

Report on an announced inspection of

HMP/YOI Drake Hall

4–15 March 2013

by HM Chief Inspector of Prisons

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at: http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

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Introduction

Drake Hall is a closed training establishment in Staffordshire holding approximately 300 adult and young adult women prisoners. When we last inspected we described it as an improved institution providing reasonably good or better outcomes for women. This inspection describes a very similar picture. Across our tests of a healthy prison, outcomes at Drake Hall were either good or reasonably good with the promise of yet more improvement to come.

Most women reported that they felt safe in the prison. Arrangements to support new arrivals were effective and most safety indicators, such as levels of violence, use of force and the proportionality of security measures, were consistent with a safe prison. Levels of self-harm were high but we were reassured that women in crisis received good quality care. The exception was the gated observation cell located in a poor segregation environment. Both facilities required relocation or refurbishment.

Within a secure perimeter the prison was relatively open. Most accommodation was of reasonable quality and women had good access to the grounds. The utility rooms on each house were in a surprisingly poor condition, which was a missed opportunity to make easy and useful improvements to the quality of life for women. The prison was taking a strategic approach to the improvement of staff-prisoner relationships, which were for the most part good. There was some evidence, however, that a few more negative staff had a disproportionate impact on women's perceptions - to the extent that some expressed negative views about low-level victimisation. Strong leadership was evident in the prison's work to promote diversity and equality, and there were some good initiatives to support minority groups. The health, chaplaincy and catering services all ensured good outcomes.

Women were unlocked all day, had good access to the grounds and there was sufficient activity for all. There was a meaningful strategy for the continued development of learning and skills, and a useful range of vocational training. Outcomes and achievements were generally good, although the quality of teaching as well as punctuality and attendance in classes needed to improve. However, there was work to improve the coordination, sequencing and alignment of provision with assessed individual need.

The prison had a good resettlement strategy with clear objectives, and there had been some early attempts to measure the success of resettlement outcomes in the community. Release on temporary licence was used confidently to support prisoner reintegration, and all women were allocated an offender supervisor. Offender management work and interventions to support resettlement were good. The one exception was support for the children and families pathway.

This is a good report. Drake Hall was well led by the governor and we sensed that managers had an energy and commitment focused on continuous improvement. Women were treated well and we had confidence that improvements could not only be sustained but built upon.

Nick Hardwick
HM Chief Inspector of Prisons

May 2013

Fact page

Task of the establishment

A closed female resettlement prison holding adult prisoners, young offenders and foreign nationals.

Prison status

Public

Region

West Midlands

Number held

283

Certified normal accommodation

315

Operational capacity

315

Date of last inspection

Short follow-up inspection: 2010

Full inspection: 2007

Brief history

Drake Hall provided accommodation for female munitions workers in World War II. Originally a male prison, it became a female prison in 1974. In 2002, the prison was re-designated from open to semi-open and in 2009 to closed.

Short description of residential units

There are 15 single-storey residential units each with approximately 20 rooms. Most rooms are single occupancy, however all rooms are double occupancy in Richmond House, as are nine of 24 rooms in Plymouth House. St David's House accommodates a mix of older women and women with disabilities.

Name of governor

Paul Newton

Escort contractor

GEOAmey

Health service commissioner and provider commissioner: Stafford Cluster of PCTs

Providers: Staffordshire and Stoke on Trent Partnership NHS Trust

South Staffordshire & Shropshire NHS Foundation Trust

Learning and skills provider

Milton Keynes College

Independent Monitoring Board chair

John Townsley

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

Purposeful activity prisoners are able, and expected, to engage in activity that is likely to benefit them

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

HP4 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.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good 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. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good 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.

- outcomes for prisoners are poor 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.

HP5 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be checked for implementation at future inspections

- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines

- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.¹

Safety

HP6 While some journeys to the prison were lengthy, women said they had been treated well by escort staff. Women were supported on their arrival at the prison and most felt safe on their first night. Prisoners received an informative and upbeat induction. Levels of violence were low, and incidents of self-harm were well managed. Safeguarding arrangements were underdeveloped. Security arrangements were generally proportionate. Too many adjudications were for petty reasons and governance of the incentives and earned privileges (IEP) scheme was weak. Use of force was minimal. The segregation regime was basic but staff offered women good reintegration support. There was little evidence of drug use in the prison. Outcomes for prisoners were good against this healthy prison test.

HP7 Many women were only told about their transfer to Drake Hall on the morning of the move. In our survey, more women than in comparator prisons had spent more than two hours in a van. However, more than the comparator said they had been treated well by escort staff, which was echoed by women we spoke to. There was no video link facility, which meant that prisoners had to go to court; this also had an impact on inter-prison contact with partners and family members in other establishments.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towl et al (eds), *Dictionary of Forensic Psychology*.)

- HP8 Reception was clean and bright and prisoners were generally positive about their experiences; more than the comparator said they received information about what was going to happen to them. Most prisoners felt safe on their first night but foreign national women felt less so than others. The induction programme lasted five days and provided prisoners with good quality information in a stimulating environment.
- HP9 Formal violence reduction arrangements were effective and the collection of data relating to the number and nature of incidents was good. The overarching violence reduction policy document was relevant, based on an analysis of the pattern of violence in the prison, and further informed by frequent consultation with prisoners. A case work approach to managing and changing antisocial behaviour was developing, but the formal three-staged scheme was overcomplicated and prisoners found it difficult to understand. Most women reported that they felt safe.
- HP10 The number of self-harm incidents was high with a large proportion involving the same prisoners repeating acts of self-harm. The analysis of data, which provided information about patterns and trends of self-harming behaviour, was good. The quality of entries in self-harm monitoring documents reflected good standards of care and case management arrangements were effective. Care planning was consistent and case reviews at multi-agency safety and health meetings were particularly good. The Listener scheme (involving prisoners trained by the Samaritans to support those at risk of self-harm) was well established but facilities to enable them to see women in private were poor.
- HP11 While initial vulnerability screening was good, safeguarding arrangements were underdeveloped, with no formal community links in place, and even though staff were supportive, many were unaware of the relevant protocols.
- HP12 Security arrangements were generally proportionate. Strip-searches were only carried out when there was supporting intelligence. Searches of prisoners on visits were excessive. There was a good flow of information into the security department, which was well integrated with other departments. Particularly impressive was the use of intelligence to support self-harm prevention. Our survey supported the recorded data provided by the establishment that the use of illicit drugs was low, but if test refusals were included in the reported positive rate, the figure rose above the target, suggesting that more women were taking illicit drugs.
- HP13 There were few differentials between IEP levels. While 66% of prisoners felt the scheme treated them fairly, only 36% said it helped to change their behaviour. Few women remained on the basic regime for more than a week. It was humiliating for women on the basic level to be identified by having to sit on designated chairs in the dining hall.
- HP14 There was an over-reliance on adjudications for dealing with low level offences, especially for young women, and we found that some adjudicators failed to demonstrate sufficient investigation.
- HP15 Force was rarely used, and there had only been two planned interventions in the last year, but neither had been filmed. All operational officers were up to date with control and restraint training, which included awareness of pregnant women and those with disabilities.

- HP16 The segregation unit was a poor environment and the regime basic. The use of the gated cell in segregation for women in crisis was unsuitable, but we were pleased to note that a new crisis suite was being prepared in St David's residential unit. Segregation unit staff spent a considerable amount of time talking to women in their care, and offering appropriate support. Planning to reintegrate women into the main part of the prison was impressive.
- HP17 The clinical and psychosocial drug service delivery was of a very high quality and supply reduction measures appropriate. A wide range of structured one-to-one and group work interventions was available, including information and recovery-centred approaches to both drugs and alcohol. Clinical and psychosocial services were integrated well and there were shared care plans and joint reviews and some group work was co-facilitated. The substance use needs analysis was out of date (October 2011) and the drug strategy document (dated March 2012) was in the process of being updated.

Respect

- HP18 The grounds were impressive and accommodation was good. Relationships between prisoners and staff were good and in spite of a few negative staff, these were continuing to improve, due primarily to a new initiative, Every Contact Matters. The promotion of diversity benefited from strong leadership and the equalities hub was impressive; however, the perceptions of foreign national women and those with disabilities were negative. Faith provision was good. Responses to complaints were generally timely and appropriate. Legal services provision was adequate. Health services were good. Catering and the prison shop both offered a good service. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP19 The prison grounds were maintained to a good standard, providing women with a pleasant environment. Most of the residential units were clean but looked tired and floors in some showers needed re-coating. Most rooms for two prisoners were cramped and did not allow for sufficient furniture, but all had been fitted with lockable cabinets. Association areas were basic, and failed to provide women with enough to occupy them. There were continual problems with washing machines breaking down, and women were unhappy with the laundry service. There were sufficient telephones, but none could be used in private. Areas described as kitchens were very poorly equipped and could not function as such.
- HP20 Most women said they had a personal officer and most found them helpful; 80% of women said that staff treated them with respect, but too many (27%) said that they had been victimised by staff. The Every Contact Matters strategy was a positive initiative to further improve staff-prisoner relationships, and there was a need to tackle the disproportionately negative impact of a few inflexible staff. There were some very good entries in case notes from a range of multidisciplinary staff. It was particularly good that recorded entries provided a balanced view of a prisoner's behaviour and we found some good examples of staff working with women to address negative behaviour.
- HP21 The equality strategy included all protected characteristics but was not based on a needs analysis of each of them. Monthly equality meetings, chaired by the governor,

included feedback on all protected characteristics. They were attended by lead staff on protected characteristics and external and prisoner representatives.

- HP22 Women were aware of the discrimination incident reporting forms (DIRF) process and responses were timely and appropriate. It was good to see a scrutiny panel, which included prisoner representatives, undertake quality assessments, but many women said they did not have confidence in the system.
- HP23 There were prisoner forums, but none for black and minority ethnic women who represented 31% of the population. Forums were attended by prisoner representatives only and were not open to all. In our survey, foreign national women and prisoners with a disability were much more negative than others about safety, including victimisation by other prisoners and staff. Women praised the support provided by equalities staff and the equalities hub, which acted as a focal point for information on equalities, was an impressive facility.
- HP24 A worker from Praxis Community Projects, offered good support, providing foreign national women with independent immigration advice. No translated information was displayed in the houses. Many foreign national women spoke of difficulties maintaining contact with children and families abroad. A free phone call was only allowed if they had not had a visit, and many found it very hard to maintain contact on low wages.
- HP25 Disabled prisoners received support and some older women and those with disabilities welcomed the opportunity to be in quieter accommodation in St David's House. However, the facilities there were little different from those in other houses.
- HP26 Support arrangements for gay and bisexual prisoners were adequate and forums had taken place, which gave women a voice. Our survey identified that older women felt more victimised than those at comparator prisons; however, we had no evidence to support this view. Quieter accommodation for older prisoners had been identified for this group, although it was not the best. Young women were mixed into the general population and a young women's forum had met, but there had been no detailed analysis of this group's needs. There was good faith provision and prisoners' religious beliefs were respected.
- HP27 The quality of responses to complaints was generally very good. Replies were respectful and, on the whole, adequately addressed the issues at hand. Complaints were analysed and action was taken to address emerging trends. In our survey, most prisoners reported that complaints were dealt with quickly and fairly. Legal service provision, while offered on an ad hoc basis, met the needs of prisoners, and the establishment had a trained officer, which was better than we often see.
- HP28 Prisoners in our survey were satisfied with access to and the quality of health care services. When we spoke to prisoners, they gave mixed opinions about health care. The health care consultations we observed were good and clinical governance arrangements were adequate. There was a full range of appropriate clinics and waiting times were short. Prisoners had access to a female GP, but this was too limited. There were significant staffing shortages, which affected some service delivery, including primary mental health, chronic disease management and female screening services.

- HP29 Health promotion activity was reasonable; a prisoner health trainer was part of the smoking cessation team, which was good. The health care environment was of a very good standard, with the exception of the dental suite which was cramped and did not comply with current standards. Pharmacy services were reasonable but drug administration was not carried out in private. The quality and range of mental health in-reach services was very good and there was good access to counselling services.
- HP30 Catering services provided a very good range and standard of food, popular with prisoners. On the whole, cultural needs were catered for and fresh vegetables and fruit were available every day. The kitchen was clean and the dining hall was an excellent environment. Facilities to allow prisoners to cook their own food were poor.
- HP31 Most prisoners (66%) said the shop sold a wide enough range of goods to meet their needs, and there was good specific provision for black and minority ethnic women. The prison was overly restrictive about where women could buy some products. There was a reasonable selection of catalogues.

Purposeful activity

- HP32 Prisoners were unlocked all day and there were sufficient activity places for all women. Learning and skills had a resettlement focus but quality improvement arrangements were ineffective. There was a good range of vocational training and outcomes were good. Achievement of educational qualifications was good except in information technology (IT) and literacy. The quality of teaching, punctuality and attendance all required improvement. The library was impressive and access was very good. The gym was an excellent facility offering a quality service, meeting the needs of women and supporting older and disabled prisoners. The use of peer workers in teaching prisoners in the gym was impressive. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP33 Prisoners were unlocked all day and had excellent access to the prison grounds. Since the last inspection, the range of provision had a stronger focus on employability and accredited qualifications. The initial assessment of learning needs and skills was accurate and was used to plan the provision to meet the needs of the majority of prisoners.
- HP34 Learning and skills were appropriately managed. The prison had a clear strategy for learning and skills, which linked education and training to prisoners' resettlement needs. Sequencing had been introduced to better coordinate work, education and training. However, prisoners' attendance at education classes, workshop areas and training was not sufficiently monitored or ensured.
- HP35 There were sufficient activities for all women and prisoners had good opportunities to access work, training and education. Prisoners were allocated to activities in an effective and fair way. Best efforts were made to match employment and training to each prisoner's skills and aspirations. Arrangements for monitoring the quality of teaching, learning and assessment were underdeveloped, and assessment varied significantly across the education provision and required improvement.

- HP36 There was a wide range of vocational programmes including access to level 3 qualifications. There were good outcomes on many vocational training courses, which included hairdressing and catering.
- HP37 Achievements on many educational courses were good, but the Offender Learning and Skills Service (OLASS) provider had not sufficiently improved the quality of teaching, learning and assessment over the last year, and improvements were required in literacy and on some information and communications technology courses. Current prisoners were making at least satisfactory progress towards their main qualification. Too many classes and workshops were interrupted by prisoners leaving to attend other activities.
- HP38 There was excellent access to the library, which held a range of fiction and non-fiction, easy-read and large print books, magazines and CDs. Library staff and the writer in residence provided a good range of related activities.
- HP39 The promotion of healthy living was very good and the prison had an excellent health trainer initiative, which improved prisoners' health, fitness and well-being. The physical education department offered prisoners an excellent range of qualifications and opportunities to develop good employability skills as health trainers and exercise instructors. A good range of activities catered for the women's different fitness levels, needs and interests, including older women and women under detoxification.

Resettlement

- HP40 The reducing reoffending strategy provided clear direction. Offender management was well managed: all women knew their offender supervisors and had good quality sentence plans. There was good use of release on temporary licence (ROTL) and appropriate public protection arrangements were in place. With few exceptions, useful reintegration services were provided. The prison needed to do more to support family ties. Outcomes for prisoners were good against this healthy prison test.
- HP41 A clear strategic direction was presented in the new reducing reoffending strategy, which was based on an appropriate needs assessment. However, there was still some work to do to identify the needs of lifers and older and young women.
- HP42 There was good use of ROTL. The quality of risk of harm assessments and sentence plans was generally good. All women had sentence plans and knew their offender supervisor. Public protection was appropriately managed. Women presenting risks to children were carefully managed and risks were communicated to other prison staff.
- HP43 Categorisation reviews were conducted appropriately and on time, and prisoners' offender supervisors told them the decisions in person. The prison needed to improve independent living opportunities for prisoners approaching release or serving indeterminate sentences.
- HP44 Offender supervisors conducted an initial assessment of needs on induction and prisoners were seen pre-release by resettlement pathway providers to check progress and address any unmet needs.

- HP45 Finding accommodation for women being released right across the country was a significant challenge. Many prisoners only had accommodation confirmed just before release.
- HP46 Prisoners who used the careers service were given very good, timely information about education and employment opportunities in preparation for working outside the prison and for release. External agencies providing services were effectively integrated into the management of the prison. A specialist finance, benefit and debt advice service was required.
- HP47 Health care pre-release arrangements were good and there was evidence of exceptional care for a patient with palliative care needs. The mental health in-reach team started pre-release planning several months prior to release. Resettlement opportunities were particularly good for women with substance use needs who were released in the Stoke-on-Trent area, while those going further afield depended on local drug intervention programmes.
- HP48 The visiting environment was bright, but the children's play area was not supervised. The refreshment service was basic and the visitors' centre offered little more than a booking-in service, with no advice or support. Many prisoners were a long way from their home areas, but no accumulated visits (allowing transfer to a prison nearer their home so that they could receive visits) had taken place in the previous six months and there were no opportunities for family days except for women with children. It was a missed opportunity that these benefits were not extended to include wider family members. There was a regular Time for Families parenting course.
- HP49 The only accredited offending behaviour programme was the thinking skills programme; however, there was also a victim awareness intervention and a host of activities across the prison to promote self-esteem. Prisoners could receive a variety of support services to respond to abuse, domestic violence or involvement in prostitution. A domestic violence offending behaviour programme had been piloted and was well received. Prisoners were encouraged to involve their families in post-programme reviews.

Main concern and recommendation

- HP50 Concern: The gated cell in the segregation unit should not be used to support women in crisis as it is in the wrong location, poorly furnished and not conducive to improving the well-being of women.

