

Report on an announced inspection of

HMP Eastwood Park

13 – 17 October 2008

by HM Chief Inspector of Prisons

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Introduction

Eastwood Park is one of the five women's prisons that receive women directly from court. Like all such prisons, it holds a large number of extremely needy and vulnerable women. The contraction in the women's estate also means that it holds a number of disparate groups – adults, young adults, mothers and babies and juveniles – many of them at considerable distance from home. One in five of all women, and more than one in three young adults, were more than 100 miles away from their homes.

These factors present formidable difficulties in running a safe and effective establishment. It was therefore a credit to staff and managers that this inspection of the adult and young adult population found that Eastwood Park had made progress in all four key areas – safety, respect, purposeful activity and resettlement – and was performing reasonably well in all areas.

Eastwood Park was managing its vulnerable and sometimes challenging population without the use of segregation, or of an inpatient healthcare unit. There was one unit, K wing, which was used to house particularly difficult or seriously self-harming women. It was clearly not a segregation unit under another name, and provided a supportive environment, with multidisciplinary input and interventions. This could be further developed by the use of care plans. There were some innovative violence reduction procedures, though they needed clearer governance, and a greater focus on preventing victimisation, given the prevalence of bullying, especially among young adults. The introduction of the integrated drug treatment system (IDTS) had been extremely effective and had improved levels of care for those with substance use problems, but first night procedures for other women, particularly young adults, needed to be strengthened.

The standard of accommodation and cleanliness varied widely, with one wing in a particularly poor state, and all the residential areas were too hot. Relationships between staff and prisoners were in general very good, though this had not yet been translated into proactive work on custody planning or motivating women to engage with the opportunities available. Race and foreign nationals work was in general well-managed, but other aspects of diversity, such as disability, were undeveloped. Health services, and in particular the much-needed mental health provision, were in general good, though medicines management was poor.

The mother and baby unit provided a good environment, but would benefit from the involvement of specialist childcare professionals in its day-to-day running – particularly to ensure that mothers were able to carry out all the normal activities associated with parenting, such as cooking food. We also had concerns about the inflexibility or inadequacy of emergency admission and separation procedures and support.

The availability of activities and the amount of time out of cell were both good for a local prison. Over 80% of the population could engage in activity, and even those without work were able to be out of their cells for over seven hours a day during the week. However, there was a considerable number of unfilled places and a high drop-out rate: some courses had only half the available places filled. There were also too few work opportunities and vocational qualifications. Some work was needed to establish whether provision met need, and to encourage and motivate women to attend.

Resettlement work was considerably hindered by the distance from home of many women. Nevertheless, there was a good strategy, links with community and voluntary services, and some good work on family contact and liaison. Though needs were effectively identified on induction, the custody planning system for short-sentenced and remanded women (the great majority of the population) was not yet fully operative, and many women did not know about

the services available. Drug services were good, though alcohol services did not meet the growing need, despite the fact that nearly half the women in our survey said that they had an alcohol problem when they entered the prison.

This is a positive report on a women's prison that, in spite of the considerable challenges, is performing reasonably well in all areas, and is carrying out some innovative and supportive work. This inspection has identified some weaknesses which managers can address. However, the main problems for staff and prisoners at Eastwood Park cannot be solved inside the establishment. There are still far too many women, and in particular young women, who are either held at considerable distance from their homes, or whose vulnerabilities make prison an entirely unsuitable environment for them. These are issues that the National Offender Management Service needs to tackle.

Anne Owers
HM Chief Inspector of Prisons

March 2009

Fact page

Task of the establishment

Local/remand women's prison for adults, young adults and girls under 18.

Area organisation

South West

Number held

322 (at the time of inspection)

Certified normal accommodation

326

Operational capacity

362

Last inspection

Unannounced short follow-up: 7–9 March 2006

Full inspection: 22–26 September 2003

Brief history

HMP/YOI Eastwood Park is situated on the edge of the Cotswolds, on the outskirts of the small village of Falfield, on land that was once part of the Eastwood Park Estate. It opened as a female prison in March 1996, taking in prisoners from HMP Pucklechurch. The establishment opened a detoxification (substance misuse) unit in 2003, a mother and baby unit in 2004 and, in October 2005, the Mary Carpenter Unit, which holds girls under 18.

Description of residential units

Residential 1

- A wing (new adult inductions): capacity 40
- B wing (substance misuse unit): capacity 43
- C wing (ordinary adult wing with enhanced prisoners): capacity 37

Residential 2

- D wing (young adults): capacity 58
- E wing (adult established prisoners): capacity 98

Residential 3

- F wing (largely enhanced prisoners): capacity 40
- G wing (resettlement unit): capacity 18

Residential 4

- Residential-based interventions unit: 10 spaces

Mother and baby unit

- Capacity for 12 mothers and their babies (normally up to 18 months old)

Mary Carpenter Unit (**not inspected**)

- Capacity for 16 young women (up to 18 years old).

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- performing well against this healthy prison test.

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

- performing reasonably well against this healthy prison test.

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

- not performing sufficiently well against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- performing poorly against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 Many women faced long journeys and late arrivals. Reception offered a positive first experience but first night procedures did not allay immediate concerns especially for young adults. The induction process was informative and immediate. Suicide and

self-harm systems required some development but the interventions for women at risk were good. Bullying and violence reduction procedures needed more rigour. Security arrangements were good. K wing offered a supportive and safe environment for the most challenging women but care planning needed further development. The use of force was high but incidents were dealt with appropriately. The clinical management of substance misuse was excellent. Overall the prison was performing reasonably well against this healthy prison test.

- HP4 Eastwood Park served 70 courts and some women had to travel considerable distances, and one in five were over 100 miles from home. Many experienced long days in court and some arrived after 7pm. Women reported commonly sharing transport with men.
- HP5 Reception was bright and friendly, although women could be held there for several hours. Peer support was provided by an Insider. Much higher numbers than at comparator prisons said that they received a reception pack, a free phone call and something to eat.
- HP6 Some women told us that they received little information about what would happen to them the next day. In the survey 65%, less than the comparator of 72%, said that they felt safe on their first night, mostly because fewer than half of the young adults felt safe. A mini induction was available but was carried out on the following day if women arrived late. All non-detoxing new arrivals attended induction the day after their arrival and detoxing women joined the induction on day five. The induction content was appropriate and involved relevant specialists. We had concerns about the time between completing induction and being allocated an activity.
- HP7 Action plans had been developed for the most recent investigations into revisited regularly. Investigations were carried out into some near fatal incidents but there were more which would have benefited from closer analysis. There were good arrangements for the many ACCT reviews taking place and a general awareness among staff of the resources available. Prisoners felt supported by staff. The quality of ACCT documentation was reasonable, but more work was needed to ensure that issues identified in care maps were followed through at subsequent reviews. Not all cases evidenced a continuity of case manager. We were surprised to see vulnerable women placed on basic with no care plan. There was a good range of training available for staff, including self-harm awareness and mental health awareness training. Some weaknesses were identified during the night visit.
- HP8 Eastwood Park's annual survey into bullying found that 61% of respondents had experienced some form of bullying behaviour. In our survey significantly more young adults than adults reported victimisation. There was investment in the recent and developing Safer Custody Team. There was a single strategy to confront anti-social behaviour which included bullying. Some investigations into bullying needed to be more thorough. Prisoners placed on the violence reduction strategy were closely monitored but there were no routine checks by senior managers. The seven-day violence reduction programme was complicated for those with poor literacy. We found some cases where prisoners had been locked in their rooms for over an hour by officers, without formal recourse to the local violence protection protocol (VPP). This constituted unofficial punishment. There had been no training in the local anti-bullying strategy.

- HP9 The system for starting up young adults was being used to put young women on enhanced accommodation with adults. Most security information reports (SIRs) were completed to a high standard and reflected dynamic security, which was helped by good staff-prisoner relationships. A high number of incidents had been reported but the majority of these related to self-harm or difficult behaviour. Searching down to underwear took place routinely in reception, during all cell searches and in some cases on visits. Most women said it was carried out sensitively. The rules were not on display but all prisoners signed a compact relating to rules on their wing and we received few complaints about how staff had interpreted rules.
- HP10 There was no unfurnished cell specifically designated as special accommodation. The safer cells on K wing had been used for the nine incidents in 2008 for self-harming women placed in anti-tear clothing or bedding. Six of the nine incidents involved one woman. All were properly authorised. There was no segregation unit and women on good order or discipline (GOOD) and Rule 53 were held in their own cells. The procedures were well documented but did not indicate how long women on Rule 53 would spend on the rule. Safety algorithms were completed for those on GOOD but not those on Rule 53.
- HP11 Those living on K wing were a challenging mixture of vulnerable women and some of those with disciplinary problems. The assessment process appeared to be rigorous and the regime was unlike a segregation unit. The doors were unlocked all day but women who refused to engage with the planned regime could be locked up, which was inappropriate. Although care plans were in place for all prisoners held there, target setting and care mapping coordination needed to improve. It was clear that staff knew and engaged with some very difficult women.
- HP12 Adjudications were discussed and analysed in detail at a monthly standardisation meeting. The use of force was high and had risen. The majority of usages were spontaneous and related to fighting, assaults or refusals to relocate. K wing accounted for around a quarter of incidents. In the majority of cases paperwork was completed well, although some phrases used were formulaic. Women were almost always returned to their own cells and situations appeared to be resolved quickly.
- HP13 The clinical management of substance misuse was good. The implementation of the integrated drug treatment system (IDTS) in October 2007 had improved levels of care for women requiring stabilisation and detoxification. The integration of services and multidisciplinary team were impressive. We had concerns about the management and supervision of the arrangements for women receiving methadone on residential 2. The Naloxone training was an example of good practice. Positive mandatory drug tests in the five months April to August 2008 stood at 8.3%, but reached 11.4% including buprenorphine. Suspicion testing was poor, with only 34 tests in the five months, and only 25% positives because of delays.

Respect

- HP14 The standard of accommodation and cleanliness varied widely across the establishment. Staff-prisoner relationships were good. Staff and prisoners understood the personal officer scheme but it was not sufficiently linked in to custody planning. The incentives and earned privileges (IEP) scheme did not reward prisoners for engagement in activities. Diversity was underdeveloped, though procedures for

managing race were good and there was awareness of the needs of foreign national prisoners. Faith provision was well integrated. Prisoner complaints against staff were not always dealt with through the formal complaint process. Health services were good. The mother and baby unit provided a good environment but admission and separation arrangements were not sufficiently responsive to need. Overall the prison was performing reasonably well against this healthy prison test.

- HP15 The standard of accommodation and cleanliness varied widely. The residential area most in need of refurbishment was A wing and the area most in need of improved attention to cleanliness and graffiti was E wing. The detoxification/maintenance unit had been refurbished, but paint was already peeling. Some single cells were being shared. Prisoners complained of being too hot across the prison. There was good access to baths, showers and cleaning materials, although some showers were out of order. Prisoners had access to adequate clothing and laundry facilities. There had been problems with providing duvet covers.
- HP16 Staff relationships with prisoners and other staff were generally good and prisoner representatives said that they undertook a worthwhile role. Residential staff could be involved in engaging prisoners with the opportunities available to them. Staff showed awareness of their role as personal officers, though prisoners reported that they were more likely to turn to the member of staff available rather than their personal officer. The scheme was cell-based and, in some cases, meant regular changes of personal officer. Personal officers had yet to put into practice their role with regard to custody plans but some wing file contributions, particularly on D and G wings, were excellent.
- HP17 The IEP policy was up to date and predominantly based on the number of warnings. There was a system of giving out rewards but these were rarely used. Many entries in wing history sheets related only to behaviour. There was no accurate central record of the women who were held on basic and women could go straight to basic following a proven incident of bullying. People rarely spent long on basic, almost all less than a week. Decisions were made based on wing behaviour, but did not take into account patterns of behaviour evidenced in adjudications. There was a presumption that women would move to enhanced if they exhibited good behaviour after three weeks, without needing to engage in activity. There was little differential between the standard and enhanced levels. Allocation to G wing was dependent on resettlement not IEP criteria.
- HP18 Only 23% of women said that the food was good or very good, significantly worse than in other women's prisons. More could be done to improve the diversity of food available. There were no halal cooking or serving implements in the kitchen or the serveries. The training, and record of training, of kitchen and serveries workers was poor. The cleanliness of serveries was an issue. The food comments book had to be requested and was not used constructively by prisoners. Catering staff attended prisoner representative meetings and a catering survey was carried out every six months, with alterations made in response.
- HP19 There was no diversity policy or strategy to meet the needs of minority groups and managers were aware of this shortfall. The disability policy was not based on the needs of the population and the disability liaison officer (DLO) had insufficient time to carry out the work.
- HP20 Race equality action team (REAT) meetings were chaired by the governor, well attended and included prisoner representation. The results of monitoring were

discussed and action taken by the REAT. Racist incident complaint (RIC) forms were well investigated and quality checked by Independent Monitoring Board (IMB) and Hibiscus staff. Prisoners reported some inappropriate comments from some staff. Significantly fewer women from black and minority ethnic backgrounds felt that most staff treated them with respect, but a similar percentage said they had a member of staff to turn to. Some black and minority ethnic women reported a reluctance to make complaints about staff. There was a full-time race equality officer (REO) with a part-time assistant. He was struggling to manage the increasing demands of diversity issues and foreign national women. Prisoner diversity representatives met regularly with the REO. There were no meetings for black and minority ethnic women.

- HP21 The number of foreign national women held at Eastwood Park was growing. There was a published foreign national policy and the REAT regularly looked at foreign national issues. Support mechanisms and services were growing. Each foreign national was seen by the REO who maintained a record, but other staff would have benefited from this information. There was a variety of translated material available and good use of telephone translation services; however the use of prisoner translators was inappropriate, both in terms of linguistic understanding and influence. Some women were isolated despite staff's best efforts.
- HP22 Most prisoners had good access to services and groups run by the chaplaincy. The lack of Buddhist and Muslim faith leaders was acknowledged and steps were being taken to recruit them. All new arrivals were seen by a chaplain and given written information about the work of the chaplaincy team, and the team also contributed to induction. A variety of community groups visited the prison to lead services and activities. Chaplains were fully involved in the life of the prison.
- HP23 There was access to a range of applications and women could also resolve simple queries face to face with an officer each morning. The timeliness and quality of responses to complaints was good. An average of 85 complaints a month were received, which was low. A trends analysis was completed on the nature and location of complaints, and a local survey identified concerns about women being pressurised to withdraw complaints. This was consistent with our survey, where 36% said that they had been encouraged to withdraw a complaint, and a proven investigation where a woman had been pressured to withdraw a complaint about a member of staff. This was surprising given the generally positive staff-prisoner relationships.
- HP24 A bail and legal services officer saw all women on arrival. Bail accommodation services were good. Access to legal visits was limited because of booking and capacity difficulties. There was good use of the video link for solicitors' visits.
- HP25 Health services were very good with access to a variety of in-house clinics, including nurse triage, sexual health and mental health. The gaps in staffing inhibited further progression. The introduction of a non-medical practice manager and administrative staff was innovative, replicated the community and worked well, allowing nurses to be released to clinical duties. There was excellent GP cover and sexual and women's health, in particular, was well managed. Chronic disease management needed further development. Dental waiting lists were too long, but a full range of NHS treatment was available to prisoners. We had significant concerns regarding the management of medicines. There was no on-site pharmacy support, and little input from the pharmacist, which was a concern given the large amount of controlled drugs held in the prison. Mental health provision was good with a strong and developing team that had established excellent relationships with residential staff. The Stepping Stones

facility provided much needed support for many women and helped them to develop life skills.

- HP26 Although mother and baby unit (MBU) policies were in place, there was no coherent MBU policy document. All staff working on the MBU were trained, but there were no specialist childcare professionals involved in the daily running of the unit. The environment was generally safe and comfortable, though mattresses were not suitable and some were dirty. The nursery attached to the unit was good and learning profiles for the babies were excellent. Care planning for mothers and babies on the unit was good, but care planning for pregnant women, emergency admission procedures and separation support were all inadequate. Communication between MBU and residential staff needed to be better. Generally mothers were encouraged to take responsibility for their babies, but mothers were not able to cook for their babies, or walk up and down the stairs with them. There was no provision for co-parent involvement before and after the birth and no individual assessments.

Purposeful activity

HP27 Time out of cell averaged 9.5 hours on weekdays for those working, and 7–8 hours for those who were unemployed. There was insufficient purposeful activity and over half the prisoners were on the wings one afternoon during the inspection. The learning and skills provision was responsive. The relationship between tutors and students was good. There was very limited accreditation of work skills. The library provision was reasonable. The PE programme provided varied activities. Overall the prison was performing reasonably well against this healthy prison test.

HP28 Time out of cell was good for a women's local prison, though it did not meet our expectation of 10 hours a day. Women, whether they worked or not, were unlocked for most of the day. However, over half the prisoners were on the wing during the core day and, apart from a small number of wing cleaners, not involved in purposeful activity. In our survey significantly fewer than the comparator said that they spent more than 10 hours a week out of cell. Excluding F and G wing, week day hours out of cell for those working were around 9.5 hours, and between seven and eight hours for those not working. Women were not disadvantaged if they did not take part in work or activity. Exercise and association were rarely cancelled. Prisoners on A, B and C wings had to choose between using a large and noisy association room or staying locked in their rooms, apart from telephone calls and showers.

HP29 Work and educational activity had improved significantly but not enough women were engaged in it. Theoretically 83% of the whole population could be engaged in purposeful activity with 133 work places and 111 educational places. However, a significant number of places were not taken up in education and in the kitchen, where women were unable to cook. Work opportunities were limited and offered minimal qualifications. There were two women working out in the community.

HP30 There was a good relationship between the head of learning and skills and the three providers. There was a variety of courses on offer and numeracy and literacy and employability skills were good. Personal development and social integration were satisfactory. There was little focus on vocational training but some commercial skills were covered in courses relating to running small businesses. Overall attendance was between 80 and 83% but often courses were only 50% full. There was a

meticulous use of management information and feedback from prisoners had led to changes. There was a positive relationship between prisoners and tutors. Teaching was responsive and there was high-quality support for women with difficulties. There were limited opportunities for those beyond skills level 2. Classes for the lower levels were poorly subscribed and there was a waiting list for the higher levels. There was a need for appropriate activities for longer-term prisoners, many of whom were young adults. Provision for Welsh-speaking prisoners was good but two ESOL lessons a week per group did not meet the needs of Vietnamese and Chinese-speaking prisoners.

- HP31 Library provision was adequate. The site was small but well stocked with a range of materials. Access by prisoners was reasonable, although some difficulties were reported by D and E wings. There was no evening or weekend access.
- HP32 Access to PE had recently improved. Statistics were only available for the week of the inspection but these showed that 45% of prisoners had used the gym. There was access on Saturday and Sunday mornings and three weekday evenings. There was some newly-installed equipment and a variety of activities. The programme was well promoted across the prison.

Resettlement

HP33 There was a reducing reoffending strategy, based in a needs analysis and related to resettlement outcomes. Offender management and sentence planning were not up-to-date and the new custody planning process was not yet fully implemented. There were links across the resettlement pathways with community and voluntary services. Family contact was supported, despite the distance of many prisoners from home. The visits area had been refurbished. The CARAT team provided support to prisoners with drug and alcohol problems. Overall the establishment was performing reasonably well against this healthy prison test.

- HP34 Eastwood Park covered a wide geographical area and over 70 courts following the change of function of Brockhill and Bullwood Hall, and this caused significant problems. There was a good, up-to-date reducing reoffending strategy, which was based on a needs analysis, considered most minority groups and was pathway-based. The strategy was driven forward by a quarterly meeting, chaired by a senior manager and supported by a project plan.
- HP35 There were 14 women in scope for offender management and a further 68 eligible for OASys, but only 17 had an up-to-date OASys and only six had had a sentence planning board since April. The new custody plan for all women aimed to ensure that pathway and other needs were met but it was not yet properly implemented and individual needs were not taken into account. Almost all the women we spoke to said that they did not have a sentence plan, and in our survey only 33% of women said they had one compared with 56% at comparator prisons.
- HP36 G wing offered a good semi-open facility but was not used to its full capacity. There was appropriate communication with women subject to public protection measures. Categorisation decisions were not passed on to women in person and they did not know how to appeal against them or transfer decisions. Some women were able to return to Eastwood Park to prepare for release.

