidisciplinary sentence/custody planning boards should be run for all prisoners.
- 8.27 With prisoners' consent, families should be invited to contribute to sentence planning boards.
- 8.28 Release on temporary licence requests should be assessed in each individual case according to established criteria and this should be recorded.
- 8.29 The Border and Immigration Agency should promote more effective use of the early removal and facilitated return schemes at Bullwood Hall.
- 8.30 Progress against identified targets through each resettlement pathway should be relayed back to the offender management unit by personal officers.
- 8.31 The National Offender Management Service should draw on the experience of the International Organisation for Migration and consult with the Department for International Development about the feasibility of supporting programmes that assist the successful resettlement of foreign national prisoners returning to home countries.

Good practice

- 8.32 *The routine consideration of all prisoners for home detention curfew even when outcome of immigration status was uncertain meant the process was not frustrated by delay when it turned out they were not to be imminently deported.*

Resettlement pathways

Expected outcomes:

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

Reintegration

- 8.33 There was a limited service to help prisoners settling in the UK on release to secure accommodation and resolve existing tenancy agreements. The prison provided a range of learning and skills but few were accredited. External links were undeveloped. The limited input from Jobcentre Plus was only for those returning to live in the UK. There were no personal finance management interventions. A copy of clinical records was passed on when prisoners left and a supply of medication was given to those being released.

Accommodation

- 8.34 Accommodation services for those returning to the UK were provided by a worker from NACRO who attended the prison one day a week. Prisoners could apply to use the service and offender supervisors also made referrals when they identified a need. The service was advertised in a number of languages. Prisoners returning to countries other than the UK received no assistance with securing accommodation. In an analysis of resettlement services undertaken by the psychology department earlier in 2007, 49% of prisoners said they left with unresolved accommodation problems.

Education, training and employment

- 8.35 The resettlement function was underdeveloped and links to external agencies such as Jobcentre Plus were in their infancy, although weekly Jobcentre Plus surgeries included general advice on employment opportunities for prisoners being released into the UK and advice on benefit entitlements for eligible prisoners. The surgery also assisted with applications for specific employment following release. A personal development course to support job search was provided by Milton Keynes College but there was no system to link the course to custody plans or pre-release assessment. The information, advice and guidance (IAG) service and the offender management unit were under-resourced. The offender learning and skills service (OLASS) contractor for IAG (Tribal) was in the process of taking over the contract, replacing the limited provision by Milton Keynes College.
- 8.36 The range of learning and skills provided by the prison was based on prisoners' preferences and perceived skills needs in areas of release. There was no employer engagement. There were some vocational tasters in brickwork, plumbing, woodwork and painting. In many areas, training did not provide nationally recognised accreditation and had limited currency in terms of employment. There were few opportunities to develop or sustain work skills.

Finance, benefit and debt

- 8.37 No personal finance management interventions were offered other than NACRO, which assisted in the prevention of accrual of rent arrears through liaison with housing benefit departments in the UK. The social and life skills course included a module on budgeting and money management. In the establishment's exit survey, 60% of respondents said they had not received money and benefits advice.

Mental and physical health

- 8.38 All departing prisoners were seen before release and a fit for release or transfer assessment was carried out. Men being transferred to detention centres were assessed before leaving and copies of their clinical records were given to the escorting officer. Those being released were given a copy of their computerised health record to pass to their GP and a supply of medication until they saw their GP.
- 8.39 The community psychiatric nurse (CPN) always liaised with community mental health teams to establish ongoing aftercare for mental health discharges. The patient was given a letter for his GP and any necessary medication. The CPN had not experienced any difficulty in transferring the care of patients to community teams.

Recommendations

- 8.40 Professional accommodation advice should be available for those prisoners who will be discharged overseas.
- 8.41 Prisoners, including those returning to live overseas, should have access to advice on finance and debt.

Drugs and alcohol

- 8.42 The drug strategy committee was chaired by the head of psychology and met bi-monthly. Relevant departments were represented and good community links had been established. A senior officer acted as the deputy drug strategy coordinator and different strands of the strategy were well integrated.
- 8.43 The drug strategy policy had recently been reviewed. It was comprehensive and included a delivery plan covering supply and demand reduction initiatives. An alcohol strategy had also been developed. The policies were informed by a population needs analysis conducted a year previously but this required completion annually to keep track of population changes.
- 8.44 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a manager and a worker from ADAPT (alcohol and drug addiction prevention and treatment); another drug worker post was vacant. The team's premises included a group room and an interview room. The deputy drug strategy coordinator and the voluntary drug testing (VDT) officer were also based on the unit and there was a good level of multidisciplinary work.

- 8.45 The team managed to meet a triage assessment target of 98 a year, as well as local targets for comprehensive assessments, care plans, one-to-one and group work sessions. These were reviewed at monthly contract meetings.
- 8.46 All new prisoners were seen during induction and given verbal and written information on CARAT services and advice on harm reduction. Information leaflets had been translated into languages other than English and workers had created a poster to assure prisoners of confidentiality. An extension of the peer support scheme was planned to promote CARAT services.
- 8.47 The active caseload stood at 46. Clients spoke highly of the accessibility of workers and the support they gave. Staff struggled to meet the local target of 35 one-to-one sessions a month and this was under review. One-to-one work was supplemented with in-cell work packs but only basic substance-specific information had been translated into languages other than English. Case files evidenced detailed care planning and regular reviews.
- 8.48 Prisoners could also access three validated group work modules: motivational enhancement, harm minimisation and relapse prevention. One module ran each month, with six sessions over three weeks. Workers creatively used pictorial information to engage those with little or no English. Since April 2007, 55 CARAT clients had completed group work courses and feedback was very positive. Prisoners engaging with the CARAT service could also access a 'tackling drugs through PE' gym session each week.
- 8.49 Prisoners with a history of alcohol problems were assessed by CARAT workers and given in-cell work packs but the CARAT contract excluded ongoing work with primary alcohol users. There was no alcohol awareness module. This gap in service provision particularly affected prisoners from some Eastern European countries who had heavy alcohol rather than drug use. Alcoholics Anonymous self-help groups met bi-weekly, alternating with Narcotics Anonymous sessions.
- 8.50 The CARAT team was well integrated into the prison and workers reported high levels of cooperation from wing officers. They were represented at the relevant multidisciplinary meetings, contributed to sentence planning and completed transfer and release plans. A comprehensive range of joint working protocols had been developed and bi-weekly meetings with healthcare, mental health in-reach and the counselling service facilitated effective care coordination.
- 8.51 Prisoners were given pre-release harm reduction information and an appointment was arranged with the local drug intervention programme team. There was no throughcare provision for prisoners transferred to an immigration removal centre, some of whom were then released into the community. In our survey, 4% of prisoners, against a comparator of 10%, thought they would have a drug problem on release.
- 8.52 Prisoners could access voluntary drug testing (VDT) independent of location and the scheme was not linked to the incentives and earned privileges (IEP) scheme. The target of 50 compacts was met and the required level of testing took place. The programme was well managed by a VDT coordinator and two officers trained in the procedure. There was a dedicated testing suite. Since April 2007, one prisoner had failed to attend and no positive tests had been returned.