Recommendation: An alternative supportive facility for women in crisis should be provided with immediate effect.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Most women prisoners said they were well treated by escort staff. The lack of a video link meant that prisoners had to attend all court hearings and prevented some women from contact with partners and family members in other establishments.
- 1.2 All new arrivals had been transferred from other prisons. Women transferring from Drake Hall were given 24 hours' notice, but many were only told of their transfer to the prison on the morning of their move, and did not have time to inform anyone.
- 1.3 In our survey, more women prisoners than the comparator said they had spent more than two hours in the van. More women than the comparator also said they were treated well by escort staff, which reflected what the women we spoke to told us; however, women with a disability were less positive.
- 1.4 The video link was out of action and unavailable for court hearings or to enable women to contact partners and family members in other establishments. An average of six women a month had attended court hearings since September 2012; this often meant lengthy journeys to courts in places such as Lincolnshire, Suffolk and North Wales.

Recommendation

- 1.5 The video link should be made available.

Early days in custody

Expected outcomes:

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

- 1.6 Prisoners said they were 'well received' by the prison. They did not receive an advance for phone credit. Peer support and information was provided and most women felt safe on their first night. Women were fully occupied during the revised induction programme.
- 1.7 Prisoners said they were 'well received' by the prison and the reception area was bright and clean. The initial holding room displayed a range of written information, and a television in the room played a DVD presentation containing relevant information. A picture dictionary identified a number of necessary items in several languages, and there was also a range of published information in a variety of languages.

- 1.8 Women who had not received a canteen order in the week before their transfer were offered a choice of a smoker's pack or grocery pack, but, unchanged from the last two inspections, they did not receive an advance to enable them to buy phone credit. When necessary women prisoners received clean donated clothing and new underwear.
- 1.9 All women were interviewed in reception by a member of staff from Richmond House, the first night and induction unit, to complete a vulnerability screening and cell-sharing risk assessment if necessary. Officers did not wear name badges.
- 1.10 In our survey, fewer women than the comparator said they had received tobacco or something to eat on arrival (62% and 58% respectively, against comparators of 89% and 72%), but more than the comparator had received a free telephone call (79% against 53%), and information about what was going to happen to them (56% against 45%).
- 1.11 The induction orderly and an officer gave women information verbally once they were in Richmond House. Despite having been updated the month before the inspection, the information booklet in each room contained out of date information. Rooms were shared and most women felt safe on their first night, however in our survey foreign national women felt less safe than others.
- 1.12 Women joined the rolling five-day 'life and living skills' induction programme, delivered by education staff 48 hours after arrival; this had been reduced from a 10-day programme in February 2013. It included an education assessment, manual handling and health and safety information, and talks from key departments. Women were fully occupied, appeared well engaged and were allocated work once they had completed induction. In our survey, fewer respondents than the comparator said they had been on an induction course, although this was at variance with what we observed during our inspection. All of the women we spoke to had undertaken induction.

Recommendation

- 1.13 An advance for phone credit should be offered to women on arrival.

Housekeeping point

- 1.14 Prisoners should evaluate the first night and induction programme.

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). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.15 Formal arrangements to deal with violence were effective. A case work approach to managing and changing a range of antisocial behaviour was developing, but the existing three- staged scheme was overcomplicated. Most prisoners reported that they felt safe, but too many said they had been victimised by staff.

- 1.16 The violence reduction policy set out the responsibilities of staff and managers for reducing acts of violence. It was primarily based on analysing observed patterns of violence in the prison, mainly through information collected from adjudication charges for fights and assaults. It was further informed through ongoing consultation with prisoners at monthly forum meetings.
- 1.17 The strategy document was comprehensive, specific to the identified needs of the prisoners and suitably supported by other local policies and procedures, such as the incentives and earned privileges scheme (IEP), segregation and security reporting systems.
- 1.18 Organisational arrangements to deal with antisocial behaviour were prioritised well. The full-time safer custody manager monitored, reviewed and supervised daily the implementation of most aspects of violence reduction. His relationship with other key areas in the prison was strong and the particularly good links with the security department allowed an unrestricted flow of relevant information, such as security information reports (SIRs).
- 1.19 A database of violent incidents had been created, incorporating their nature and location, as well as information from house observation books, accident records and SIRs. The safer custody committee analysed the information to inform action.
- 1.20 Work was developing to manage and change antisocial behaviour through individual case work, but the formal scheme described in the policy was overcomplicated. It centred on a three-stage protocol to identify incidents of antisocial behaviour through investigation, then challenging behaviour and finally addressing persistent perpetrators. In reality, the first two stages were identical and exclusively involved the use of the basic level of the IEP scheme to deal with poor behaviour. Prisoners on stage three were located in the segregation unit.
- 1.21 Prisoners on the basic level completed an antisocial behaviour workbook to help them identify disrespectful behaviour and its impact on others, through a series of exercises over seven days. Only about two cases per month involved prisoners who had formal measures taken against them (see section on incentives and earned privileges).
- 1.22 The identification of potential incidents was good and information-sharing between prison departments was well developed. Less formal relationships, particularly between prisoners and residential officers, also helped to identify issues that had not been reported through more specific channels such as SIRs.
- 1.23 Systems to identify and support vulnerable prisoners were very good (see section on self-harm and suicide prevention).
- 1.24 Most prisoners said they felt safe, but too many said they had been intimidated by officers. Although we could find little other evidence to support these negative perceptions, in our survey 27% of women said they had been victimised by staff; prisoners said that some officers were unhelpful and unkind (see section on staff-prisoner relationships).

Recommendation

- 1.25 The negative perceptions of intimidation by staff should be examined and dealt with.

Self-harm and suicide prevention

Expected outcomes:

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

- 1.26 The analysis of data, which provided information about patterns and trends in self-harming behaviour, was good, as was the quality of entries in assessment, care in custody and teamwork (ACCT) documents. Weekly multi-agency safety and health meetings (MASH) meetings monitored vulnerable prisoners. A large proportion of self-harm incidents involved multiple acts by the same prisoners. The observation cell in the segregation unit was unsuitable for women in crisis. The Listener scheme was well established but facilities to enable them to see women in private were poor.
- 1.27 There had been about 87 separate incidents of self-harm in the six months prior to the inspection: a small number of prisoners accounted for a disproportionate number of incidents; one woman was responsible for over 30% of the total.
- 1.28 Staff were aware of the aims of the comprehensive suicide prevention policy document. Strategic protocols described in the policy were managed by the full-time safer custody manager who also acted as a central point of advice and guidance for staff.
- 1.29 The safer custody committee monitored the policy's overall implementation at well attended monthly meetings. A wide range of information was used to identify trends and patterns of behaviour, including the location, type, timing and peripheral circumstances of individual incidents. This was used to develop the policy and update an improvement plan.
- 1.30 Weekly MASH meetings reviewed care for vulnerable prisoners; they included representatives from disciplines such as health care, residential and education. These meetings were an effective tool in keeping the most vulnerable women safe.
- 1.31 Along with a Samaritans representative, Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) attended all safer custody meetings, and reported on their work. Prisoners could contact the Samaritans during the day through a free direct phone number. Listeners said their work was valued by staff and prisoners. However, facilities enabling them to see prisoners in private were poor: there were no Listener suites and women were seen in their rooms. Women said conversations could be overheard through the walls of adjacent rooms and when they asked to see Listeners, it was difficult to keep others from knowing about it, which made them reluctant to use the service.
- 1.32 Eighty ACCT documents were opened in the six months prior to the inspection. More than half were established during prisoners' first few days at the prison or had arrived with them from other establishments. Three documents were opened during the inspection.
- 1.33 Support plans were generally very good and attendance at reviews by staff who knew the prisoner was better than we usually see. Written entries in ACCT documents were detailed and assured us that staff reacted promptly to meet the needs of their prisoners.

- 1.34 Conditions in the nominated observation cell in the segregation unit were grim and unsuitable for women in crisis. We were told that it was rarely used, but during the inspection one woman were located there and was subject to a constant watch.

Recommendations

- 1.35 Facilities should be available for Listeners to see prisoners confidentially and in private.
- 1.36 The observation cell in the segregation unit should not be used for prisoners in crisis.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- 1.37 Although vulnerability screening took place when prisoners arrived, a formal safeguarding structure had not been developed.
- 1.38 A specific policy to deal with vulnerable adults in need of community care services because of their mental or other disability, age or illness had not been developed. However, vulnerability screening procedures were in place and risk assessments carried out during the prisoners' first few days were very good, and included cell-sharing risk assessments, the initial identification of disability and health care interviews. Health care professionals carried out further assessments the following day.
- 1.39 Staff protocols setting out actions to be taken in the event of information indicating that an adult at risk might have been abused or injured during their period in custody were unclear. Staff we spoke to said they were unaware of formal protocols, but appeared focused on relevant issues and aware of their personal responsibility to protect those at risk. There was no planned awareness training.
- 1.40 Formal links had not been made between the prison and the community safeguarding board to review current practices and help identify the threshold at which formal adult protection protocols would be triggered.

Recommendation

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

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships.

Prisoners are safe from exposure to substance misuse while in prison.

- 1.42 Security arrangements were generally proportionate. It was impressive that the intelligence system was used to support self-harm prevention. If drug test refusals were included, there was evidence to suggest that more women were taking illicit drugs than the target.
- 1.43 Security arrangements were good and generally proportionate. Monthly security committee meetings were well attended, although they had declined in the last three months due to a review of the meetings schedule. Intelligence assessments and data monitoring were reasonably thorough, but did not consider all the protected characteristics. There was a good flow of information into the security department, which was well integrated with the prison's other functions such as the use of intelligence to support self-harm prevention which was particularly impressive. The main security issue was personal relationships, which often resulted in behavioural problems.
- 1.44 In the last six months, 1,582 SIRs had been submitted, compared with 1,447 for the same period in 2012. This rise was attributed in part to an increase in the number of disruptive prisoners. There had been concerns about the behaviour of young adults, who had previously been accommodated in one house, but with their subsequent integration with older women prisoners, this appeared to have improved.
- 1.45 Routine cell searches were carried out respectfully. A log was maintained of all strip-searches, which were only carried out when there was supporting intelligence. However, the level of security searching for prisoners on visits was excessive and lacked proportionality.
- 1.46 Only one woman had been put on closed visits in the last 12 months and the reasons for doing so were appropriate. There had been no banned visitors in the last six months. Restrictions on visits were reviewed monthly by the security committee.
- 1.47 A supply and reduction action plan was in place and was monitored at the drug strategy meeting, chaired by the head of security. In our survey, significantly fewer prisoners than the comparator said it was easy to get drugs in the prison. The mandatory drug testing (MDT) random positive rate for the six months to January 2013 was 2.8% against a target of 4.5%. However, when drug test refusals were added to the positive rate the figure rose above the target to 6.3%, suggesting drug use was higher than testing indicated. Refusals were dealt with appropriately.
- 1.48 A total of nine suspicion drug tests had been conducted in the same six-month period with a positive rate of 55.6%. This was relatively high, indicating that security measures taken to identify drug users were effective. Additionally, there was some evidence from drug finds and prisoners' comments that some undetectable prescription medications were being diverted and smuggled into the establishment through visits and prisoners returning from release on temporary licence. The MDT testing suite and waiting areas were clean, tidy and appropriately equipped.

- 1.49 A police intelligence officer and Special Branch officer worked at the prison; relationships between them and the prison were very good and a memorandum of understanding was in place. Posters around the prison advertised how to report staff wrongdoing and we were satisfied that procedures relating to this were well managed.

Recommendation

- 1.50 The prison should ensure that visits-related searching is more proportionate and based on a specific assessment of risk.

Housekeeping point

- 1.51 Monitoring of data should include all the protected characteristics.

Good practice

- 1.52 *Intelligence systems were used to support the prevention of self-harm incidents.*

Incentives and earned privileges

Expected outcomes:

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

- 1.53 Most women said they had been treated fairly in their experience of the IEP scheme. Few remained on the basic regime for more than one week. Only 36% of women said the different levels of the IEP scheme helped them change their behaviour.
- 1.54 Supervision of the IEP scheme was weak with few management quality checks, but a prisoner IEP representative attended prisoner forums. There were few differentials between the status levels.
- 1.55 Four women were on the basic regime, 79 on standard and 210 on enhanced during the inspection. Progression from standard to enhanced levels could be achieved after eight weeks, and demotion to the basic regime could occur after one serious incident. Prisoners on the basic level were set appropriate targets and reviewed weekly; an upgrade to the standard regime could be achieved after seven days. There had been a full review of prisoners' IEP levels in October 2012.
- 1.56 There had been 91 IEP review boards over the year to date and no appeals. In our survey, most women (66%) said they had been treated fairly in their experience of the scheme, but foreign national women were less positive. Only 36% of prisoners, fewer than the comparator, said the different levels of the IEP scheme encouraged them to change their behaviour.
- 1.57 Basic regime prisoners had been required to sit on specific chairs in the dining hall that identified their IEP level. This was humiliating and was stopped during the inspection.

Recommendation

- 1.58 Supervision of the IEP scheme should be improved, and management quality checks should take place regularly.

Housekeeping point

- 1.59 The prison should explore prisoners' negative perceptions of the IEP scheme.

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.

- 1.60 The number of adjudications was high representing an over-reliance on them for dealing with low level matters. Force was rarely used. The segregation unit offered a poor environment and the use of the gated cell for women in crisis was unsuitable.

Disciplinary procedures

- 1.61 Adjudications were held in an appropriate environment, but some records failed to demonstrate sufficient investigation into charges. Punishments were in line with local guidelines. There had been 445 adjudications in the previous six months, an increase on the same period in the previous year.
- 1.62 The majority of adjudications were for prisoners not being where they were supposed to be, and many were for matters that could have been better dealt with through the IEP process. In the last six months, 12 adjudications had been referred to the independent adjudicator, and heard within appropriate timescales. These were mostly for mandatory drug test failures. A disproportionate number of adjudications were for young women, although this had lessened following their integration with adults.
- 1.63 The governor carried out a quality check of adjudications and reported his findings at a quarterly adjudication review meeting. Monitoring of adjudications data was reasonably thorough, but did not include all the protected characteristics. Adjudications were also discussed at safer custody meetings.

Housekeeping point

- 1.64 Adjudicators should demonstrate that a full enquiry into charges has been carried out.

The use of force

- 1.65 There had been four use of force incidents in the last six months, which was low compared with similar prisons. Most uses had been spontaneous and to prevent prisoners hurting themselves or others. There had only been two planned interventions in the last year but

neither had been video-recorded. Restraints had been used twice. Health care staff had attended both incidents and a representative from the Independent Monitoring Board (IMB) had attended one.

- 1.66 An incident debrief form was used to explore the circumstances of incidents, ensure that prisoners were offered appropriate support afterwards and learn lessons from them. Use of force was monitored at safer custody meetings but this did not include the use of personal protective equipment or cover all protected characteristics.
- 1.67 The control and restraint (C&R) coordinator and deputy governor scrutinised use of force. All uniformed staff were up to date with their C&R training and the syllabus included a focus on pregnant women and prisoners with disabilities.

Recommendation

- 1.68 All planned use of force incidents should be video-recorded.

Segregation

- 1.69 A total of 94 women had been located in the segregation unit in the last six months, with the longest stay for 26 days. Staff spent time talking to women in their care and offered appropriate support. Daily entries in prisoners' files were very good and planning to reintegrate women into the main part of the prison was impressive. In our survey, most women who said they had been segregated reported that staff had treated them well. The regime met all basic needs.
- 1.70 The segregation unit consisted of six cells. Although it was clean, it was a tired environment. Only limited useful information was on display. The use of the gated cell for women in self-harm crisis was unsuitable, but an alternative and better facility was being prepared in St David's House. The exercise yard was a reasonable size but was very stark and showed signs of neglect. It was good that women were allowed to associate during exercise periods.
- 1.71 The prison had an up to date segregation policy and staff received an appropriate range of training, including in mental health awareness and diversity. The IMB was notified when a woman was located in the unit. Case reviews took place on time and were well attended by appropriate stakeholders.

Recommendation

- 1.72 The segregation exercise yard should be improved.

Substance misuse

Expected outcomes:

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

- 1.73 Clinical and psychosocial drug service delivery was of a very high quality with excellent levels of integration, prisoner satisfaction and specialist care for drug users with mental health problems.
- 1.74 Drug and alcohol recovery services (DARS) were provided by the charity Lifeline and Delphi Medical, which provided substance misuse treatment. Twenty-seven prisoners were receiving opiate substitution treatment (OST). The quality of the service was very good and prisoners received clinical reviews approximately every two weeks.
- 1.75 Fifty-five per cent of prisoners receiving OST were on maintenance doses. This was appropriate given the high level of mental health problems among the population; eight of the 15 women on maintenance doses were seen by the dual diagnosis nurse.
- 1.76 Clinical and psychosocial services were integrated well, with shared care plans and joint reviews; some group work was also co-facilitated. There were plans to co-locate the two halves of the service, currently based separately, which would improve levels of integration, and ultimately prisoner outcomes.
- 1.77 All prisoners on opiate substitution were very satisfied with the quality of the care provided by the DARS team. They were especially encouraged following client forum sessions, where their feedback had been translated into tangible service improvements, including the movement of the medication administration time from the afternoon to first thing in the morning.
- 1.78 The quality of psychosocial work delivered by Lifeline was excellent. It included a wide range of structured one-to-one and group work interventions, including information and recovery-centred approaches to both drugs and alcohol. However, there were no self-help fellowships, such as Alcoholics Anonymous and Narcotics Anonymous, although there had been in the past. The service had ended for reasons outside the control of the prison or the substance misuse services.
- 1.79 A drug strategy meeting was held monthly; it was well attended and staff from across the prison were represented. The substance use needs analysis dated October 2011 was out of date and the drug strategy document dated March 2012 was being updated.