- HP37 Reintegration needs were identified at induction and through information, advice and guidance (IAG). Good use was made of voluntary sector groups across all pathway areas and the bi-monthly resettlement fairs provided information about the services available. Weekly drop-in clinics on the wings made reintegration services more accessible, although they clashed with other activities. In our survey, significantly fewer women said they knew who to contact in relation to reintegration needs than at comparator prisons. Pathway leads were identified and the interconnectivity of areas was good.
- HP38 Only 1% of women said they left with no fixed abode, but this figure was considered unreliable and connected to the desire for early release on end of custody licence (ECL). Accommodation services were good; there were four housing orderlies trained to offer support and all women were seen on arrival. There were some good links with voluntary sector and community agencies.
- HP39 Formal arrangements between education and the interventions unit were good. There was no contact with local colleges but information was available through the IAG service. There were insufficient links with local employers. Finance-related services were generally good, particularly the support in setting up bank accounts. There was no provision for debt management.
- HP40 There were reasonable healthcare pre-release systems, linked in with offender management. Those under the care of the mental health team benefited from the support of the team social worker who coordinated pre-release work with relevant community mental health teams.
- HP41 There was a detailed, comprehensive drug and alcohol strategy and action plans were informed by a thorough needs analysis. A dedicated drug strategy delivery manager ensured coordination of the different elements. There were insufficient services for problem alcohol users. The counselling, assessment, referral, advice and throughcare (CARAT) service was excellent. There was a well-established short duration programme (SDP) but women reported a need for post-programme support. Voluntary drug testing (VDT) was available and well managed.
- HP42 The main issue for women in maintaining contact was the distance from their home areas. Family contact was supported by specialist and operational staff and a family liaison officer. The visits hall had recently been refurbished and provided a clean, bright and welcoming environment. Although women were able to book double visits, this was not long enough to accommodate families who were travelling long distances. A small play area and qualified play worker had recently been introduced. There were no evening visits but some limited family visits were available. Despite the distances involved, there was no visitors' centre or community bus. There were limited interventions for families; parent craft courses were run by the education department and smaller groups in Stepping Stones were run by the family worker. Women could send out story tapes.
- HP43 Pathways to support women who had been abused, raped or suffered domestic violence or who had been involved in prostitution were in the early stages of development. Both had identified leads who had introduced some staff training and secured links with voluntary groups who were already offering services.

Main recommendations

- HP44 There should be additional provision for women offenders in the West Midlands.
- HP45 Staff should be trained in the use of care mapping and action planning for women on K wing, and other vulnerable prisoners, such as those at risk of suicide and self-harm or bullying.
- HP46 A and C wings should be refurbished.
- HP47 Prisoners should be given further encouragement and incentives to engage with activities, and there should be consultation about the range of activities available.
- HP48 All women should have a sentence or custody plan that reflects individual need and is followed up by offender supervisors or personal officers.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 There was a good working relationship between the prison and the escort contractor. The prison served 70 courts in a wide geographical area, and many women spent long days in court and were a long way from home. Many women arrived after 7pm and late arrivals did not always receive the planned first night procedures.
- 1.2 The relationship between the prison and the escort contractor was good and all relevant documentation travelled with the women prisoners.
- 1.3 In our survey, a similar number to the comparator said that they had felt safe during their journey and had been well treated by escort staff. Most women found travelling in vans uncomfortable and said they had received insufficient breaks.
- 1.4 Most women knew where they were going from court or before transfer but few (16%) received information about what would happen to them before their arrival.
- 1.5 Women attending court could have a hot drink in reception but they were expected to eat their breakfast packs, which they were given the previous evening, before going to reception. Many women told us that they ate the food when they received it.
- 1.6 The prison served approximately 70 courts in a wide geographical area including Birmingham, Gloucester, Worcester, Hereford, Wales, Cornwall and Bournemouth; approximately 40% of the prison population lived within 50 miles of the prison, 22% were between 50–100 miles from home, and 21% were over 100 miles from home (most of the remainder were foreign nationals). The court catchment area had increased by over 17 courts with the re-role of Bullwood Hall and Brockhill prisons.
- 1.7 Many women spent long days in court. One woman had completed her court appearance in Cheltenham at 11.02am but not arrived at the prison until 5.15pm. Some women told us that vans picked up and dropped off other prisoners at other magistrates and crown courts on their way to Eastwood Park. It was not unusual for women to travel with men.
- 1.8 Many women arrived after 7pm and late arrivals did not always receive the planned first night procedures (see first days in custody).
- 1.9 The video link had two consultation booths and one court facility. Managers felt that it was well used but this was difficult to assess. Records were only available for the 224 women who had attended court during three weeks in August and all of September 2008. In the same period the video link had been used 121 times for court appearances, and on 22 occasions for probation interviews, and for 20 solicitor conferences. It had not been used at all for inter-prison visits.

- 1.10 Women received at least 24 hours' notice of a planned transfer.

Recommendations

- 1.11 Women should be held in court cells for the minimum possible period.
- 1.12 Prisoners should arrive before 7pm and should receive essential first night procedures, irrespective of their time of arrival.
- 1.13 Women should have breakfast on the morning they go to court.
- 1.14 Escort vans should be comfortable.
- 1.15 Female and male prisoners should be transported separately.
- 1.16 Prisoners should be given information at court about the prison.

Housekeeping point

- 1.17 Managers should monitor the use of the video link facility and the numbers going to court to assess whether more use can be made of the facility.

First days in custody

Expected outcomes:

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

- 1.18 Reception was comfortable and friendly but women could be there for some hours. Peer support was provided and women's reported experience of reception was significantly better than the comparator. There was no effective first night procedure to ensure that all women received the same level of information and support. Most women attended an induction the day after their arrival, but there were delays to some women completing a gym induction.

Reception

- 1.19 Reception was bright and welcoming with a friendly atmosphere. Approximately 430 women passed through the area each month. Escort and reception staff dealt quickly with the handover of documents and property of newly-arrived women. Eighty-two percent of women said that they were well treated in reception and 94% said that the search was carried out respectfully, both significantly higher than the comparator.
- 1.20 All women were greeted courteously by an officer who confirmed their identity and asked if they understood what had happened to them in court, and if they were new to custody. They were offered a hot or cold drink by one of two orderlies working in the area, and meals were

given as necessary. Peer support was offered by an orderly who was both a Listener and an Insider, who introduced herself to all women new to custody.

- 1.21 Sight lines into the holding rooms were good and the rooms were also covered by cameras monitored by reception officers. The rooms contained information in English about the regime and services provided, and a notice in 20 languages offered translation of the displayed information. The prisoner information book was not available in the holding rooms and information was not available in other formats. One holding room had two televisions which were, on one occasion, showing different programmes.
- 1.22 Each woman was interviewed by an officer to complete a first night immediate and needs assessment, and a cell-sharing risk assessment. This was done in a semi-private area to one side of the reception desk, although noise from the surrounding area could be distracting. Women were asked how they were feeling, if their family knew where they were, if they had children and were satisfied about their care arrangements, and if they had property that needed to be secured. Information was gathered about self-harm and drug issues, and current and previous offences. All new arrivals were seen in reception by a GP and a member of the integrated drug treatment support team.
- 1.23 Interviews were relaxed but thorough and information was given about the personal officer scheme, Listeners, visits, race equality and bullying and the sources of help and support available. Women were asked if they had any questions. Nothing about the first 24 hours in custody was included. Each interview could take 30–40 minutes to complete.
- 1.24 All women were given a copy of a booklet called *Your essential guide to life inside*, which contained information about the first 24 hours in prison. However, this information was not brought to their attention and half of it related to the reception process, which women had gone through before receiving the book. The booklet was well presented but relied on prisoners being able to read.
- 1.25 Each new arrival could make a free telephone call and received a set of prison issue clothing, new underwear, bedding and a toiletry pack. Women who had no-one to send or bring clothing could apply for items of clean donated clothing, including maternity wear. Women were offered a non-smokers or smokers welcome pack, which cost £7 and included telephone credit, to be paid back at 50p per week. They could buy two packs if they had sufficient money. Depending on the day of arrival, they could wait over a week before receiving their first shop order. In the survey 96% of women said that they had received a pack, against the local women's prisons comparator of 82%. Women who were due to return to court the next day, or who arrived on a Saturday and were going to go back to court on a Monday, could not have a welcome pack.
- 1.26 Women could spend several hours in reception, depending on the time of arrival and the numbers involved. One woman arrived at 5.10pm but did not reach her allocated wing until 10pm. Staff searched and recorded each prisoner's property and possessions as she waited in the holding room. The interviewing officer then explained the process to the prisoner during the one-to-one interview, and checked that her property had been fully recorded.

First night

- 1.27 There was no specific first night policy, although it was mentioned in a prisoner induction policy dated August 2008. This simply stated that reception staff would deal with immediate needs and give new arrivals an induction pack. It noted that women would be allocated to dedicated first night wings but did not mention how they would be supported on their first night in custody.

- 1.28 All new arrivals were accommodated either on A wing, B wing for detoxification, or D wing if they were a young adult. They were taken to the wing by a reception officer. On B wing unconvicted and sentenced women shared rooms.
- 1.29 When women arrived during the afternoon or early evening they could associate with others on the wing. Wing officers were expected to complete a cell condition form and a mini induction checklist with each woman which included a compact about prisoner entitlements and information on fire safety, wing routine and services, and the personal officer scheme. The checklist did not instruct officers to tell new arrivals what would happen the next day.
- 1.30 Officers did not complete paperwork if women arrived late on to the wing and there was no system to ensure that every woman received the same level of information and support, irrespective of her time of arrival. One officer told us that women often arrived two minutes before they went off duty so they had to get them locked up as quickly as possible.
- 1.31 In our survey 63% of women said that they received information about what was going to happen to them, against a local women's prison comparator of 44%. However, this appeared to relate to general prison information. Many newly arrived women, 44% of who were new to custody according to the survey, complained about a lack of information about what would happen to them the next day, or how to use their cell bell. Many in shared cells told us that they got information from the prisoner they shared with.
- 1.32 Significantly fewer women felt safe on their first night than the comparator for local women's prisons (65% compared with 72%). In the survey 68% of young women said that they were in prison for the first time, but only 48% said that they felt safe on their first night.

Induction

- 1.33 All new prisoners, except those on the detoxification wing, attended induction the day after their arrival. In the survey a similar number to the local women's comparator said that they had been on an induction course and that it had covered everything they needed to know.
- 1.34 The induction presentation took place in a dedicated comfortable room. A variety of information was displayed and presentations were given by a chaplain, a worker from the counselling, advice, referral and treatment service (CARAT), and the family support worker. Information was available in other languages.
- 1.35 Women watched a video about the prison which focused on the reception process and what would happen the day after their arrival. As women were already experiencing their first day, this video would have been more appropriate for reception.
- 1.36 Most information about the regimes and services of the prison was delivered verbally by an officer, and women were encouraged to ask questions. There were no pens or paper for them to make notes.
- 1.37 Women were taken on a tour of the prison in the morning and had a private interview with an officer during the afternoon to start a custody plan. Each woman was asked how she was feeling and if she had any issues around accommodation, employment training, education, health, drugs and alcohol, finance benefit and debt, children and family, and attitudes, thinking and behaviour. She was told about the services available and the help she could access if she had been affected by abuse, domestic violence or prostitution. The plan was scheduled to be reviewed at 28-day and three-month intervals, though this did not always happen. Women completed an education assessment on the second day after arrival.

Recommendations

- 1.38 Prisoners should be held in reception for as short a time as possible.
- 1.39 Sentenced women should not share cells with unsentenced women.
- 1.40 There should be a first night strategy and all women should receive the same information and support, irrespective of their time of arrival.
- 1.41 All women should have the opportunity for a non-smokers/smokers pack.
- 1.42 The one-to-one interviews in reception should not be disturbed by noise.
- 1.43 The video shown in induction about the reception process should be used in reception.
- 1.44 Women should undertake a gym induction in the first week of their arrival.

Housekeeping point

- 1.45 Pens and paper should be provided in the induction rooms.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The standard of accommodation and cleanliness varied widely across the prison. The refurbishment on B wing where those undergoing detoxification or maintenance support were held was good, although paint was already peeling. Refurbishment was needed on A wing and E wing required improved attention to cleanliness and graffiti. Prisoners complained of being too hot across the prison. Some single cells were being shared. There was good access to baths, showers and cleaning materials, although some showers were out of order on residential 1. Prisoners had access to adequate clothing and laundry facilities. There had been problems with providing prison duvet covers and there were insufficient curtains.

Accommodation and facilities

- 2.2 The residential and communal areas varied enormously. In residential 1, A wing was in a poor state, with peeling paint and damaged floor coverings in need of replacement. The two safer cells were being used as wing storage rather than accommodation. B wing had been refurbished and provided pleasant accommodation for those in need of detoxification and stabilisation, but there was already some flaking paint. C wing was clean but offered a poor and dark environment. Graffiti in residential 1 was limited to notice boards. In residential 2, D wing was light and spacious and the carpet in the communal area softened the atmosphere. E wing, while light and roomy, was badly in need of repainting and deep cleaning. The level of graffiti in some of the cells on the wing was degrading to those expected to live in them and as bad as we have seen. F and G wings were in good repair and K wing was bright and clean. Access to mail and telephones was good, although many telephones lacked privacy and were located in noisy areas.
- 2.3 Prisoners complained about being cold on A wing, but generally the residential areas were too hot at the time of the inspection. Only F and G wings allowed prisoners to regulate the temperature themselves. Shower areas and residential 1 accommodation lacked necessary ventilation. The windows in A, B and C wings let a large amount of light in and made the cells bright. There was no lockable storage and not every cell had a table and chair, or space for two people to sit and write in shared accommodation. On D wing 14 cells designated for one prisoner had two prisoners sharing, and on E wing 22 prisoners were sharing these cells. All cells were designated as smoking areas apart from G and K wings.
- 2.4 Prisoners had access to drinking water, toilet and washing facilities at all times. Hot water was available from boilers in the residential areas and women had flasks when they were locked in.
- 2.5 Age-appropriate risk assessments were in place to protect young adults and cell-sharing risk assessments were available in wing history sheets. The requests we saw for authorisation to locate young adults in adult accommodation were for mature and good behaviour rather than disruptive behaviour. Our expectation is that young adults will be located with other young

adults. It was difficult to ascertain how many people had been moved from young adult to adult accommodation as no central register of the authorisation was kept.

- 2.6 There was no automated response record. A system was in place for managers to press cell bells and check response times. While we were observing all cell call bells were responded to promptly. Although some prisoners complained that they had waited significant amounts of time for their bell to be answered, 42% of respondents in our survey said that their bell was answered within five minutes, which was in line with the comparators of 41%.
- 2.7 Prisoners had their own keys on F wing. On D and E wings they could, when inside, drop a privacy latch so that other prisoners could not walk in uninvited. We saw no observation panels covered over during our inspection apart from one during a night visit. This was dealt with immediately by the orderly officer.
- 2.8 Televisions were available to those on the standard or enhanced levels of the incentive and earned privileges (IEP) scheme.
- 2.9 All prisoners were made aware of the offensive display policy as part of the compact they signed on arrival to their wing. The policy was adhered to.
- 2.10 The communal area for residential 1 could, in theory, have up to 120 women from A, B and C wings in it at any one time. Although the area was large, it had a regimented layout, and staff supervised from behind a table. D and E wing communal areas were in the centre of each wing and women on these wings could also associate in their rooms as long as there were no more than four in a room at a time. Staff patrolled to enforce this. D wing was well laid out with comfortable chairs and tables for activities, and staff engaged positively with the young adults. E wing was not as pleasant, with less comfortable seating, less for the women to do and less engagement between women and staff, although staff answered queries when approached. F and G wing were relaxed and the women had autonomy over where they associated. K wing had a well-provided association area where staff engaged on a one-to-one basis with the residents.
- 2.11 There were new and bright notice board areas with a variety of recent information displayed in visual as well as written form. Prisoners signed compacts with information about wing rules but did not have a copy to refer to, unless they asked a member of staff.
- 2.12 Prisoner representatives met monthly with relevant managers and were consulted about routines and facilities. They cited the extra telephones on D wing as a direct result of this consultation. They were generally able to explain why some requests had not been progressed. The representatives received minutes of these meetings and gave these to other prisoners on request.
- 2.13 Residential areas were calm and quiet during the night visit. Music was kept at a reasonable volume and there was little shouting from cells.

Clothing and possessions

- 2.14 Women were allowed to wear their own clothing. We did not hear about any problems with prisoners accessing appropriate prison clothing, although outdoor clothing was not routinely available. There were good laundry facilities in the residential areas and regular access by prisoners. Only underwear had to be washed by hand. Prison clothing and bedding were washed externally but where women had problems such as night sweats or menstruation, staff

used their discretion to allow some use of wing laundry facilities. The facilities on K wing were also used for anyone with particular difficulties to avoid potential embarrassment on the wing. The procedures for controlling prisoner property were commensurate with risk and need.

- 2.15 Prisoners' property was held securely in reception and there were no delays in accessing it. Most complaints related to property and cash, but these were relatively low in number and were dealt with speedily. There was evidence in wing files of officers chasing women's property from other prisons, as well as prisoners using the formal channels to resolve problems. Compensation was given when problems could not be resolved. Prisoners at Eastwood Park were given a list stating clearly what they were allowed in possession and unidentifiable black bags to carry their clothes in on release. Prisoners could have their stored clothes laundered before court or discharge.

Hygiene

- 2.16 The standard of personal and communal cleanliness varied. Those with personal hygiene problems were set targets for regular showers and encouraged by staff. There was time allowed on a daily basis for cleaning cells and communal areas and access to cleaning materials. Some cleaners were not based on the areas they were responsible for cleaning. F wing women were employed as cleaners on residential 1 but this did not appear to diminish their sense of ownership in maintaining the communal areas. The communal areas on E wing required attention.
- 2.17 There was easy access to baths and showers throughout the day, although some showers were out of order on residential 1. The showers upstairs on D wing were so hot that the young adults preferred to use those downstairs, but confirmed access was not a problem. There was no communal toilet on D and E wings but cells were left unlocked when the women were on association. Makeshift curtains gave little privacy to toilets in shared accommodation on D and E wings. The in-built facilities on F wing were very popular. With the exception of one hour in the morning, staff lunch and teatime, and after lock up in the evening, prisoners on residential 2, three and four could access showers and baths as they required. On residential 1 prisoners were not allowed access to showers on association. Some staff said they would facilitate showers for those who chose to stay in their rooms but generally prisoners were locked in if they did not go to association.
- 2.18 There was a supply of personal hygiene items and sanitary products on the residential areas.
- 2.19 We were told there were occasional problems accessing sufficient clean bedding but, during the time of our inspection, fresh bed linen, with the exception of duvet covers, was provided for new prisoners. Kit exchange took place weekly but prisoners were reluctant to give up bedding as they were not always confident of replacement. The hospital authorised issue of additional pillows. Some mattresses were in a poor state and one woman, who had recently given birth, was lying on her duvet and sleeping under her dressing gown.
- 2.20 Prisoners were allowed their own duvet covers on the standard and enhanced levels of the IEP scheme. There were regular problems obtaining prison duvet covers and we observed women sleeping under duvets with no covers. Although women were allowed their own curtains on the enhanced level, and prison issue curtains on the standard level of the IEP scheme, the provision of curtains varied enormously between wings, with pleasant furnishings on B wing and sheets hung at windows on A and C wings. Some women were not even able to access sheets to provide protection from outside light.

Recommendations

- 2.21 Communal areas should be repainted on a more regular basis.
- 2.22 A programme allowing prisoners to paint cells should be introduced.
- 2.23 Action should be taken to remove graffiti and prevent its recurrence.
- 2.24 The temperature of residential areas should be properly regulated.
- 2.25 The ventilation on residential 1 should be improved.
- 2.26 All cells should be furnished with tables, chairs and lockable cupboards, sufficient for the number of people expected to live there.
- 2.27 Young adults should be located together, where there is specific regime provision and staff dedicated to them.
- 2.28 Women on residential 1 should be allowed to associate in their rooms as well as in the large association room, facilitating access to showers and telephones, as on the other units.
- 2.29 Prisoners should have clothes for outside wear.
- 2.30 There should be sufficient prison issue bed linen.
- 2.31 Arrangements for regularly replacing mattresses should be improved.
- 2.32 Curtains should be provided in all cells.
- 2.33 Telephones in busy areas should be placed in booths.
- 2.34 A central register should be kept of those young adults who have been authorised to move to adult status.

Housekeeping points

- 2.35 During peak periods of demand women on E wing should be given access to the additional telephones.
- 2.36 Minutes of the representative meetings should be published on the units.

Mother and baby unit

- 2.37 The mother and baby unit (MBU) was a safe and comfortable environment. Although policies were in place there was no coherent policy document. All staff were trained but there were no childcare professionals involved in the daily running of the unit. There was a good nursery facility and excellent learning profiles for babies. Opportunities for mothers to take parental responsibility were limited unnecessarily. Multidisciplinary care planning for both mothers and

babies was acceptable but pregnancy care planning began only when a woman moved on to the unit. The emergency admissions procedure was not effective and there was a lack of support for women who had failed to get on to the unit or who had been separated from their child after being on the unit. There was no provision for co-parent involvement in preparation for birth.