Recommendations

- 8.53 The substance use needs analysis should be repeated annually to ensure that service provision matches the needs of the prisoner population.
- 8.54 Services for prisoners with alcohol problems should be provided.
- 8.55 The counselling, assessment, referral, advice and throughcare (CARAT) service should develop a peer support scheme for prisoners with drug and alcohol problems.

Good practice

- 8.56 *The CARAT team actively promoted its services to prisoners with little or no English.*

Children and families of offenders

- 8.57 Promotion of family contact was underdeveloped and there was no family liaison or support officer. There was sometimes insufficient capacity for weekend visits and there were difficulties arranging accumulated visits.
- 8.58 In our survey, 46% of respondents said they had children and none said they had problems ensuring dependants were looked after. Eighty per cent of prisoners, significantly better than the comparator of 51%, said they were offered help by staff to contact their family.
- 8.59 Prisoners described occasional problems with insufficient capacity to cater for the demand for weekend visits. On one occasion, staff had been unable to arrange a recommended weekend family visit for a prisoner on self-harm monitoring because the facility was fully booked. The prison had tried to arrange accumulated visits but without success due to national overcrowding problems and the inability of other prisons to accommodate accumulated visits. There was no video facility.
- 8.60 Special children's visits were arranged bi-monthly on Saturdays. Prisoners could play with their children and use a small indoor play area equipped with toys. There was also a small outside area but it was not equipped. Visits lasted only two hours and families could not have a meal together or have their photograph taken. Responsibility for arranging some indoor activities was shortly to pass from the Mothers Union to the Ormiston Trust and there were plans to expand the range provided. Places for children's visits were limited and priority was given to enhanced level prisoners.
- 8.61 Storybook Dads courses were occasionally run but there were no parenting courses or other specific resettlement initiatives focusing on the importance of maintaining family ties. Families were not involved in sentence planning or routinely considered as sources of support for prisoners in crisis (see section on suicide and self-harm prevention). Release on temporary licence, which could have been used to strengthen family contact, was rarely used (see section on offender management and planning). There was no family liaison or support officer. In our survey, 31% of prisoners, significantly worse than the comparator of 20%, thought they would have problems maintaining relationships on release.

Recommendations

- 8.62 Access to special children's visits should not be prioritised by incentives and earned privileges (IEP) levels.
- 8.63 An accumulated visits scheme should be available to facilitate prisoners' contact with their families and friends.
- 8.64 There should be a qualified family support worker to develop all aspects of family contact.

Attitudes, thinking and behaviour

8.65 No accredited interventions were delivered and interventions run were generally not designed specifically to address offending behaviour. Prisoners could not access interventions elsewhere. The lack of robust sentence planning could lead to an under-assessment of need.

8.66 The locally devised cognitive skills programme was going through the accreditation process. It was based on the enhanced thinking skills programme but had been adapted for use with foreign national prisoners, largely by removing the requirement for written work. It was also suitable for those in denial of their offences. The programme was used to engage with a range of behaviour, including concerns arising from bullying allegations and cell-sharing risk assessments. Prisoners were positive about the course and the skills they acquired from it, which they believed they could use wherever they resettled on release. The social and life skills course offered a module in improving assertiveness and decision-making. A motivational programme was being introduced.

8.67 Prisoners said they could not access interventions at other establishments. Some staff said only prisoners who were UK nationals or requiring more secure conditions could be moved, while others said prisoners could transfer to undertake interventions elsewhere but that population pressures made this difficult to achieve. Release on temporary licence was not used to facilitate access to community interventions. This was a significant weakness as the only treatment to address offending behaviour was that relating to drugs and, to a lesser degree, alcohol (see section on drugs and alcohol). An intervention to address violent behaviour had not achieved accreditation and had been withdrawn. Conditions could be included in post-release licence conditions but the late identification of prisoners able to remain in the UK meant this was often not a realistic option. The lack of robust sentence planning could have resulted in an under-assessment of needs, particularly as targets set tended to relate only to what could be offered at Bullwood Hall. In a survey of prisoners leaving Bullwood Hall, 58% said they had not addressed their offending behaviour.

Recommendation

- 8.68 An offending behaviour treatment needs analysis should be undertaken and necessary treatment options made available to meet identified needs.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendation

To the UK Border Agency

- 9.1 Defensible decisions on whether or not to proceed to deportation or removal should be made and relayed as early as possible in sentence. (HP40)

Main recommendations

To NOMS

- 9.2 The National Offender Management Service, in consultation with the UK Border Agency, should ensure that foreign national prisoners who fit the criteria for Bullwood Hall are transferred there early enough for adequate pre-discharge preparation to take place. (HP37)
- 9.3 There should be a national policy for the management and support of foreign national prisoners, which provides clear practice guidelines to establishments and is supported by auditable standards, service level agreements or contractual requirements. (HP38)
- 9.4 The National Offender Management Service should give a clear strategic lead on offender management for foreign nationals, which ensures that risks are properly managed and that prisoners are adequately prepared for release or removal. (HP39)

Main recommendation

To NOMS and the governor

- 9.5 The population of G wing should not be permanently increased. (HP43)

Main recommendations

To the governor

- 9.6 The resettlement strategy should be implemented and should include consideration of the resettlement needs of prisoners who are resettling in the UK and abroad. (HP41)
- 9.7 A professional telephone interpreting service should be offered in sensitive matters such as adjudications and healthcare. Prisoner interpreters, subject to informed consent, should supplement and not replace this provision. (HP42)