Housekeeping points

- 1.80 The clinical and psychosocial arms of the DARS should be co-located as soon as possible.
- 1.81 The substance use needs analysis should be repeated annually to ensure that services meet current needs.

Section 2: Respect

Residential units

Expected outcomes:

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

- 2.1 The prison grounds offered a good environment. Residential areas were clean but a little tired and required more domestic facilities. Most double cells were small and cramped. Prisoners complained about the laundry facilities. Access to telephones was good but they could not be used in private. There were no management quality checks of applications.
- 2.2 The prison grounds were well maintained providing a good environment. Women were accommodated in 15 residential houses. One house had 20 double rooms, 10 had single rooms and the remainder a combination of double and single rooms.
- 2.3 Most double rooms were cramped and women had removed chairs to make space. Women had their own door keys and double cells had lockable cabinets. Access to showers and baths was good. The floors in Plymouth and Richmond Houses needed re-coating. Utility areas contained a combination of hair driers and toasters but little else, which seemed inappropriate. There were no other useful facilities, such as microwave cookers. This was a missed opportunity to enable women to carry out normalising domestic tasks for themselves, preparing them for release. Association areas were basic and failed to provide women with enough to occupy them.
- 2.4 Women were unhappy with the standard of the laundry service; they complained that clothing sometimes went missing or was returned damp. Prisoner orderlies provided a service wash twice a week but machines frequently broke down. Most women said they had access to clean clothes, but fewer than the comparator said they received clean sheets every week or sufficient cleaning materials.
- 2.5 Fewer prisoners than the comparator said their cell bell was answered within five minutes. However electronic records of responses showed most had been answered quickly and our own tests showed responses of less than two minutes.
- 2.6 The prisoners were consulted through monthly prisoner consultative forums and ad hoc meetings attended by prisoner representatives and appropriate staff. Minutes of meetings were not displayed.
- 2.7 Some women complained that staff had opened letters from their solicitor or legal adviser, and the post room log showed that 32 legal letters had been opened in error in the last six months, which was too high. Access to telephones was good but they could not be used in private.
- 2.8 Most women said it was easy to make an application and felt they were dealt with fairly and promptly. Applications were submitted and logged by staff in Bristol and Plymouth houses, but responses were only logged in Plymouth House and it was unclear if all women received

responses. Some staff failed to deal with simple matters and unnecessarily directed applications to specialist staff. There were no management quality checks of applications.

Recommendations

- 2.9 Domestic facilities should be improved and better equipped to enable women to carry out basic tasks, including simple food preparation.
- 2.10 Arrangements for the handling of legal correspondence should be reviewed.
- 2.11 Women should be able to use telephones in private.
- 2.12 Managers should monitor the processing of applications and the quality of responses.

Housekeeping points

- 2.13 The floors in some washing areas should be re-coated.
- 2.14 Minutes of prisoner consultative meetings should be displayed.

Staff-prisoner relationships

Expected outcomes:

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

- 2.15 Relationships between staff and prisoners were generally good and the Every Contact Matters strategy was a positive initiative. Case note comments were generally good, providing a balanced view of prisoners' behaviour, but some personal officer entries were purely observational. There were few management quality checks.
- 2.16 Of 139 staff who had contact with prisoners, 102 (73.3%) were women and 37 (26.6%) men. Of this group 81 (58.2%) had undertaken the Prison Service women's awareness staff programme for staff working with women prisoners.
- 2.17 Most women (80%) said that staff treated them with respect but too many (27%) said they had been victimised by staff. Most said there was an officer they could turn to if they had a problem: 32% said that staff had checked on them individually in the last week to see how they were getting on. We saw some very good interactions and staff demonstrated a good knowledge of prisoners in their care.
- 2.18 The personal officer policy was comprehensive and women knew who their personal officers were. Staff across the prison, including a number of personal officers, wrote some good entries about women in case notes, providing both positive and negative comments. There were also examples of personal officers working with women to address negative behaviour without resorting to warnings. There was little evidence of management checks of the quality and regularity of entries.

- 2.19 To further improve staff-prisoner relationships, the governor had introduced a local strategy, Every Contact Matters, highlighting the importance of interpersonal contact. Despite this some staff were not flexible enough or consistent in how they dealt with prisoners, which had a disproportionately negative impact on prisoners' perceptions of staff.

Recommendations

- 2.20 The prison should address the inconsistent behaviour exhibited by a minority of staff towards prisoners.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.21 The equality policy was not based on a needs analysis. Only race was formally monitored. Forums were not open to all women, and there were none for black and minority ethnic women. Equalities staff provided very good support, but a minority of staff were reluctant to deal with foreign national issues. Foreign national women and women with disabilities were significantly more negative than others regarding safety and respect issues.

Strategic management

- 2.22 The equality policy included all protected characteristics but was not based on a needs analysis, and targets in the foreign national and equality team action plans were not set to meet locally identified needs. Each protected characteristic had a named lead member of staff, deputy and allocated prisoner representatives, and was on the agenda at equalities meetings.
- 2.23 The promotion of diversity benefited from the strong leadership of the governor who chaired the monthly equalities meetings, which protected characteristic lead staff and external and prisoner representatives attended. Minutes showed that discussions were appropriate and issues raised were progressed.
- 2.24 Systematic monitoring and analysis of race equality treatment data (SMART) was scrutinised and out of range trends monitored and investigated. However SMART only covered race and there was no similar monitoring of other characteristics.
- 2.25 Prisoner forums included foreign national, older, disability and Traveller groups, but there were none for black and minority ethnic women and most forums were attended only by equality representatives. SMART data, associated policies or recent forum minutes were not available

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

in houses or in the signpost information centre. The equality notice board in the dining room displayed out-of-date information.

- 2.26 Discrimination incident reporting forms (DIRFs) were freely available; 31 had been submitted in 2012 and two since January 2013. Most related to low level incidents and investigations were generally promptly and adequately completed. A scrutiny panel consisting of prisoners and representatives from the local community and outside agencies quality assessed investigations, which was positive. Nevertheless, many women told us that they did not have confidence in the system. There were no formal interventions for prisoners found guilty of misconduct, although some completed DIRFs recommended this.
- 2.27 Women praised the support provided by two experienced equalities officers, the full-time foreign national officer and part-time disability liaison officer (DLO). There were four full-time equality prisoner representatives and each house had an equality prisoner representative.
- 2.28 Women could easily access information and advice from equalities staff, prisoner representatives and partnership staff based in the welcoming and impressive equalities building, or 'hub', which provided a variety of published material and acted as a focal point for all equalities information.

Recommendations

- 2.29 The equality policy should be based on a needs analysis of all protected characteristics and include a live action plan for each.
- 2.30 Monitoring should be introduced across all characteristics to ensure fair treatment and access to services.
- 2.31 Forums should be introduced for black and minority ethnic women, which ensure opportunities for meaningful consultation and provide an opportunity to discuss concerns.

Housekeeping point

- 2.32 Up-to-date minutes of meetings and monitoring information should be displayed and accessible to prisoners.

Protected characteristics

- 2.33 Thirty-one per cent of the population were black and minority ethnic. In our survey, more black and minority ethnic prisoners reported victimisation by other prisoners and staff because of their race or ethnicity.
- 2.34 There were 55 foreign national women from 28 countries. In our survey, this group was significantly more negative than others about safety and respect. The foreign national officer met all foreign national women on arrival to identify their immigration and domestic status; he recorded action taken. Three women had been identified as victims of trafficking, and the Poppy Project, which supports women trafficked into the UK, had referred them to the national referral mechanism (NRM). (The NRM was put in place in the UK in April 2009 to identify, protect and support victims of trafficking.) All Listeners and some staff had received awareness training.

- 2.35 Although recognised as a foreign national centre, all notices in the prison were only displayed in English, as highlighted in our last four reports; our survey identified that 3% of prisoners could not speak English and 6% could not read it. Prisoners were regularly used to translate for others, and minutes of the December 2012 equalities meeting recorded the need to provide refresher training to staff who were hesitant about using the telephone interpreting service. Some officers were reluctant to deal with routine issues and referred women to equalities staff.
- 2.36 UK Border Agency staff visited fortnightly to provide information on individual cases. Independent immigration advice and practical help was provided through the prison-based Praxis Community Projects worker, a qualified immigration solicitor.
- 2.37 Foreign national women said it was hard to maintain contact with their families; they only received a free 10-minute monthly phone call if they had not had a visit. As reported in our 2007 and 2010 inspection reports, foreign nationals were disproportionately affected by low wages and some could not afford to keep in regular contact with family abroad. A number did not have the necessary language or skills to obtain better paid work. There was no facility to use technology such as Skype.
- 2.38 As reported previously, many foreign national women continued to feel that release on temporary licence (ROTL) applications would not be granted, although some were receiving ROTL during the inspection. Managers were aware of foreign national women's unwillingness to apply for ROTL. Minutes of the January 2013 equalities meeting had agreed that some members would look at ways of improving communication and support for the ROTL and home detention curfew processes.
- 2.39 Women were very positive about faith provision and none reported feeling disadvantaged as a result of their faith (see section on faith and religious activity).
- 2.40 The prison had identified 12% of the population as having a disability, similar to 15% in our survey; 83% of this group said they had emotional well-being or mental health problems, and 95% said they were taking medication. The DLO saw all women who declared a disability and produced care plans, but these were not formally discussed or reviewed with the prisoners or health care staff, and some women did not know that they had a plan. Prisoners spoke highly of the support they received from equalities staff, but in our survey, this group was more negative than others regarding safety.
- 2.41 There were no fully adapted cells for women with disabilities, but appropriate individual adaptations were provided and some showers were fitted with grab rails and fold-down seats. St David's House held a mix of older women and those with disabilities and while the women appreciated this quieter accommodation, the facilities were little different from those in other houses.
- 2.42 In our survey 13% of prisoners considered themselves to be gay or bisexual and a forum had met in January 2013. The undated sexual orientation policy was not based on a needs assessment. A transgender prisoner had received good support from health care and equalities staff.
- 2.43 Twenty-six women were aged 50 or over, seven were over 60 and the oldest was 65. In our survey, 26% of those over 50 considered themselves to have a disability, and more women in this group said they had experienced victimisation because of their age. They could visit over-50s' health clinics and receive age-appropriate screening.

- 2.44 Twelve young women under the age of 21 were accommodated within the general population. Each young woman was discussed at the weekly multi-agency safety and health meetings meeting (see section on suicide and self-harm prevention) and an allocated officer saw each woman twice a week to offer support and identify any concerns. Young women's forums had been introduced in the month before the inspection. However, there had been no detailed analysis of this group's needs.

Recommendations

- 2.45 Information should be displayed in an appropriate range of languages.
- 2.46 Foreign national prisoners should receive additional help to keep in touch with family abroad including through technology such as Skype.
- 2.47 The prison should explore and address the reasons for the significantly poorer perceptions of foreign national women and women with disabilities.
- 2.48 St David's House should be properly equipped to meet fully the needs of women with disabilities.

Housekeeping point

- 2.49 Managers should ensure that all staff lead by example, promoting equality and diversity by interacting with all prisoners.

Faith and religious activity

Expected outcomes:

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

- 2.50 Women prisoners were very positive about the support provided by faith leaders. The chaplaincy was well integrated into the daily life of the prison and provision included additional activities alongside corporate worship.
- 2.51 Christian faith prisoners accounted for approximately 63% of the population, Muslim women accounted for 7%, and prisoners from other religions 6%; 24% of women were registered as having no religious affiliation.
- 2.52 The coordinating Church of England chaplain, a member of the senior management team, was supported by a range of chaplains, including Muslim, Roman Catholic, Free Church, Quaker, Jewish, Pentecostal, Pagan and Sikh. The prison was awaiting clearance for a Buddhist chaplain, and was actively seeking Latter Day Saints and Hindu chaplains.
- 2.53 In our survey, individually and in groups, prisoners were very positive about support provided by chaplains. All women received written and verbal information from a member of the chaplaincy within 48 hours of arrival, and activities and services were advertised throughout the prison.

- 2.54 The chaplaincy supported women following a death or serious illness and one member was a trained bereavement counsellor. The chapel and multi-faith room were good environments, and women could attend a variety of services and groups, including relaxation sessions, the Alpha course, Bible studies and EXCELL (a confidence and self-esteem course), as well as a 'chapel café' on Saturdays, which included craft activities. The Muslim chaplain ran an annual 'izi' Tarbiyya programme, a 13-module course tackling radicalisation.
- 2.55 Women could have religious artefacts in their possession and major religious festivals for all faiths were identified and celebrated, often with catering support. The Muslim chaplain provided halal awareness training to kitchen and servery workers and staff. Chaplaincy staff worked well together and attended meetings to support the work of the prison. There was an active prisoner visitor scheme.

Complaints

Expected outcomes:

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

- 2.56 Replies to complaints were respectful and generally addressed the issues raised; quality checks and analysis were undertaken. Most prisoners reported that complaints were dealt with quickly and fairly.
- 2.57 A total of 131 complaints had been made in the six months prior to the inspection representing a rate of about 44 per 100 prisoners, less than the average rate at other women's prisons of 122 per 100. Governance arrangements were very good; all complaints were logged and dispatched expeditiously to managers in appropriate areas for a response. They were analysed and there was evidence in minutes of senior management meetings that action was taken to deal with emerging problems.
- 2.58 Most complaints received a response within three working days of their receipt, and interim replies for more complicated cases were sent to prisoners along with a predicted conclusion date. Overall, responses were respectful and addressed the issues raised. In our survey, 52% of women said that complaints were treated fairly and 59% promptly, better than the comparator of 36% and 40% respectively.

Legal rights

Expected outcomes:

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

- 2.59 A trained legal services officer was available for prisoners requiring assistance and adequate resources were in place for legal visits.

- 2.60 The legal services officer (LSO) had received training many years earlier and had not had any refresher training; he obtained information using the internet as necessary. No time was allocated for this work, but the LSO responded individually to applications while he undertook his normal duties. There appeared little demand for his services. He did not keep records of applications received or action taken.
- 2.61 Information about legal services and appeals was included in the prisoner information booklet, and prisoners had access to legal reference books and Prison Service Orders in the library. There were sufficient private legal visits facilities. Some women complained that legal post had been opened by staff in their absence (see section on residential units).

Recommendation

- 2.62 The legal services officer should receive formal refresher training.

Health services

Expected outcomes:

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

- 2.63 Prisoners were generally satisfied with health care services. Clinical governance arrangements were reasonable, although some areas needed development. Waiting times for clinics were short, but access to a female GP was limited. Health care staffing shortages had affected some services. Stop smoking services were good and the team included a prisoner health trainer, an excellent initiative. Pharmacy services were reasonable but drug administration was not private. Secondary mental health services were impressive. Overall health care services were reasonably good.

Governance arrangements

- 2.64 The Staffordshire cluster of primary care trusts commissioned health services. Staffordshire & Stoke-on-Trent Partnership NHS Trust provided primary health care services and South Staffordshire & Shropshire NHS Foundation Trust provided Mental Health in-reach services. The well attended clinical governance and partnership board meetings covered all key areas. The health delivery plan was informed by a current health needs assessment. The needs of foreign national and black and minority ethnic women prisoners had not been assessed, although this was planned for 2013. Adverse incidents were reported, reviewed and lessons learned were shared with staff and prompted a service review. There were regular clinical audits and consultation with service users was just developing. The complaints process was confidential and responses were timely but did not consistently address the issues raised.
- 2.65 The newly appointed health care manager was an experienced mental health nurse on a temporary promotion; a permanent manager was to be appointed once restructuring of the local prison cluster health care management team was completed. A qualified nurse was present from 8am to 7pm Monday to Thursday and 8pm to 5.30pm Friday to Sunday and a GP

provided clinics every weekday. Prisoners received a leaflet in reception and had easy access to health care. The health care environment was good.

- 2.66 Health staff wore name badges and interactions were professional. The nursing team had a reasonable skills mix, but was inexperienced in the management of lifelong conditions. Extended staff shortages had stopped planned staff development, but staff were up to date with mandatory training. Staff reported receiving regular peer supervision; however recording was poor. Most staff appraisals examined were of poor quality and out of date.
- 2.67 Recording on SystmOne, the electronic clinical information system, was good, although care planning was underdeveloped. Health staff knew of and used the extensive range of clinical policies, including communicable disease management and adult safeguarding, although most were out of date.
- 2.68 Health promotion literature was available throughout the prison. There was an outstanding health trainer programme which utilised trained prisoners to take classes, and the inclusion of a health trainer in the stop smoking team was excellent. Barrier protection was available on request and was well promoted. There was no senior older persons' lead staff member, but there were over -50s' health clinics that used an exemplary electronic template, and mobility and health aids were available. Prisoners had access to age-appropriate screening, immunisation and vaccination programmes.
- 2.69 Emergency equipment in the health care unit was appropriate and checked regularly. Staff were not trained to use the emergency childbirth kit, as there were few pregnant prisoners; emergency services were called instead. Prison staff were responsible for checking the automatic external defibrillators in the houses but several staff we spoke to were unaware of this and checks were not recorded. An acceptable proportion of prison staff were trained to manage medical emergencies; trained staff were always on duty.

Recommendation

- 2.70 All clinical staff should access regular, documented clinical supervision and appraisals within agreed policies.

Housekeeping points

- 2.71 All clinical policies should be reviewed regularly and be current.
- 2.72 A senior nurse should be responsible for the strategic development of older prisoner services.