- 2.38 A purpose built MBU held up to 12 women and 13 babies. At the time of our inspection there were six mothers and four babies. Babies could stay with their mothers until aged 18 months, although there was one baby who was almost two, as his mother was shortly to be released. MBU policies existed separately rather than as one coherent document.
- 2.39 The unit was staffed, including at night, by prison officers who had all completed the three-day MBU training. There were no childcare professionals involved in the daily running of the unit (other than the nursery) and some staff continued to wear uniforms, although this was being phased out.
- 2.40 The environment was safe and generally comfortable. It had an outside play area and good sized rooms and babies were never locked in. Mattresses were only checked when a mother and baby left the unit and a mattress we saw in a room ready for occupation was too thin and was dirty. Women could buy baby products such as nappies, shampoo and talcum powder with their child benefit, and basic products were given to foreign nationals who had no child benefit. Women with fewer resources had access to donated clothes, which were in good condition. Pregnant and breast-feeding women received extra milk, squash, snack bars and fruit each day. The unit had previously made adaptations for a deaf mother, such as obtaining a vibrating mat to tell her if her baby was crying.
- 2.41 Due to low numbers there were limited opportunities for babies to play together. However, the oldest child went to a Sure Start nursery once a week and there were community visits for the babies, including trips to parks, shops and swimming pools. Babies were regularly visited by a pat dog and the Mothers Union, and occasionally by Babies in Prison and Parents in Prison.
- 2.42 The nursery within the unit took up to nine babies aged up to 18 months. It was well equipped and there were culturally diverse posters, toys and books. It was staffed by three trained nursery workers who were directly employed by the prison, but worked to the new early years foundation guidelines. Each child had a learning profile which was updated each time they attended.
- 2.43 All women were seen by a member of staff from the MBU on arrival and if they had a child under 18 months or were pregnant, they were given information and invited to apply. The unit's admissions procedure was the same as the MBU Prison Service Order. We were told that emergency admissions for breastfeeding women could be completed in a day, while other applications could take up to a month due to the time taken for the social services report. However, we found one mother who had been breastfeeding before admission nine days earlier and who had since been separated from her baby. She had been given a pump for expressing milk only on the eighth day. Women whose applications to the MBU failed were not offered any support to maintain contact with their child.
- 2.44 Initial pregnancy plans were drawn up when a pregnant woman moved on to the unit but there were no care plans before this for pregnant women. Mother and baby care plan reviews took place four weeks after the birth and at eight weekly intervals thereafter. Reviews were multi-disciplinary and included the mother, MBU manager, health visitor and nursery manager. Reviews focused both on the child's needs and on supporting the mother to meet these. A

health visitor attended the unit twice a week. There was no provision for co-parents to be involved in ante-natal care and preparation with pregnant women.

- 2.45 Mothers were encouraged to exercise parental responsibility for their children, and they did their own laundry and decided when their babies went to bed. However, they were not able to routinely cook meals for their babies or eat with them, and had to use the lift rather than walk up and down the stairs with their babies, which did not reflect a normal environment.
- 2.46 Mothers had separation plans after leaving the MBU, but these did not give enough detail about how their needs were to be met. Plans did not go to the wings with women and personal officers were not aware of them. In one case we saw, the custody plan acknowledged there were outstanding separation issues but did not give any action points to address the identified needs.
- 2.47 All day children's visits took place on the MBU but the carer who brought the child was not able to attend, which deterred some from using this facility. Other visits took place on the unit. Mothers with babies were entitled to two extra visits each month and could hand the baby out to approved visitors as often as they wished.

Recommendations

- 2.48 Childcare professionals should be involved in the daily running of the unit.
- 2.49 MBU staff should not wear prison uniforms.
- 2.50 Mattresses should be clean and more suitable for pregnant women and women who have recently given birth.
- 2.51 The MBU should usually operate nearer to its capacity of 12 women.
- 2.52 There should be one coherent MBU policy document.
- 2.53 Women whose applications to the unit fail should automatically receive support and have a separation plan.
- 2.54 Multidisciplinary care plans for pregnant women should be developed as soon as the prison is aware a woman is pregnant, and these should be regularly reviewed.
- 2.55 There should be opportunities for co-parents to be fully involved in ante-natal care and preparation with pregnant women.
- 2.56 Women should be able to cook all meals for their babies and eat with them.
- 2.57 Women should be able to walk up and down stairs with their babies if they choose to.
- 2.58 During all day children's visits the carer should be able to join in with the visit if the mother chooses.
- 2.59 Emergency admission procedures for mothers and babies should be more flexible, speedy and responsive to need.
- 2.60 Mothers being separated from their children should have detailed support and separation plans, with action points to ensure continuing support after they leave the MBU.

Good practice

- 2.61 *Learning profiles in the nursery were typed up each time the child visited the nursery. Attention was paid to developmental issues and these were communicated to mothers. They provided a good record for mother and baby.*

Staff-prisoner relationships

Expected outcomes:

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

- 2.62 Staff relationships with prisoners and other staff were generally good and prisoner representatives felt they undertook a worthwhile role. Residential staff were supportive and showed confidence in dealing with challenging behaviour, but needed to be more involved in engaging prisoners with the opportunities available.
- 2.63 Staff we spoke to clearly saw their role as keeping prisoners safe and responding to their needs, both immediate and in terms of their return to the community. Staff-prisoner relationships were generally good and there was active engagement between staff and prisoners. Interaction between D wing staff and the young adults was constructive. Dynamic security was excellent and contributed to a secure prison. Relationships between staff members offered a positive role model. The language used by staff during the inspection was fair and polite. In our survey 78% of prisoners said most staff in the prison treated them with respect, and in focus groups prisoners said that the majority of staff were good.
- 2.64 In our survey, some questions around relationships with staff showed a significantly better response than at comparator prisons. When asked if they had ever been victimised by a member of staff, 12% of prisoners said they had, compared with 21%. When asked whether staff had made insulting remarks about them, their family or friends, only 3% compared with 11% said they had. Only 9%, compared with 24% in other female local prisons, said they had ever felt threatened or intimidated by a member of staff at the prison.
- 2.65 We observed staff routinely knocking, and male staff checking that women were properly dressed, before entering cells.
- 2.66 Staff showed confidence and professionalism in challenging inappropriate behaviour and preventing escalation of incidents. If women were given an informal warning for their behaviour they were given the chance to improve before IEP or disciplinary action had been taken.
- 2.67 Residential staff did not actively encourage prisoners to engage with the opportunities available to them, despite having an important role in reducing the drop out rate from courses. Examples in wing files showed that some prisoners had approached staff for work rather than the other way around. Prisoners were encouraged to spend time out of their cells. There were prisoner representatives for consultative committees and the race equality action team (REAT), as well as Listeners and insiders. Prisoner representatives attended groups on key issues and felt that they made a difference.

Personal officers

Expected outcomes:

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

- 2.68 Prisoners knew who their personal officers were but were more likely to turn to an available staff member. Staff showed awareness of their role as personal officers. The scheme was cell-based and, in some cases, meant regular changes of personal officer. Some wing file contributions, particularly on D and G wings, were excellent. Personal officers had yet to put into practice their role with regard to custody plans.
- 2.69 The vast majority of prisoners knew who their personal officers were but reported that they were more likely to turn to the member of staff available rather than their personal officer. Stickers in the cells, giving the information about the personal officers for that cell, had recently been renewed. There were photographs of personal officers and wing managers on each wing. The scheme was cell-based and this meant regular changes of personal officer for some women. There were several entries in wing files where different personal officers had introduced themselves to an individual. This was confusing and militated against a good relationship with one named officer.
- 2.70 Staff showed awareness of their role as personal officers and the needs of the prisoners for whom they had responsibility. Wing files showed evidence of instances where issues had been dealt with on behalf of a prisoner. This was as likely to have been done by any member of staff as by a personal officer. It was clear, through talking to staff, that many of them had a good knowledge of the women in their care, but this seemed to be disseminated more by word of mouth than through personal file entries.
- 2.71 There was a good level of entries in wing files, although these often related to routines and behaviour rather than personal information. There was evidence of quality management checks resulting in improved subsequent entries. Some wing file contributions, particularly on D and G wings, were excellent.
- 2.72 We were unable to evidence any care planning other than for those on open ACCTs and those held on K wing. This needed further development. Personal officers were involved in a variety of areas and were sometimes included in the care planning for women temporarily located on K wing. They had yet to put into practice their role regarding custody plans, although staff we spoke to demonstrated an awareness of what this should be.

Recommendations

- 2.73 Personal officer allocation should not be cell-based, to avoid regular changes of personal officers for individual prisoners.
- 2.74 The personal officer scheme should be further developed so that personal officers engage their prisoners in progress against custody plans.

- 2.75 Important personal information which emerges about individual prisoners should be noted in their wing history files to ensure all staff have access.

Good practice

- 2.76 *The photographs and names of all personal officers and wing managers were displayed on the residential units.*

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Improved resources had been allocated to a developing safer custody team. Attendance at the safer prison committee was not consistent but it included staff from a range of disciplines and was appropriately influenced by the contribution from psychology staff. Findings from the most recent survey needed to be addressed. Many women had had property stolen and felt unsafe in some communal areas. The violence reduction strategy was used frequently but training was needed to ensure it was applied appropriately.
- 3.2 The management of safer custody had previously fallen largely to a principal officer and administrative officer, but a review had led to significant investment and the appointment of a psychologist as head of safer custody. The contribution of psychology to the development and management of safer custody was significant. The team also included a suicide prevention co-ordinator, two senior officers responsible for assessment, care in custody and teamwork (ACCT) co-ordination and the violence reduction strategy, and an administrative officer.
- 3.3 In addition to violence reduction, a safer prisons committee (SPC) was responsible for the suicide prevention and self harm strategy. The committee was led by the deputy governor and met monthly. Around 30 people were members, including some external to the prison. There were often absences and reports were rarely submitted when members had not attended. Prisoners were represented through a Listener but, due to the low number of Listeners, this had not always been possible. The separate prisoners' representatives meetings were a missed opportunity to consult women about safety.
- 3.4 In general there was a high level of discussion and appropriate focus on improvement but some issues remained unresolved after several months. For example, it had been reported to the committee in June 2007 that prisoners were refusing to go to education for fear of being bullied, but a decision to train education staff to tackle bullying remained unrealised.
- 3.5 The violence reduction policy and strategy included bullying, and had been last revised in July 2008. It set out arrangements for reporting incidents and described individual roles. Prisoners were told about the strategy during induction and it was referenced in the induction booklet.
- 3.6 Monthly reports on violence reduction were produced for the SPC. Statistics for the Mary Carpenter (Juvenile) Unit were not routinely disaggregated from the rest of the prison. The report included data about the ethnicity of victims and perpetrators. In the period from January to August 2008 most incidents were recorded as threats, abusive behaviour, and assaults and bullying. Most (181) had occurred on D and E wings. Potential indicators of bullying were considered and security information reports relating to violence were copied to the violence reduction coordinator. New procedures ensured non-accidental injuries were reported for investigation. Summaries of individual cases were also included in the report, which helped

alert staff to the relationships and dynamics of each incident. Significantly more violent incidents were reported among young women and this was consistent with our survey, where many more young adults than adults reported victimisation by staff and other prisoners (48% against 24% said that they had been victimised by other prisoners, and 28% against 9% that they had been victimised by a member of staff).

- 3.7 There were no residential units described as unsafe by prisoners. The low survey response to the question 'Did you feel safe on your first night here?' seemed to relate to a lack of knowledge about what was to follow, rather than specific fears. Overall, survey responses on safety were comparable to other women's prisons.
- 3.8 Although few women talked to inspectors about bullying this was clearly a concern. In the prison's most recent survey, which was completed by 56% of the population, insults and thefts of property were the most commonly reported types of bullying, and 8% of women said that they had property stolen on a daily basis. In our survey 9% of women, compared to 5% in other women's prisons, said that another prisoner had taken their canteen/property. In the prison's survey women reported feeling most unsafe when congregated together in medicine or dining queues, in association and during free flow. Inspectors sat in the association room for A, B and C wings one evening and witnessed minimal supervision by officers. Not all incidents of bullying were being identified. Despite the same survey indicating that 31% of prisoners on E wing had been bullied for medication, no incidents had been reported. Over half of women said they did not feel safe from being injured by other prisoners and only 24% felt that the anti-bullying strategy was effective.
- 3.9 There was a need for improved communication between residential areas and the safer custody team to ensure that all information was being captured. A violence reduction database was incomplete and the safer custody team were not always updated about the progress of cases. The violence reduction coordinator was unclear about the number or location of women being monitored at the time of the inspection. Many prisoners who had been assessed as medium and high risk for cell-sharing had not been reviewed, as the safer custody team, who were responsible for these reviews, had not been informed. The most recent audit of violence reduction procedures had scored 43%. Improved systems were being developed.
- 3.10 Any member of staff could investigate a violent incident using a violence reduction immediate action pack. This provided guidance to staff and was mostly completed by officers. Recommendations could include a period of monitoring or mediation and the perpetrator could be placed on a seven-day anti-bullying programme. The SPC regularly raised the need for investigations to be more thorough. Plans for a senior officer to provide training in the local strategy had not resulted in action.
- 3.11 Officers were required to record whether the local violence prevention protocol had been used during an incident. In the absence of a segregation unit, this allowed officers, with authorisation from a senior officer, to lock women in their rooms for an hour to de-escalate the situation. The protocol had been used 59 times between January and August 2008. However inspectors found cases, both on the violence reduction investigation forms and in wing files, where prisoners had been locked in their rooms for over an hour without formal recourse to the protocol or the proper authorisation. This constituted unofficial punishment.
- 3.12 In the same period 47 women had been placed on a seven-day antisocial behaviour programme. This was a workbook which aimed to raise self awareness of the impact of antisocial behaviour on the perpetrator, victims and others. It required a good level of literacy and it was not clear that all prisoners would be able to read it. Although a member of staff was required to discuss the programme with the prisoner following its completion, there was little

evaluation of how effective this had been. In other cases staff had used mediation, although there had been no formal training.

- 3.13 Between January and August 2008, 242 women had been placed on monitoring through the violence reduction strategy as either a victim or perpetrator of antisocial behaviour and seven were being monitored at the time of inspection. Although the record was incomplete it appeared that most women were monitored for one to two weeks. There were frequent daily entries and reviews which were countersigned by a wing manager, but no routine checks by senior managers. Some incidents resulted in formal charges and adjudications and a small number were referred to the police. Victims were supported through monitoring and given a letter with sources of support. Some were referred to Stepping Stones – therapeutic day care support for individuals who were finding the prison experience difficult. This was a good resource (see healthcare section).
- 3.14 A safer custody helpline had been introduced in August 2007 but had taken few calls. We telephoned the line at the weekend and received a response within 24 hours. We were told the number had also been distributed to the main courts that sent women to the prison.

Recommendations

- 3.15 Attendance at the SPC should be improved and new arrangements should be considered for managing such a large membership.
- 3.16 There should be more opportunities to consult prisoners about safety. Particular attention should be given to those who are new to the prison and to young adults.
- 3.17 All staff in contact with prisoners should receive training in the violence reduction strategy. Principles of mediation should be included in this training.
- 3.18 An action plan should be developed in response to the prison's own survey of bullying and violence, which should include more active supervision of women when they are congregated together.
- 3.19 The governance of the violence prevention protocol should be improved to ensure that appropriate authorisation is obtained and recorded if a prisoner is locked in cell after an incident.
- 3.20 Investigations of antisocial behaviour should be more thorough and, where appropriate, include supporting statements and corroboration.
- 3.21 An evaluation should be completed of the seven-day antisocial behaviour programme.
- 3.22 Senior managers should quality check the monitoring of prisoners subject to the violence reduction strategy.
- 3.23 Violence reduction statistics for juveniles, young adults and adults should be disaggregated so that the prison can track trends in each of these groups.

Self-harm and suicide

Expected outcomes:

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

- 3.24 New governance arrangements were in place. Some work had been done to develop action plans following deaths in the prison, but these needed to be better monitored. Some investigations into near-fatal incidents had also been completed. Levels of self harm were high, but support was available. The counselling psychology service was an example of good practice. The work of Listeners needed further support.
- 3.25 Governance of self harm and suicide was overseen by the SPC. There was a developing safer custody team and new management arrangements (see section on bullying and violence reduction).
- 3.26 The prison had a suicide prevention policy and strategy document which had been revised in April 2008. The Listener scheme and access to Samaritans and other support were described in the prisoner induction booklet, *Your essential guide to life inside*. In our survey 66% of women, against the comparator of 46%, said that they were offered information on arrival about support for people feeling depressed or suicidal. The safer custody team produced a letter for all new arrivals that offered advice about getting through the first 24 hours.
- 3.27 There had been five self-inflicted deaths at Eastwood Park over the last six years and another shortly after release. In 2007 it had been agreed that death in custody (DIC) action plans would be reviewed every six months. A consolidated plan was produced in February 2008 listing deaths over the previous three years, with recommendations from investigations but no findings from inquests. Action plans were not regularly reviewed to ensure that changes in practice had been sustained. An investigation from one death in 2006 recommended that ACCT documents should be available to staff supervising the prisoner. This was accepted and the plan stated that ACCT plans now followed prisoners to their activities and that instructional staff made an entry before the plan was returned the wing. However, the minutes from the SPC meeting in April 2008 indicated that ACCT plans were not always available to staff in education and that they should request that the plan be brought over from the wing. A further recommendation relating to staff awareness of the transfer procedures for prisoners was partially accepted and it was decided that no formal training was required. However, during our inspection a prisoner was transferred on an open ACCT document without the knowledge of the safer custody team and with no ACCT transfer care map completed. An internal review of all deaths at the prison between 2000 and 2007 had been completed by a final year doctoral trainee psychologist and concluded that it was not possible to confirm that all recommendations were in place.
- 3.28 Investigations into some near fatal incidents had been completed, and had led to recommendations in the local policy. There had been discussion about the definitions of 'resuscitation' and 'overdose' at the SPC meetings and some incidents were being missed. Since 2006 there had been five completed investigations, but not all incidents in 2008 where women had been resuscitated had been investigated. Investigations were reasonably

thorough, but it was unclear how the findings were disseminated. Specific investigations had not been discussed at the SPC.

- 3.29 The suicide prevention coordinator provided a quarterly report to the SPC which included analysis of self-harm over time. This had led to initiatives such as in-cell films for women during the evenings and weekends. There was an awareness of trends and possible explanations for changes. The heightened risk for foreign national prisoners due for deportation had also been recognised.
- 3.30 An ACCT register was held at the Gatehouse, and included those opened on the Mary Carpenter Unit. In the first nine months of 2008 there had been 446 ACCTs opened across the prison, and on one day during our inspection there were 34 open ACCTs and 14 in post-closure on the adult side of the prison. The register did not record when ACCTs were closed and there was no analysis of the length of time they were open, or if they were re-opened quickly.
- 3.31 There were high levels of self-harm, with the highest reported figures in the female estate. This may be due to better reporting of incidents, or the re-role of other women's prisons, resulting in more prolifically self-harming women. Between January and August 2008 22 women (including two from the Mary Carpenter Unit) had harmed themselves on at least 20 occasions in one month. They accounted for 51% of the 1,654 incidents. During the same period the making or use of ligatures was involved in 54% of incidents, and cutting had accounted for 38%. Three incidents had required women to be resuscitated and 17 required treatment in hospital. There were around 203 incidents each month across the whole prison involving, on average, 33 women.
- 3.32 Twenty-eight ACCT assessors were drawn from a range of disciplines and staff from other disciplines were encouraged to act as case managers with residential staff. ACCT reviews were coordinated by the safer custody administrative officer but not all staff attended, including personal officers. Staff unable to attend were asked to submit a contribution form, but not all did. A senior officer was, in theory, available to relieve case managers from the wings to attend reviews but this did not always happen and reviews were rescheduled. Not all cases evidenced a continuity of case manager. Reviews took place in Stepping Stones. Guidance had been provided for staff chairing ACCT reviews in complex cases or where women were in crisis.
- 3.33 The quality of ACCT documentation was reasonable but issues identified in care maps were not always followed through at subsequent reviews. Shortcomings had been identified and reported to the SPC. The prison had recently agreed that senior managers would, temporarily, not conduct weekly checks of ACCT documents as the number was too high. Prisoners attended reviews and women on open ACCTs felt they were supported by staff. However, we were surprised to see one vulnerable women on ACCT placed on basic with no care map.
- 3.34 K wing operated as a short-term facility (three to seven days) to support women in crisis or in need of high levels of support, including dealing with serious self-harm and mental health problems. There was a range of interventions rarely found in similar prisons. Central to this approach was a service providing counselling psychology, in place since February 2007. It had initially focused on developing the Carousel programme which, funded by the PCT, supported women who self-harmed, but was now also offering crisis intervention and other short- to medium-term interventions. Women could wait between four and six months for the service, and 71 women had been transferred before it could be offered. By September 2008 83 women had completed individual therapy and 45 women the eight session Carousel programme. Outcomes, including a reduction in the levels of self-harm, were positive and significant. The

service was an integrated part of safer custody and included self-harm awareness training for staff. Other resources were provided by Kinergy, a counselling service for women who had been sexually abused; Stepping Stones, which provided support for vulnerable women through yoga, art and craft activities; and the Red Cross, which offered camouflage makeovers for women who self-harmed. Simple distraction packs included puzzle books, and free helplines provided support for substance abuse, sexual health, bereavement, prison reform and ethnic minorities.