Recommendation

To the UK Border Agency

Offender management and planning

- 9.8 The UK Border Agency should promote more effective use of the early removal and facilitated return schemes at Bullwood Hall. (8.29)

Recommendation**To the UK Border Agency and NOMS**

Courts, escorts and transfers

- 9.9 Prisoners and detainees should not be subjected to successive moves with short notice within a short space of time. (1.7)

Recommendation**To the Prison Service**

Legal rights

- 9.10 The Prison Service should develop a training pack for staff in basic immigration law and procedure. (3.126)

Recommendation**To the Prison Service and NOMS**

Resettlement pathways

- 9.11 An accumulated visits scheme should be available to facilitate prisoners' contact with their families and friends. (8.63)

Recommendations**To NOMS**

Courts, escorts and transfers

- 9.12 Prisoners should be given at least 24 hours' notice of planned transfer and the opportunity to inform family and legal representatives of their move. (1.5)
- 9.13 Detainees held solely under Immigration Act powers should not be held in a prison other than on the basis of security risk. (1.6)

Foreign national prisoners

- 9.14 The cost of international telephone calls should be reviewed nationally. (3.88)

Offender management and planning

- 9.15 Probation areas should accept responsibility for prisoners sentenced in their geographic region. (8.24)
- 9.16 The National Offender Management Service should draw on the experience of the International Organisation for Migration and consult with the Department for International Development about the feasibility of supporting programmes that assist the successful resettlement of foreign national prisoners returning to home countries. (8.31)

Recommendation**To NOMS and the governor**

Offender management and planning

- 9.17 As far as is possible, previous conviction information should be sought by staff completing risk assessments. The National Offender Management Service should provide support and guidance to help achieve this. (8.25)

Recommendation**To the PCT**

Health services

- 9.18 A full skill mix review should be undertaken by the primary care trust to ensure sufficient appropriately-qualified health workers are recruited to deliver health services. (4.41)

Recommendations**To the governor**

First days in custody

- 9.19 The reception area should be redesigned to be fit for present purposes as soon as possible. (1.18)
- 9.20 In addition to the missing property board, reception staff should maintain a log tracking pursuit of missing property to identify weak spots over time. (1.19)

Residential units

- 9.21 A regular programme of good quality refurbishment work should be carried out throughout the prison. (2.8)
- 9.22 In-cell toilets or an alternative system to the current unsatisfactory arrangements should be introduced in order to provide 24-hour access to toilet facilities. (2.9)
- 9.23 While the current night sanitation arrangements persist, more prisoners should be unlocked for 24 hours a day, and additional night staff should be deployed when there are technical problems with the night sanitation system to ensure that prisoners can access toilets without undue delay. (2.10)
- 9.24 Prisoners should have better access to hot and cold water. (2.11)

Staff-prisoner relationships

- 9.25 Wing staff should receive training to help them understand the distinct needs of foreign national prisoners. (2.17)

Personal officers

- 9.26 The role of the personal officer should be extended to include more active involvement in specialist areas of work. (2.22)

Bullying and violence reduction

- 9.27 There should be a comprehensive policy, based on a needs analysis, that sets out how bullying will be dealt with and is clearly linked to the violence reduction strategy. (3.10)
- 9.28 Staff should be trained in the revised bullying policy and violence reduction policy. (3.11)
- 9.29 Mediation and restorative justice programmes delivered by trained staff should be developed to underpin the PACT policy. (3.12)
- 9.30 The vulnerable prisoner strategy should be overseen by the safer community management committee and should be an integral part of other inter-related safety strategies. (3.13)
- 9.31 The analysis of monitoring information should allow identification of patterns in bullying and self-harm. (3.14)
- 9.32 All allegations of bullying should be properly investigated. (3.15)
- 9.33 Victims of bullying should be properly supported through an agreed support plan. (3.16)
- 9.34 The Concern Line should be more actively promoted through prominently-displayed notices in the visitors' waiting room and notices sent out with visiting orders and travel instructions. (3.17)
- 9.35 Designated members of the safer community management committee should attend meetings. (3.18)
- 9.36 The responsibilities of the prisoner safer community representatives, including their role as peer supporters, should be clarified and promoted more actively. (3.19)

Self-harm and suicide

- 9.37 The quality assurance system should be revised to ensure that the quality of initial assessment and care mapping is checked as well as compliance with procedures. (3.26)
- 9.38 Analysis of self-harm data should be strengthened to include breakdown by reason, location, time of day, stage in sentence and nationality of the prisoner. (3.27)
- 9.39 Family support should always be considered as part of care planning for prisoners at risk of self-harm. (3.28)
- 9.40 Peer support should be available after prisoners are locked up at night and a care suite made available to support their work. (3.29)
- 9.41 Detailed records should be maintained and retained when the constant observation cell is used and its use should be monitored by the safer community management committee. (3.30)

- 9.42 Assessment, care in custody and teamwork (ACCT) reviews should be scheduled at times when key staff involved with the prisoner, including personal officers, are available to attend. (3.31)
- 9.43 All staff should have ACCT foundation training and there should be a programme of refresher training. (3.32)
- 9.44 Peer interpreters should be used in ACCT reviews only to support prisoners and to supplement, not replace, professional interpretation. (3.33)

Diversity

- 9.45 The diversity strategy should be completed and include consideration of the needs of older prisoners, prisoners with disabilities and gay prisoners. It should include a disability equality scheme that involves prisoner needs assessment. (3.42)
- 9.46 The role of the diversity orderly should be clearly defined and promoted. (3.43)
- 9.47 The disability liaison officer should be given profiled time sufficient for the work. (3.44)
- 9.48 The cells identified for prisoners with disabilities should be properly assessed and made suitable. (3.45)
- 9.49 There should be regular diversity awareness training. (3.46)
- 9.50 There should be regular minuted diversity meetings that include prisoner representation and consideration of prisoner issues. (3.47)
- 9.51 Prisoners with disabilities should be correctly identified, and support and care plans should be completed for each individual. (3.48)