Good practice

- 2.73 *The integration of a prisoner health trainer in the stop smoking service was an excellent use of peer support and prompted prisoners to access health promotion.*
- 2.74 *The comprehensive over-50s template assessed all key areas, including breast screening and mental health, and prompted appropriate referrals.*

Delivery of care (physical health)

- 2.75 All prisoners saw a nurse within two hours of their arrival for a comprehensive health assessment. Prisoners' consent to liaise with key services to continue appropriate care was obtained. Those requiring follow-up care were referred promptly.
- 2.76 Prisoners in our survey were much more satisfied with access to and the quality of health services than the comparator. However, we received mixed views about health care from prisoners in groups and individually. Health services were delivered in the health care department, but staff would visit women in their cells when necessary. The appointment request form had no pictures, making it less accessible to prisoners with poor English or literacy. The waiting time for GP appointments was 48 hours, with urgent appointments available each weekday. There was advertised access to a female GP for intimate procedures only, which was insufficient.
- 2.77 Waiting times for the podiatrist, dentist and physiotherapist were reasonable, but optician waiting times were excessive. Partnership working between the physiotherapist and gym staff for remedial gym was good. There was a good range of nurse-led clinics; however, staff shortages had reduced primary mental health and lifelong conditions clinics. The monthly failure-to-attend rate of 18% was being investigated. Out-of-hours' medical cover was good, but there was no out-of-hours' access to over-the-counter medications.
- 2.78 Nurse triage clinics ran daily and the range of medications available under patient group directions, PGDs (which enable nurses to supply and administer prescription-only medicine) improved prisoners' access to timely interventions. The triage protocols available were not used, but most nurses had received training so that they could make consistent decisions. There was a lifelong conditions register and nurses ran clinics when possible, but had not received training to provide a comprehensive service.
- 2.79 Prisoners were appropriately referred for external hospital appointments; waiting times were monitored and appointments rarely cancelled. Any appointment cancelled due to a lack of escorts was managed as an adverse incident. Prisoners were given their referral letters to take with them to their appointments. Staff shortages and reduced hospital appointments had caused a breast screening backlog and 18 women were waiting for appointments.

Recommendations

- 2.80 There should be easy access to a female GP for all health issues.
- 2.81 Prisoners should have prompt, safe access to over-the-counter medications, as required, out-of-hours.
- 2.82 Staff who have received appropriate training should review patients with lifelong conditions regularly; reviews should generate an evidence-based care plan.
- 2.83 Patients should have timely access to breast screening.

Housekeeping point

- 2.84 Health care applications should include pictures to enable prisoners with literacy problems and poor English to access services more easily.

Pharmacy

- 2.85 Lloyds provided pharmacy services and prisoners received medicines promptly with appropriate written information. The in-possession policy was based on current best practice guidance. Most medication was given in possession following a comprehensive risk assessment and there were secure in-cell storage facilities. There were protocols to review risk assessments regularly, although this did not occur consistently. Patients re-ordered their medication when required.
- 2.86 A pharmacy technician visited weekly and a pharmacist attended fortnightly and recorded audits and completed checks. Fortnightly pharmacist clinics were advertised and patients were invited to medication reviews.
- 2.87 Patients requiring medication under supervision attended the health care department twice a day where medicines were dispensed under prison officer supervision. Two patients attended the hatch at once, which meant it was not sufficiently private. There was a policy to follow up on non-attendance after three days, although it was unclear how this was monitored as non-attendance was not routinely recorded.
- 2.88 The pharmacy room was secure; however medicines were stored on open shelves and were always visible from outside. Nurses checked stocks of supervised medication weekly, although we found loose strips of tablets and one prisoner still had medication that she had stopped taking, which should have been removed.
- 2.89 Appropriate formulary and operating procedures were in place. The supply of controlled drugs was acceptable. The use of PGDs was monitored by the pharmacy and nurses had been appropriately trained. Fridge temperatures were recorded daily but appropriate action was not taken when the temperature was out of range.

Recommendations

- 2.90 Medication administration records should be complete and issues relating to non-attendance should be consistently addressed.
- 2.91 The storage of medication on open shelves in the pharmacy should be assessed to establish if security is sufficient and any required remedial action should be taken.

Housekeeping points

- 2.92 Pharmacy staff should carry out monitoring to ensure that appropriate action is taken when fridge temperatures exceed the correct ranges.
- 2.93 Medication stock checks should ensure good pharmaceutical stock management is maintained.

Dentistry

- 2.94 Staffordshire & Stoke-on-Trent Partnership NHS Trust provided dental services and prisoners in our survey expressed similar levels of satisfaction with the dentist as the comparator. The dental consultations we observed were good; however the door was routinely left open throughout consultations, which compromised confidentiality. NHS equivalent dental treatment was available.
- 2.95 There were two clinics a week, which included emergency and holiday cover. Prisoners submitted dental applications, and appointments were appropriately allocated. Full courses of treatment were booked post-assessment to avoid unnecessary delays. There was a robust recall system for check-ups. Waiting times for assessment and treatment were satisfactory.
- 2.96 Prisoners were given verbal and written advice on oral health. Appropriate records were made on SystemOne and dental cards. The dental surgery was too small and needed additional equipment and a decontamination room to comply with best practice standards under dental regulation HTM1-05. Most dental equipment was appropriately maintained, but the X-ray facilities needed servicing. Dental waste was disposed of professionally.

Recommendation

- 2.97 The dental surgery should comply with dental regulation HTM1-05.

Housekeeping points

- 2.98 The dental surgery door should be closed during consultations.
- 2.99 The X-ray equipment should be properly maintained.

Delivery of care (mental health)

- 2.100 Fifty per cent of prison officers had attended mental health awareness training provided by South Staffordshire and Shropshire NHS Foundation Trust. There were effective working relationships between prison and mental health staff, including group supervision for officers concerning particularly challenging patients, led by the mental health in-reach team (MHIRT).
- 2.101 Primary mental health services were limited by staffing shortages, which were being addressed. Two women were being seen and six required assessment. A part-time counsellor worked with 16 women; 14 were on a waiting list, which had a maximum waiting time of six weeks. There was an open referral system using a risk indicator to allow appointments to be allocated based on need. Primary mental health and the MHIRT were well integrated, for example they held joint weekly meetings for information sharing and to allocate new referrals.
- 2.102 The MHIRT worked with 25 women; it had a rich skills mix providing psychologically informed support and group work. Clinical governance arrangements were robust, with good risk management, training, clinical supervision and appraisal systems. A female psychiatrist visited weekly and a male psychiatrist, specialising in eating disorders, attended fortnightly; staff with additional specialisms were available as needed. Patients with complex needs were appropriately managed using the care programme approach (mental health services for individuals diagnosed with a mental illness), and families were included whenever possible.

There had been no prisoner transfers to external mental health services since our last inspection.

Catering

Expected outcomes:

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

- 2.103 The range and standard of food was good and popular with prisoners. The kitchen was clean and the dining hall an excellent environment. Facilities to allow prisoners to cook their own food were poor. Breakfast packs were issued the day before they were to be eaten.
- 2.104 The purpose-built kitchen was clean, properly maintained and well equipped. All staff and prisoners employed in the preparation and serving of food had received appropriate training.
- 2.105 Lunch and dinner were selected from a four-week rolling menu offering a good variety of healthy options, including fruit and vegetables every day. The menu met the needs of different diets and halal food was correctly stored, cooked and served. In our survey, 56% of prisoners said that food was good, better than the comparator of 34%. A cooked breakfast was provided at weekends but during the week, breakfast packs for the following day were handed out at lunch time.
- 2.106 The quality and temperature of the food were very good. The duty governor sampled the food every day and usually visited the hotplate during meal times. There were no self-catering facilities. The utility areas in the houses were not equipped to allow women to cook or prepare meals (see section on residential units).
- 2.107 All prisoners ate meals in a communal dining room adjacent to the main kitchen, and conditions were very good. The area was large, clean and well decorated and helped to normalise the prison environment.

Recommendations

- 2.108 Breakfast should be served on the morning it is to be eaten.
- 2.109 Facilities to allow prisoners to cook and prepare their own meals should be introduced.

Purchases

Expected outcomes:

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

- 2.110 The shop sold a wide enough range of products to meet women's needs. All women received a print-out of their finances. The prison was overly restrictive about where women could buy some products. However, there was a reasonable selection of catalogues.

- 2.111 Most prisoners (66%) said the shop sold a wide enough range of goods to meet their needs, and a section of the product list addressed the specific needs of black and minority ethnic women by offering them appropriate items. The product list was reviewed quarterly and women were consulted about changes, including price rises; however, many women complained about high prices. All women received a free weekly print-out of their finances.
- 2.112 Women struggled to afford sanitary items which could only be purchased through the prison shop. Women could order products from five catalogues, which included one specifically for black and minority ethnic women. There was a small administration charge for orders to cover postage costs. Newspapers could be ordered through the finance department.

Recommendation

- 2.113 The prison should review how women access some everyday sanitary items.

Good practice

- 2.114 *The prison ensured that a section of the shop product list addressed the specific needs of black and minority ethnic women.*

Section 3: Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁴

- 3.1 Prisoners were unlocked all day and had excellent access to the prison grounds.
- 3.2 Women were not locked in their rooms and had excellent access to the well kept prison grounds until the external doors of each house were locked at about 8pm. The prison's core day allowed for about seven hours of scheduled activity each weekday and we found no slippage in the regime due to late unlocking. Most women had been assigned to an activity, and provision for time out of cell, including association, was excellent.
- 3.3 Prisoners could attend evening classes and the gym and could associate in seated areas outside the houses every evening until 8pm, and inside their own houses until 11pm. Many officers actively engaged with prisoners during association and exercise times, and contributed to the quality of prisoners' free time.
- 3.4 Daily routines, including times of scheduled activities, meal times and times for cooperate worship were publicised in every house, and prisoners had unfettered access to them. Time out of cell was excellent.

Learning and skills and work activities

Expected outcomes:

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

- 3.5 The leadership and management of learning and skills required some improvement. The curriculum had been extended and was better coordinated to meet the needs of the majority of prisoners. A much clearer strategy and direction provided a stronger focus on the benefits of work, education and training to reduce reoffending. Outcomes on many courses were high, but some required improvement. Attendance and punctuality at education and training were insufficiently prioritised. The range of work, education and training was good and most work offered accredited qualifications. The library offered a good service.

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.6	Ofsted ⁵ made the following assessments about the learning and skills and work provision:	
	Outcomes for prisoners engaged in learning and skills and work activities:	Good
	Quality of learning and skills and work activities (including the quality of teaching, training, learning and assessment):	Requires improvement
	Effectiveness of leadership and management of learning and skills and work activities:	Requires improvement

Management of learning and skills and work

- 3.7 The leadership and management of learning and skills provision would benefit from further improvement. Strategic leadership and direction were good. A very clear direction had been effectively communicated to staff, partners and prisoners, emphasising the links between work, education and training to ensure success on release and reduced reoffending. It provided a strong focus on work training and release on temporary licence (ROTL). The replacement of the Offender Learning and Skills Service (OLASS) provider with Milton Keynes College had been managed well.
- 3.8 The head of reoffending had introduced a number of improvement strategies, but it was too early to judge their impact on learners. A training needs analysis had been completed and the range of vocational training and accredited qualifications had been broadened to meet the needs of prisoners more effectively. Managers had agreed on a clear sequencing of activities to further support this direction and prepare prisoners for work through prison, voluntary and paid employment in the community.
- 3.9 The prison's monitoring of attendance in activities was accurate; however, the prison and education managers did not analyse registers sufficiently to ensure prisoners complied with the planned sequence of activities. Attendance at education and training was insufficiently monitored or analysed to identify trends. As a result, managers could not produce robust data to demonstrate accurate attendance rates in education classes and training workshops. Attendance rates and punctuality in observed sessions were low with too many prisoners arranging to attend other activities in preference to education and training.

Recommendations

- 3.10 **Attendance and punctuality at education and training sessions should be prioritised over other activities.**
- 3.11 **Attendance at each workshop and training session should be better monitored through analysing registers to manage the sequencing and prioritisation of planned activities.**
- 3.12 **Accurate monitoring systems should be developed to provide teachers, trainers and managers with detailed information about the attendance of learners in classes and workshops.**

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Provision of activities

- 3.13 There were sufficient work, education and training places for the whole prison population and only three prisoners were unemployed. Activities included 201 work places, 126 education places and 54 vocational training places.
- 3.14 The education provision was appropriate for the needs of the prisoner population. Programmes delivered by Milton Keynes College included English, mathematics, information and communications technology (ICT), art, business enterprise, English for speakers of other languages and customer service. Money management and independent living skills were not offered.
- 3.15 Vocational training was available in the kitchens, laundry and gymnasium and through packing and waste management workshops and the hairdressing and beauty therapy salons.
- 3.16 The activity allocation procedure was efficient, fair and managed well through a labour panel. Prisoners, their offender supervisor and representatives from all the prison's key functions attended the panel. Prisoners were appropriately allocated to activities and courses according to needs identified in sentence plans and through education and according to their risk and behaviour. The rates of pay were standardised and equitable for both work and training.

Recommendation

- 3.17 **Expert advice, support and training about money management should be provided.**

Quality of provision

- 3.18 Prisoners had access to a good range of opportunities to develop vocational skills and achieve qualifications that would help them to gain employment on release. These included qualifications to level 3 in health promotion and fitness instruction and beauty therapy, and to level 2 in catering, customer service, manufacturing and hairdressing. These opportunities were extended further for those who were eligible to work outside the prison, and many attended local colleges.
- 3.19 Prisoners on catering, hairdressing and beauty therapy courses made good progress and demonstrated an appropriate level of skill and knowledge. Vocational training in catering was good and portfolios contained clear records of assessment. The standard of prisoners' work was satisfactory overall, and good in catering. Teachers gave prisoners useful feedback.
- 3.20 Workers in the gardens department received effective training and developed good skills. They maintained the gardens well and worked productively. However, they were unable to have this recognised through an accredited qualification. Workers in the DHL logistics and distribution workshop were also unable to achieve accreditation.
- 3.21 Prisoners working in the packing workshop had the opportunity to achieve a level 2 national vocational qualification (NVQ) in performing manufacturing operations (PMO) through Stoke College, and in the previous 12 months, 45 had done so. However, inspectors were concerned about the validity of these awards as the activities in the workshops lacked the variety and challenge consistent with a level 2 qualification.

- 3.22 Maths and English were appropriately prioritised in lessons; however there were too few opportunities for prisoners to extend these skills in the workplace or as part of other programmes. This limited access to those who did not want to attend group lessons in education.
- 3.23 The quality of teaching, learning and assessment, particularly theory sessions, required improvement. Only about half of lessons observed were good or better, which matched the college's own assessment. In the good sessions, teachers and trainers used their skills well to plan activities that helped prisoners to learn, encouraged participation and were challenging. Prisoners make good progress in these lessons and could demonstrate their new knowledge and skills through the tasks and activities set.
- 3.24 Lesson planning was weak and the prolific use of generalised aims and objectives led to classes with too narrow a range of learning strategies and too few opportunities to measure prisoners' progress.
- 3.25 Attendance was low in the majority of education sessions and punctuality poor. Although a minority of teachers tried to set a clear start time for their lessons, too many prisoners arrived late. In January 2013, nearly 2,000 guided learning hours were lost to prisoners arriving late or leaving lessons early to attend another activity. However, disruptions to learning in the beauty therapy salon were minimal as the teacher managed this well.
- 3.26 Resources were good; rooms were clean and tidy and dedicated classrooms had helpful displays and promotional material. The beauty and hair salons were of a professional standard and encouraged prisoners to develop good employment behaviour. Interactive learning technology (for example, interactive whiteboards) was used well by the majority of teachers and in the best lessons prisoners also used information technology well.
- 3.27 Induction to the prison and to education was good and included an effective introduction to the virtual campus (internet access for prisoners to community education, training and employment opportunities). The initial diagnostic assessment of prisoners' literacy and numeracy skills was effective and appropriately used to plan learning.

Recommendations

- 3.28 The quality of teaching, training, learning and assessment should be improved.
- 3.29 Education should be prioritised to improve punctuality and attendance at education and training sessions.
- 3.30 Managers should ensure that the quality and rigor of assessment of the PMO NVQ is appropriate and that only qualifications that reflect prisoners' work levels are offered.
- 3.31 Accredited qualifications should be introduced in horticulture as should a method of recognising skills in the DHL workshop.

Education and vocational achievements

- 3.32 Achievement rates on many courses in 2011-12 were high under the previous contract provider. There was no validated full-year data available for the new contract provider. However, data for the first half of the academic year showed that high achievement rates had

been maintained across the provision except for literacy and ICT courses, which required improvement.

- 3.33 Outcomes on most vocational training courses were good with most learners achieving their main qualification. Prisoners on catering and hairdressing courses demonstrated good work-related skills. Most prisoners were well-motivated, worked well with others and were aware of their responsibility for their own learning. In education, the quality of learners' work and the standard of their English and mathematics skills were satisfactory. Attendance and punctuality were poor (see section on management of learning and skills and work).

Recommendation

- 3.34 Achievement rates on literacy and ICT courses should be improved.

Library

- 3.35 The library stock was good and included a range of fiction and non-fiction, easy read and large print books, magazines and CDs. Library staff monitored the prison population monthly and used this to refresh the book stock, particularly to take account of the language needs of foreign national women. Prisoners made good use of the library and had access each weekday afternoon and evening, from 9am to 4pm on Saturdays and on Sunday afternoons. Library staff monitored the use of the library and book loans effectively and book losses were very low.
- 3.36 Library staff and the writer in residence provided a good range of activities, including Storybook Mums (where prisoners record a story for their children to listen to), poetry and reading groups and the Six Book Challenge reading scheme. Links with the education department had been established and some teachers used the library regularly to support their courses. Prisoners could use computers for study. Access to prison instructions and legal books was appropriate. One orderly was employed in the library. Plans to move the library to a larger room adjacent to the virtual campus were under way.