- 3.35 There was little use of strip clothing to manage women who self-harmed, compared with similar prisons. A policy of progressive removal of items to reduce risks had involved few women (see section on the use of force).
- 3.36 Training was discussed monthly at the SPC. Around 21 officers had not had any ACCT training in recent years, some of whom were permanent night patrols. There was a range of other safer custody-related training. Sixty-eight staff had completed self-harm awareness since October 2007 and 95 staff had received some mental health awareness training.
- 3.37 There were no safer cells. Six cells on D wing and others on K wing had some safer cell features but were not compliant with current specifications. Two gated cells on K wing had been used eight times since January 2008 for women placed on constant observations.
- 3.38 There were eight Listeners at the time of inspection, but there had been difficulties retaining Listeners over the previous 18 months and the scheme had been disbanded for three months in August 2007. Despite regular training, numbers were quickly depleted through release or transfer. The scheme had often operated with two or three Listeners. They met weekly and were supported by the safer custody team and the Samaritans. There was no Listener suite. One Listener had been put in a cell with the caller and her cell mate. At night Listeners had to listen to prisoners outside cell doors. Some Listeners felt staff were reluctant to call them at night.
- 3.39 One Listener worked in reception and was also an Insider. Listeners and Samaritans were not involved in the induction programme and there was little opportunity for Listeners to meet new receptions without a formal request. In our survey 19% of women said that they met Listeners or Samaritans in the first 24 hours, which was worse than the 31% in other women's prisons.
- 3.40 There were no direct dial portable telephones available to contact the Samaritans, despite problems being identified in August 2007.
- 3.41 We found some weaknesses in our night visit, including a lack of first aid-trained staff, locked fire hoses and a faulty inundation key. However, the SPC had identified that staff needed to be trained in CPR and defibrillators were available in residential areas. All officers and other staff who opened cell doors had been issued with ligature knives. On D and E wings cell call alarms sounded in the central office but not on the landings. If no one was in the office and officers were on the lower landing it was not possible to see the cell call light outside the cell. Radio protocols were in place to summon emergency medical assistance.

Recommendations

- 3.42 **Action plans from deaths in custody should be regularly reviewed and include any findings from inquests to ensure that changes in practice have been sustained.**

- 3.43 Investigations should take place into all serious and near-fatal incidents of self-harm, and learning from these disseminated to improve practice. They should also acknowledge where good practice was evident.
- 3.44 ACCT reviews should be multidisciplinary, have continuity of case manager and include the prisoner's personal officer.
- 3.45 Care maps should be improved. The initial reasons for the ACCT being opened and any subsequent issues that have heightened risks should be followed through and documented.
- 3.46 Care maps should be in place for all women at risk of suicide and self-harm.
- 3.47 Safer cells should be available in appropriate locations.
- 3.48 A sufficient number of Listeners should be trained and their transfer or release better anticipated.
- 3.49 A Listener suite should be provided to enable Listeners to provide 24-hour confidential support for women.
- 3.50 Informal access to Listeners for women new to the prison should be improved.
- 3.51 Direct dial telephones providing free 24-hour confidential access to the Samaritans should be provided.
- 3.52 Training for staff working at night should be improved and night procedures and equipment should be checked regularly and overhauled where necessary.
- 3.53 The cell call alarm system on D and E wings should be audible from the landings.
- 3.54 A member of the senior management team should review the quality of ACCT procedures weekly.

Housekeeping point

- 3.55 The ACCT register should record when ACCT documents are closed.

Good practice

- 3.56 *The range of interventions available on K wing, including the counselling psychology service, resulted in positive and significant outcomes, including a reduction in levels of self-harm.*

Diversity

Expected outcomes:

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

- 3.57 There was no diversity policy to describe how the needs of minority groups would be met, and the disability policy was not based on an assessment of the population. The race equality action team (REAT) considered diversity issues and minutes showed limited discussion of areas other than race equality, foreign nationals and disability. Information about disability was not routinely acted on and there were no appropriately adapted cells.
- 3.58 There was no diversity policy to describe how the needs of minority groups such as lesbian, bisexual and transgender women, older and younger women, and women of different faiths and cultures would be met. The 2008 disability policy was not based on a needs assessment of the population and did not include a strategy for action on agreed targets. There was no regular monitoring or analysis to ensure that the needs of prisoners with disabilities and older prisoners were identified and addressed, or that prisoners from minority groups were not victimised or excluded from activities.
- 3.59 The head of performance had overall responsibility for diversity and disability. Diversity issues were managed by the REAT which met bi-monthly and also managed race equality, equal opportunities and foreign national matters (see also race equality and foreign national sections).
- 3.60 Managers were aware that wider diversity issues were not being addressed. Minutes of REAT meetings contained some references to older women and lesbian/gay women, but recorded little discussion about how needs would be identified and met.
- 3.61 In our survey 18% of adult women prisoners and 13% of young women identified themselves as gay or bisexual, and 11% of adult women and 9% of young women said they had a disability. During our inspection there were eight women aged 50–59 and four women aged 60–66, the oldest being 66.
- 3.62 A disability liaison officer (DLO) was in post but had received no specific training and did not always receive the hours allocated for her work each week. All new arrivals completed a disability questionnaire in reception which was passed to the DLO, but she did not see all those who identified themselves as having a disability, only those who appeared to have the greatest need.
- 3.63 Healthcare staff asked women about disability during their reception screening and information was sent to the DLO, although this was a recent development and was not yet fully reliable. Some care plans had been written, but there was no expectation that these would be reviewed regularly, or anyone nominated to do so.
- 3.64 The DLO produced a monthly list of prisoners who had identified themselves as having a disability which was available on the staff intranet and seen by the REAT. There was no evidence from minutes of REAT meetings that this was used to develop services for prisoners with disabilities generally, or to meet individual needs.
- 3.65 There were no appropriately adapted cells for women with disabilities. Two ground floor rooms were available on F wing for enhanced women, but although some grab rails had been fixed the rooms were not suitable for wheelchair use as showers had to be stepped into. A disabled shower on A wing had a seat and grab rails and some washing facilities on residential 1 had been adapted for use by people with limited mobility.
- 3.66 An informal support system for prisoners needing additional help was in place and did not involve payment. Staff were generally aware of those prisoners with disabilities but there was

no formal system of identification. Support plans and safety evacuation procedures were not in place.

- 3.67 Hearing loops were available in reception and there was a mobile facility, although this was not generally known to staff. Several staff were also undertaking sign language training.

Recommendations

- 3.68 There should be a published diversity policy outlining the arrangements for meeting the needs of all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis.
- 3.69 Designated liaison officers should receive appropriate training and sufficient time to meet the needs of all minority groups.
- 3.70 The disability liaison officer should receive appropriate training and have sufficient time to meet the needs of prisoners with disabilities
- 3.71 There should be adapted cells and reasonable adjustments for prisoners with disabilities.
- 3.72 All prisoners with disabilities and older women should be consulted about their individual needs and care.
- 3.73 Monitoring should be introduced to ensure that prisoners from minority groups are not being victimised or excluded from any activity.
- 3.74 Care plans should be developed for those with disabilities and reviewed regularly by a multidisciplinary team.

Race equality

Expected outcomes:

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

- 3.75 There were significant differences between black and minority ethnic and white women in the survey. The REAT was often poorly attended and there was a need for staff training. Investigations were well carried out. Race relations were generally good, although there were no groups for black and minority ethnic women.

Race equality

- 3.76 Black and minority ethnic women accounted for 20% of the population and 1.4% of staff, although only one member of uniformed staff was from a black or minority ethnic background.
- 3.77 Fifty-seven percent of black and minority ethnic prisoners, against a comparator of 84% of white prisoners, felt that most staff treated them with respect and 20% compared to 9% said that they had been victimised by staff. Fewer black and minority ethnic women than white

women had felt threatened or intimidated by another prisoner or group of prisoners, and more black and minority ethnic women said they were undertaking vocational or skills training than white women.

- 3.78 Black and minority ethnic women complained about the food and a lack of suitable products from the shop. In our survey only 9% thought the food was good. The catering manager had not attended the last two REAT meetings.
- 3.79 In the prison's own annual race equality survey in September 2008, 14 women said that they had felt victimised, and 12 did not know who the REO was. Most said that they were treated respectfully. The ethnicity of respondents was not identified.
- 3.80 Race equality was managed by the REAT (see diversity section). There were 23 members of the team, including representatives from across the prison and Hibiscus, a charity providing support for imprisoned foreign national women. There had been no representation from Hibiscus in the last three meetings, but a new contract had been agreed and two workers allocated to the establishment. Published REAT membership did not include prisoner representatives.
- 3.81 Although the protocol for meetings stated that a deputy should cover for anyone unable to attend, attendance had dropped from 15 in April 2008 (excluding prisoner representatives), to only six in August. There had been no prisoner representatives at the last meeting. It was unclear how information from the REAT was shared with other prisoners by the prisoner representatives, or how issues raised by prisoners with representatives were reported to the REAT.
- 3.82 Recently recruited officers had received diversity training, but the minutes of the REAT meeting of June 2008 recorded that only 40% of staff were diversity-trained. A training for trainers diversity course had been booked for October.
- 3.83 A race equality action plan was in place and monitored by the REAT. The photographs and names of the REAT were displayed around the prison, alongside the race equality policy statement and information to support victims of racist incidents. The full-time REO had been in post for four months and was known to prisoners and staff. He was assisted by a part-time REO and was included on the membership of the safer custody team.
- 3.84 There were four prisoner diversity representatives, each of whom had a job description. They were not all known to prisoners or wing staff. The REO held regular meetings with them and they were expected to liaise with black and minority ethnic women on their wings. Minutes did not record feedback from the meetings between the REO and prisoner representatives; only the minutes from the April 2008 REAT meeting recorded any comment from prisoner representatives.
- 3.85 The REO produced a report for the REAT and the team monitored trends and took action when appropriate. Although monitoring was discussed by the REAT, minutes of meetings and monitoring figures were not displayed on wings, and it was clear that women were unaware that monitoring took place.
- 3.86 All women received information about race equality and equal opportunity in reception. This was reiterated in induction and in their initial custody plan meeting. However we saw no discussion with prisoners about discrimination or racism and there was no diversity training provided for prisoners.

Managing racist incidents

- 3.87 Racist incident complaint forms (RIFs) were available to women and any complaints where women had ticked the 'racist' box were converted to a RIF and forwarded to the REO.
- 3.88 Although the REO had not completed an investigations course, investigations were carried out quickly and thoroughly. Each was signed off by the governor who asked for additional action or made appropriate comment where necessary. A sample of completed investigations was quality-checked by a member of the Independent Monitoring Board and written feedback was supplied. Members of Hibiscus had also been doing this until recently and it was expected that this would happen again under the new contract.
- 3.89 Most complaints were about other prisoners and concerned name calling and use of inappropriate language. Prisoners found to be guilty of racist misconduct were dealt with through adjudication, were advised by the REO about their unacceptable language and/or behaviour, or were placed on an antisocial behaviour programme. Mediation was also used in appropriate cases and one investigation had resulted in a change to reception procedures.

Race equality duty

- 3.90 Impact assessments were up to date and recent assessments had been returned as acceptable. Focus groups of prisoners had been involved in assessments.
- 3.91 As part of their initial risk assessment, women's documents were checked and they were asked about their current or previous convictions on arrival. Any evidence of a racially aggravated offence or racist bullying was noted on the cell sharing risk assessment and wing file and brought to the attention of the REO.
- 3.92 There was no opportunity for black and minority ethnic women to meet as a group and they told us that they would welcome this opportunity. Black and minority ethnic women said that race relations were generally good, although some reported inappropriate comments from staff and a reluctance to make complaints about this.
- 3.93 Photographs and names of the diversity team were displayed around the prison but there were few displays with images reflecting diversity. Activities had been planned to celebrate black history month. Recent Asian and Welsh food days had been held.

Recommendations

- 3.94 The REAT should meet monthly and include all members or their representatives.
- 3.95 The REO should be fully trained and have sufficient time for his work.
- 3.96 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues.
- 3.97 The REO should regularly attend the safer custody meetings.
- 3.98 The results of ethnic monitoring and other action taken should be publicised and displayed in an easy to understand format for prisoners.

- 3.99 Black and minority ethnic women should be able to meet regularly and their views reported to the REAT.
- 3.100 The published membership of the REAT should include prisoner representatives.

Housekeeping point

- 3.101 Diversity representatives should be known to prisoners and staff.

Foreign national prisoners

Expected outcomes:

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

- 3.102 There were 35 foreign national prisoners. The foreign national policy was not informed by a current needs analysis. Use was made of translation services but more was needed. All foreign nationals had £6 free phone calls and the REO maintained regular contact with them. There were meetings for prisoners and good support from immigration advisers, and Hibiscus workers.
- 3.103 There were 35 foreign national prisoners, including one detainee, from approximately 13 countries.
- 3.104 The foreign national policy was up to date and contained details of services and support provided to foreign national women, as well as information about repatriation, the facilitated return and early removal schemes, the telephone translation service and a list of embassy contacts. A profile of imprisoned foreign national women taken from a review carried out in June 2007 was included, but was not informed by an up-to-date needs analysis of the prison's current population and did not include a strategy for action based on agreed targets.
- 3.105 The establishment had carried out a foreign national prisoner survey in July 2008. A needs analysis and action plan had not yet been formulated but generally women said that their needs were not met by the shop, and that they wanted more cultural events, greater awareness of different cultures, more skills training, more books and dictionaries in appropriate languages, and more culturally acceptable foods. Most women felt that the chaplaincy team and faith provision met their needs but a minority said that they could not understand the first night induction programme.
- 3.106 Foreign national issues were managed by the REAT. The survey carried out in July 2008 was not recorded in REAT minutes and there was no recorded discussion about prisoner responses to the survey.
- 3.107 The foreign national liaison officer was the full-time REO. He was known to foreign national women and maintained a record of contact and identified need. He did not make a note in each woman's wing file that he had seen her, or of any action taken.
- 3.108 Foreign national prisoners were identified in reception and their names forwarded to the REO. Good use of a telephone translation services was made by reception officers. The first night

induction questionnaire was available in eight languages in reception, although this did not meet the language needs of all foreign national women.

- 3.109 Most information displayed in the establishment was in English but notices in 20 languages invited prisoners to ask for translations. Translated material was available and provided in the induction room, including the Prison Service policy on race equality, racist incident report forms, general complaint forms, information about the Prisons and Probation Ombudsman and information books.
- 3.110 There was evidence in wing files that staff used telephone translation services or other prisoners as translators. Translators were sometimes brought into the prison from the local community. However, some wing files showed an unmet need for translation services. One Vietnamese woman had been interviewed in reception using the telephone translation service. The next day an officer wrote that she was cheerful and respectful and there were no immediate concerns although, due to the language barrier, it was not clear how this was ascertained. Six days later a wing officer used a telephone translation service to talk to the woman who said that she felt isolated. She was offered the opportunity to mix with other Vietnamese women but there were no records to show if she did this. Three weeks later an officer wrote: "Due to language barrier hard to understand. Gets by."
- 3.111 There was no published list of staff or prisoners who were willing to act as translators, and prisoners used as translators were not paid. Some prisoners did not have sufficient English language skills to accurately translate for others and might have been able to use their position to influence their peers.
- 3.112 Three foreign national meetings had recently been held. They were facilitated by the REO and included speakers from inside and outside the establishment. All foreign national women received a note inviting them to attend.
- 3.113 A contract had been agreed with Hibiscus to support foreign national women. Two Hibiscus workers attended fortnightly and met all recently-arrived foreign nationals. They helped them maintain contact with family abroad, offered information about the early release and facilitated return schemes, and liaised with immigration officers, solicitors and embassies. Gloucester Law Centre also held fortnightly immigration advice sessions in the prison, and an immigration officer visited in the same timescale.
- 3.114 All foreign national women received a free £6 international telephone card at the end of each month, whether or not they had had a domestic visit. Each woman signed for her card and completed a questionnaire that was returned to the REO, recording if she needed to see him or required any other services. The REO checked the returns to ensure that all women had responded. Women also received free airmail letters and could exchange 10 unused visiting orders for £3 telephone credit. International telephone cards were given to British women who had children living abroad.
- 3.115 A foreign national clerk was responsible for liaising with the UK Border Agency (UKBA). He maintained a database about current foreign national women, and those who had been transferred or released. The only detainee had ended her sentence on 10 October and the order to detain (IS91) had been issued three days earlier. The clerk was in regular contact with UKBA and Prison Service population management regarding the detainee.
- 3.116 Information about the allocation and status of foreign national women shown on the local inmate database system (LIDS) was incorrect. The accuracy of LIDS had been questioned at the REAT meeting in August 2008.

- 3.117 There was no specific training for staff, although diversity training was planned. Many staff, but not all, knew the nationality of foreign national women on their wing, and not all officers knew the identity of the wing prisoner diversity representative. Most of the women we spoke to felt adequately supported, and those who could not speak English told us that translation services had been used with them, either by telephone or through another prisoner. Some prisoners commented on disrespectful comments made by staff and a lack of awareness about their culture and needs. Women who did not speak English were particularly isolated and ESOL classes were insufficient to meet the need.

Recommendations

- 3.118 The foreign national policy should be informed by a local needs analysis and contain an action plan against agreed targets.
- 3.119 Prisoners should have access to accredited translation and interpreting services wherever matters of accuracy and/or confidentiality are a factor.
- 3.120 There should be an accurate record of staff and prisoners able and willing to speak other languages, and support provided by prisoners should be appropriately rewarded.
- 3.121 Areas of concern raised at foreign national meetings or with the diversity representatives should be fed back to senior managers.
- 3.122 All staff should be aware of the distinct needs of foreign national women.

Housekeeping points

- 3.123 The REO should record that he has seen a woman in her wing file and record any action taken.
- 3.124 The LIDS should be accurate.

Applications and complaints

Expected outcomes:

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

- 3.125 There was good access to applications and complaints. Most complaints were about staff and there was some evidence that staff had pressurised women to withdraw complaints. Responses to complaints were respectful and were monitored by a senior manager.
- 3.126 There was access to a range of application forms in residential areas and women could resolve simple issues directly with an officer each morning. There was a system for recording submitted applications, but no way of tracking their progress. In our survey, 50% of women said that they were given information about how to make routine requests, which was better than comparator prisons. Responses about the promptness of replies to applications were similar to other women's prisons.

- 3.127 The induction booklet provided information on the applications and complaints procedures and on taking complaints to bodies outside the prison. Basic information about applications and complaints was available in 22 languages and a race equality impact assessment of the procedures had led to more detailed information being available in 14 languages. A copy of the procedure was also available in Braille. A healthcare complaints leaflet had been produced by the prison and the primary care trust (PCT) and these complaints were submitted using the standard procedure. Prisoners were also advised of how to contact the Independent Complaints Advocacy Service. Other information leaflets available on the wings explained the role of the Independent Monitoring Board (IMB) and posters, some in different languages, described the role of the Prisons and Probation Ombudsman.
- 3.128 There were locked boxes to submit formal complaints in accessible areas. They were well stocked with complaint and appeal forms and envelopes to submit complaints under the confidential access arrangements. The complaints clerk emptied the boxes daily and logged the complaints on a spreadsheet. Ninety-nine percent of complaints were recorded as having been replied to within the required timescales.
- 3.129 Between February and June 2008 an average of 85 complaints were submitted each month, which was low for a women's local prison. A trends analysis was completed on the nature and location of complaints and ethnicity of complainants. During this period most complaints were about staff (17%), property (16%), medical (7%) and general conditions (7%). Many complaints relating to staff were about poor attitudes and behaviour. Six had been received with a racial element and 19 relating to bullying. These were forwarded for further investigation. Few were submitted under confidential access.
- 3.130 A recent internal survey of prisoners' views of the complaints system had identified concerns on one wing about women being pressurised to withdraw complaints. This was consistent with our survey where 36% said that they had been encouraged to withdraw a complaint, compared to 22% in all other women's prisons. Following a recent investigation into a charge from a prisoner that she had been pressured to withdraw a complaint about a staff member, the prison had issued a notice to prisoners highlighting their right to complain and to bring problems to the attention of managers. All complaints about staff were scrutinised by the governor who decided on the most appropriate way to investigate. Some monitoring of staff subject to complaints was being undertaken.
- 3.131 The quality of responses in the sample of complaints we looked at was good. They were legible, some offered apologies and most were polite and respectful and answered the complaint. A senior manager completed a random check of 10 complaints each month (around 12%). These were recorded on a database and noted whether the complaint had been answered and the tone of replies. If replies were inadequate they were referred to the person's line manager.