Race equality

- 9.52 Residential staff and prisoner representatives should attend race equality action team meetings. (3.63)
- 9.53 Cultural awareness training should be delivered regularly to all staff. (3.64)
- 9.54 The race equality officer should be given enough time to complete race equality work, and attend the violence reduction committee meeting. (3.65)
- 9.55 Nationality monitoring should be developed. Support and advice should be sought from, and provided by, the Prison Service's race equality action group. (3.66)
- 9.56 Racist incident report forms should be independently scrutinised on a regular basis. (3.67)
- 9.57 Appropriate actions should be taken and recorded if a member of staff is identified as behaving poorly in racist incident report forms, whether or not the behaviour is considered racist. (3.68)
- 9.58 Prisoner representatives meetings should have a set agenda and clear action points. (3.69)

- 9.59 Racist incident report forms should be placed on G wing and other key areas, and should be original forms rather than photocopies. (3.70)
- 9.60 Regular cultural events should be held and displays throughout the prison should reflect the diversity of the population. (3.71)

Foreign national prisoners

- 9.61 The foreign national strategy under development should involve prisoner consultation and identify needs. (3.85)
- 9.62 All staff should be made aware of the list of staff and prisoner interpreters and issued with guidance on their appropriate use. (3.86)
- 9.63 All staff should be made aware of the information available in translation on the Prison Service intranet. (3.87)
- 9.64 There should be enough suitably-experienced on-site immigration staff to explain status and options to detainees and to progress their cases. (3.89)
- 9.65 Decision documents, including reasons for detention and documents presented for signature by the prisoner/detainee, should be issued and explained in a language the detainee understands. (3.90)
- 9.66 Detainees should not be pressured into signing documents that affect their rights, but given a copy and encouraged to seek prior legal advice. (3.91)
- 9.67 The on-site immigration team should be properly equipped and connected to the UK Border Agency casework information database to enable them to work to a proper standard and maintain up-to-date files. (3.92)

Contact with the outside world

- 9.68 Telephones with hoods that offer limited privacy should be enclosed in privacy booths. (3.103)
- 9.69 Prisoners should be able to maintain contact with family and friends in different time zones. (3.104)
- 9.70 Prisoners should have access to email facilities. (3.105)
- 9.71 A needs analysis should be undertaken to ascertain whether the arrangements for weekend and daytime-only visits are adequate to meet the needs of prisoners and their families. (3.106)
- 9.72 Visitors should be able to book their next visit before they leave the prison. (3.107)
- 9.73 There should be no restriction on the number of children allowed in a single visit. (3.108)
- 9.74 There should be a properly-equipped visitors' centre that is staffed to assist and support visitors. (3.109)
- 9.75 Closed and non-contact visits should be authorised only when there is a significant risk justified by security intelligence. (3.110)

- 9.76 The closed visits rooms should be refurbished. (3.111)

Applications and complaints

- 9.77 Responses to complaints should be addressed personally and address the issues raised. Apologies and compensation should be offered when appropriate. (3.117)
- 9.78 Prison staff should be made aware of how complaints diverted to the UK Border Agency will be dealt with, including standards and tracking. (3.118)
- 9.79 Application logs held on wings should provide a proper audit trail so that managers can check for timeliness and staff are able to deal with prisoners enquiries about the progress of their application. (3.119)

Legal rights

- 9.80 In consultation with the Legal Services Commission, the prison should seek to expand access to independent specialist immigration legal advice to meet the identified needs of the population. (3.125)

Substance use

- 9.81 A suitable secondary detoxification programme should be introduced. (3.133)
- 9.82 The necessary level of mandatory drug testing should take place at weekends. (3.134)
- 9.83 Holding cells in the mandatory drug testing suite should be enlarged. (3.135)

Health services

- 9.84 The head of healthcare should be professionally qualified and have direct access to the governor. (4.42)
- 9.85 Emergency equipment should be checked daily and records kept. (4.43)
- 9.86 A healthcare worker should be identified to take responsibility for the health management of older prisoners. (4.44)
- 9.87 The healthcare manager should contact the Medical Foundation for the Care of Victims of Torture for guidance on the care of prisoners who may have been victims of torture, and all healthcare staff should undergo specialist training on the management of such prisoners. (4.45)
- 9.88 The doctor's office should be fitted with hand-washing facilities and reconfigured to meet safety regulations. (4.46)
- 9.89 A new dedicated room should be provided in reception to allow initial health screenings to take place. (4.47)
- 9.90 Regular pharmacist-led clinics should be held to allow patients to discuss their medication. (4.48)

- 9.91 The pharmacist should visit the prison at least once a month to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review. (4.49)
- 9.92 Administration of medicines records should be completed methodically and accurately, and where patients fail to attend or refuse medication this should be recorded. (4.50)
- 9.93 The computerised clinical management system should be designed to allow the administration of medication to be recorded. (4.51)
- 9.94 The ambient temperature of the pharmacy should be monitored to ensure that it provides an appropriate environment for medicines to be stored. (4.52)
- 9.95 All pre-packs should be dual-labelled and one label removed when the pre-pack is dispensed. Where practicable, the use of patient-named medication should be encouraged. (4.53)
- 9.96 Patient group directives (PGDs) should be introduced to enable nurses or the pharmacist to supply more potent medication and to avoid unnecessary consultations with the doctor. A copy of the original signed PGDs should be present in the pharmacy. Staff should read and sign them. (4.54)
- 9.97 The dental surgery should be refurbished to bring it up to acceptable standards. This should include cabinetry, flooring and essential dental instruments. (4.55)
- 9.98 Dental treatment should be suspended until the amalgamator is removed, a mercury vapour check carried out and any necessary decontamination completed. Mercury hygiene measures should be instituted, including a new amalgam mixer, with a tray beneath, and provision of a mercury spillage kit. (4.56)
- 9.99 The x-ray machine should be commissioned urgently, with the visit carried out when the dentist is present. Local rules should be produced urgently, including radiation safety procedures, and the dentist named as the radiation protection supervisor. (4.57)
- 9.100 The dental surgery should have its own set of resuscitation equipment. (4.58)
- 9.101 A contract for the disposal of hazardous waste from the dental surgery should be set up urgently to include the provision of clean and contaminated waste. (4.59)

Learning and skills and work activities

- 9.102 The information, advice and guidance provision should be fully implemented as a matter of urgency. (5.13)
- 9.103 The range of formal nationally-recognised accredited skills training programmes should be increased. (5.14)
- 9.104 More suitable basic skills programmes should be introduced to meet the needs of those in the prison for short periods. (5.15)
- 9.105 Better teaching resources should be provided in vocational training areas. (5.16)
- 9.106 Planned library opening hours should include access in the evenings and at weekends. (5.17)
- 9.107 Use of IT should be monitored and its development planned. (5.18)