Physical education and healthy living

Expected outcomes:

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

- 3.37 The physical education (PE) department was very well managed and provided an excellent service. Facilities were good as was the variety of recreational and health promotion activities. The range of accredited qualifications offered and achievement of qualifications were very good. ROTL was used appropriately to develop and enhance learners' skills through additional study and voluntary and paid employment in the community.

- 3.38 The promotion of healthy living was very good and the PE department offered prisoners an excellent range of qualifications and opportunities to develop good employability skills. The prison had an excellent well-established health trainer initiative. Prisoners received the same qualifications and training as community workers: the externally accredited level 2 health champion and level 3 health trainer qualifications. At the time of the inspection Drake Hall was

the only women's prison offering level 3 PE qualifications. Since 2008, around 46 prisoners had trained as health champions; some had on release progressed to employment as health trainers, personal trainers or fitness instructors.

- 3.39 Prisoners working as health trainers carried out detailed lifestyle assessments and worked with other prisoners for up to six months, setting and monitoring targets for lifestyle improvement through healthy eating, smoking cessation and physical activity. Partnership working with other departments, for example, catering and health care, was strong and the impact monitored at quarterly health promotion action group meetings, which included prisoner representatives.
- 3.40 The PE department also offered the externally accredited level 1 gym assistant course and the level 2 instructor course in a range of disciplines. Prisoners with relevant teaching and coaching qualifications taught exercise classes. This gave them an excellent opportunity to reinforce and develop their skills and confidence. Experienced PE officers observed these sessions and provided the prisoner instructors with feedback.
- 3.41 All prisoners were offered a good range of sport and health-related fitness activities in the evenings and at weekends, including sessions for older, less fit prisoners and women under detoxification. Around 50% of the population participated in gym sessions at least twice a week. The PE department's exercise videos, DVDs and Wii fitness programme were well used.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 The prison's overall resettlement strategy was reasonably good, but did not outline how it would meet the needs of all prisoner groups. However, there was evidence that the regime was managed to respond to the needs of prisoners. The sequencing meeting ensured that risk reduction activities were prioritised but the offender management meeting lacked substance. Release on temporary licence (ROTL) was used proactively and there was some monitoring of service effectiveness, using post-release data. Hours lost as a result of the frequent redeployment of offender management staff were not monitored effectively.
- 4.2 The new reducing reoffending strategy document set clear and appropriate objectives, but staff were not aware of it. It was based on a prisoner questionnaire and general research data, but excluded information from offender assessment system (OASys) documents. There was still work to do to identify and meet the needs of some of the population, including lifers and young and older women.
- 4.3 A database of 'live' prisoners' needs was used by members of the regular sequencing meeting to inform decisions about which interventions should run when, and who should attend. This was a laudable effort to ensure that risk reduction activities were prioritised, and showed a commitment to resettlement across the prison.
- 4.4 However, as the sequencing meeting had grown in strength, the offender management meeting, designed to manage the reducing reoffending pathway action plan, appeared to have lost its purpose. It was now less well attended and minutes lacked substance. There was a danger that pathway management would suffer as a consequence. Nevertheless, there was a healthy range of partnerships in place to support risk reduction and release planning (see section on offender management).
- 4.5 ROTL was used well, with about 350 releases a month for a variety of purposes, including working outside the prison and child care resettlement leave. Offender supervisors told prisoners the reasons for any refusals in person.
- 4.6 Managers had begun to monitor whether women released from Drake Hall were returning to custody and early data suggested that 19% had been imprisoned within a year of release. The prison was developing this data to establish how services might be improved, which was excellent.
- 4.7 Offender management unit (OMU) staff were frequently redeployed elsewhere in the prison compromising their ability to keep all work up to date. This loss of hours and a number of other important indicators were not effectively monitored (see section on offender management and planning).

Recommendation

- 4.8 Managers should regularly monitor key elements of performance across the offender management department, and the purpose of the offender management meeting should be reviewed.

Offender management and planning

Expected outcomes:

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

4.9 Offender management work was generally good, but there were some gaps in monitoring and record keeping. Public protection was well managed and categorisation was effective, but recategorisation meant some women would have been too far from home. Indeterminate sentence prisoners needed opportunities for more independent living.

- 4.10 All women had an allocated offender supervisor and most, but not all, were seen within five days of arrival when their basic needs were assessed. Their needs were then entered on to the 'sequencing' database and the prisoner received an interim sentence plan. We were not assured that all offender supervisors used existing OASys documents at this point, which meant areas of risk or need could have been overlooked.
- 4.11 All the staff working in the OMU were located in one building, which promoted good communication between the various teams. The staff group was confident and peer support was good. We saw some good communication using P-Nomis, the Prison Service IT system, including sentence planning targets being shared proactively with other departments. However, not all offender supervisors used P-Nomis to record the contact they had had or their work for individual women.
- 4.12 Risk of harm assessments, risk management plans and sentence plans were generally of a reasonable quality, and some were good. The work for which the prison was responsible was broadly up to date, but some work in the community was delayed and we saw one case where an offender manager had created an initial sentence plan without meeting the prisoner.
- 4.13 Offender supervisors knew the women they were responsible for and could speak confidently about individual cases. A quality assurance process ensured that offender assessment standards were generally maintained, although this did not address the frequency of record entries.
- 4.14 We were not assured that OASys reviews always took place on time. Routine reviews were well managed, but we were less certain about any unscheduled reviews that might have been required, for example, when a prisoner was recalled to custody.
- 4.15 Unlike their probation colleagues, prison officer offender supervisors received no formal casework supervision, even when managing women posing a high risk of harm or child protection cases.

- 4.16 Multi-agency public protection arrangements (MAPPA) cases were appropriately managed. The prison provided all meetings with reports and sent representatives whenever possible. Decisions on home detention curfew were sound and well managed.
- 4.17 In our survey 89% of women, more than the comparator of 66%, said they had a sentence plan; 92% knew they had an offender supervisor and most knew who their offender manager was. Prisoners attended sentence planning boards, which their offender managers generally joined by teleconference. However, boards were rarely multidisciplinary and meetings were not minuted.
- 4.18 Given the variety of interventions available, it was surprising that in our survey 72% of women, less than the comparator of 87%, said that they could achieve sentence planning targets in the prison. We considered that if some 'change of circumstances' OASys reviews were delayed or missed, it was possible that some sentence planning objectives might no longer be relevant. However, we judged that most prisoners were able to access the interventions they required.

Recommendation

- 4.19 There should be routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues.

Housekeeping point

- 4.20 Notes of sentence planning boards should be made and shared with key personnel to encourage active participation in the sentence planning process.

Public protection

- 4.21 There was a robust process to check new arrivals for public protection issues. Women posing a potential risk to children were automatically prevented from seeing or contacting any children until the facts could be checked. Each woman was seen individually by the social care senior officer to ensure that she understood this process. Information about these restrictions, and those arising from harassment cases was communicated as necessary to other parts of the prison. A record was kept of women who had applied to have contact with children, and at the time of our inspection, no applications were outstanding longer than eight weeks, less than we sometimes see.
- 4.22 Prisoners causing concern, or who were approaching release, were managed at the interdepartmental risk management team's monthly meeting. This was well attended and appropriately minuted, but relevant information was not routinely transferred to case files, which showed no evidence of the discussions and decisions taken.

Categorisation

- 4.23 Categorisation reviews were conducted by the prisoner's offender supervisor. Reviews took place on time and decisions could be justified. The reasons for decisions were communicated to the prisoner in person, and they were told how to appeal. Fifty-two women were categorised for open conditions but most decided to remain at Drake Hall to avoid being moved further away from home. Foreign national women were usually declined open conditions on the advice of the UK Border Agency (UKBA). No women were waiting for places in open conditions.

- 4.24 About 60% of the population lived outside the Midlands area, and some were 200 miles from home. Many of these women applied for a transfer to prisons closer to home, but most were unable to move because of population pressures.

Indeterminate sentence prisoners

- 4.25 There were 17 indeterminate sentence prisoners (ISPs) of whom 15 were lifers. A good proportion of these women chose to live in Lancaster House, which had a particularly quiet atmosphere, but they were not required to do so. The strategy was to incorporate this group into the general population and to encourage them to take advantage of the resettlement opportunities on offer, rather than to treat them as a special group.
- 4.26 Quarterly ISP meetings, led by one of the five lifer officers, were not particularly well attended. Prisoners said that they did not receive minutes of meetings and that little action ever followed. Quarterly ISP management team meetings monitored policy developments, provided a summary of each woman's progress, and planned for new arrivals. Newly arrived ISPs were offered a prisoner buddy and a 'meet and greet' session. In 2012, there had been an event to help ISPs understand the parole oral hearing process, but this was not part of an ongoing programme.
- 4.27 ISPs with children could apply to participate in family days, but they could not invite extended family members to the prison. Apart from formal education classes, there were no opportunities to develop life skills in preparation for release, such as cooking or financial skills.

Recommendation

- 4.28 Indeterminate sentence prisoners approaching release should have opportunities to practise independent living skills.

Housekeeping point

- 4.29 Minutes of the quarterly indeterminate sentence prisoners meetings should be distributed to prisoners and matters raised should be followed up promptly.

Reintegration planning

Expected outcomes:

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

- 4.30 Women's needs were assessed appropriately on arrival and pre-release. Accommodation services were adequate, but there was a need for specialist debt advice. Good attempts were made to link individual interests to external work and qualifications pre-release. Health care needs were also properly addressed. Drug support for women released to other areas of the country depended on the quality of local drug intervention programmes (DIPs), but resettlement opportunities were good for those released to the Stoke-on-Trent area. Services to encourage family contact were basic and needed reinvigorating. Interventions to support

behaviour change were expanding. Support for women who had experienced domestic violence or abuse were good, as were those for women who had been involved in prostitution.

- 4.31 All prisoners had an OASys review several months before their release to check progress against their sentence plan and to make any required arrangements. Additionally, various pathway lead staff saw women before release to signpost pre-release interventions and arrange community appointments.
- 4.32 Spurgeons, a charity for children and young people, was launching a new mentoring arrangement for younger prisoners. Mentoring began during their last six months in custody and continued for 18 months in the community. There was a similar scheme, Step Out, for adult women being released into the Birmingham area. Prisoners were supplied with discharge grants, clothing and bags as necessary.

Accommodation

- 4.33 The challenge of finding accommodation for the 339 women released in 2012 was substantial, because they were released to all parts of country and therefore a large number of different contacts had to be managed. Despite this, and the fact that the prison officer undertaking this work was not specifically trained, only three women had been released without an address in 2012. However, because of a shortage of accommodation in the community, many women only learned where they would be living the day before their release. This was distressing and potentially harmful as it did not provide agencies with much time to set up support, such as DIP or mental health referrals.

Recommendation

- 4.34 **Specialist accommodation provision should be introduced to support the accommodation pathway.**

Education, training and employment

- 4.35 Resettlement arrangements were good and prison officers involved in the outwork team helped around 30 women to find work, training or education outside the prison. The reoffending rate of those involved in the outwork project was an extremely low 5%. Eligible women moved to voluntary placements in the community, most of which were linked to accredited qualifications, and then progressed to paid work in the community.
- 4.36 Good attempts were made to link individual interests to external work and qualifications, for example one woman on a veterinary nurse Open University course was working at a dog rescue centre. The women had written job descriptions and received coaching in employers' expectations. However, the monitoring and recording of the skills prisoners developed in the workplace was insufficient.
- 4.37 All women who worked with the prison outwork team took the beneficial Ready for the Road course, delivered by the National Careers Service provider, which included very effective CV building and interview skills.

Recommendation

- 4.38 **The skills that prisoners develop in the workplace should be monitored and recorded.**

Health care

- 4.39 Health care pre-release arrangements included the provision of contraception, advice on finding GP services, individual health promotion and liaison with community services. Patients were provided with a minimum of seven days' medication on discharge and were seen again on the morning of their release.
- 4.40 The mental health in-reach team used the care programme approach and started pre-release planning several months prior to release. Multidisciplinary pre-discharge planning meetings were arranged for prisoners with complex needs.
- 4.41 There was no specific end-of-life policy, but the Liverpool care pathway (model of care for those who are dying) and current best practice guidance was used. There was evidence of exceptional integrated care for a patient with end-of-life needs, which included health care staff escorting the patient to her home country to die with her family because waiting for a UKBA escort might have left her too ill to travel.

Drugs and alcohol

- 4.42 Lifeline delivered a good range of resettlement-focused interventions including overdose and relapse prevention and release-oriented harm reduction. A well-organised, locally-based service called Brighter Futures was available to women who had accessed the Lifeline psychosocial service and who were to be released to the Stoke-on-Trent area. The service provided pre-release help, accommodation advice and support, referrals to DIPs, a gate pick-up service and one to three months' post-release drop-in support at dedicated premises in Stoke town centre. Women released further afield were referred to their local DIP.

Finance, benefit and debt

- 4.43 A prison officer offered newly arrived women help to regulate tenancies or manage debt, but there was no specialist debt provision. Jobcentre Plus saw all prisoners pre-release in order to help them apply for benefits, and to obtain a national insurance number as necessary. However, only those prisoners on the outwork scheme were able to open bank accounts. No budgeting or money management classes were available (see recommendation 3.17). There was a budgeting module in the Time for Families course (see section on children, families and contact with the outside world), but this was only run four times a year. In the absence of a formal money management course, the National Careers Service provider offered valuable individual advice, support and guidance on debt management, and could refer prisoners to external agencies for additional support. Women could phone the National Debtline free of charge

Recommendation

- 4.44 **Specialist debt provision should be introduced.**

Children, families and contact with the outside world

- 4.45 In our survey, the number of prisoners reporting that staff had helped them to maintain contact with family and friends was similar to the comparator. The provision for this pathway was typical of what we often see, but could have been much better for this population.
- 4.46 There had been no accumulated visits in the six months before the inspection, apparently due to population pressures elsewhere in the estate. Inter-prison visits were normally conducted by video link, but the equipment was faulty and therefore none had taken place for some months. There were no additional letters or telephone calls for prisoners who were primary carers, and no facility for them to receive incoming calls.
- 4.47 The prison's needs assessment had identified that around 80 women had children under the age of 18, but our survey suggested this was an underestimate. There was no readily available information to identify which women had children, and which of them received visits.
- 4.48 The prison ran children's visits during school holidays. These were longer visits, which had less rigorous supervision, offered a range of activities and gave prisoners a chance to eat a meal with their families. Visits were valued by prisoners and their families, and all who applied were able to take part, but there was no comparable provision for prisoners whose families did not include children under the age of 16. This was a particular concern for women serving long or indeterminate sentences. Only prisoners on the enhanced regime could receive weekly visits. The visits room was cheerful, but the refreshment service was basic and the children's play area unstaffed.
- 4.49 Operational support staff working behind a screen booked visitors in at the generally clean visitors' centre. There was no active welcome in the centre and no support services. We saw a first time visitor refused a visit, although they had not received information about the identification required. Visitors were searched respectfully, but it was inappropriate that as a matter of routine, children as young as 19 months were routinely searched, and sleeping babies moved into sterile carry seats.
- 4.50 The social care senior officer facilitated pre-adoption final visits, supported women with cases in the family courts, and managed applications for contact with children. A general counselling service was available, and a need for family counselling had been identified, but not yet funded. The excellent Time for Families parenting course enabled prisoners to work with a family member and other prisoners to consider relationships, parenting and money management (see section on finance, benefit and debt).

Recommendations

- 4.51 **The prison should develop a detailed strategy to ensure that all women are supported and encouraged to maintain contact with their families.**
- 4.52 **Young children should not be searched before visits unless there is specific intelligence to suggest this is necessary.**

Housekeeping point

- 4.53 Visitors should receive written information about what to expect before their first visit.

Attitudes, thinking and behaviour

- 4.54 The only accredited offending behaviour programme was the thinking skills programme (TSP), held four times a year. It was well managed and had excellent completion rates. There was a waiting list but those nearing release were prioritised, and all women who needed it had been able to complete the course in custody. Women who did not meet the risk threshold for the TSP, but who were nevertheless perceived to have thinking deficits, were encouraged to complete the Chrysalis personal development course, run by Platform 51. In addition, the prison had permission to run a second accredited programme, Focus on Resettlement, in 2013.
- 4.55 A non-accredited course addressing domestic violence, Challenge to Change, had been piloted in 2012. It had been well received and there were plans to deliver it again in 2013 (see also section on additional resettlement services). A probation officer and a prison officer worked together to deliver an approved victim awareness programme. Prisoners were encouraged to involve their families in post-programme reviews.
- 4.56 In our survey, only 78% of women, less than the comparator of 91%, said that they had been involved in offending behaviour programmes (see section on offender management). Some women we met believed that only accredited offending behaviour programmes were worthwhile and failed to give sufficient credence to the host of activities available across the site to develop personal responsibility and self-esteem.

Additional resettlement services

- 4.57 During their initial interview with their offender supervisor, prisoners were asked if they had been a victim of abuse, rape or domestic violence. Staffordshire Women's Aid visited the prison fortnightly to offer individual support to women wanting help, and the services of the counsellor were also available. A domestic violence programme had been piloted (see section on attitudes, thinking and behaviour).
- 4.58 Prisoners were encouraged to disclose their involvement in prostitution. Many chose not to seek help, but some did. The Birmingham Women's Centre, Anawim, provided advice to any woman, and could offer ongoing support for those released to the Birmingham area. The Ugly Mugs and Dodgy Punters scheme, which alerted sex workers about potentially dangerous clients or pimps, was promoted among women leaving prison. Of 139 staff in prisoner contact roles, 38 (27.3%) had undertaken the sex workers in custody and community training.