Recommendations

- 3.132 The promptness of replies to applications should be recorded.
- 3.133 The formal complaints process should be used for complaints against staff.
- 3.134 The nature and location of complaints about staff should be analysed and monitored closely by the Governor and action taken where appropriate.

Legal rights

Expected outcomes:

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

3.135 A bail and legal services officer saw all women on arrival and bail accommodation services were good. Access to legal visits was limited due to booking and capacity difficulties, but there was good use of the video link for solicitors' visits.

3.136 Women we spoke to said they knew who the legal services officer was. A bail and legal services officer saw all women on arrival, including women returning from court whose status had changed. Three staff carried out this role in rotation but training was not up to date. One officer had been trained eight years ago and had had no refresher training since.

3.137 Women who had been recalled had an opportunity to have the process explained verbally, but not in writing. Legal services officers routinely checked women knew when they were going back to court and the timescales for appealing, and encouraged women with outstanding fines to contact their solicitor. Where assistance with immigration cases was required a referral was made to the race equality officer (see foreign nationals section). All remand prisoners not granted bail were offered assistance with getting bail at their next appearance, mainly relating to securing accommodation. In the previous three months, five women had been bailed after Clearsprings or approved premises accommodation had been secured.

3.138 Assistance with reading and writing legal correspondence was available through the Prison Advice and Care Trust (PACT) worker.

3.139 Many women complained that they were not able to arrange a visit from their solicitor because their solicitor could not get through to the booking line. This was mitigated to some extent by good use of the video link for solicitor visits. There were five legal visits booths and visits were available each morning and on Tuesday, Wednesday and Friday afternoons; this was not always sufficient.

3.140 Probation routinely spoke with women who were subject to licence conditions before their release to ensure that they were able to comply. Conditions were discussed again on the discharge board.

Recommendations

3.141 Bail and legal services officers should all have up-to-date training.

3.142 Recalled women should have written information describing the recall process.

3.143 Solicitor visits should be easy to arrange and accommodate.

Good practice

3.144 *The use of video link for solicitor visits made it easier for women far away from home to have a visit.*

Substance use

Expected outcomes:

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

3.145 The implementation of the integrated drug treatment system (IDTS) had resulted in an improved level of care for women requiring stabilisation/detoxification. The integration of services, the flexibility of treatment regimes and the quality of throughcare arrangements were impressive. The management and supervision of women administered controlled drugs on E wing required improvement, as did the conducting of suspicion tests, and efforts to prevent the diversion of prescribed drugs needed to continue.

Clinical management

- 3.146 In our survey, 55% of women said they had a drug problem, and 48% an alcohol problem on arrival, against a comparator of 40% for drugs and 16% for alcohol. The alcohol figure had risen significantly since our last survey in 2003, when only 17% of women at Eastwood Park said that they had an alcohol problem on arrival. Since April 2008, 702 women had been admitted to the stabilisation unit for treatment, including 136 alcohol detoxifications.
- 3.147 Women received a healthcare screen at reception, and substance misuse nurses completed the first part of the drug intervention record (DIR). Patient group directions (PGDs) were in place for first night prescribing; this included a high dose of dihydrocodeine for opiate-dependant women. Limited evening GP cover began during the inspection, allowing for methadone treatment to start on the first night if women arrived before 8pm.
- 3.148 Women requiring detoxification, stabilisation and observation were admitted to B wing, the prison's stabilisation/detoxification unit, and saw a GP the following morning. Comprehensive clinical management protocols had been developed with the local substance misuse consultant. Treatment was flexible and based on individual need, and some women were maintained on the same level of methadone as in the community. During the week of the inspection, 102 women received methadone, mostly on a maintenance regime, and two were prescribed buprenorphine.
- 3.149 The IDTS clinical team consisted of two specialist GPs, a nurse manager, two team leaders, seven full-time equivalent nurses and eight healthcare assistants. All nurses had completed part one of the Royal College of General Practitioners (RCGP) training, and the manager had just finished part two.
- 3.150 A nurse and a healthcare assistant formed the continuing care team (CCT); they confirmed previous treatment regimes, met daily with wing officers and the CARATs link worker, and arranged continuation prescribing following release. This system worked well, and good throughcare links had been established. Women's care was planned and coordinated at weekly multidisciplinary meetings attended by clinical and CARATs staff.
- 3.151 B wing could accommodate 43 women. Officers had undertaken substance misuse awareness training, and the regime included the full range of IDTS group work modules (co-facilitated by

IDTS nurses and CARATs workers) as well as yoga and gym sessions. There was no learning input from the education department.

- 3.152 Cells on B2 were overheated and windows could not be opened, and this created an uncomfortable environment. The building of a new IDTS building with 80 spaces was due to begin shortly.
- 3.153 Women stayed on the unit from seven days to three weeks. They were moved to C, D or E wings once stabilised. The administration of controlled drugs for B and C wing residents was well supervised by IDTS officers, and facilities allowed for safe observation. However, this was not the case on E wing, where 52 women received methadone in an open area with a lack of supervision. We were told that fights had broken out in the queue, and recently a woman not prescribed methadone had taken someone else's dosage.
- 3.154 While women on B wing felt well supported by IDTS nurses and CARATs workers, those on E wing found it more difficult to access help, and there was no direct link to the IDTS team.
- 3.155 Women gave positive feedback about the mental health support. A detailed dual diagnosis protocol had been developed, which included care pathways. Both the IDTS and the mental health in-reach team had appointed lead dual diagnosis nurses, and care was coordinated during weekly multi-agency meetings, which also included the CARATs mental health link worker. Women could access a range of primary and secondary mental health support as well as counselling services.
- 3.156 Since June 2008, IDTS nurses and CARATs workers had jointly facilitated an innovative pilot project in partnership with the local PCT, which provided training for women in administering naloxone on release to treat opiate overdose. Approximately 50 women undertook the training each month, and 30 one-off dosages had been given to women on release.

Drug testing

- 3.157 The establishment's random mandatory drug testing (MDT) rate from 1 April to 31 August 2008 stood at 8.3% against a target of 10%. This would rise to 11.4% if buprenorphine (subutex) was included. The weekend testing target had been met – 22 risk tests had been completed in the five months, and five women were subject to frequent testing in October.
- 3.158 While 37% of security information reports (SIRs) related to drugs, only 34 suspicion tests had been undertaken in the five months, resulting in a 25% positive rate. We were told that there were insufficient resources to carry out more tests, and officers did not complete them within the required timeframe.
- 3.159 MDT results and drug finds pointed towards diverted opiate-based medication as the main substances used. Protocols to crush buprenorphine were due to be introduced, and some opiate-based analgesics were now administered in liquid form. There was also evidence of diverted first night medication.
- 3.160 Measures to reduce drug supply included intelligence gathering and collation, PIN phone monitoring, closed visits, banning visitors and the deployment of two dog handlers. There was communication and information sharing between security and drug strategy staff. Women testing positive under MDT were referred to the CARATs team, and secondary detoxification could be accessed if required.

Recommendations

- 3.161 Women on B wing should receive learning and skills input from the education department.
- 3.162 The supervision and management of women administered controlled drugs on E wing should be improved.
- 3.163 Women on E wing should have direct access to the IDTS team for care reviews.
- 3.164 The MDT programme should be adequately resourced for the required level of target testing within identified timescales.

Good practice

- 3.165 *There was a commendable level of integration and joint work between health and CARAT service providers and discipline staff under the IDTS.*
- 3.166 *Care for dual diagnosis clients was well developed and coordinated.*
- 3.167 *The naloxone pilot scheme was an example of innovation and joint work.*

Section 4: Health services

Expected outcomes:

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

- 4.1 There were effective links with and strong support from the local primary care trust. Healthcare staff worked well with other departments. There was good clinical governance and supervision. A health needs analysis (HNA) was in draft form. There was access to a wide range of clinical services, excellent GP cover and a range of specialist clinics, though chronic disease management suffered from staff shortages. Pharmacy and medicines administration required improvement and dental waiting lists were too long. There was very good mental health and day care support. Improvement was required in pre-release healthcare procedures.
- 4.2 There was strong PCT support for the prison and relationships were productive. Within the prison, health staff worked well with other departments and were represented on many committees, including safer custody and reducing reoffending.
- 4.3 The main primary care facility, 'Pathways', was located on one of the main corridors and was equal to that found in the community. The reception area was bright and welcoming with comfortable chairs and two televisions showing health promotion programmes. The four consulting rooms and two treatment rooms were appropriately equipped, but some had windows in the doors, which compromised patient confidentiality. All rooms had EMIS - an electronic medical information system - with appropriate computers and accessories. The dental surgery was awaiting adjustments to the water softener equipment. All areas were fitted with emergency alarms and information about interpretation and translation services.
- 4.4 A large treatment room on residential 2 held medication for D and E wings. Although the room was cluttered and disorganised, with boxes and equipment on work surfaces and the floor, it was due to be refurbished and to gain extra storage and shelving. Two medication administration hatches led out on to each wing.
- 4.5 The treatment area on residential 1 was small but adequate, and reasonably clean and tidy. The area was specifically designed for medicine administration and had separate areas for those receiving methadone or ordinary medication. A small healthcare room on B wing did not administer medicine.
- 4.6 There were no regular cleaning schedules for healthcare areas and the responsibility was delegated to healthcare staff. A suitably qualified cleaning operative was needed.
- 4.7 Health promotion within the prison was good, with posters and leaflets in healthcare areas.
- 4.8 Staff-prisoner relationships were excellent and many of the prisoners we spoke to supported this view. Eighty-one percent of women in our survey said that the quality of healthcare delivered by nurses was good or very good, against a comparator of 62% in all women's prisons. Sixty-four percent of women said that it was easy or very easy to see the nurse against the comparator of 54%. However only 47% of black and minority ethnic women said that it was easy or very easy to see the nurse, against the comparator of 68%.

- 4.9 The modern matron was the lead for disability and older women with support from a healthcare assistant (HCA). The scheme was in development and more active interventions were needed. Another HCA was learning sign language to support prisoners with hearing difficulties.

Clinical governance

- 4.10 A clinical governance framework was in place and a clinical governance group included senior managers from across the prison, as well as clinicians. The governor and the PCT-employed modern matron were members of the PCT prison health joint partnership board. The modern matron also represented healthcare on various prison committees, and was a member of the senior management team.
- 4.11 All nursing staff were employed by the prison. The modern matron had been in post for three years and was a registered general nurse (RGN). Supporting her were 28.5 whole time equivalent (WTE) staff. Of the WTE staff, 14.5 were registered nurses (RNs) and some had additional qualifications such as nurse prescribing. HCAs gave support to trained staff and ran their own clinics, including smoking cessation and phlebotomy. Overall staff numbers included IDTS staff. Agency nurses and HCAs were employed to fill vacant posts, but some long-term sickness and staff shortages were slowing the rate of progress in developing health services. There were regular departmental and full staff meetings. Continuing professional development and clinical supervision were strongly supported by the prison.
- 4.12 The full time practice manager, two administrative officers and a part-time administration assistant were employed by the provider GP practice.
- 4.13 Women were supported by the 24-hour medical cover service provided by a local GP surgery. A regular rota of four GPs, three of whom were female, held three clinics every weekday, and women who wanted to see the doctor during the week were able to do so the next day. Out of hours cover was through the same practice, and a GP came to the prison every Saturday to see new receptions or to deal with emergencies. In our survey 51% of women said it was easy to see the doctor against the comparator of 28% and, when asked about the overall quality of healthcare delivered by the doctor, 72% said it was good or very good against the comparator of 52%. A visiting consultant gynaecologist held two sessions a week at the prison, which was invaluable.
- 4.14 Emergency equipment was located on residential areas and in Pathways, and was checked weekly. Annual cardio-pulmonary resuscitation (CPR) training was provided but not all healthcare staff had completed it this year. In-house training was being developed for healthcare staff. Medical equipment for disabled or older women was available through the PCT.
- 4.15 Clinical records were held on the EMIS system and administrative staff ensured that relevant medical paper notes about new prisoners were transferred on to the system. Clinical records were well written and appropriate. Only health staff had access to the EMIS system and old records were held securely elsewhere in the prison. The modern matron held publications from health-related statutory and non statutory organisations.
- 4.16 There was no forum for women to discuss general health issues with a senior health manager. The PCT intended to undertake a prisoner survey as part of the ongoing health needs assessment, but there was a need to initiate a regular dedicated health forum between a senior healthcare representative and wing representatives. All prisoner complaints about health services were handled through the prison system and the modern matron and, if necessary, were referred to the PCT.

- 4.17 The management of communicable disease within the prison was good and there were links with the local health protection agency. Women were asked to give consent for health staff to share relevant medical information with appropriate agencies.
- 4.18 To date the change in the prisoners' core day had not impacted negatively on women's access to healthcare provision.

Primary care

- 4.19 All new receptions were seen by a trained nurse during the reception process. A comprehensive screening, which included physical and mental health assessment, was completed and women were given information on how to access health services. All women were referred to the GP for further assessment.
- 4.20 Secondary screenings were regularly completed, and although often delayed due to staff shortages, the majority were completed within 72 hours. Women were offered dental dams, given a starter pack of skin cream and shampoo, and advised about the services available.
- 4.21 There was no format for contacting women's GPs outside the prison and not all relevant medical information was available to health staff and GPs.
- 4.22 Health promotion was delivered during reception screening, individual consultations and nurse-led clinics covering topics such as sexual health, chlamydia checks and smoking cessation.
- 4.23 Women could access services by speaking to nurses at the medicine hatches on residential 1 and 2. A same or next day appointment for the nurse triage clinic was given immediately using the EMIS system. There were no paper applications.
- 4.24 The practice manager organised all clinics in Pathways and the system worked well, allowing nurses to concentrate on clinical duties. Nurses were delegated to individual clinics and were able to deliver triage clinics every weekday morning and afternoon. All prisoners were seen by the nurse and, if necessary, referred to other health professionals. Some women failed to attend appointments and HCAs were often used to escort women from residential areas to Pathways, which was a waste of clinical expertise.
- 4.25 Chronic disease management had suffered due to the long term sickness of two lead nurses. Despite this women remained generally well cared for.
- 4.26 Midwifery services were provided by two visiting midwives who provided ante natal care twice a week at a level similar to that in the community. They were unaware that the education department ran parent craft sessions, and so were unable to recommend them to new mothers. At the time of the inspection there were 16 pregnant women, some for the first time, and these classes would have been beneficial for mother and baby.
- 4.27 Women could access one of six sexual health clinics a week. The nurse-led clinic offered sexual health screening, contraceptive and menopausal advice. Pre- and post-test counselling for women with HIV/AIDS and hepatitis was well established, as were the links with external national organisations dealing with sexually transmitted diseases which also provided specialist counselling. Other visiting health professionals included a podiatrist, physiotherapist, specialist radiographer and optician. Access to all specialists was within reasonable limits.

Pharmacy

- 4.28 There was minimal professional pharmacist input on site and all requisitioning, receiving and stock management was carried out by nurses. A senior nurse had been given the responsibility of overseeing all pharmacy functions and she therefore lost clinical time with patients. She was assisted by a small team of other trained staff who appeared to spend most of their time managing and administering medicines.
- 4.29 Pharmacy supplies, excluding controlled drugs (CDs), were provided by HMP Bristol and telephone support was said to be good. CDs were supplied by a local pharmacy but the contract was under review at the time of the inspection. There was no interface between the pharmacist and prisoners.
- 4.30 Medications were stored in healthcare areas across the prison, except the B wing treatment room. Pharmacy reference books were out of date. Medicine refrigerator temperatures were not recorded routinely. Medicine stocks were held securely but were often disorganised and there were loose tablet strips. A pharmacy technician visited every two weeks to check stock but there was no evidence of these visits and no audit of stock medications administered against prescriptions.
- 4.31 CDs received into the prison were initially held securely on residential 2. The register to record these stocks was out of date and did not comply with current regulations. When stocks of CDs were moved from residential 2 to replenish residential 1, no record was made of their transfer. The majority of balances of CDs were properly maintained in CD registers, but one balance liquid methadone was inaccurate. Methadone was administered via a special pump but not all staff had been trained in its use and had to administer it manually.
- 4.32 Prescription charts had been designed in house and were easy to read. However, the design made it difficult to identify when the next prescription was due for renewal.
- 4.33 Medicines were administered on residential areas at 7.45am, 12 noon, 2pm and 6pm. Women requiring medicines at night were catered for by night staff. Photo identification was required to receive medication. Residential 1 medical administration was well managed and supervised by discipline staff, and prisoners received methadone or normal medication from separate hatches. In contrast, on residential 2 we found nursing staff being verbally abused by women unhappy with their medication, and a lack of discipline staff during medicine administration. We were told this was being addressed. Most women on supervised medication received it from stock. There was evidence of secondary dispensing, mainly at night, with staff placing medicines in Henley bags. In possession medicines were given for up to 28 days and the existing in possession risk assessment tool was under review.
- 4.34 Simple remedies were available to prisoners from the hatch and the canteen held limited pharmacy items which could be ordered. Patient group directions were available. The PCT medicine and therapeutic committee met quarterly with representation from the prison.

Dentistry

- 4.35 There was good dental provision with four clinics a week. However, the waiting list was long, and at the time of our inspection there were 91 women waiting to be seen, with a delay of up to two months. There were issues with women failing to attend appointments. There was no hygienist but we were told that this was being discussed.

Secondary care

- 4.36 The 'medical hold' system was used to retain specialist outpatient appointments to ensure consenting prisoners were able to attend.
- 4.37 Women were referred to local hospitals for specialist interventions and two women were allowed out each day. We were told that appointments were not routinely cancelled and were rebooked quickly. Individual specialist clinics were often held at the same time which made it difficult for healthcare staff to guarantee prisoners' attendance. However there was no evidence to suggest that women were waiting abnormal lengths of time to attend hospitals.

Mental health

- 4.38 Mental health support was delivered by the Avon and Wiltshire Mental Health Partnership Trust through the Community Mental Health Team (CMHT) team. It had been operational since February 2008 and benefited from the leadership of a full time band 7 RGN and registered mental health nurse (RMN). The rest of the team comprised two band six staff (one RMN and one social worker), four band 5 RMNs, four HCAs and a team administrator. Recruitment was ongoing for an additional three RMNs and one gateway worker. As well as providing support to women throughout the prison, the team managed the Stepping Stones day care facility. Patients were managed through an integrated care pathway which mirrored that found in the community.
- 4.39 The CMHT dealt with both primary mental health and with those with severe and enduring mental health problems, providing a well-integrated and effective service. Referrals to the team were accepted from any source within the prison, including self referrals. They were assessed and priority decided by the duty RMN within 48 hours. New patients were discussed at the weekly allocations meeting. There was cover from visiting psychiatrists who held seven sessions a week. Women were either under their care or that of the GP and RMNs. Care plans were entered on to EMIS and copied on to clinical records held in the department. Specialist counselling services were available.
- 4.40 Individual nurses/HCAs were allocated to residential wings and HCAs visited the wings every day to undertake appointments and speak with staff about patients. This often led to informal referrals from staff who were concerned about particular prisoners. The team had fully integrated into the prison and had established relationships with wing staff. It delivered regular mental health awareness training for prison staff and listener groups and attended or provided a written update for ACCT reviews. Since the team's inception no women had waited longer than six weeks for a secure bed and seven women had been transferred to secure beds between July and September 2008.
- 4.41 Stepping Stones was an excellent facility run by HCAs with RMN support. It could accommodate up to 13 women, providing them with various activities and therapies, including art, puzzles and discussion groups. Any woman referred was assessed and discussed at the weekly meetings and case reviews were undertaken where necessary. The HCAs encouraged the women to support themselves and each other.
- 4.42 The CMHT also provided daily support for women with mental health needs held in K wing.