9.108 Library guidance materials should be translated into relevant languages. (5.19)

9.109 Library staff should have direct internet access. (5.20)

Physical education and health promotion

9.110 There should be facilities for team sports. (5.24)

9.111 There should be a wider range of accredited programmes. (5.25)

Faith and religious activity

9.112 Information on services should be available in languages other than English. (5.32)

9.113 The current multi-faith room should not be closed before an alternative room of adequate size and with appropriate facilities for ablutions has been identified and opened. (5.33)

9.114 A Muslim chaplain should be appointed. (5.34)

Time out of cell

9.115 Prisoners should have evening association at weekends. (5.37)

Security and rules

9.116 An accurate analysis of security information reports should be used to set security targets for staff. (6.10)

9.117 Information about security requirements should be distributed in languages other than English. (6.11)

9.118 Security categories should be reviewed in light of the full range of information available to the governor, including timely written information from the UK Border Agency and taking into account prisoners' individual circumstances. (6.12)

Discipline

9.119 The standardisation meeting should have a set agenda and monitor adjudications by location and type. (6.29)

9.120 Adjudications should clearly state why charges are proved and record any mitigation. (6.30)

9.121 A record should be made on the adjudication hearing about prisoners' ability to understand English. Those with language problems should be offered professional interpreting services and this should be documented. (6.31)

9.122 Conclusions to use of force incidents should be clear and state whether the special cell was used. (6.32)

- 9.123 Use of force should be separately monitored by senior managers to ensure that all usage is appropriate and to identify any patterns. (6.33)
- 9.124 Use of the special cell should always be monitored and authorised. (6.34)
- 9.125 A video camera should be purchased and used at all planned interventions. (6.35)
- 9.126 A recorded risk assessment should take place before any strip search. (6.36)
- 9.127 In-cell activities should be provided in the care and separation unit. (6.37)
- 9.128 The rules and routines of the care and separation unit should be re-written to reflect the present population. Restrictions on children visiting should be lifted. (6.38)
- 9.129 Meals in the care and separation unit should be served at similar intervals to those in the rest of the prison. (6.39)
- 9.130 The care and separation unit telephone should have a privacy hood. (6.40)
- 9.131 Care and separation unit cells should be properly furnished with wooden furniture. (6.41)

Incentives and earned privileges

- 9.132 Incentives and earned privileges (IEP) levels should be reviewed automatically. (6.52)
- 9.133 More should be done to ensure that prisoners with little or no English understand how the IEP scheme works. (6.53)

Catering

- 9.134 All prisoners should have training in basic food hygiene and be screened for suitability to work in the preparation of food. (7.7)
- 9.135 National vocational qualifications should be available for those working in the kitchens. (7.8)
- 9.136 Prisoners on the induction unit should be able to pre-select their meals. (7.9)

Prison shop

- 9.137 Following prisoner consultation, the range of goods in the shop should be expanded. (7.15)

Strategic management of resettlement

- 9.138 The prison should have a robust and accessible system for recording discharge numbers and destinations. (8.8)
- 9.139 A comprehensive resettlement needs analysis should incorporate the views of prisoners who are not fluent in English. (8.9)

Offender management and planning

- 9.140 Offender supervisors should have sufficient allocated time to complete their duties. (8.22)
- 9.141 All prisoners serving sentences of 12 months and over should have an offender assessment system assessment. (8.23)
- 9.142 Multidisciplinary sentence/custody planning boards should be run for all prisoners. (8.26)
- 9.143 With prisoners' consent, families should be invited to contribute to sentence planning boards. (8.27)
- 9.144 Release on temporary licence requests should be assessed in each individual case according to established criteria and this should be recorded. (8.28)
- 9.145 Progress against identified targets through each resettlement pathway should be relayed back to the offender management unit by personal officers. (8.30)

Resettlement pathways

- 9.146 Professional accommodation advice should be available for those prisoners who will be discharged overseas. (8.40)
- 9.147 Prisoners, including those returning to live overseas, should have access to advice on finance and debt. (8.41)
- 9.148 The substance use needs analysis should be repeated annually to ensure that service provision matches the needs of the prisoner population. (8.53)
- 9.149 Services for prisoners with alcohol problems should be provided. (8.54)
- 9.150 The counselling, assessment, referral, advice and throughcare (CARAT) service should develop a peer support scheme for prisoners with drug and alcohol problems. (8.55)
- 9.151 Access to special children's visits should not be prioritised by incentives and earned privileges (IEP) levels. (8.62)
- 9.152 There should be a qualified family support worker to develop all aspects of family contact. (8.64)
- 9.153 An offending behaviour treatment needs analysis should be undertaken and necessary treatment options made available to meet identified needs. (8.68)

Housekeeping points

Residential units

- 9.154 The offensive displays policy should be clarified and implemented consistently. (2.12)

Self-harm and suicide

- 9.155 Education and training staff should contribute to monitoring records of prisoners on open ACCT documents. (3.34)

Diversity

- 9.156 There should be formal links between the diversity manager, the disability liaison officer and healthcare. (3.49)

Race equality

- 9.157 Summaries of completed recommendations provided to complainants and those interviewed should not be in the third person. (3.72)
- 9.158 The orderly officer's checks of observation books should be recorded correctly and acted on. (3.73)

Health services

- 9.159 The compressor should be located immediately, drained and serviced if necessary, ensuring that the vessel has up-to-date pressure vessel certification. Responsibility for these functions should be ascertained and, if not the dental team, a drainage logbook initiated and randomly checked. (4.60)
- 9.160 Oral health promotion should be incorporated into prison healthcare advice programmes. (4.61)
- 9.161 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and the pharmacy to ensure that thermolabile items are stored within the 2-8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.62)
- 9.162 Old pharmacy reference books should be discarded and only the most recent copy should be kept to ensure that any information used is up to date. (4.63)
- 9.163 Henley bags should not be used and suitable bottles or boxes used instead. (4.64)

Time out of cell

- 9.164 The exercise yard should have more benches. (5.38)

Security and rules

- 9.165 The main rules should be posted on all wings in a range of languages. (6.13)