Section 5: 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 governor

- 5.1 An alternative supportive facility for women in crisis should be provided with immediate effect. (HP50)

Recommendations

To the governor

Courts, escorts and transfers

- 5.2 The video link should be made available. (1.5)

Early days in custody

- 5.3 An advance for phone credit should be offered to women on arrival. (1.13)

Bullying and violence reduction

- 5.4 The negative perceptions of intimidation by staff should be examined and dealt with. (1.25)

Self-harm and suicide prevention

- 5.5 Facilities should be available for Listeners to see prisoners confidentially and in private. (1.35)
- 5.6 The observation cell in the segregation unit should not be used for prisoners in crisis. (1.36)

Safeguarding (protection of adults at risk)

- 5.7 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.41)

Security

- 5.8 The prison should ensure that visits-related searching is more proportionate and based on a specific assessment of risk. (1.50)

Incentives and earned privileges

- 5.9 Supervision of the IEP scheme should be improved, and management quality checks should take place regularly. (1.58)

Discipline

- 5.10 All planned use of force incidents should be video-recorded. (1.68)
- 5.11 The segregation exercise yard should be improved. (1.72)

Residential units

- 5.12 Domestic facilities should be improved and better equipped to enable women to carry out basic tasks, including simple food preparation. (2.9)
- 5.13 Arrangements for the handling of legal correspondence should be reviewed. (2.10)
- 5.14 Women should be able to use telephones in private. (2.11)
- 5.15 Managers should monitor the processing of applications and the quality of responses. (2.12)

Staff-prisoner relationships

- 5.16 The prison should address the inconsistent behaviour exhibited by a minority of staff towards prisoners. (2.20)

Equality and diversity

- 5.17 The equality policy should be based on a needs analysis of all protected characteristics and include a live action plan for each. (2.29)
- 5.18 Monitoring should be introduced across all characteristics to ensure fair treatment and access to services. (2.30)
- 5.19 Forums should be introduced for black and minority ethnic women, which ensure opportunities for meaningful consultation and provide an opportunity to discuss concerns. (2.31)
- 5.20 Information should be displayed in an appropriate range of languages. (2.45)
- 5.21 Foreign national prisoners should receive additional help to keep in touch with family abroad including through technology such as Skype. (2.46)
- 5.22 The prison should explore and address the reasons for the significantly poorer perceptions of foreign national women and women with disabilities. (2.47)
- 5.23 St David's House should be properly equipped to meet fully the needs of women with disabilities. (2.48)

Legal rights

- 5.24 The legal services officer should receive formal refresher training. (2.62)

Health services

- 5.25 All clinical staff should access regular, documented clinical supervision and appraisals within agreed policies. (2.70)
- 5.26 There should be easy access to a female GP for all health issues. (2.80)
- 5.27 Prisoners should have prompt, safe access to over-the-counter medications, as required, out-of-hours. (2.81)
- 5.28 Staff who have received appropriate training should review patients with lifelong conditions regularly; reviews should generate an evidence-based care plan. (2.82)
- 5.29 Patients should have timely access to breast screening. (2.83)
- 5.30 Medication administration records should be complete and issues relating to non-attendance should be consistently addressed. (2.90)
- 5.31 The storage of medication on open shelves in the pharmacy should be assessed to establish if security is sufficient and any required remedial action should be taken. (2.91)
- 5.32 The dental surgery should comply with dental regulation HTM1-05. (2.97)

Catering

- 5.33 Breakfast should be served on the morning it is to be eaten. (2.108)
- 5.34 Facilities to allow prisoners to cook and prepare their own meals should be introduced. (2.109)

Purchases

- 5.35 The prison should review how women access some everyday sanitary items. (2.13)

Learning and skills and work activities

- 5.36 Attendance and punctuality at education and training sessions should be prioritised over other activities. (3.10)
- 5.37 Attendance at each workshop and training session should be better monitored through analysing registers to manage the sequencing and prioritisation of planned activities. (3.11)
- 5.38 Accurate monitoring systems should be developed to provide teachers, trainers and managers with detailed information about the attendance of learners in classes and workshops. (3.12)
- 5.39 Expert advice, support and training about money management should be provided. (3.17)

- 5.40 The quality of teaching, training, learning and assessment should be improved. (3.28)
- 5.41 Education should be prioritised to improve punctuality and attendance at education and training sessions. (3.29)
- 5.42 Managers should ensure that the quality and rigor of assessment of the PMO NVQ is appropriate and that only qualifications that reflect prisoners' work levels are offered. (3.30)
- 5.43 Accredited qualifications should be introduced in horticulture as should a method of recognising skills in the DHL workshop. (3.31)
- 5.44 Achievement rates on literacy and ICT courses should be improved. (3.34)

Strategic management of resettlement

- 5.45 Managers should regularly monitor key elements of performance across the offender management department, and the purpose of the offender management meeting should be reviewed. (4.8)

Offender management and planning

- 5.46 There should be routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues. (4.19)
- 5.47 Indeterminate sentence prisoners approaching release should have opportunities to practise independent living skills. (4.28)

Reintegration planning

- 5.48 Specialist accommodation provision should be introduced to support the accommodation pathway. (4.34)
- 5.49 The skills that prisoners develop in the workplace should be monitored and recorded. (4.38)
- 5.50 Specialist debt provision should be introduced. (4.44)
- 5.51 The prison should develop a detailed strategy to ensure that all women are supported and encouraged to maintain contact with their families. (4.51)
- 5.52 Young children should not be searched before visits unless there is specific intelligence to suggest this is necessary. (4.53)

Housekeeping points

Early days in custody

- 5.53 Prisoners should evaluate the first night and induction programme. (1.14)

Security

- 5.54 Monitoring of data should include all the protected characteristics. (1.51)

Incentives and earned privileges

- 5.55 The prison should explore prisoners' negative perceptions of the IEP scheme. (1.59)

Discipline

- 5.56 Adjudicators should demonstrate that a full enquiry into charges has been carried out. (1.64)

Substance misuse

- 5.57 The clinical and psychosocial arms of the DARS should be co-located as soon as possible. (1.80)
- 5.58 The substance use needs analysis should be repeated annually to ensure that services meet current needs. (1.81)

Residential units

- 5.59 The floors in some washing areas should be re-coated. (2.13)
- 5.60 Minutes of prisoner consultative meetings should be displayed. (2.14)

Equality and diversity

- 5.61 Up-to-date minutes of meetings and monitoring information should be displayed and accessible to prisoners. (2.32)
- 5.62 Managers should ensure that all staff lead by example, promoting equality and diversity by interacting with all prisoners. (2.49)

Health services

- 5.63 All clinical policies should be reviewed regularly and be current. (2.71)
- 5.64 A senior nurse should be responsible for the strategic development of older prisoner services. (2.72)
- 5.65 Health care applications should include pictures to enable prisoners with literacy problems and poor English to access services more easily. (2.84)
- 5.66 Pharmacy staff should carry out monitoring to ensure that appropriate action is taken when fridge temperatures exceed the correct ranges. (2.92)

- 5.67 Medication stock checks should ensure good pharmaceutical stock management is maintained. (2.93)
- 5.68 The dental surgery door should be closed during consultations. (2.98)
- 5.69 The X-ray equipment should be properly maintained. (2.99)

Offender management and planning

- 5.70 Notes of sentence planning boards should be made and shared with key personnel to encourage active participation in the sentence planning process. (4.20)
- 5.71 Minutes of the quarterly indeterminate sentence prisoners meetings should be distributed to prisoners and matters raised should be followed up promptly. (4.29)

Reintegration planning

- 5.72 Visitors should receive written information about what to expect before their first visit. (4.53)

Examples of good practice

- 5.73 Intelligence systems were used to support the prevention of self-harm incidents. (1.52)
- 5.74 The integration of a prisoner health trainer in the stop smoking service was an excellent use of peer support and prompted prisoners to access health promotion. (2.73)
- 5.75 The comprehensive over-50s template assessed all key areas, including breast screening and mental health, and prompted appropriate referrals. (2.74)
- 5.76 The prison ensured that a section of the shop product list addressed the specific needs of black and minority ethnic women. (2.114)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Kieron Taylor	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Annie Crowley	Researcher
Caroline Elwood	Researcher
Specialist inspectors	
Majella Pearce	Health services inspector
Paul Roberts	Substance misuse inspector
Richard Chapman	Pharmacist
Andy Brand	Care Quality Commission inspector
Lisa Gordon	Offender management inspector
Bobbie Jones	Offender management inspector
Mike Lane	Offender management inspector
Gary Smallman	Offender management inspector
Marina Gaze	Ofsted inspector
Gerard McGrath	Ofsted inspector
Phil Romain	Ofsted inspector

Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	11	265	95
Recall	1	13	5
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total	12	278	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced			
Less than 6 months		3	1
6 months to less than 12 months	2	10	4
12 months to less than 2 years	3	18	7
2 years to less than 4 years	4	78	28
4 years to less than 10 years	3	126	45
10 years and over (not life)		26	9
ISPP		3	1
Life		14	5
Total	12	278	100

Age	Number of prisoners	%
Minimum age: 19		
Under 21 years	12	4.1
21 years to 29 years	104	35.9
30 years to 39 years	92	31.7
40 years to 49 years	56	19.3
50 years to 59 years	19	6.6
60 years to 69 years	7	2.4
Maximum age: 65		
Total	290	100

Nationality	18-20 yr olds	21 and over	%
British	11	219	79.3
Foreign nationals	1	58	20.3
Not stated		1	0.3
Total	12	278	100

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B			
Cat C			
Cat D			
Female closed	12	221	80.3
Female open		57	19.7

Other open YOI			
Total	12	278	100

Ethnicity	18-20 yr olds	21 and over	%
<i>White</i>			
British	10	170	62.1
Irish		1	0.3
Other white	1	24	8.6
<i>Mixed</i>			
White and black Caribbean	1	10	3.8
White and black African		2	0.7
White and Asian		1	0.3
Other mixed		7	2.4
<i>Asian or Asian British</i>			
Indian			
Pakistani		7	2.4
Bangladeshi			
Other Asian		3	1
<i>Black or black British</i>			
Caribbean		20	6.9
African		11	3.8
Other black		6	2.1
<i>Chinese or other ethnic group</i>			
Chinese			
Arab			
Other ethnic group		2	0.7
Not stated		14	4.8
Total	12	278	100

Religion	18-20 yr olds	21 and over	%
Baptist		2	0.7
Church of England	1	71	24.8
Roman Catholic	2	56	20
Other Christian denominations	4	46	17.2
Muslim		20	6.9
Sikh		3	1
Hindu			
Buddhist		6	2.1
Jewish			
Other		8	2.8
No religion	5	66	24.4
Total	12	278	100

Other demographics	18-20 yr olds	21 and over	%
Gypsy/Romany/Traveller		4	1.4
Total		4	1.4

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3	39	13.4
1 month to 3 months	3	1	36	12.4

3 months to 6 months	3	1	48	16.6
6 months to 1 year	5	1.7	67	23.1
1 year to 2 years			64	22.4
2 years to 4 years			23	7.9
4 years or more				
Total	12	100	278	100

Sentenced prisoners only

	18-20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		2	
Public protection cases		17	5.2
Total		19	5.2

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

Appendix III: 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 18 February 2013 the prisoner population at HMP Drake Hall was 282. The sample size was 154. Overall, this represented 55% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, three respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 128 respondents completed and returned their questionnaires. This represented 45% of the prison population. The response rate was 83%. In addition to the five respondents who refused to complete a questionnaire, 13 questionnaires were not returned and eight were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation about which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2013 against comparator figures for all prisoners surveyed in women's trainer prisons. This comparator is based on all responses from prisoner surveys carried out in two women's trainer prisons since April 2008.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, ie 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. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages for certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from those shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey summary

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	7 (6%)	
	<i>21 - 29</i>	42 (33%)	
	<i>30 - 39</i>	40 (31%)	
	<i>40 - 49</i>	22 (17%)	
	<i>50 - 59</i>	12 (9%)	
	<i>60 - 69</i>	4 (3%)	
	<i>70 and over</i>	0 (0%)	
Q1.3	Are you sentenced?		
	<i>Yes</i>	122 (96%)	
	<i>Yes - on recall</i>	5 (4%)	
	<i>No - awaiting trial</i>	0 (0%)	
	<i>No - awaiting sentence</i>	0 (0%)	
	<i>No - awaiting deportation</i>	0 (0%)	
Q1.4	How long is your sentence?		
	Not sentenced	0 (0%)	
	<i>Less than 6 months</i>	5 (4%)	
	<i>6 months to less than 1 year</i>	5 (4%)	
	<i>1 year to less than 2 years</i>	7 (6%)	
	<i>2 years to less than 4 years</i>	31 (25%)	
	<i>4 years to less than 10 years</i>	56 (44%)	
	<i>10 years or more</i>	12 (10%)	
	<i>IPP (indeterminate sentence for public protection)</i>	2 (2%)	
	<i>Life</i>	8 (6%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	31 (25%)	
	<i>No</i>	95 (75%)	
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	117 (98%)	
	<i>No</i>	3 (3%)	
Q1.7	Do you understand written English?		
	<i>Yes</i>	117 (94%)	
	<i>No</i>	8 (6%)	
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish)....</i>	73 (59%)	<i>Asian or Asian British - Chinese.</i> 0 (0%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i> 2 (2%)
	<i>White - other</i>	17 (14%)	<i>Mixed race - white and black Caribbean</i> 8 (6%)
	<i>Black or black British - Caribbean</i>	5 (4%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	6 (5%)	<i>Mixed race - white and Asian</i> 2 (2%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 3 (2%)

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

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

Yes.....	8 (7%)
No.....	113 (93%)

Q1.10 What is your religion?

<i>None</i>	31 (25%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	37 (30%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	27 (22%)	<i>Muslim</i>	9 (7%)
<i>Protestant</i>	2 (2%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	11 (9%)	<i>Other</i>	3 (2%)
<i>Buddhist</i>	1 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	89 (74%)
<i>Homosexual/gay</i>	16 (13%)
<i>Bisexual</i>	15 (13%)

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

Yes.....	19 (15%)
No.....	106 (85%)

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

Yes.....	0 (0%)
No.....	123 (100%)

Q1.14 Is this your first time in prison?

Yes.....	91 (72%)
No.....	36 (28%)

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

Yes.....	62 (49%)
No.....	65 (51%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	57 (45%)
<i>2 hours or longer</i>	63 (49%)
<i>Don't remember</i>	8 (6%)

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

<i>My journey was less than two hours</i>	57 (45%)
Yes.....	61 (48%)
No.....	7 (6%)
<i>Don't remember</i>	2 (2%)

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

<i>My journey was less than two hours</i>	57 (45%)
---	----------

Yes.....	7 (5%)
No.....	63 (49%)
Don't remember	1 (1%)

Q2.4 On your most recent journey here, was the van clean?

Yes.....	70 (56%)
No.....	46 (37%)
Don't remember	10 (8%)

Q2.5 On your most recent journey here, did you feel safe?

Yes.....	95 (75%)
No.....	30 (24%)
Don't remember	1 (1%)

Q2.6 On your most recent journey here, how were you treated by the escort staff?

Very well.....	40 (31%)
Well.....	63 (50%)
Neither.....	15 (12%)
Badly.....	3 (2%)
Very badly	0 (0%)
Don't remember	6 (5%)

**Q2.7 Before you arrived, were you given anything or told that you were coming here?
(Please tick all that apply to you.)**

Yes, someone told me	104 (82%)
Yes, I received written information.....	15 (12%)
No, I was not told anything.....	10 (8%)
Don't remember	0 (0%)

Q2.8 When you first arrived here did your property arrive at the same time as you?

Yes.....	119 (93%)
No.....	9 (7%)
Don't remember	0 (0%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?

Less than 2 hours.....	75 (60%)
2 hours or longer.....	39 (31%)
Don't remember	12 (10%)

Q3.2 When you were searched, was this carried out in a respectful way?

Yes.....	111 (88%)
No	11 (9%)
Don't remember	4 (3%)

Q3.3 Overall, how were you treated in reception?