Recommendations

- 4.43 All healthcare staff should complete annual CPR training, and evidence of such training should be documented.
- 4.44 A dedicated prisoner health forum should be instigated to allow wing representatives to meet with senior health managers to discuss general health issues, and for healthcare to advise prisoners of changes in health services.
- 4.45 Secondary screening should be completed within 72 hours of arrival in prison.
- 4.46 Chronic disease management and health promotion should be further developed using existing staff and community nurse specialists.
- 4.47 Healthcare professionals should be made aware of the courses available at the prison for parents so that they can recommend them.
- 4.48 The dental contract should include the provision of a hygienist or a dental health educator.
- 4.49 Additional dental sessions should be put in place to keep the waiting list at a manageable level.
- 4.50 The practice manager should, with prisoners' consent, contact community GP services so that contemporaneous records can be maintained for prisoners.
- 4.51 The practice manager should review the reasons why prisoners fail to attend healthcare appointments and seek to reduce non-attendance.
- 4.52 The governor should provide escorting staff to allow clinicians more time with patients.
- 4.53 The treatment room on residential 2 should be refurbished to provide additional storage space to remove clutter from the floor. Computer equipment and electric cables should be properly housed.
- 4.54 The role of a lead clinician for older women and those with disability needs should be developed in line with national guidelines.
- 4.55 A full time pharmacy technician should be based at Eastwood Park to oversee medicine stock management and to ensure the large quantities of controlled drugs in use are managed appropriately.
- 4.56 Medicine charts should clearly indicate whether medication should be taken in possession or under supervision.
- 4.57 The prison controlled drug stock register should comply with the February 2008 regulations and the transfer of controlled drugs around the prison should be clearly documented.
- 4.58 All staff administering methadone should be trained to use the pump system so that electronic controlled drug registers are maintained accurately.

- 4.59 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 4.60 Secondary dispensing should be stopped.
- 4.61 The in possession risk assessments of each drug and patient should be documented and the reasons for a decision recorded.
- 4.62 The current prescription and administration charts should be reviewed to ensure clarity of prescriptions is maintained.
- 4.63 The pharmacist should develop pharmacy-led clinics and medication reviews.
- 4.64 Standard medicine procedures and policies should be reviewed to ensure they cover all aspects of the pharmacy service. They should be formally agreed through the medicines and treatment committee and all staff should sign the agreed procedures.
- 4.65 Named patient medication should be used in favour of stock, which should only be used exceptionally.

Housekeeping points

- 4.66 A professional approved cleaning service should be introduced to all health areas. The provider should be aware of infection control requirements.
- 4.67 Consulting/treatment rooms should provide privacy for patients at all times.
- 4.68 Medication should be stored in an orderly manner and be regularly checked by pharmacy staff.
- 4.69 Loose tablets and tablet foils should be returned to the pharmacy.
- 4.70 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and the pharmacy to ensure that thermolabile items are stored within the 2–8°C range.
- 4.71 Out of date checks on all medicines should be documented.
- 4.72 Old reference books should be discarded and only recent copies used.
- 4.73 Where practicable named patient medication should be used.
- 4.74 Patient information leaflets should be supplied wherever possible. Notices should be displayed to advise patients of their availability.

Good practice

- 4.75 *The Stepping Stones facility provided much needed solace and support for many women with low level mental health needs. It was an example of what could be achieved given the right resources and was a model for others to follow.*
- 4.76 *The innovative management of women with gynaecological and sexual health needs brought benefits to them during their time in prison and provided them with knowledge to better manage their health needs on release.*

4.77 *The practice of HCAs visiting residential units every day provided excellent support to staff as well as prisoners. The good relationship between residential staff and the mental health team did much to enhance the overall management of prisoners with mental health needs.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 There was good leadership and management of learning, and many identified areas for improvement had been addressed. Education was prioritised and of good quality, but achievements were low and there was a significant drop-out rate. Information advice and guidance (IAG) was satisfactory. Work and education places and pay rates were allocated fairly but there was little vocational training. Much work was of a good quality. Management information was used to monitor provision and to inform the quality improvement strategy. The library was small but with satisfactory access for most prisoners.
- 5.2 The head of learning and skills was responsible for provision, with a coordinator providing day-to-day management. There were three external providers: Tribal (information, advice and guidance and initial skills for life assessments); Strode College (literacy, numeracy, English for speakers of other languages (ESOL), information technology (IT) courses and courses in salon services, manicure and textiles); and A4E (personal and social development, such as ceramics, parenting, drug and alcohol awareness). The prison provided work in the kitchens, gardens and cleaning.
- 5.3 Education and training courses ran each weekday for around 22.25 hours per week, but there was no weekend provision. There were 85 education and training places and approximately 133 work places. Information about the number of prisoners unemployed at the time of inspection was not available. There was limited weekend and evening provision.
- 5.4 Courses were mainly at levels 1 and 2, with a clear focus on employability and the development of literacy, numeracy and ESOL skills. There was no vocational training other than industrial cleaning.
- 5.5 The learning and skills service was well led and managed, with clear objectives for improvement. The hours available for education, training and employment had increased and the profile of learning and skills had been raised. Quality assurance arrangements were well established and education and training programmes were of good quality. The learning and skills department collected and used management information to monitor and develop the provision.
- 5.6 Most learning and training programmes did not operate at full capacity. Attendance and punctuality were generally good for women who stayed on courses, but drop-out rates were high. Some courses had only half the available places taken. Pay arrangements were fair and did not act as a disincentive to education or training. Achievement was low across most programmes, but learners were able to gain personal, social and work skills in many courses. There was a lack of courses for women of higher ability. There was a waiting list for those courses that were available, and some women repeated courses they had already taken

- 5.7 Teachers were qualified and experienced and most teaching was good. Lessons were planned and structured to take account of individual needs. Some classes were well planned, with innovative use of materials, but others suffered from an overdependence on worksheets and uninspired teaching. Progress was monitored, but many individual learning plans did not have sufficiently detailed targets to help prisoners to make effective progress. There was good management of resources and work was taking place to make better use of the education centre accommodation.

Library

- 5.8 The library service was provided by South Gloucestershire Library Service and was managed by a part-time librarian and a part-time assistant. Three orderlies also worked in the library and were offered the opportunity to complete units of a library and information service qualification.
- 5.9 The library was relatively small but there was a good range of around 5,000 printed and 60–70 audio books, including books for non-English speaking prisoners in 15 languages and material for those with low literacy levels. There was a small range of children's story books to encourage mothers to read and record stories for children. Other audio-visual resources were available for educational and recreational use, including CDs of music from around the world.
- 5.10 The library was open for four and a half days a week and there was no evening or weekend access. Around 65% of the prison population used the library but access was problematic and depended on the number of officers available to accompany prisoners.
- 5.11 There were links with the education department and library resources were used to support the education and training curriculum.
- 5.12 The library contained Prison Service orders for offenders and a range of legal books.
- 5.13 Surveys of women's experiences of the library were undertaken once a year. There was positive feedback about staff, the range of materials and the speed of ordering specialist books, but women said that access was dependent on the wing staff.
- 5.14 Book loss rates had improved, but were still high at 7%. Initiatives were being introduced to ensure stock was accounted for and returned prior to women leaving the prison.

Recommendations

- 5.15 **The curriculum should be reviewed to ensure there is sufficient relevant provision, and provision that will attract hard to reach learners. Particular attention should be paid to motivating and supporting women to complete courses.**
- 5.16 **Timetables should be organised to avoid clashes of activities.**
- 5.17 **There should be more vocational qualifications relevant to employment opportunities on release.**
- 5.18 **The reasons behind the significant attrition rate for courses should be researched and action taken to reduce it.**
- 5.19 **The curriculum should be developed to include higher level qualifications.**

- 5.20 Reliance on worksheets in lessons should be reduced.
- 5.21 The targets in individual learning plans should be more detailed and focus on what individuals need to do to progress.
- 5.22 Library opening times should be increased to allow greater flexibility and availability of access to services.

Physical education and health promotion

Expected outcomes:

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

- 5.23 Prisoner access to PE was improving. Forty-five percent of prisoners accessed the gym during the inspection and the programme was well promoted. Induction for use of the gym was not quick enough. There were limited weekend and evening recreational sessions. There was some newly installed equipment and a good variety of activities.
- 5.24 Recreational PE was available to all adult prisoners on Saturday and Sunday mornings and three weekday evenings. PE facilities were in suitable accommodation and reflected the nature of the population. Activities in the gymnasium included volleyball, basketball, trampolining and football. Pilates and weekly rugby sessions were also available. Personal fitness and the importance of healthy lifestyle were promoted, with information available for women to access activities.
- 5.25 Prisoners were given information during induction about what was offered in the gym and through physical education. Notice boards on the residential units displayed timetables, the names of the PE wing representatives and how to acquire pre-application forms. Many women were already fully booked with education and work by the time they could apply for physical activities.
- 5.26 The promotion of personal fitness and a healthy lifestyle were key education and training objectives for many women, especially when identified in sentence plans. Women could achieve sporting awards through the AQA unit award scheme. Prisoners were assessed by healthcare staff before starting activities.
- 5.27 Gym induction took place on Wednesdays. Some women waited weeks for this and could not use the gym until it had been completed. All women had the opportunity to exercise during weekdays. There were five open sessions a week which women from different residential units could attend together. Some sessions were tailored to particular groups, such as self-harming women and those with behavioural management issues. Short duration programmes were also offered to those on intensive drug treatments. A session was held early each morning in the gym and fitness centre for women who were employed and could not attend during the working day. Daily exercise was not substituted for the opportunity to use PE facilities. PE staff collecting prisoners from the residential units encouraged unoccupied women to try short sessions at the gym.

- 5.28 PE facilities broadly reflected the population. The gym and sports fitness suite were used for most of the week and numbers attending had increased since the implementation of a new timetable. An average of 45% of the population had accessed PE sessions in the week preceding the inspection. Women attending PE sessions were issued with a sports kit at induction and were expected to keep this clean and wear it to PE activities. Showers were taken on the residential units.
- 5.29 Appropriate records were kept of accidents within the gym and sports fitness suite and vulnerable offenders were closely monitored.

Recommendation

- 5.30 Women should not wait more than a week for PE induction and these sessions should be offered before offenders have made all their education and training choices.

Faith and religious activity

Expected outcomes:

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

- 5.31 Chaplains were known to women prisoners and were well integrated into the life of the prison. Most faiths were catered for, although there were no current leaders for Muslim and Buddhist women. The team was supported by volunteers from different faiths.
- 5.32 The largest faith group in the prison was Church of England (20%) followed by Roman Catholic (16%). There were nine Muslim and eight Buddhist prisoners.
- 5.33 The chaplaincy team was led by a full time coordinating Church of England chaplain. All other chaplains worked part-time. Most faiths were catered for but there were no current Buddhist or Muslim chaplains, despite the claim in the leaflet given to new arrivals that there was a Muslim leader. We were told that the number of Muslim women had grown since the re-role of HMP Brockhill and Buddhist women were mainly foreign national prisoners from South East Asia. This shortfall was known and managers were striving to address it.
- 5.34 The team was supported by volunteers from different faiths in the local community who led Sunday services every other week. They worked voluntarily in the prison during the week.
- 5.35 All prisoners were seen individually by a chaplain on arrival and received a leaflet about the services, activities and support available from the team. A chaplain also attended the induction group each morning to give information about activities, and every woman received a birthday card from the chaplaincy team. Prisoners told us that they had good access to chaplains.
- 5.36 In our survey 57% of women said that they had met a chaplain within 24 hours of arrival, compared to the comparator of 44%. A similar number to the comparator said that their religious beliefs were respected, but fewer than the comparator said that they were able to speak to a faith leader in private.
- 5.37 Services were held for the major Christian faiths at weekends and activities were offered weekly, including bible study and a group called 'changing tunes', which involved prisoners in singing, playing musical instruments and writing songs and music. A healing service was held

once a month and Victory Outreach, a Christian group, visited the prison every quarter to offer accommodation and resettlement support. Prisoners were not required to make a formal application or be registered to a particular faith to attend weekend services.

- 5.38 Chaplains worked together and met regularly. They were integrated into the life of the prison, and attended policy meetings, including the race equality action team, safer prisons and some pathways meetings. They had established procedures for passing on information about bereavements and helped women trace family members in other prison establishments. They often dealt with telephone calls from the family and friends of prisoners and managed the prison visitors scheme, with five visitors.
- 5.39 The chapel was attractive, with religious publications that women could borrow. There was a comfortable world faith room.
- 5.40 The chaplaincy team and activities were publicised around the prison and the major religious festivals were promoted to prisoners and staff. Guidance notices had been published for staff about the recent festival of Ramadan, and a planning meeting for Ramadan and Eid had taken place between staff with the previous Muslim leader.

Recommendation

- 5.41 There should be faith leaders for Muslim and Buddhist women.

Housekeeping point

- 5.42 Information in the leaflet given to women about chaplaincy activities should be accurate.

Time out of cell

Expected outcomes:

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

- 5.43 Time out of cell for most women was good. Outside exercise lasted less than an hour and few women took part. The time reported masked some significant variation between wings. Women were mostly unlocked during the core day, although many were not involved in purposeful activity. Association and exercise was rarely cancelled.
- 5.44 Time out of cell for most women was good but the average figure reported, of just over 12 hours, masked some significant differences. In our survey 15%, compared to the comparator of 26%, said that they spent more than 10 hours out of their cell on a weekday. Prisoners in the main prison were able to achieve around nine and a half hours out of their cell if they were working and between seven and eight hours if they were not. Prisoners on the semi-open F and G wings were not locked up and allowed to associate until 11pm.
- 5.45 The core day began at 8am in the week and allowed for a period of outside exercise of between 30 and 45 minutes. Those not working on the main wings were locked up for an hour while main movement took place. There were no women (other than those on good order or rule 53 awaiting an adjudication) locked up during the day, and those not working were able to associate, complete domestic tasks and use the phones. Many women were not involved in

purposeful activity and during our roll check up to half of all women were located on the wings. There were few sanctions for those who were reluctant to go to work, which contributed to poor attendance at activities (see incentives and earned privileges and learning and skills sections).

- 5.46 The core day was mostly adhered to and association was rarely cancelled, even when there were staff shortages or emergency escorts. Staff generally expected prisoners to be unlocked during the core day. The new standardised core day meant that there was no evening association on Friday.
- 5.47 Exercise was also rarely cancelled. However, there was no accurate record of how many women took part and some wings simply recorded how many women were offered exercise. Where numbers taking part were recorded this was normally very low; on E wing, with a roll of over 90, it was never more than 10. There was no prison issue poor weather kit, although women were allowed to have their own coats.
- 5.48 There was a range of recreational material available, including pool tables and board games. There was a busy atmosphere on the wings and staff were in demand. In our survey 29%, slightly higher than the comparator, said that staff normally spoke to them during association. We observed some good interactions and staff were visible in association areas. Staff noticed when prisoners chose to stay in their cells during association time and a number of wing history sheets noted this. Although staff had little time during association to spend with individuals we saw some good use of mental health facilities and the K wing sensory room to help women in distress. The association facilities for prisoners on A, B and C wing were limited. There was no wing association and women had to visit a large, shared area where staff supervised from behind a desk (see accommodation and facilities section). The noise and number of prisoners (up to 50 at a time) was daunting to some women, a number of whom were in prison for the first time.
- 5.49 There were additional association facilities for those on the enhanced level of the incentives and earned privileges (IEP) scheme. Prisoners on E wing had access to a separate association room with a DVD player, books and telephones, and prisoners on enhanced were also able to access weekly film nights in the chapel (see incentives and earned privileges section).

Recommendations

- 5.50 Women should be offered an hour of exercise in the open air.
- 5.51 The numbers taking part in outside exercise should be accurately recorded.
- 5.52 The prison should provide suitable clothing to take part in outside exercise.
- 5.53 Prisoners should spend at least 10 hours a day unlocked during the week.

Section 6: Good order

Security and rules

Expected outcomes:

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

6.1 The level of security was proportionate for the establishment. The security department was small and stretched but processes functioned well. Dynamic security was good. Rules were not always on display but women signed a compact and there were few complaints about how staff interpreted the rules. Most security concerns centred on behaviour and issues about prescribed medication. Categorisation decisions were not communicated to women in person and there was no mechanism for appeal against them or against transfer decisions. Some women were able to return to Eastwood Park to prepare for release.

Security

- 6.2 The levels of security were proportionate to the establishment. Although the perimeter fence was vulnerable, there was little evidence of items being thrown over. A free flow system operated at key movement times and the regime was not adversely affected by security procedures. There were few concerns about gang cultures or criminal networks.
- 6.3 There was good dynamic security, and staff were visible in communal areas and engaged with the women. Relationships between staff and prisoners were respectful and prisoners often told staff about their troubles and concerns.
- 6.4 There were between 10 and 12 search finds every month. Most of these were drugs or drug paraphernalia such as burnt foil. Although the prison had some concerns about drugs coming through the mail, the most significant problem was women using medication prescribed for others. Searching finds were low compared to other establishments.
- 6.5 Security was a small department staffed by the operations group. There was a full time principal officer, two senior officers, an operational support grade and an administrative officer. The department was stretched, particularly because it was also responsible for organising the high number of escorts leaving the establishment on a daily basis. There was no trained analyst in the department, although one member of staff had completed some training. Monthly security meetings focused on discipline, self harm and incidents in the prison and were well attended by a multidisciplinary team.
- 6.6 The department had received just over 1,500 security information reports (SIRs) in 2008. Most were from residential staff, although some came from specialists such as healthcare and drugs workers. The majority of SIRs related to behaviour and relationship issues. They were mostly dealt with promptly but the lack of weekend cover limited response times. There was no system for staff to monitor the outcomes of target-led searches or mandatory drug tests.

- 6.7 Full searching (down to underwear) took place in reception, during mandatory drug tests and as part of cell searches. A proportion of visits also involved full searching. Records were maintained of who was searched but little was found as a result.
- 6.8 There had been a high number of security incidents recorded in 2008; over 2,200 to date. The majority of these were self-harm, which the prison was recording fully. The other incidents mostly related to indiscipline or manifestations of mental health issues such as cell fires. An incident of concerted indiscipline in June 2008 had been resolved following intervention.
- 6.9 We found no examples of staff treating prisoners differently and there were no complaints from prisoners about unfair treatment by staff (see staff-prisoner relationships section).
- 6.10 There was no evidence of unofficial punishments but women had been locked in their cells without formal authorisation (see bullying and violence section).

Rules

- 6.11 There was little displayed about wing rules in the main prison but some information was displayed in the semi-open units. However, all women were obliged to sign a compact which set out the local rules and standards of behaviour expected.

Categorisation

- 6.12 Categorisation and allocation caused difficulties, partly due to the shortage of women's spaces in the West Midlands. A number of women could not be moved due to pending court appearances, ongoing medical treatment, short sentences, being Listeners, submitting a mother and baby unit application, or being on the short duration programme. This left a relatively small pool of women suitable for transfer and the same women could be repeatedly targeted, often being transferred to two or three other prisons in a short space of time. There was a lack of coordination of transfers across the women's estate and no one took overall responsibility for coordination.
- 6.13 Eastwood Park was required by the population management unit to transfer an average of 16 women each week. Almost none of them wanted to be moved. Most transfers were to Bronzefield, Send, Foston Hall and Downview. Although there were no problems in transferring women to complete targets in other establishments, returning was more difficult. However, some women were able to return to for local release, and this had been arranged for five women in the previous three weeks.
- 6.14 Categorisation decisions were not communicated to women in person. The observation, classification and allocation (OCA) officer spoke with each woman to discuss allocations, but she was given the actual transfer notice by the senior officer the night before she was to be moved. There was no formal appeals mechanism for categorisation or transfer decisions, although a transfer would be postponed if a visit or appointment was scheduled for later in the week.

Recommendations

- 6.15 A data management system should be put in place to monitor target searching and mandatory drug tests arising from SIRs.
- 6.16 There should be a trained analyst in the security department.

- 6.17 Rules should be displayed on all residential wings.
- 6.18 Categorisation decisions should be communicated to women in person and avenues for appeal should be made clear, verbally and in writing.
- 6.19 Notifications of transfer should have an appeals process which is discussed verbally and given in writing.
- 6.20 Women should not be repeatedly targeted for transfer. Transfers should be based on assessed need and/or closeness to home.

Discipline

Expected outcomes:

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

6.21 Relatively few adjudications were referred to the independent adjudicator and there were systems in place to monitor and quality assure the process. Women had the opportunity to participate fully in the process but records of hearings were not always detailed enough. Use of force was high for a women's prison but there was evidence of de-escalation. K wing provided innovative and carefully monitored accommodation for very vulnerable women, but had yet to develop coordinated care planning. There was no special accommodation but women deprived of clothing or bedding were treated as special accommodation cases. There was no segregation unit and good order was managed on the wings. This was well-regulated but procedures for those awaiting adjudication were less robust.