Discipline

- 9.166 Orderly officers should sign the correct use of force form. (6.42)
- 9.167 Notice boards should be put in each care and separation unit cell. (6.43)
- 9.168 Prisoners in segregation should be able to ask for a cigarette light hourly. (6.44)
- 9.169 Books in languages other than English should be readily available in the segregation unit. (6.45)

Catering

- 9.170 Halal food certificates should be framed or laminated to ensure they remain clean and presentable. (7.10)
- 9.171 The food complaints book should be clearly labelled in a range of languages. (7.11)

Examples of good practice

First days in custody

- 9.172 Reception staff checked arriving property with the owner, marked discrepancies on a board, and promptly contacted sending establishments. (1.20)
- 9.173 First night and induction staff explained and involved new prisoners in cell-sharing risk assessments, risk minimisation and the implications of perceived risk. For many, this was the first time in successive prisons that this had been explained. (1.21)

Discipline

- 9.174 Personal officers visited and stayed in touch with prisoners in the segregation unit to ensure a link was kept with the normal location. (6.46)

Offender management and planning

- 9.175 The routine consideration of all prisoners for home detention curfew even when outcome of immigration status was uncertain meant the process was not frustrated by delay when it turned out they were not to be imminently deported. (8.32)

Resettlement pathways

9.176 The CARAT team actively promoted its services to prisoners with little or no English. (8.56)

Appendix 1: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Hindpal Singh Bhui	Team leader
Gerard O'Donoghue	Inspector
Eileen Bye	Inspector
Fay Deadman	Inspector
Ian Macfadyen	Inspector
Hazel Elliott	Inspector
Bridget McEvilly	Healthcare inspector
Sigrid Engelen	Substance use inspector
Nick Hammond	London Probation
Sherrelle Parke	Researcher
Helen Meckiffe	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	181	100
Civil prisoners		
Detainees (single power status)	4	
Detainees (dual power status)		
Total	181	

(ii) Sentence	Number of prisoners	%
Less than 6 months	4	2.21
6 months to less than 12 months	39	21.55
12 months to less than 2 years	74	40.88
2 years to less than 4 years	64	35.36
4 years to less than 10 years		
10 years and over (not life)		
Life		
Total	181	

(iii) Length of stay	Number of prisoners	%
Less than 1 month	58	32.04
1 month to 3 months	69	38.12
3 months to 6 months	39	21.55
6 months to 1 year	15	8.29
1 year to 2 years		
2 years to 4 years		
4 years or more		
Total	181	

(iv) Main offence	Number of prisoners	%
Violence against the person	3	1.66
Sexual offences	0	
Burglary	6	3.31
Robbery	0	
Theft & handling	13	7.18
Fraud and forgery	8	4.42
Drugs offences	49	27.07
Other offences	102	56.35
Civil offences	0	
Offence not recorded/holding warrant	0	
Total	181	

(v) Age	Number of prisoners	%
21 years to 29 years	83	45.86
30 years to 39 years	70	38.67
40 years to 49 years	22	12.15
50 years to 59 years	5	2.76
60 years to 69 years	1	0.55
70 plus years		

Maximum age	62	
Total	181	

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	92	50.83
Between 50 and 100 miles of the prison	26	14.36
Over 100 miles from the prison	6	3.31
Overseas	16	8.84
NFA	41	22.65
Total	181	

(vii) Nationality – <i>the prison was unable to provide figures</i>

(viii) Ethnicity		Number of prisoners	%
<i>White</i>			
British	W1	3	1.6
Irish			
Other White	W9	47	25.8
<i>Mixed</i>			
White and Black Caribbean	M1	2	1.1
White and Black African	M2	1	0.5
White and Asian	M3	3	1.6
Other Mixed	M9	3	1.6
<i>Asian or Asian British</i>			
Indian	A1	6	3.3
Pakistani	A2	5	2.7
Bangladeshi	A3	2	1.1
Other Asian	A9	8	4.4
<i>Black or Black British</i>			
Caribbean	B1	22	12.1
African	B2	39	21.4
Other Black	B9	10	5.5
<i>Chinese or other ethnic group</i>			
Chinese	O1	14	7.7
Other ethnic group	O9	16	8.8
Total		181	

(ix) Religion		Number of prisoners	%
Baptist		1	0.5
Church of England		32	17.6
Roman Catholic		25	13.7
Other Christian denominations		7	3.8
Muslim		42	22.5
Sikh		2	1.1
Hindu		3	1.6
Buddhist		10	5.5
Jewish		0	0
Other		35	19.1
No religion		26	14.3
Total		181	

Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 6 and 7 November 2007, the prisoner population at HMP Bullwood Hall was 178. The baseline sample size was 78. Overall, this represented 44% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed. Twenty-two surveys were translated into different languages.

Methodology

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

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

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

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

Response rates

In total, 73 respondents completed and returned their questionnaires. This represented 41% of the prison population. The response rate was 84%. In addition to the one respondent who refused to complete a questionnaire, five questionnaires were not returned and five were returned blank. Three were sent in by post but arrived too late for us to include in our analysis.

Comparisons

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

Presented alongside the results from this survey, are the comparator figures for all prisoners surveyed in trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 35 category C trainer prisons since April 2003. In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals.

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



Prisoner Survey Responses HMP Bullwood Hall 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator	HMP Bullwood Hall 2007	Category C trainer prisons comparator
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the Category C trainer prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	73	3399
2	Are you under 21 years of age?	3%	1%
3	Are you transgender or transsexual?	0%	0%
4	Are you sentenced?	100%	100%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	3%
6	If you are sentenced, are you on recall?	6%	14%
7	Is your sentence less than 12 months?	33%	6%
8	Do you have less than six months to serve?	80%	36%
9	Have you been in this prison less than a month?	22%	8%
10	Are you a foreign national?	86%	14%
11	Is English your first language?	32%	89%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	73%	26%
13	Are you Muslim?	31%	13%
14	Are you gay or bisexual?	5%	6%
15	Do you consider yourself to have a disability?	8%	14%
16	Is this your first time in prison?	84%	34%
17	Do you have any children?	46%	55%
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	59%	51%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	53%	62%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	20%	19%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	38%	33%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	23%	14%
19	Did you spend more than four hours in the van?	9%	9%
20	Were you treated well/very well by the escort staff?	63%	69%
21a	Did you know where you were going when you left court or when transferred from another establishment?	53%	83%
21b	Before you arrived here did you receive any written information about what would happen to you?	22%	16%
22c	When you first arrived here did your property arrive at the same time as you?	76%	88%