Very well.....	30 (24%)
Well.....	64 (50%)
Neither.....	19 (15%)
Badly.....	8 (6%)
Very badly	3 (2%)
Don't remember	3 (2%)

- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Loss of property</i> | 9 (7%) | <i>Physical health</i> | 20 (16%) |
| <i>Housing problems</i> | 15 (12%) | <i>Mental health</i> | 25 (20%) |
| <i>Contacting employers</i> | 0 (0%) | <i>Needing protection from other prisoners</i> | 4 (3%) |
| <i>Contacting family</i> | 17 (14%) | <i>Getting phone numbers</i> | 19 (16%) |
| <i>Childcare</i> | 6 (5%) | <i>Other</i> | 10 (8%) |
| <i>Money worries</i> | 13 (11%) | Did not have any problems | 55 (45%) |
| <i>Feeling depressed or suicidal</i> | 29 (24%) | | |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|--|----------|
| Yes | 33 (28%) |
| No..... | 31 (26%) |
| Did not have any problems | 55 (46%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------------|----------|
| <i>Tobacco</i> | 77 (62%) |
| <i>A shower</i> | 51 (41%) |
| <i>A free telephone call</i> | 98 (78%) |
| <i>Something to eat</i> | 72 (58%) |
| <i>PIN phone credit</i> | 49 (39%) |
| <i>Toiletries/basic items</i> | 57 (46%) |
| Did not receive anything | 5 (4%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--|----------|
| <i>Chaplain</i> | 89 (74%) |
| <i>Someone from health services</i> | 98 (81%) |
| <i>A Listener/Samaritans</i> | 59 (49%) |
| <i>Prison shop/canteen</i> | 47 (39%) |
| Did not have access to any of these | 6 (5%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|----------|
| <i>What was going to happen to you</i> | 66 (56%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 49 (42%) |
| <i>How to make routine requests (applications)</i> | 52 (44%) |
| <i>Your entitlement to visits</i> | 41 (35%) |
| <i>Health services</i> | 62 (53%) |
| <i>Chaplaincy</i> | 67 (57%) |
| Not offered any information | 20 (17%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|-----------------------------|-----------|
| Yes | 102 (80%) |
| No..... | 21 (17%) |
| <i>Don't remember</i> | 4 (3%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---|-----------|
| Have not been on an induction course | 11 (9%) |
| <i>Within the first week</i> | 103 (82%) |
| <i>More than a week</i> | 10 (8%) |
| <i>Don't remember</i> | 2 (2%) |

- Q3.11 Did the induction course cover everything you needed to know about the prison?**
Have not been on an induction course..... 11 (9%)
 Yes 69 (57%)
 No..... 35 (29%)
 Don't remember 7 (6%)
- Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**
Did not receive an assessment..... 25 (21%)
 Within the first week 54 (45%)
 More than a week 27 (22%)
 Don't remember 15 (12%)

Section 4: Legal rights and respectful custody

- Q4.1 How easy is it to:**
- | | Very easy | Easy | Neither | Difficult | Very difficult | N/A |
|--|-----------|----------|----------|-----------|----------------|----------|
| <i>Communicate with your solicitor / legal representative?</i> | 23 (19%) | 39 (33%) | 22 (19%) | 9 (8%) | 10 (8%) | 15 (13%) |
| <i>Attend legal visits?</i> | 22 (20%) | 37 (33%) | 17 (15%) | 4 (4%) | 4 (4%) | 28 (25%) |
| <i>Get bail information?</i> | 6 (6%) | 10 (9%) | 20 (19%) | 4 (4%) | 7 (7%) | 60 (56%) |
- Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**
Not had any letters 18 (15%)
 Yes 53 (43%)
 No..... 53 (43%)
- Q4.3 Can you get legal books in the library?**
 Yes 76 (62%)
 No..... 8 (7%)
 Don't know 39 (32%)
- Q4.4 Please answer the following questions about the wing/unit you are currently living on:**
- | | Yes | No | Don't know |
|---|-----------|----------|------------|
| <i>Do you normally have enough clean, suitable clothes for the week?</i> | 96 (82%) | 21 (18%) | 0 (0%) |
| <i>Are you normally able to have a shower every day?</i> | 120 (99%) | 1 (1%) | 0 (0%) |
| <i>Do you normally receive clean sheets every week?</i> | 91 (76%) | 28 (24%) | 0 (0%) |
| <i>Do you normally get cell cleaning materials every week?</i> | 66 (55%) | 54 (45%) | 1 (1%) |
| <i>Is your cell call bell normally answered within five minutes?</i> | 58 (48%) | 38 (31%) | 26 (21%) |
| <i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i> | 84 (69%) | 37 (31%) | 0 (0%) |
| <i>If you need to, can you normally get your stored property?</i> | 58 (48%) | 38 (32%) | 24 (20%) |
- Q4.5 What is the food like here?**
 Very good..... 22 (18%)
 Good 48 (39%)
 Neither 27 (22%)
 Bad..... 18 (15%)
 Very bad 9 (7%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	2 (2%)
	Yes.....	82 (66%)
	No.....	40 (32%)
Q4.7	Can you speak to a Listener at any time if you want to?	
	Yes.....	95 (76%)
	No.....	4 (3%)
	<i>Don't know</i>	26 (21%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	85 (67%)
	No.....	4 (3%)
	<i>Don't know/N/A</i>	37 (29%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes.....	88 (71%)
	No.....	3 (2%)
	<i>Don't know/N/A</i>	33 (27%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	17 (14%)
	Very easy.....	58 (48%)
	Easy.....	30 (25%)
	Neither.....	5 (4%)
	Difficult.....	1 (1%)
	Very difficult.....	2 (2%)
	<i>Don't know</i>	9 (7%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	114 (91%)		
	No.....	8 (6%)		
	<i>Don't know</i>	3 (2%)		
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are <i>applications</i> dealt with fairly?	9 (8%)	69 (65%)	28 (26%)
	Are <i>applications</i> dealt with quickly (within seven days)?	9 (8%)	67 (61%)	34 (31%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	83 (70%)		
	No.....	12 (10%)		
	<i>Don't know</i>	24 (20%)		
Q5.4	Please answer the following questions about complaints:			
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are <i>complaints</i> dealt with fairly?	47 (41%)	36 (31%)	33 (28%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	47 (42%)	38 (34%)	27 (24%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?
 Yes 11 (9%)
 No 106 (91%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?
Don't know who they are 26 (22%)
 Very easy 20 (17%)
 Easy 37 (31%)
 Neither 27 (23%)
 Difficult 8 (7%)
 Very difficult 0 (0%)

Section 6: Incentive and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)
Don't know what the IEP scheme is 7 (6%)
 Yes 80 (66%)
 No 26 (21%)
 Don't know 8 (7%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)
Don't know what the IEP scheme is 7 (6%)
 Yes 41 (36%)
 No 58 (50%)
 Don't know 9 (8%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?
 Yes 3 (3%)
 No 116 (97%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?
I have not been to segregation in the last 6 months 104 (89%)
 Very well 1 (1%)
 Well 4 (3%)
 Neither 7 (6%)
 Badly 1 (1%)
 Very badly 0 (0%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?
 Yes 97 (80%)
 No 24 (20%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?
 Yes 98 (80%)
 No 24 (20%)

Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	40 (32%)
	No	85 (68%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	10 (8%)
	Never	36 (30%)
	Rarely	33 (28%)
	Some of the time	23 (19%)
	Most of the time	13 (11%)
	All of the time	5 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	10 (8%)
	In the first week	42 (34%)
	More than a week	61 (49%)
	Don't remember	11 (9%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	10 (8%)
	Very helpful	41 (34%)
	Helpful	33 (28%)
	Neither	14 (12%)
	Not very helpful	14 (12%)
	Not at all helpful	8 (7%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	42 (33%)
	No	84 (67%)
Q8.2	Do you feel unsafe now?	
	Yes	18 (15%)
	No	103 (85%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	84 (67%)
	Everywhere	10 (8%)
	Segregation unit	3 (2%)
	Association areas	10 (8%)
	Reception area	1 (1%)
	At the gym	4 (3%)
	In an exercise yard	2 (2%)
	At work	8 (6%)
	During movement	7 (6%)
	At education	3 (2%)
	At meal times	7 (6%)
	At health services	4 (3%)
	Visits area	1 (1%)
	In wing showers	5 (4%)
	In gym showers	2 (2%)
	In corridors/stairwells	6 (5%)
	On your landing/wing	14 (11%)
	In your cell	11 (9%)
	At religious services	2 (2%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	39 (31%)
	No	86 (69%)

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

<i>Insulting remarks (about you or your family or friends)</i>	22 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (6%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	27 (22%)
<i>Having your canteen/property taken</i>	8 (6%)
<i>Medication</i>	2 (2%)
<i>Debt</i>	3 (2%)
<i>Drugs</i>	3 (2%)
<i>Your race or ethnic origin</i>	8 (6%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	7 (6%)
<i>You are from a different part of the country than others</i>	2 (2%)
<i>You are from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	1 (1%)
<i>Your age</i>	4 (3%)
<i>You have a disability</i>	0 (0%)
<i>You were new here</i>	5 (4%)
<i>Your offence/crime</i>	9 (7%)
<i>Gang related issues</i>	5 (4%)

Q8.6 Have you been victimised by staff here?

Yes	33 (27%)
No.....	90 (73%)

Q8.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	11 (9%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	18 (15%)
<i>Medication</i>	2 (2%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	0 (0%)
<i>Your race or ethnic origin</i>	3 (2%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	2 (2%)
<i>You are from a different part of the country than others</i>	3 (2%)
<i>You are from a Traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	2 (2%)
<i>Your age</i>	2 (2%)
<i>You have a disability</i>	2 (2%)
<i>You were new here</i>	6 (5%)
<i>Your offence/crime</i>	8 (7%)
<i>Gang related issues</i>	3 (2%)

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

Not been victimised	75 (64%)
Yes.....	24 (20%)
No.....	19 (16%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	7 (6%)	14 (12%)	46 (38%)	19 (16%)	32 (26%)	3 (2%)
	The nurse	8 (7%)	20 (17%)	52 (43%)	20 (17%)	17 (14%)	3 (3%)
	The dentist	15 (13%)	8 (7%)	11 (9%)	11 (9%)	32 (27%)	41 (35%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	9 (8%)	12 (10%)	45 (38%)	18 (15%)	27 (23%)	8 (7%)
	The nurse	8 (7%)	15 (13%)	54 (45%)	28 (24%)	12 (10%)	2 (2%)
	The dentist	26 (22%)	3 (3%)	25 (21%)	16 (14%)	26 (22%)	22 (19%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						6 (5%)
	<i>Very good</i>						10 (8%)
	<i>Good</i>						46 (37%)
	<i>Neither</i>						27 (22%)
	<i>Bad</i>						20 (16%)
	<i>Very bad</i>						15 (12%)
Q9.4	Are you currently taking medication?						
	Yes.....						77 (61%)
	No.....						49 (39%)
Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?						
	<i>Not taking medication</i>						49 (39%)
	<i>Yes, all my meds</i>						52 (42%)
	<i>Yes, some of my meds</i>						14 (11%)
	<i>No</i>						10 (8%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes.....						53 (43%)
	No.....						70 (57%)
Q9.7	Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						70 (57%)
	Yes.....						33 (27%)
	No.....						19 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	31 (25%)
	No.....	93 (75%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	26 (21%)
	No.....	99 (79%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	13 (11%)
	<i>Easy</i>	15 (12%)
	<i>Neither</i>	3 (2%)
	<i>Difficult</i>	5 (4%)
	<i>Very difficult</i>	10 (8%)
	<i>Don't know</i>	75 (62%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	0 (0%)
	<i>Easy</i>	4 (3%)
	<i>Neither</i>	5 (4%)
	<i>Difficult</i>	4 (3%)
	<i>Very difficult</i>	21 (18%)
	<i>Don't know</i>	84 (71%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	4 (3%)
	<i>No</i>	117 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	7 (6%)
	<i>No</i>	115 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	86 (70%)
	<i>Yes</i>	25 (20%)
	<i>No</i>	11 (9%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not/do not have an alcohol problem</i>	99 (83%)
	<i>Yes</i>	17 (14%)
	<i>No</i>	4 (3%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/did not receive help</i>	87 (73%)
	<i>Yes</i>	27 (23%)
	<i>No</i>	6 (5%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
						<i>Very difficult</i>
	Prison job	6 (5%)	51 (43%)	52 (43%)	7 (6%)	2 (2%)
	Vocational or skills training	23 (20%)	17 (15%)	39 (34%)	16 (14%)	16 (14%)
	Education (including basic skills)	13 (11%)	21 (18%)	47 (40%)	16 (14%)	17 (14%)
						4 (3%)

Offending behaviour programmes	33 (29%)	14 (12%)	29 (25%)	14 (12%)	17 (15%)	7 (6%)
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Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	4 (3%)
Prison job	113 (92%)
Vocational or skills training.....	27 (22%)
Education (including basic skills).....	49 (40%)
Offending behaviour programmes.....	23 (19%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	1 (1%)	55 (50%)	46 (42%)	8 (7%)
Vocational or skills training	14 (15%)	47 (52%)	17 (19%)	13 (14%)
Education (including basic skills)	9 (9%)	67 (65%)	17 (17%)	10 (10%)
Offending behaviour programmes	18 (22%)	34 (42%)	18 (22%)	11 (14%)

Q11.4 How often do you usually go to the library?

Don't want to go	10 (8%)
Never.....	9 (7%)
Less than once a week.....	38 (31%)
About once a week.....	36 (29%)
More than once a week.....	30 (24%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	14 (11%)
Yes.....	73 (60%)
No.....	35 (29%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	24 (20%)
0.....	25 (21%)
1 to 2.....	31 (26%)
3 to 5.....	23 (19%)
More than 5.....	18 (15%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	14 (12%)
0.....	12 (10%)
1 to 2.....	22 (19%)
3 to 5.....	17 (15%)
More than 5.....	52 (44%)

Q11.8 How many times do you usually have association each week?

Don't want to go	14 (12%)
0.....	3 (3%)
1 to 2.....	7 (6%)
3 to 5.....	12 (11%)
More than 5.....	78 (68%)

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

Less than 2 hours	2 (2%)
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2 to less than 4 hours.....	7 (6%)
4 to less than 6 hours.....	10 (8%)
6 to less than 8 hours.....	16 (13%)
8 to less than 10 hours.....	16 (13%)
10 hours or more.....	60 (50%)
Don't know	8 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes.....	60 (50%)
	No.....	61 (50%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	32 (26%)
	No.....	93 (74%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes.....	12 (10%)
	No.....	112 (90%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	31 (25%)
	Very easy.....	9 (7%)
	Easy.....	25 (20%)
	Neither.....	8 (7%)
	Difficult.....	18 (15%)
	Very difficult.....	30 (24%)
	Don't know	2 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes.....	100 (83%)
	No.....	21 (17%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/N/A</i>	21 (18%)
	No contact.....	29 (25%)
	Letter.....	43 (36%)
	Phone.....	27 (23%)
	Visit.....	28 (24%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	111 (92%)
	No.....	10 (8%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes.....	112 (89%)

No..... 14 (11%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/not sentenced..... 14 (11%)
 Very involved..... 28 (22%)
 Involved..... 43 (34%)
 Neither..... 14 (11%)
 Not very involved..... 11 (9%)
 Not at all involved..... 15 (12%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/not sentenced..... 14 (11%)
 Nobody..... 35 (29%)
 Offender supervisor..... 52 (43%)
 Offender manager..... 27 (22%)
 Named/ personal officer..... 21 (17%)
 Staff from other departments..... 17 (14%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced..... 14 (11%)
 Yes..... 78 (64%)
 No..... 12 (10%)
 Don't know..... 18 (15%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/not sentenced..... 14 (11%)
 Yes..... 15 (12%)
 No..... 80 (65%)
 Don't know..... 15 (12%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced..... 14 (11%)
 Yes..... 27 (22%)
 No..... 56 (45%)
 Don't know..... 27 (22%)

Q13.10 Do you have a needs based custody plan?
 Yes..... 7 (6%)
 No..... 57 (47%)
 Don't know..... 57 (47%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 31 (25%)
 No..... 91 (75%)

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

	<i>Do not need help</i>	Yes	No
Employment	21 (18%)	49 (43%)	44 (39%)
Accommodation	22 (19%)	60 (52%)	33 (29%)
Benefits	19 (16%)	65 (56%)	33 (28%)
Finances	21 (20%)	37 (36%)	45 (44%)
Education	26 (25%)	45 (43%)	33 (32%)

Drugs and alcohol	42 (42%)	38 (38%)	21 (21%)
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Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
Yes	74 (62%)
No	46 (38%)

Main comparator



Prisoner survey responses HMP Drake Hall 2013

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

Key to tables

		HMP Drake Hall 2013	Trainer prisons comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		128	234
SECTION 1: General information			
1.2	Are you under 21 years of age?	5%	2%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	4%	6%
1.4	Is your sentence less than 12 months?	8%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	6%
1.5	Are you a foreign national?	25%	15%
1.6	Do you understand spoken English?	97%	
1.7	Do you understand written English?	94%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	27%	38%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	6%
1.1	Are you Muslim?	7%	7%
1.11	Are you homosexual/gay or bisexual?	26%	25%
1.12	Do you consider yourself to have a disability?	15%	14%
1.13	Are you a veteran (ex-armed services)?	0%	
1.14	Is this your first time in prison?	72%	60%
1.15	Do you have any children under the age of 18?	49%	52%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	49%	42%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	87%	
2.3	Were you offered a toilet break?	10%	
2.4	Was the van clean?	56%	
2.5	Did you feel safe?	76%	
2.6	Were you treated well/very well by the escort staff?	81%	69%
2.7	Before you arrived here were you told that you were coming here?	82%	
2.7	Before you arrived here did you receive any written information about coming here?	12%	
2.8	When you first arrived here did your property arrive at the same time as you?	93%	90%

Main comparator

Key to tables

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	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	60%	
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	78%
3.3	Were you treated well/very well in reception?	74%	74%
	When you first arrived:		
3.4	Did you have any problems?	55%	72%
3.4	Did you have any problems with loss of property?	7%	12%
3.4	Did you have any housing problems?	12%	29%
3.4	Did you have any problems contacting employers?	0%	6%
3.4	Did you have any problems contacting family?	14%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	7%
3.4	Did you have any money worries?	11%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	24%	30%
3.4	Did you have any physical health problems?	16%	
3.4	Did you have any mental health problems?	21%	
3.4	Did you have any problems with needing protection from other prisoners?	3%	5%
3.4	Did you have problems accessing phone numbers?	16%	26%
	For those with problems:		
3.5	Did you receive any help/support from staff in dealing with these problems?	52%	
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	62%	89%
3.6	A shower?	41%	45%
3.6	A free telephone call?	79%	53%
3.6	Something to eat?	58%	72%
3.6	PIN phone credit?	39%	
3.6	Toiletries/basic items?	46%	