Disciplinary procedures

- 6.22 Adjudications were subject to monthly monitoring by a performance and monitoring team. This provided a useful tool in analysing the trends and shortfalls in the adjudication system. To October 2008, 841 adjudication charges had been laid and numbers averaged 85 a month. Drug offences and items in possession (normally medication) accounted for the highest number of charges.
- 6.23 C, E and K wings accounted for the highest proportion of disciplinary offences in the prison. Assaults on prisoners and staff made up a small number of charges but there were very few referred to the police or the independent adjudicator. Fifteen adjudications had been referred to the independent adjudicator in a six-month period, mostly for the use of threatening words or destroying or damaging prison property. The usual outcome was a punishment of additional days. Only three charges were dismissed during this period.
- 6.24 An adjudication tariff was in place and had been updated in August 2008. This set out the procedural guidance for staff and a range of punishments which were appropriate to each charge. Adjudications were well conducted. Prisoners were offered support and adjudicators took into account the background to the offence and the complicated needs of many of the women. Records of hearings were not always fully documented and we examined a number of hearings (around 10% in a sample) which did not always evidence the full background or

enquiry. For example, in a number of cases women charged with assault had claimed self-defence, and it was not clear whether this had been investigated.

The use of force

- 6.25 Use of force was higher than normal in the female estate. Incidents averaged around 25 a month. Some areas of the prison were over-represented – during a six-month period incidents on K wing accounted for a quarter of all incidents. Most use of force was spontaneous and related to fighting, assaults or refusals to relocate. Planned uses were not currently filmed.
- 6.26 Most staff (around 90%) had up to date control and restraint training, including techniques for restraining pregnant women. Use of force paperwork was organised and all 213 report of an injury reports were completed by healthcare. In many cases the supervising officer and person certifying the use of force were the same person, which did not allow for an independent scrutiny of the process. Women were generally returned to their own cells and incidents were quickly de-escalated, with women removed from restraints once they complied with staff.
- 6.27 Use of force incidents were under-analysed, particularly when compared with the management attention on adjudications. Force was analysed by location, ethnicity and whether planned or not, but there was no analysis of any trends or events leading up to the incident.
- 6.28 There was no designated special accommodation. Special accommodation had been used on nine occasions in 2008 and related to the same woman in six cases. Safer cells on K wing were usually used to place self-harming women in anti-tear clothing or bedding. Most were used for very short periods, but one woman had been kept in special clothing overnight. Documentation was completed and there were thorough management checks in place.

Segregation unit

- 6.29 There was no segregation unit and women on good order or discipline (GOOD) were kept in their own cells. This had taken place 52 times in 2008. Women were normally placed on GOOD for serious incidents such as threatening behaviour or being implicated in planned unrest. Those placed on GOOD were subject to the governance processes normally found in a segregation unit; safety algorithms were completed and there were regular management checks and observation by staff. Women were typically held on GOOD for three days, which placed extra pressure on staff as they had to operate separate regimes on a wing.
- 6.30 Women placed on rule 53 (pending adjudication) were not subject to the same checks. There was no safety algorithm to ensure that they were medically fit to be segregated. While most women were only held in their own cells for a day until the adjudication, they were merely given a sheet with the reasons why, which did not set out any timeframe or what their entitlements were to a regime. Rule 53 had been used on 163 occasions in 2008, mostly for a single day. Unlike use of force or GOOD, there was no analysis of where this took place or any information about ethnicity.
- 6.31 Prison managers were keen that the prison should operate without a segregation unit. K wing had been converted from a hospital into a residential unit for women requiring additional support. During the inspection the roll was four, and women were a mix of those with severe mental health problems, disciplinary issues or self-harm.
- 6.32 The unit had been in operation for just over a year and psychology staff had completed a review. Over a six month period the unit was used 68 times for 35 different women, with many staying more than once. Disruptive behaviour accounted for a third of admissions with self-

harm another third. The remainder of admissions were due to GOOD, indiscipline or respite care. Although the unit contained the only constant observation cells, these were rarely used. The average length of stay was nine days, and special authority was sought from senior management for those held for longer than seven days.

- 6.33 The regime was constructive and the unit benefited from a mixture of discipline staff and mental health professionals. There was good use of activity such as education, and access to a sensory room for those in need. Women were unlocked for most of the day but those refusing to take part in the planned regime could be locked up. This was inappropriate, particularly if they did not present a disciplinary problem. Staff demonstrated knowledge about the women in their care and worked hard to provide a decent and varied regime.
- 6.34 Care plans were in place for prisoners on K wing although some of these were underdeveloped. There could be a number of documents about how each woman should be managed. For example, those held on GOOD would have reviews according to Prison Service instructions and a K wing compact, which were not always integrated.

Recommendations

- 6.35 Adjudication hearings should always include a record of the hearing and evidence of a full enquiry.
- 6.36 Use of force should be examined regularly by managers for trends, the background to the incident and any learning points.
- 6.37 The person certifying the use of force should not be the same person who authorised it.
- 6.38 Women segregated under rule 53 should be seen by medical staff to ascertain whether they are medically fit to be segregated.
- 6.39 Women held under rule 53 should be given information about how long they are to be segregated and details of their entitlements.
- 6.40 Women on K wing who do not wish to take part in the planned regime should not be locked up unless they are disruptive.
- 6.41 Care maps for women on K wing should be coordinated so that all relevant disciplines are responsible for target-setting and monitoring as part of a multidisciplinary process.

Incentives and earned privileges

Expected outcomes:

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

- 6.42 The incentive and earned privileges (IEP) scheme operated reasonably well and the prison had introduced some differentials to the regime. Allocation to less secure accommodation was not dependent on being on the enhanced level of the scheme. There were few women on the basic level but the central register was not accurate. Participation in activities was not a

requirement for becoming enhanced. Women on the basic level were deprived of in-cell electricity, which was excessive.

- 6.43 Information about the IEP scheme was included in the induction programme and displayed on the units, and the policy was up to date. Women moved up to the enhanced level of the scheme after three weeks, provided their behaviour was good.
- 6.44 The scheme was well organised and managed by the residential principal officer. A review in May 2008 described a comprehensive scheme, which included written representations, oral and written warnings, review boards, behaviour targets and appeals. A separate section of the policy referred to foreign national women and those who were illiterate, placing responsibility on the member of staff to explain the system clearly. The prison had recently changed the system so that the boards were held by a senior officer with appeals being held by the principal officer in charge of residential areas.
- 6.45 Women could be downgraded to the basic level following an affirmative investigation of bullying. There was no indication that many women were automatically downgraded and it was clear that senior officers took into account the personal circumstances and mitigation around each case. A series of three warnings could also trigger a downgrade. Wing files showed that the IEP status of women who had been reprimanded for not taking part in allocated work or for being late had not been affected. The IEP policy provided guidance to staff and we found evidence that managers monitored this and discussed their concerns with staff. The policy also allowed staff to issue paper 'reward' slips for good behaviour, but these were rarely used.
- 6.46 Just under a third of women were on the enhanced level of the scheme. Women were not demoted if they provided a positive test through the voluntary drug testing scheme. There were six women listed on the local inmate database (LIDS) as being on the basic level, but some of them had been moved up to the standard level and others had been downgraded following their involvement in bullying. There was no central register.
- 6.47 The main differential in the regime was access to private cash, extra visits and a weekly film night. Enhanced women on E wing also had an extra, quiet association room with DVD player and additional telephones. The main restrictions for those on basic were the loss of evening association and in-cell electricity. Although there were few women on basic and for a limited time, this was unnecessarily harsh. We found one woman who was also on an open assessment, care in custody and teamwork (ACCT) who could not use her kettle or a radio. According to the policy, association for those on the basic level was restricted to Saturday afternoons, but in practice women were unlocked during the day. Women on the basic level were all reviewed weekly and sometimes more frequently.
- 6.48 Women on the semi-open F and G wings had better accommodation, including en-suite facilities, and were given more freedom, with association until 11pm. Although the wings were not linked to IEP levels, women on the basic level were not considered for these locations. Voluntary testing was a requirement of the compact but not linked to the IEP scheme.
- 6.49 The IEP scheme did not disadvantage foreign national prisoners. All foreign nationals were allowed to purchase additional telephone PIN credit, regardless of their IEP level, and could exchange visiting orders for telephone credit.

Recommendations

- 6.50 An accurate central register should be maintained of those prisoners on the basic level of the IEP scheme.
- 6.51 Progress to the enhanced level of the scheme should take into account participation in activity for convicted women.
- 6.52 Women on the basic level should not be deprived of in-cell electricity.

Good practice

- 6.53 *Informal warnings were given for inappropriate behaviour and prisoners were given the chance to improve before IEP or disciplinary action was taken.*

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Many prisoners did not like the food and there was little evidence of cultural diversity in catering provision. Better incentives were required to encourage prisoners to work in the kitchen. Standards on wing serveries needed to improve.
- 7.2 Menus were provided on a three week cycle and prisoners made their food choices two days in advance. There were vegetarian, halal and healthy options and prisoners could choose five portions of fruit or vegetables a day. However, only 23% of women said that the food was good or very good, compared to 37% in all women's prisons. Prisoners collected a breakfast pack the previous day. Evening meals on Fridays and at the weekends were a packed sandwich meal.
- 7.3 A number of specialist diets were catered for and pregnancy packs providing additional food were available. Provision had been made for individual need, including prisoners detoxifying from drugs. Reception held a supply of frozen meals for people who arrived late.
- 7.4 Many women did not agree with the recent decision to remove salt from the dining tables. This had been made on health grounds – the catering manager believed there was already sufficient salt in the food. However, this took away choice and some women said the food lacked flavour.
- 7.5 There had been little celebration of cultural diversity through catering. Only 9% of black and minority ethnic prisoners, compared to 28% of white prisoners, thought the food was good or very good. Meals had reflected specific themes on around five occasions, including celebrations of black history month and Buddha week, and meals with Welsh and Jamaican origins. When black and minority ethnic women had been involved in planning for and cooking a meal to celebrate black history month, the menu had been popular. There had been no collaboration with the education department or chaplaincy to help promote diversity.
- 7.6 There were no Muslim workers in the kitchen and no identified halal cooking or serving utensils. A race equality impact assessment of catering provision had been completed and recommendations included more ethnically diverse meals. The catering manager had halal certificates from a range of suppliers, but these were not displayed for prisoners. Although the catering manager had not had the regular support of a Muslim chaplain, he had made contact with a one at a neighbouring prison. Ramadan packs, including food flasks, were provided and the arrangements were published to staff and prisoners.
- 7.7 There were around 20 places available for women to work in the kitchen. Of these only 12 were filled at the time of the inspection. The catering manager was frustrated by the poor retention and reliability of kitchen workers. He cited several examples where planned work had to be changed at the last minute when workers had not turned up. Because of this, prisoners were not involved in cooking and their work was restricted to basic sandwich and vegetable preparation, cleaning and washing up. There was no accreditation of their work.

- 7.8 All kitchen workers were given a basic food hygiene course as part of their induction into the kitchen. A recent initiative was the development of a level 2 food safety award offered through the education department. However, records of training were poor. Women working in the kitchen were appropriately dressed in kitchen 'whites' and were screened by healthcare before being allocated a job.
- 7.9 Lunch was served at 11.45am and not 12 noon, as described in the published core day. Many prisoners complained about the lack of time they had to eat their meal. This had been raised at a recent operational issues meeting but had not been resolved. There were no arrangements for prisoners to have second helpings when there was food left over as this had proved difficult to manage. All women were provided with flasks for hot water during the time they were locked in their cells.
- 7.10 The last food hygiene inspection from South Gloucestershire Environmental Health Office in January 2008 had awarded Eastwood Park a rating of very good. The area catering manager last reported in April 2008 and considered the overall standard of cleanliness to be satisfactory, but recommended that hazard analysis critical control records were improved.
- 7.11 There was no formal training for servery workers. Workers in the servery were wearing suitable clothing but standards of hygiene were not appropriate. Most wing officers had completed food and hygiene training as part of their initial development, but this had not been updated. Caterers carried out sporadic checks of wing serveries around once a month. These were endorsed to confirm that a copy had been sent to the wing manager for action. Records of food temperature checks on residential 2 were not always completed. There were no identified serving implements for halal food in serveries.
- 7.12 There were methods for prisoners to comment about the catering. However, food comments books were not easily accessible to prisoners and were not used constructively. Although many comments were offensive and derogatory, the catering manager had responded where appropriate. Catering staff had attended prisoner representative meetings and surveys were issued every six months to all prisoners. The last survey, in July 2008, elicited a response from 32% of women. The catering manager published the results and outlined where provision would change in response to prisoners' views.

Recommendations

- 7.13 Breakfast should be served on the morning it is eaten.
- 7.14 There should be a greater promotion of cultural diversity through more ethnically-diverse food choices.
- 7.15 Halal cooking and serving utensils should be clearly identified in the main kitchen and on wing serveries.
- 7.16 Improved incentives through more rewarding work, improved training and qualifications should be offered in the kitchen.
- 7.17 Supervision and monitoring of hygiene standards on wing serveries should be improved.
- 7.18 Food comments books should be more accessible and their constructive use encouraged by staff.

Housekeeping points

- 7.19 Women should be offered the choice of flavouring their food with salt. Potential risks should be published as part of health promotion.
- 7.20 Prisoners should have sufficient time to eat their lunchtime meal.

Prison shop

Expected outcomes:

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

- 7.21 There was a good product range in the prison shop and opportunities for prisoners to influence it. There was no opportunity for catalogue shopping for most prisoners, which disadvantaged those without family or community support.
- 7.22 The prison shop was part of the national contract with Aramark. The local base was at neighbouring HMP Shepton Mallet, where orders were bagged for delivery.
- 7.23 There was a good product range of nearly 500 items. In our survey 56% of women said that the shop sold a wide enough range of goods to meet their needs, which was better than the 45% found across other women's prisons. There was no statistical difference in the response between white or black and minority ethnic prisoners, but there had been problems sourcing some cosmetics requested by black and minority ethnic prisoners, and this was being pursued through the contract meetings. Although we heard no complaints from prisoners who could not read English, the prison was considering ways to present the information in a format they could understand.
- 7.24 There were four opportunities annually for prisoners to make changes to the product range. The last survey was in September 2008 when 27% of the population responded. Agreed changes and planned price increases were announced to prisoners through a formal notice. An annual focus group was held with foreign national and black and minority ethnic prisoners, prison managers and a representative from the contractor. Managers had not attended the prisoners' representatives meetings, although this had been mentioned regularly at meetings with the contractors. This was a missed opportunity to consult directly with prisoners.
- 7.25 The majority of prisoners could not shop through the catalogue as it was thought impractical with a short term population. However, some women stayed for longer periods and those with no family or community support were disadvantaged if they wanted to obtain items such as clothes or music. Women on the mother and baby unit could shop using a high street chemist catalogue.
- 7.26 In our survey only 7% of women said that they access to the shop in the first 24 hours. This was significantly worse than the 23% in all other women's prisons. Some prisoners could wait nine days before their first canteen order was received, but wing managers had, on occasion, authorised urgent telephone calls or a further emergency canteen pack.
- 7.27 Canteen sheets were issued each Monday and gave the amount the prisoners were allowed to spend. The sheets were collected by the contractor the following day and late orders were faxed. Orders were processed for delivery on Thursdays and were delivered to prisoners' cells

during lunchtime. Prisoners checked the contents and signed a receipt, with any discrepancies rectified the following day. Prisoners at court could collect their canteen from reception. Aramark were notified of prisoners who had been transferred or released since their order was made, and their accounts were re-credited.

- 7.28 Newspapers were delivered to each residential area daily and magazines to reception and the library weekly. These were paid for by the prison. If prisoners had family or other community support, newspapers or other publications could be sent in.

Recommendations

- 7.29 **Managers from the prison and the canteen contractor should be invited to attend prisoner representatives meetings.**
- 7.30 **Catalogue shopping should be introduced.**
- 7.31 **Arrangements should be made for prisoners to order newspapers and other authorised publications.**

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The fact that the women held at Eastwood Park come from a wide area caused significant problems with high throughput and distance from home. Despite this, the management of resettlement was good. There was a good reducing reoffending strategy, chaired by a senior manager and driven forward by a quarterly meeting and a project plan.
- 8.2 Since the change of function of Brockhill prison, Eastwood Park had been covering a wide geographical area and over 70 courts. This was causing significant problems, not least the management of women ranging from those with very short periods in custody to those with over two years to serve. Twenty percent of women were over 100 miles from home, of whom 25% were from the Midlands area, 34% from Wales and 7% from Bournemouth/Poole. This was even more pronounced for young adults, of whom 37% were over 100 miles from home. The lack of local capacity in the West Midlands meant that many women were being transferred even further away from their families, which was causing significant distress. However, despite these factors, the management of resettlement was good.
- 8.3 There was a good, up-to-date reducing reoffending strategy, which was based on a needs analysis, considered most minority groups and was pathway-based. The needs analysis highlighted some **issues** which were not addressed by the strategy, such as those relating to gambling, fire-setting and support following bereavement. Some notable groups were not discussed in the strategy, such as lifers and older women, although initial talks with Age Concern regarding service provision had begun.
- 8.4 The strategy was driven forward by a quarterly meeting, chaired by a senior manager, and was supported by a project plan. There were good links between the offender management unit and other disciplines.

Recommendation

- 8.5 The reducing reoffending strategy should address all requirements highlighted by the needs analysis, including gambling and fire-setting, and the needs of all groups, including older women and lifers.

Offender management and planning

Expected outcomes:

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

8.6 Only a small number of women were in scope for offender management. Eighty-two were eligible for the offender assessment system (OASys) but many assessments were overdue. Few women had had a sentence plan board. A new custody plan aimed to ensure that all women's pathway and other needs were met, but it was not yet properly implemented. G wing offered a good semi-open facility, but was not used to its full capacity. Home detention curfew (HDC) applications were dealt with in good time. Licence revokees were not given sufficient information and there were often delays in the process. Potential indeterminate sentences were identified while on remand. The level of support for lifers, given their small numbers, was not adequate.

Sentence planning and offender management

- 8.7 There were 14 women in scope for offender management and a further 68 were eligible for OASys. Of these 82 women only 17 had an up to date OASys, although 57% of incomplete OASys were not yet overdue. The head of the offender management unit thought it likely that women would be transferred before an OASys could be completed. A part-completed OASys on a woman transferred represented wasted resources for offender supervisors and others who contributed. Sentence planning boards were only held for women serving four years or more and only six women had had a board in the previous six months. The video link had not yet been used to allow the offender manager to participate in reviews more easily.
- 8.8 A new custody plan had been introduced in August 2008, which aimed to ensure that all women had their pathway and other needs met. All staff we spoke with were aware of the new plan. This was initiated during induction, and responsibility for the first four-week review and 12 weekly reviews thereafter lay with the personal officers. The plan was not always followed up and when it was, it often became a paper exercise where an individual's issues were not highlighted or followed through. Most women we spoke to said they did not have a sentence or custody plan: only 33% of women in our survey said they had a sentence plan compared with 50% at other women's local prisons. The custody plans of women on the resettlement unit were turned into resettlement plans, which focused more on their individual needs.
- 8.9 The offender management unit had been established two years earlier. There were five offender supervisors, including two probation service officers, 1.5 prison officers and two probation officers. They were responsible for all prisoner assessments, such as release on temporary licences (ROTLs) and home detention curfews (HDCs). There were good records of contact with offender supervisors. On average offender supervisors saw women in scope for offender management once every two or three weeks, and records of contact showed that activity took place between those times.
- 8.10 OASys assessments were supervised by the senior probation officer. The quality of assessments was good but not all areas highlighted as key concerns had related targets, and they did not always stretch beyond prison, even when release was approaching. Targets did not always name staff who could help or give a timescale.
- 8.11 There had been six parole reviews in the previous year and all dossiers were submitted on time.
- 8.12 Sixty-three women had applied for HDC in the previous four months and 47 had been approved and released. Most HDC applications were processed in time for women to be released on their eligibility date. Women were asked if they wanted to apply for HDC but many chose to wait for their end of custody licence (ECL) date as it was a simpler process. Offender

supervisors made frequent referrals to Clearsprings accommodation to enable women to take advantage of HDC; in the last six months there had been six successful applications.

- 8.13 The 16 prisoners who had had their licence revoked were treated no differently from other women and were not prioritised for sentence planning targets. We spoke with a woman who had been recalled for over 10 months and was not aware of a hearing taking place. Recalled women thought they would be released on their licence expiry date. Offender management unit staff confirmed that there was often a time delay in receiving dossiers and finding out the results of decisions following hearings, but when the information arrived it was communicated in person by the offender supervisor and the appeals process was explained.
- 8.14 A child protection policy was managed by the senior probation officer and related mainly to unborn children, children in the mother and baby (MBU) unit, juveniles and children outside who might be at risk.