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SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	43%	55%
23b	Did you have any problems with loss of transferred property when you first arrived?	21%	12%
23c	Did you have any housing problems when you first arrived?	9%	13%
23d	Did you have any problems contacting employers when you first arrived?	4%	3%
23e	Did you have any problems contacting family when you first arrived?	10%	19%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	0%	5%
23g	Did you have any money worries when you first arrived?	10%	16%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	12%	13%
23i	Did you have any drug problems when you first arrived?	6%	12%
23j	Did you have any alcohol problems when you first arrived?	3%	5%
23k	Did you have any health problems when you first arrived?	10%	16%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	3%	4%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	44%	17%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	46%	19%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	35%	13%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	80%	51%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	33%	17%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	41%	20%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	43%	33%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	42%	30%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	41%	26%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	56%	48%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	36%	19%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	91%	88%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	69%	72%
26	Were you treated well/very well in reception?	69%	72%
27a	Did you receive a reception pack on your day of arrival?	72%	79%
27b	Did you receive information about what was going to happen here on your day of arrival?	51%	50%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	55%	43%
27d	Did you have the opportunity to have a shower on your day of arrival?	65%	44%

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SECTION 3: Reception, first night and induction continued			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	76%	47%
27f	Did you get information about routine requests on your day of arrival?	58%	37%
27g	Did you get something to eat on your day of arrival?	68%	78%
27h	Did you get information about visits on your day of arrival?	64%	45%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	71%	51%
28b	Did you have access to someone from healthcare within the first 24 hours?	81%	72%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	43%	35%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	65%	26%
29	Did you feel safe on your first night here?	88%	85%
30	Did you go on an induction course within the first week?	83%	75%
31	Did the induction course cover everything you needed to know about the prison?	73%	60%
32	Did you receive a 'basic skills' assessment within the first week?	70%	53%
SECTION 4: Legal Rights and Respectful Custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	49%	48%
34b	Is it very easy/easy for you to attend legal visits?	52%	54%
34c	Is it very easy/easy for you to obtain bail information?	25%	20%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	21%	39%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	89%	64%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	93%	92%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	96%	85%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	94%	75%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	63%	41%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	70%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	41%	32%
37	Is the food in this prison good/very good?	58%	34%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	48%
39a	Is it easy/very easy to get a complaints form?	85%	86%
39b	Is it easy/very easy to get an application form?	90%	90%
40a	Do you feel applications are sorted out fairly?	36%	39%
40b	Do you feel your applications are sorted out promptly?	41%	38%
40c	Do you feel complaints are sorted out fairly?	27%	28%
40d	Do you feel complaints are sorted out promptly?	28%	28%
40e	Are you given information about how to make an appeal?	40%	31%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	8%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	28%	47%

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SECTION 4: Legal Rights and Respectful Custody continued			
43	Is it easy/very easy to contact the Independent Monitoring Board?	42%	43%
44	Are you on the enhanced (top) level of the IEP scheme?	42%	52%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	53%
46a	In the last six months have any members of staff physically restrained you (C & R)?	15%	5%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	13%
47a	Do you feel your religious beliefs are respected?	78%	55%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	60%
48	Are you able to speak to a Listener at any time, if you want to?	49%	67%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	72%
49b	Do most staff, in this prison, treat you with respect?	76%	76%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	21%	27%
52	Do you feel unsafe in this establishment at the moment?	13%	16%
54	Have you been victimised (insulted or assaulted) by another prisoner?	10%	19%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	7%	10%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	1%	5%
55c	Have you been sexually abused since you have been here? (By prisoners)	0%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	0%	2%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	3%	3%
55g	Have you ever been victimised because you were new here? (By prisoners)	0%	4%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	0%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	1%	3%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	1%	4%
56	Have you been victimised (insulted or assaulted) by a member of staff?	15%	19%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	3%	10%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	2%
57c	Have you been sexually abused since you have been here? (By staff)	0%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	4%
57e	Have you been victimised because of drugs since you have been here? (By staff)	0%	3%
57f	Have you ever been victimised because you were new here? (By staff)	5%	4%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	1%	2%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	1%	3%

Key to tables

	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator	HMP Bullwood Hall 2007	Category C trainer prisons comparator
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator		
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SECTION 5: Safety continued			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	5%	4%
58	Did you report any victimisation that you have experienced?	1%	11%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	5%	21%
60	Have you ever felt threatened or intimidated by a member of staff in here?	11%	18%
62	Is it very easy/easy to get illegal drugs in this prison?	7%	30%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	67%	44%
64a	Is it very easy/easy to see the doctor?	55%	41%
64b	Is it very easy/easy to see the nurse?	78%	59%
64c	Is it very easy/easy to see the dentist?	12%	16%
64d	Is it very easy/easy to see the optician?	15%	16%
64e	Is it very easy/easy to see the pharmacist?	32%	35%
65a	Do you think the quality of healthcare from the doctor is good/very good?	58%	44%
65b	Do you think the quality of healthcare from the nurse is good/very good?	72%	58%
65c	Do you think the quality of healthcare from the dentist is good/very good?	18%	31%
65d	Do you think the quality of healthcare from the optician is good/very good?	18%	24%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	33%	40%
66	Are you currently taking medication?	32%	42%
67	Are you allowed to keep possession of your medication in your own cell?	30%	38%
SECTION 7: Purposeful Activity			
69a	Do you feel your job will help you on release?	54%	37%
69b	Do you feel your vocational or skills training will help you on release?	47%	39%
69c	Do you feel your education (including basic skills) will help you on release?	74%	49%
69d	Do you feel your offending behaviour programmes will help you on release?	35%	35%
69e	Do you feel your drug or alcohol programmes will help you on release?	32%	32%
70	Do you go to the library at least once a week?	66%	48%
71	Can you get access to a newspaper every day?	38%	51%
72	On average, do you go to the gym at least twice a week?	58%	55%
73	On average, do you go outside for exercise three or more times a week?	43%	50%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	20%	19%
75	On average, do you go on association more than five times each week?	54%	75%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	26%	19%