Key to tables

Main comparator

	Any percentage highlighted in green is significantly better	HMP Drake Hall 2013	Trainer prisons comparator
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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	74%	
3.7	Someone from health services?	81%	
3.7	A Listener/Samaritans?	49%	
3.7	Prison shop/canteen?	39%	15%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	56%	45%
3.8	Support was available for people feeling depressed or suicidal?	42%	45%
3.8	How to make routine requests?	44%	35%
3.8	Your entitlement to visits?	35%	38%
3.8	Health services?	53%	49%
3.8	The chaplaincy?	57%	46%
3.9	Did you feel safe on your first night here?	80%	78%
3.10	Have you been on an induction course?	91%	96%
	For those who have been on an induction course:		
3.11	Did the course cover everything you needed to know about the prison?	62%	63%
3.12	Did you receive an education (skills for life) assessment?	79%	
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	53%	49%
4.1	Attend legal visits?	53%	55%
4.1	Get bail information?	15%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	42%
4.3	Can you get legal books in the library?	62%	
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	77%
4.4	Are you normally able to have a shower every day?	99%	96%
4.4	Do you normally receive clean sheets every week?	76%	95%
4.4	Do you normally get cell cleaning materials every week?	55%	69%
4.4	Is your cell call bell normally answered within five minutes?	48%	56%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	70%
4.4	Can you normally get your stored property, if you need to?	49%	42%
4.5	Is the food in this prison good/very good?	56%	34%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	66%	40%
4.7	Are you able to speak to a Listener at any time if you want to?	76%	72%
4.8	Are your religious beliefs are respected?	68%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	62%
4.10	Is it easy/very easy to attend religious services?	72%	

Main comparator

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	91%	
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	71%	64%
5.2	Do you feel applications are dealt with quickly (within seven days)?	66%	47%
5.3	Is it easy to make a complaint?	70%	
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	52%	36%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	59%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	9%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	48%	45%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	66%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	2%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	38%	
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	80%	76%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	32%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	15%	21%
7.5	Do you have a personal officer?	92%	74%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	67%	73%

Main comparator

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	33%	35%
8.2	Do you feel unsafe now?	15%	14%
8.4	Have you been victimised by other prisoners here?	31%	29%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	16%
8.5	Hit, kicked or assaulted you?	6%	7%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	22%	
8.5	Taken your canteen/property?	7%	3%
8.5	Victimised you because of medication?	2%	
8.5	Victimised you because of debt?	3%	
8.5	Victimised you because of drugs?	3%	3%
8.5	Victimised you because of your race or ethnic origin?	7%	5%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%
8.5	Victimised you because of your nationality?	6%	
8.5	Victimised you because you were from a different part of the country?	2%	5%
8.5	Victimised you because you are from a Traveller community?	0%	
8.5	Victimised you because of your sexual orientation?	1%	2%
8.5	Victimised you because of your age?	3%	2%
8.5	Victimised you because you have a disability?	0%	4%
8.5	Victimised you because you were new here?	4%	8%
8.5	Victimised you because of your offence/crime?	7%	8%
8.5	Victimised you because of gang related issues?	4%	2%

Main comparator

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	27%	21%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	11%
8.7	Hit, kicked or assaulted you?	3%	4%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	15%	
8.7	Victimised you because of medication?	2%	
8.7	Victimised you because of debt?	1%	
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	3%	2%
8.7	Victimised you because of your religion/religious beliefs?	1%	2%
8.7	Victimised you because of your nationality?	2%	
8.7	Victimised you because you were from a different part of the country?	3%	2%
8.7	Victimised you because you are from a Traveller community?	1%	
8.7	Victimised you because of your sexual orientation?	2%	3%
8.7	Victimised you because of your age?	2%	0%
8.7	Victimised you because you have a disability?	2%	1%
8.7	Victimised you because you were new here?	5%	3%
8.7	Victimised you because of your offence/crime?	7%	8%
8.7	Victimised you because of gang related issues?	3%	4%
	For those who have been victimised by staff or other prisoners:		
8.8	Did you report any victimisation that you have experienced?	56%	55%

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	HMP Drake Hall 2013	Trainer prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	50%	15%
9.1	Is it easy/very easy to see the nurse?	60%	46%
9.1	Is it easy/very easy to see the dentist?	16%	4%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:		
9.2	The doctor?	52%	44%
9.2	The nurse?	62%	43%
9.2	The dentist?	31%	35%
9.3	The overall quality of health services?	48%	27%
9.4	Are you currently taking medication?	61%	65%
	For those currently taking medication:		
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	87%	
9.6	Do you have any emotional well being or mental health problems?	43%	44%
	For those who have problems:		
9.7	Are you being helped or supported by anyone in this prison?	64%	
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	25%	25%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	31%
10.4	Is it easy/very easy to get alcohol in this prison?	4%	
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	
	For those with drug or alcohol problems:		
10.7	Have you received any support or help with your drug problem while in this prison?	70%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	80%	
	For those who have received help or support with their drug or alcohol problem:		
10.9	Was the support helpful?	82%	87%

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	HMP Drake Hall 2013	Trainer prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	86%	
11.1	Vocational or skills training?	49%	
11.1	Education (including basic skills)?	58%	
11.1	Offending behaviour programmes?	38%	
	Are you currently involved in any of the following activities:		
11.2	A prison job?	92%	89%
11.2	Vocational or skills training?	22%	29%
11.2	Education (including basic skills)?	40%	53%
11.2	Offending behaviour programmes?	19%	40%
11.3	Have you had a job while in this prison?	99%	99%
	For those who have had a prison job while in this prison:		
11.3	Do you feel the job will help you on release?	50%	49%
11.3	Have you been involved in vocational or skills training while in this prison?	85%	89%
	For those who have had vocational or skills training while in this prison:		
11.3	Do you feel the vocational or skills training will help you on release?	61%	72%
11.3	Have you been involved in education while in this prison?	91%	95%
	For those who have been involved in education while in this prison:		
11.3	Do you feel the education will help you on release?	71%	75%
11.3	Have you been involved in offending behaviour programmes while in this prison?	78%	91%
	For those who have been involved in offending behaviour programmes while in this prison:		
11.3	Do you feel the offending behaviour programme(s) will help you on release?	54%	74%
11.4	Do you go to the library at least once a week?	54%	66%
11.5	Does the library have a wide enough range of materials to meet your needs?	60%	
11.6	Do you go to the gym three or more times a week?	34%	32%
11.7	Do you go outside for exercise three or more times a week?	59%	59%
11.8	Do you go on association more than five times each week?	69%	64%
11.9	Do you spend ten or more hours out of your cell on a weekday?	50%	21%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	50%	47%
12.2	Have you had any problems with sending or receiving mail?	26%	41%
12.3	Have you had any problems getting access to the telephones?	10%	18%
12.4	Is it easy/ very easy for your friends and family to get here?	28%	

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	HMP Drake Hall 2013	Trainer prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 13: Preparation for release			
For those who are sentenced:			
13.1	Do you have a named offender manager (home probation officer) in the probation service?	83%	
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	30%	
13.2	Contact by letter?	44%	
13.2	Contact by phone?	28%	
13.2	Contact by visit?	29%	
13.3	Do you have a named offender supervisor in this prison?	92%	
For those who are sentenced:			
13.4	Do you have a sentence plan?	89%	66%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	64%	68%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	32%	
13.6	Offender supervisor?	48%	
13.6	Offender manager?	25%	
13.6	Named/personal officer?	19%	
13.6	Staff from other departments?	16%	
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	72%	87%
13.8	Are there plans for you to achieve any of your targets in another prison?	14%	
13.9	Are there plans for you to achieve any of your targets in the community?	24%	
13.10	Do you have a needs based custody plan?	6%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	25%	27%
For those that need help do you know of anyone in this prison who can help you on release with the following:			
13.12	Employment?	53%	
13.12	Accommodation?	64%	
13.12	Benefits?	66%	
13.12	Finances?	45%	
13.12	Education?	58%	
13.12	Drugs and alcohol?	65%	
For those who are sentenced:			
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	65%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Drake Hall 2013

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		33	91	31	95
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	46%	17%		
1.6	Do you understand spoken English?	97%	99%	89%	100%
1.7	Do you understand written English?	90%	96%	77%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			48%	18%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	6%	19%	3%
1.1	Are you Muslim?	30%	0%	15%	5%
1.12	Do you consider yourself to have a disability?	10%	17%	13%	16%
1.13	Are you a veteran (ex-armed services)?	0%	0%	0%	0%
1.14	Is this your first time in prison?	90%	66%	90%	65%
2.6	Were you treated well/very well by the escort staff?	90%	78%	83%	80%
2.7	Before you arrived here were you told that you were coming here?	79%	83%	80%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	90%	81%	90%
3.3	Were you treated well/very well in reception?	75%	73%	70%	76%
3.4	Did you have any problems when you first arrived?	54%	55%	44%	57%
3.7	Did you have access to someone from health care when you first arrived here?	89%	77%	89%	78%
3.9	Did you feel safe on your first night here?	75%	83%	61%	88%
3.10	Have you been on an induction course?	82%	94%	90%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	57%	44%	56%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	84%	74%	84%
4.4	Are you normally able to have a shower every day?	100%	99%	97%	100%
4.4	Is your cell call bell normally answered within five minutes?	49%	46%	50%	48%
4.5	Is the food in this prison good/very good?	54%	58%	44%	62%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	56%	68%	73%	65%
4.7	Are you able to speak to a Listener at any time if you want to?	69%	78%	64%	80%
4.8	Do you feel your religious beliefs are respected?	82%	61%	87%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	81%	68%	76%	70%
5.1	Is it easy to make an application?	87%	94%	83%	94%
5.3	Is it easy to make a complaint?	72%	70%	65%	72%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	69%	65%	52%	71%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	34%	31%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	1%	7%	1%
7.1	Do most staff, in this prison, treat you with respect?	79%	82%	73%	83%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	87%	77%	82%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	22%	12%	21%	13%
7.4	Do you have a personal officer?	94%	92%	83%	95%
8.1	Have you ever felt unsafe here?	40%	30%	49%	27%
8.2	Do you feel unsafe now?	21%	12%	25%	11%
8.3	Have you been victimised by other prisoners?	31%	31%	36%	28%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	23%	27%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	16%	2%	17%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	3%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	5%	20%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%	0%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	34%	24%	33%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	15%	20%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	0%	6%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	0%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	3%	1%	6%	0%
8.7	Have you been victimised because you have a disability? (By staff)	3%	1%	3%	1%
9.1	Is it easy/very easy to see the doctor?	62%	45%	61%	46%
9.1	Is it easy/ very easy to see the nurse?	68%	58%	68%	57%
9.4	Are you currently taking medication?	67%	60%	54%	62%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	32%	47%	25%	50%
10.3	Is it easy/very easy to get illegal drugs in this prison?	10%	28%	0%	30%
11.2	Are you currently working in the prison?	87%	95%	86%	94%
11.2	Are you currently undertaking vocational or skills training?	25%	20%	20%	22%
11.2	Are you currently in education (including basic skills)?	44%	38%	64%	32%
11.2	Are you currently taking part in an offending behaviour programme?	13%	20%	14%	20%
11.4	Do you go to the library at least once a week?	62%	51%	64%	52%
11.6	do you go to the gym three or more times a week?	44%	30%	41%	31%
11.7	Do you go outside for exercise three or more times a week?	65%	56%	71%	56%
11.8	On average, do you go on association more than five times each week?	61%	70%	71%	69%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	35%	56%	39%	55%
12.2	Have you had any problems sending or receiving mail?	28%	26%	33%	23%
12.3	Have you had any problems getting access to the telephones?	10%	10%	3%	12%

Diversity Analysis



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

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		19	106	16	111
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	21%	26%	11%	27%
1.6	Do you understand spoken English?	100%	97%	94%	98%
1.7	Do you understand written English?	100%	92%	94%	94%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	18%	28%	26%	27%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	23%	4%	0%	8%
1.1	Are you Muslim?	5%	8%	19%	6%
1.12	Do you consider yourself to have a disability?			26%	14%
1.13	Are you a veteran (ex-armed services)?	0%	0%	0%	0%
1.14	Is this your first time in prison?	48%	77%	63%	73%
2.6	Were you treated well/very well by the escort staff?	63%	84%	81%	81%
2.7	Before you arrived here were you told that you were coming here?	69%	85%	81%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	92%	94%	87%
3.3	Were you treated well/very well in reception?	69%	75%	81%	73%
3.4	Did you have any problems when you first arrived?	95%	48%	69%	53%
3.7	Did you have access to someone from health care when you first arrived here?	83%	81%	74%	82%
3.9	Did you feel safe on your first night here?	74%	82%	94%	78%
3.10	Have you been on an induction course?	95%	91%	89%	92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	62%	51%	67%	50%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	82%	94%	80%
4.4	Are you normally able to have a shower every day?	100%	99%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	52%	47%	33%	50%
4.5	Is the food in this prison good/very good?	57%	56%	33%	59%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	70%	61%	67%
4.7	Are you able to speak to a Listener at any time if you want to?	63%	78%	79%	75%
4.8	Do you feel your religious beliefs are respected?	83%	64%	89%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	90%	67%	61%	72%
5.1	Is it easy to make an application?	90%	91%	88%	92%
5.3	Is it easy to make a complaint?	73%	69%	76%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	68%	88%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	63%	29%	31%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	2%	0%	3%
7.1	Do most staff, in this prison, treat you with respect?	79%	81%	88%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	82%	79%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	13%	6%	16%
7.4	Do you have a personal officer?	90%	92%	100%	91%
8.1	Have you ever felt unsafe here?	63%	27%	31%	34%
8.2	Do you feel unsafe now?	33%	11%	6%	16%
8.3	Have you been victimised by other prisoners?	48%	29%	37%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	37%	19%	31%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	21%	4%	6%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	17%	4%	6%	6%
8.5	Have you been victimised because of your age? (By prisoners)	10%	2%	19%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%	0%	0%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	55%	20%	26%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	45%	10%	26%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	18%	0%	6%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	5%	1%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	5%	1%	11%	0%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%	0%	2%
9.1	Is it easy/very easy to see the doctor?	45%	51%	42%	50%
9.1	Is it easy/ very easy to see the nurse?	63%	60%	55%	61%
9.4	Are you currently taking medication?	95%	54%	94%	56%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	83%	35%	61%	41%
10.3	Is it easy/very easy to get illegal drugs in this prison?	10%	25%	33%	22%
11.2	Are you currently working in the prison?	95%	91%	87%	92%
11.2	Are you currently undertaking vocational or skills training?	18%	23%	29%	21%
11.2	Are you currently in education (including basic skills)?	39%	40%	36%	41%
11.2	Are you currently taking part in an offending behaviour programme?	18%	19%	13%	19%
11.4	Do you go to the library at least once a week?	55%	52%	73%	50%
11.6	Do you go to the gym three or more times a week?	10%	39%	12%	37%
11.7	Do you go outside for exercise three or more times a week?	73%	57%	79%	56%
11.8	On average, do you go on association more than five times each week?	78%	67%	61%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	33%	53%	39%	52%
12.2	Have you had any problems sending or receiving mail?	31%	24%	21%	27%
12.3	Have you had any problems getting access to the telephones?	10%	10%	6%	10%

Diversity Analysis



Key question responses (sexual orientation) HMP Drake Hall 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		31	89
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	10%	25%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	95%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	36%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	4%
1.1	Are you Muslim?	0%	10%
1.12	Do you consider yourself to have a disability?	17%	16%
1.13	Are you a veteran (ex-armed services)?	0%	0%
1.14	Is this your first time in prison?	50%	78%
2.6	Were you treated well/very well by the escort staff?	81%	81%
2.7	Before you arrived here were you told that you were coming here?	90%	79%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	88%
3.3	Were you treated well/very well in reception?	71%	74%
3.4	Did you have any problems when you first arrived?	55%	58%
3.7	Did you have access to someone from healthcare when you first arrived here?	89%	78%
3.9	Did you feel safe on your first night here?	81%	81%
3.10	Have you been on an induction course?	97%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	57%	53%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	86%	80%
4.4	Are you normally able to have a shower every day?	97%	100%
4.4	Is your cell call bell normally answered within five minutes?	48%	47%
4.5	Is the food in this prison good/very good?	48%	60%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	69%	65%
4.7	Are you able to speak to a Listener at any time if you want to?	80%	77%
4.8	Do you feel your religious beliefs are respected?	63%	67%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	76%	71%
5.1	Is it easy to make an application?	97%	91%
5.3	Is it easy to make a complaint?	59%	73%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	67%	67%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	0%
7.1	Do most staff, in this prison, treat you with respect?	79%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	82%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	11%	16%
7.4	Do you have a personal officer?	83%	96%
8.1	Have you ever felt unsafe here?	34%	33%
8.2	Do you feel unsafe now?	15%	14%
8.3	Have you been victimised by other prisoners?	31%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	3%	0%
8.5	Have you been victimised because of your age? (By prisoners)	3%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	25%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your sexual orientation? (By staff)	7%	0%
8.7	Have you been victimised because of your age? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	52%	50%
9.1	Is it easy/ very easy to see the nurse?	61%	61%
9.4	Are you currently taking medication?	63%	62%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	63%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	20%
11.2	Are you currently working in the prison?	97%	93%
11.2	Are you currently undertaking vocational or skills training?	19%	24%
11.2	Are you currently in education (including basic skills)?	33%	42%
11.2	Are you currently taking part in an offending behaviour programme?	15%	20%
11.4	Do you go to the library at least once a week?	39%	60%
11.6	do you go to the gym three or more times a week?	29%	35%
11.7	Do you go outside for exercise three or more times a week?	53%	62%
11.8	On average, do you go on association more than five times each week?	81%	66%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	71%	44%
12.2	Have you had any problems sending or receiving mail?	24%	26%
12.3	Have you had any problems getting access to the telephones?	6%	11%