Key to tables

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SECTION 8: Resettlement			
78	Did you first meet your personal officer in the first week?	60%	31%
79	Do you think your personal officer is helpful/very helpful?	59%	47%
80	Do you have a sentence plan?	71%	59%
81	Were you involved/very involved in the development of your sentence plan?	53%	39%
82	Can you achieve all or some of your sentence plan targets in this prison?	50%	36%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	32%	17%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	49%	27%
85	Do you feel that any member of staff has helped you to prepare for release?	43%	16%
86	Have you had any problems with sending or receiving mail?	19%	36%
87	Have you had any problems getting access to the telephones?	18%	22%
88	Did you have a visit in the first week that you were here?	22%	26%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	74%	70%
90	Did you receive five or more visits in the last week?	1%	0%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	31%	20%
91b	Do you think you will have a problem with finding a job following your release from this prison?	51%	45%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	54%	43%
91d	Do you think you will have a problem with money and finances following your release from this prison?	55%	50%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	45%	33%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	47%	31%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	22%	13%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	30%	22%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	60%	40%

Key to tables

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SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	4%	10%
92b	Do you think you will have a problem with alcohol when you leave this prison?	9%	7%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	46%	52%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	51%	52%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	35%	39%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	33%	51%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	39%	40%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	39%	48%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	43%	45%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	31%	34%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	71%	58%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Bullwood Hall 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		53	20	62	11	21	52
4	Are you sentenced? (Not tested for significance)	100%	100%	100%	100%	100%	100%
10	Are you a foreign national? (Not tested for significance)	89%	79%			76%	94%
11	Is English your first language? (Not tested for significance)	41%	10%	30%	50%	24%	36%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			76%	60%	57%	79%
13	Are you Muslim? (Not tested for significance)	25%	48%	26%	63%		
17	Is this your first time in prison? (Not tested for significance)	84%	83%	85%	75%	77%	89%
21	Were you treated well/very well by the escort staff?	62%	65%	66%	50%	62%	65%
22a	Did you know where you were going when you left court or when transferred from another establishment?	45%	76%	48%	80%	57%	56%
24	Did you have any problems when you first arrived?	53%	20%	48%	20%	45%	40%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	96%	77%	92%	91%	96%	89%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	74%	54%	71%	68%	73%	64%
27	Were you treated well/very well in reception?	62%	85%	68%	71%	77%	63%
30	Did you feel safe on your first night here?	86%	96%	86%	100%	90%	86%
31	Did you go on an induction course within the first week?	80%	89%	84%	80%	90%	77%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	49%	48%	49%	50%	65%	45%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	88%	89%	89%	91%	85%	89%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	95%	90%	93%	92%	90%	94%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	61%	69%	62%	77%	57%	64%
38	Is the food in this prison good/very good?	60%	55%	60%	50%	62%	56%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	48%	56%	23%	47%	50%
40a	Is it easy/very easy to get a complaints form?	87%	80%	84%	92%	85%	87%
40b	Is it easy/very easy to get an application form?	91%	89%	89%	100%	96%	91%

Key to tables

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	Percentages which are not highlighted show there is no significant difference	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
41a	Do you feel applications are sorted out fairly?	33%	43%	40%	9%	52%	30%
41c	Do you feel complaints are sorted out fairly?	23%	36%	29%	9%	43%	21%
45	Are you on the enhanced (top) level of the IEP scheme?	35%	61%	45%	29%	41%	44%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	62%	45%	63%	73%	37%
47a	In the last six months have any members of staff physically restrained you (C & R)?	15%	16%	15%	20%	23%	15%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	2%	11%	2%	20%	16%	0%
48a	Do you feel your religious beliefs are respected?	74%	89%	83%	50%	85%	79%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	66%	62%	46%	50%	65%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	95%	81%	68%	73%	82%
50b	Do most staff, in this prison, treat you with respect?	71%	89%	75%	92%	79%	73%
52	Have you ever felt unsafe in this prison?	19%	26%	18%	29%	20%	22%
53	Do you feel unsafe in this establishment at the moment?	12%	15%	10%	20%	10%	14%
55	Have you been victimised (insulted or assaulted) by another prisoner?	8%	15%	10%	8%	10%	11%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	4%	1%	8%	4%	2%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	4%	0%	8%	4%	0%
57	Have you been victimised (insulted or assaulted) by a member of staff?	14%	16%	13%	9%	21%	13%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	0%	8%	0%	11%	5%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	5%	0%	9%	4%	0%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	6%	0%	5%	0%	0%	7%
61	Have you ever felt threatened or intimidated by a member of staff in here?	15%	0%	12%	0%	5%	14%
62	Is it very easy/easy to get illegal drugs in this prison?	8%	5%	7%	8%	4%	5%
64	Do you think the overall quality of the healthcare is good/very good?	65%	74%	70%	60%	74%	63%
65a	Is it very easy/easy to see the doctor?	51%	66%	54%	68%	68%	48%
65b	Is it very easy/easy to see the nurse?	74%	88%	78%	77%	95%	74%
70a	Do you feel your job will help you on release?	52%	60%	53%	55%	59%	53%
70b	Do you feel your vocational or skills training will help you on release?	41%	67%	46%	41%	27%	54%

Key to tables

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	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
70c	Do you feel your education (including basic skills) will help you on release?	74%	73%	73%	77%	79%	72%
70d	Do you feel your offending behaviour programmes will help you on release?	34%	37%	32%	50%	35%	35%
70e	Do you feel your drug or alcohol programmes will help you on release?	23%	59%	28%	46%	48%	22%
71	Do you go to the library at least once a week?	64%	73%	65%	71%	69%	63%
73	On average, do you go to the gym at least twice a week?	57%	61%	61%	50%	68%	52%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	19%	23%	21%	20%	31%	19%
76	On average, do you go on association more than five times each week?	48%	71%	53%	68%	74%	44%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	42%	22%	55%	32%	24%
79	Did you first meet your personal officer in the first week?	53%	79%	61%	50%	65%	63%
81	Do you have a sentence plan?	71%	71%	71%	75%	66%	72%
91	Have you had any problems with sending or receiving mail?	20%	16%	19%	8%	20%	21%
92	Have you had any problems getting access to the telephones?	16%	23%	19%	0%	15%	21%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	75%	73%	74%	80%	68%	74%
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	77%	54%	71%	59%	52%	75%