Public protection

- 8.15 Eleven women were subject to active public protection monitoring and their restrictions had been communicated to them. They were reviewed regularly but most wing staff we spoke with were not aware of who they were.

Indeterminate-sentenced prisoners

- 8.16 Women whose charge could result in a life or indeterminate sentence for public protection (IPP) were identified while on remand. There were 19 potential life/IPP-sentenced prisoners at the time of our inspection.
- 8.17 There were five women with an IPP sentence and one lifer who was awaiting allocation to a first stage lifer prison. She had been at Eastwood Park for around eight months (including remand time) and while it was appropriate that she remain in a local prison until a multi-agency risk panel had been held, she was isolated, and felt distressed at seeing women come and go home. There was no written information given to life/IPP-sentenced prisoners about the life sentence system, and no additional support for lifers.

Recommendations

- 8.18 OASys assessments should be up to date.
- 8.19 Where it is in the woman's best interests, she should not be transferred while an OASys assessment is in progress.
- 8.20 OASys assessments should have targets that reflect need and should stretch into the community, especially where release is approaching. A named member of staff should be responsible for supporting each target and timescales should be given.
- 8.21 Custody plans should be up to date and have targets relating to an individual's specific needs. Women should be aware of what their targets are.
- 8.22 Women should have an opportunity to have a multidisciplinary progress review, at least annually.

- 8.23 The video link facility should be used to enable offender managers based further away to participate in reviews.
- 8.24 Wing staff should be aware of the women subject to risk management procedures.
- 8.25 All recalled women should have a sentence plan promptly.
- 8.26 Delays in the recall process should be routinely chased up and reasons for delays sought.
- 8.27 Lifers and IPP-sentenced prisoners should receive written information about the life sentence/IPP systems.
- 8.28 There should be individual support in place for lifers when there are only one or two in the prison, and lifer groups when there are more women.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.29 Reintegration needs were identified through induction and IAG. Pathway leads were specified in each area and were discussed at monthly interventions and bi-monthly meetings. Voluntary and community sector groups were used across all pathway areas. Bi-monthly resettlement fairs helped to communicate service provision to women and weekly drop-in clinics aimed to ensure that reintegration services were accessible. Despite this, few women in our survey said they knew who to contact for key services. Release on temporary licence (ROTLs) were processed in good time. A resettlement unit offered a semi-open facility but it was not used to its full capacity.
- 8.30 Reintegration needs were identified on arrival through the induction and IAG processes. Good use was made of voluntary sector groups; 33 voluntary groups were involved across all pathway areas and their service provision was reviewed regularly. Leads were identified for each pathway and there were good connections between the different areas.
- 8.31 Bi-monthly resettlement fairs provided women with information about the services available, and allowed voluntary and community sector groups to network. Weekly drop-in clinics took place in residential 1 and 2, and involved a variety of useful resettlement agents such as housing orderlies, labour allocation, Jobcentre Plus, the voluntary and community sector coordinator, offender management staff and the gym orderly. Although this made reintegration services more accessible, clinics clashed with other activities and women were concerned that if they stayed on the wing they would get a warning for being late for their allocated activity. Women could make appointments at other times to see someone regarding pathways in the interventions pod. Monthly intervention meeting minutes discussed developments in pathway areas and each pathway had its own bi-monthly meeting. Women were taken to the interventions pod during their induction to ensure they knew about the services offered.

However, in our survey, significantly fewer women than the comparator said they knew who to contact about accommodation, finance, benefits, education or health services on release.

- 8.32 Discharge boards were held two or three days before release and outstanding issues were tackled.
- 8.33 In the previous six months there had been 119 ROTL applications with 93 approved. All ROTL applications were processed in time for the requested dates.
- 8.34 G wing was described to inspectors as a semi-open facility, accommodating up to 18 women in three dormitories, but it was not used to its full capacity. Over the last six months its average occupation was 14 women, with only 11 occupying it during our inspection. When women moved on to the unit their custody plan was converted into a more detailed individual resettlement plan.
- 8.35 Two women from G wing were involved in voluntary work placements in a charity shop. Other placements had been established with an animal shelter and horse riding with children with disabilities, but no women were eligible for paid work at the time of our inspection.
- 8.36 A pathways directory was accessible to all staff on the intranet and provided details about provision. A notice board with services relating to each pathway area was displayed in the interventions pod.

Accommodation

- 8.37 An average of 12% of women said they had no fixed address (NFA) on reception. A full-time accommodation liaison officer and four trained housing orderlies saw women within four days of arrival and completed a housing needs assessment. There were good links with the voluntary sector and community agencies such as accommodation bureaux, local councils and support groups, many of which routinely visited the prison. The housing worker made contact with local support agencies for women living some distance from the prison.
- 8.38 The accommodation liaison officer and relevant community and voluntary sector groups said that the end of custody licence (ECL) early release scheme, which is only available to prisoners with addresses to go to, was disguising the extent of homelessness among women being released, and deterring women from seeking the accommodation support they needed. In order to be eligible, women were claiming to have addresses. The NFA figures on release (which recently averaged 1%) were therefore unreliable.
- 8.39 The accommodation liaison officer was waiting for access to the internet, which was making some aspects of her job difficult.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.40 There were no specific vocational training courses except for industrial cleaning. The courses offered in salon services, manicure and textiles had an employability focus with guidance on application to home business.
- 8.41 IAG advisers carried out initial assessments to place women in appropriate employment, education and training. Opportunities were available for prisoners to progress or change course. There were informal links with the interventions unit to prioritise education and training and formal relationships had been established with the offender management unit so that

sentence plans could be completed for the small number of prisoners eligible. Allocation to education, training and employment was fair, and carried out by the education department or labour board. Although waiting lists were managed, there were many vacant places on education courses. In our survey all respondents felt that their vocational or skills training would help them on release against a comparator of 60%, and 90% felt that education would help on their release compared with 68%.

- 8.42 There were no links with local employers or colleges but few prisoners lived locally. The interventions unit maintained contact with local and national organisations to provide support for prisoners with substance dependence, abuse and resettlement issues. Some of these organisations visited the prison regularly, and most attended the frequently-held resettlement fairs.
- 8.43 The IAG advisers provided initial assessment and placement into education and training. There were links with the interventions unit which ran events to link women to external groups, including employers, charities and support groups. The library had leaflets on careers advice and prospectuses for national colleges and training providers.
- 8.44 Few women were released locally and the prison had no contact with local employers. At the time of inspection there were no women on ROTL and opportunities for external work experience were limited to a few local charities. Jobcentre Plus visited the prison regularly.
- 8.45 A preparation for employment course had been established but attendance was poor. There were courses in self-employment and in driving. Advice and guidance was available through the education department and the interventions unit.

Mental and physical health

- 8.46 There were pre-release systems in place. Administrative staff liaised with other departments to ensure that all women received a written summary of their health history while in prison to give to their GPs. They were also given sufficient medication to last until they saw their GP. The majority of women had a GP, and those that did not were advised how to register with one. Those under the care of the mental health team benefited from the support of the social worker, who coordinated pre-release work with community mental health teams.

Finance, benefit and debt

- 8.47 Women were seen by a Jobcentre Plus worker on arrival to deal with all benefit-related issues. As part of induction, IAG staff explained that there was an arrangement with the Co-operative Bank, where accounts could be opened up to two years before release. In the previous three months, 43 applications had been sent off.
- 8.48 A personal budgeting and finance course was available through education as part of the pre-release course, and could also be completed as a stand-alone module. Eighteen women had completed this in the previous year. A booklet about money management was also available. There was no provision for debt management, but a pilot project, where a debt adviser would come in once a week, was about to begin.
- 8.49 The resettlement needs analysis showed that 10% of women had a gambling problem, and contact had been made with Gamblers Anonymous to find out if they could provide services.

Recommendations

- 8.50 The resettlement unit should be fully utilised.
- 8.51 Women eligible for ECL should be subject to the same checks as they would be on other early release schemes.
- 8.52 There should be a healthcare pre-release clinic.
- 8.53 There should be a debt management service.
- 8.54 There should be services for women with gambling issues.

Housekeeping point

- 8.55 The accommodation liaison officer should have access to the internet.

Good practice

- 8.56 *When women moved on to the resettlement unit their custody plan was converted into a more detailed individual resettlement plan. This helped them to focus on preparation for release.*
- 8.57 *The pathways directory was accessible to all staff on the intranet, providing them with useful details about how women could access provision.*
- 8.58 *Bi-monthly resettlement fairs communicated information about the services available to women and allowed voluntary and community sector groups to network.*

Drugs and alcohol

- 8.59 The establishment's drug strategy committee met bi-monthly and was chaired by the deputy governor. Monthly drug programme delivery meetings were attended by operational managers. A civilian drug strategy delivery manager and an IDTS governor coordinated supply and demand reduction initiatives, and ensured that service providers worked in an integrated way.
- 8.60 The drug and alcohol strategy document was comprehensive and contained detailed action plans and performance measures. A population needs analysis to inform the development of IDTS had been updated in December 2007, and an analysis of CARATs data in early 2008 gave an indication of drug/alcohol using trends. The vast majority of women experienced heroin problems, followed by alcohol and crack cocaine.
- 8.61 CARAT services were provided by a manager and 8.5 workers from the Avon and Wiltshire Partnership (AWP) Trust. The team carried three vacancies. There were good management and supervision arrangements.
- 8.62 The team participated in induction and was set to exceed the target of 750 triage assessments a year. Drug intervention records (DIRs) were completed, and a key worker assigned within the first three days, often within 24 hours. In line with IDTS, psychosocial support was geared towards the first 28 days in custody. Women could access structured one-to-one support

supplemented with in-cell work packs, as well as the full range of IDTS short group work modules. In October, the open caseload stood at 150, which included 20 primary alcohol users. Nineteen files were suspended.

- 8.63** All IDTS staff wore polo shirts and were recognisable. They were co-located on B wing, co-facilitated group work modules, and liaised daily. A nominated CARATs link could access the electronic medicine information system (EMIS), attended weekly multidisciplinary clinical meetings to coordinate women's care, and worked with the continuing care team to facilitate throughcare arrangements. The CARATs mental health lead worked jointly with mental health services for dual diagnosis clients.
- 8.64** In our survey, 86% of adults said they had received help with their drug/alcohol problem while at the prison, against a comparator of 96%, but this figure dropped to 50% for young adults. Fifteen percent of young adults and 62% of adult women said they had a drug problem on entering the prison, and 31% of young adults and 51% of adult women said they had an alcohol problem on entry. The latter figures were much higher than in previous inspections. CARATs did not monitor the number of young adults engaging with the service, and nobody in the team took responsibility for this client group. Women valued their contact with CARATs, but several said this was not frequent or long enough. We were told that the average length of stay at the prison was 49 days but support for drug/alcohol users dropped off after 28 days and resources only allowed for a limited amount of longer-term work.
- 8.65** The CARAT service was integrated into the prison and represented at the appropriate multidisciplinary meetings. Joint working protocols had been developed, care plans were shared with the offender management unit, and there was contact with a number of drug intervention programmes (DIPs) such as Bristol, Birmingham and Bournemouth.
- 8.66** Services for problem alcohol users were insufficient. They could access CARATs support during the first 28 days under IDTS, complete an alcohol awareness module through education or join an Alcoholics Anonymous self-help group, but ongoing support was lacking, both in the prison and the community. In our survey, 33% of women (including young adults) thought that they would still have an alcohol problem on leaving, against a local women's prison comparator of 25%.
- 8.67** Women serving short sentences and those on remand could access the short duration programme (SDP), which was established and well run. Those prescribed methadone could access the course from day eight of IDTS. The programme was open to young adults, but only two had participated since April.
- 8.68** The team consisted of a treatment manager and three facilitators who also delivered the programme at a neighbouring prison. In 2007, five courses had been run at Eastwood Park, and this had increased to eight in 2008, with a target of 96 starts and 62 completions. So far, 48 women had begun the course, and 40 had completed it. It had been adapted as far as possible to meet the needs of women, but in the absence of a national review of SDP delivery in women's prisons, this was limited.
- 8.69** The programme team worked closely with CARATs, and case files showed care planning and management. Women requiring more intensive rehabilitation were referred to other prisons such as HMP Send. Women gave positive feedback about the support they had received. A weekly gym session helped with team building, and several participants had accessed counselling services for complex problems. However there was little post-programme support.
- 8.70** Women on the SDP had signed compliance testing compacts. In October, 115 voluntary drug testing (VDT)/compliance testing compacts were in operation against a target of 110, and the appropriate level of testing took place. Compliance testing was a requirement for women on F

and G wings, as well as for those on the mother and baby unit. Forty-five women had signed up to VDT, which was available independent of location. The scheme was managed by a dedicated coordinator, but the establishment lacked a testing suite, and testing took place in-cell.

Recommendations

- 8.71 The drug strategy team should ensure that the support needs of young adults are identified and met.
- 8.72 The CARAT team should be resourced to offer longer-term interventions to women and young adults with drug and/or alcohol problems who require support.
- 8.73 There should be a testing suite for voluntary and compliance testing.
- 8.74 The short duration programme should be adapted to meet the specific needs of women.

Good practice

- 8.75 *The CARAT service was fully integrated with the clinical substance misuse team and provided a good level of joined-up care and psychosocial support to women as part of the IDTS.*
- 8.76 *The SDP was well managed and delivered. Programme content had been adapted to meet the needs of women as far as possible.*

Children and families of offenders

- 8.77 Many women were held long distances from home and the prison estimated that only half of those convicted received visits. The take-up for children's letters was low. Visiting arrangements were mostly sound and the visits room had recently been refurbished. Some visits were very short. There was no visitors' centre but a portacabin was staffed and provided a welcoming environment. A named manager led the children and families pathway, which was well developed. There was a family support worker and some help for families. ROTL was used for childcare leave but not many women were eligible. Parenting courses were available to most women but relationships courses were limited.
- 8.78 In our survey 58%, similar to the comparator, said that they had children under the age of 16. The prison's own resettlement strategy had identified similar numbers and found that many more women had a child over the age of 18. Thirty percent of women in the resettlement survey described themselves as sole carers.
- 8.79 The resettlement pathway for children and families was well developed, and a monthly meeting, which was a sub-group of the resettlement strategy, was chaired by the PACT family liaison worker. In our survey prisoners were positive about the help available from staff for maintaining family contact. Seventy-one percent said that they were offered help with contacting family and 42% were offered help to ensure dependants were being looked after.
- 8.80 There were no restrictions placed on mail and it was processed promptly and managed by operational support. Most mail was checked by the drug dog before being passed on to prisoners. Mail staff were kept up to date with mail being monitored for public protection purposes. Seventeen women were subject to mail and phone monitoring. A 5% sample of mail

was censored daily and logged in a register. Legal mail was taken to the wings and opened in the presence of prisoners.

- 8.81** Access to the telephone was largely good. Women were unlocked for much of the core day and telephones were accessible while they were unlocked. Prisoners could maintain contact by outgoing telephone calls in the morning, afternoon and Monday to Thursday evenings. There was no provision for incoming calls. Staff organised emergency phone calls to family members.
- 8.82** Some wings had insufficient telephones for the number of women. On E wing, the largest wing, with 94 women, there were five telephones, but two of these were only accessible to those on the enhanced level of the IEP scheme. We did not see any queues during the inspection week and in our survey similar numbers to the comparator reported problems accessing the telephone. Most telephones had hoods but were located in very noisy areas of the wing, and women said it was difficult to make telephone calls in private.
- 8.83** Many women at Eastwood Park were a long distance from home. At the time of the inspection 40% of women had a home address within 50 miles of the prison, 22% had an address between 50 and 100 miles away, and 21% over 100 miles away. The prison covered 70 courts and was the only establishment for women in the south west and Wales, so many families travelled long distances for visits.
- 8.84** In our survey 24% of women, compared with 36% at other women's prisons, said that they were able to get a visit in the first week and 56%, compared with 73%, said that the prison gave them the opportunity to have the visits to which they were entitled. Many women did not receive visits. The prison estimated that around half of convicted women were receiving visits and there was no information relating to those on remand. The prison family worker had carried out a survey in 2007 which indicated that 70 from a sample of 100 women did not have visits, and many only had one a month. The lack of visits was attributed partly to the distance women were held from home and to problems with transport. Visits were included as part of the children and family sub-group for the resettlement pathway and there was a named lead within the prison management structure.
- 8.85** All arriving women were given a reception visiting order and those on remand could receive visits without a visiting order shortly after arrival. The visits centre was staffed every day and open for domestic booking during the afternoon. Some visitors reported problems with getting through to the booking line but were able to book a visit in person. This generally worked well.
- 8.86** Foreign national women were able to exchange visiting orders for letters. Women were allowed to obtain children's letters but only 22 were receiving them at the time of the inspection, despite 58% of women in our survey saying they had children under the age of 18.
- 8.87** There was no visitors' centre, but a portacabin outside was looked after by enthusiastic and welcoming staff during visit times and provided information about the prison. It had vending machines but no tea bar or equivalent. Visitors were provided with a pack which gave information such as identification requirements and a list of what was allowed to be handed in to prisoners. Visitors were able to hand in property without prior notice, provided it met the facilities list.
- 8.88** The visits hall had been refurbished shortly before the inspection and had new seating. The room was bright and welcoming and visits were relaxed. Capacity was limited to 15 spaces, three closed visits areas and five legal/professional visits rooms, and the area was frequently full. The prison had introduced a paid and qualified play worker to supervise a small crèche area. The area was aimed at younger children and the play worker had identified a gap in provision for older children. There were vending machines but no refreshment facility. Children

over the age of 10 were classed as adults, which was unnecessarily restrictive and limited the number of visitors some women could have.

- 8.89** A full time Prison Advice and Care Trust (PACT) family support worker offered advice to families, provided legal guidance, sat in on difficult visits and provided support to women after their children had been adopted. All women were seen on induction and the family worker had a large caseload. Women were positive about the support and help they had received. The post was supported by an additional worker who spent time with families and in visits and provided a Parentline Plus course to help parents to raise their children's self-esteem. There was information for families in a range of languages, including information for children to explain the visiting process.
- 8.90** Visits took place every day apart from Monday and Thursday. Although visitors were allowed to book two visits on the same day, domestic visits were required to be one hour apart, and this meant the visitor had to leave the visits room and come back in following a half hour break. Although there were few complaints this procedure was unnecessary. There were two hour visits on Sunday and this session was booked up weeks in advance. This suggested a need for longer visits, particularly given the distance that many visitors had to travel. Prison staff did not see this as a problem and, during the refurbishment, visits had been reduced to 45 minutes with no complaints. Visitors were allowed to use the toilet during visits but prisoners were only allowed to do so with prior approval. All prisoners had to wear bibs, which many disliked.
- 8.91** There were some family visit days but they were restricted to those on G wing and in the mother and baby unit. All women applying for visits had to pass a risk assessment and certain types of offence prevented visits. There were no evening visits or homework clubs. Morning visits were restricted to those accompanied by a social worker or other supervised access. Some women told us that carers accompanying children were not allowed to attend family visits and had to wait outside. Although the prison felt that family visits should allow time between mothers and children, this issue needed to be addressed. There were few links between the mother and baby unit and the resettlement pathway in the main prison (see mother and baby unit section).
- 8.92** There was no community bus in operation although the prison was in contact with HMP Leyhill to ascertain the scope for shared resources. There were no links in place with HMP/YOI Ashfield which also accommodated large numbers from Wales.
- 8.93** Visitors were encouraged to give feedback to the prison about their experiences. The current survey had not yet been analysed. The prison was setting up a secure email facility to allow family and friends to contact serving prisoners through email or fax.
- 8.94** There were 10 banned visitors and six women on closed visits. All of these cases were based on intelligence or linked to the attempted passing of contraband. This was reviewed every month but most women remained on closed visits for three months. Visitors had been banned for serious offences but were given the right to appeal.
- 8.95** Women were able to exchange 10 visiting orders for £3 pin phone credit, but there had been no take-up. Foreign national women and those with family abroad were given an automatic transfer of funds on to their pin phone account (see foreign national prisoners section).
- 8.96** There were inter-prison visits for those on the enhanced level of the incentives and earned privileges scheme, but the other prison was expected to facilitate the visits due to staff shortages. Video link was used for inter-prison visits where the other prison had the facility but, again, was restricted to those on enhanced.

- 8.97 A storybook mums scheme had started, administered by probation staff, which allowed women to record a story on to a CD. The prison had also launched the national 'family friendly prison challenge' initiative shortly before our inspection to coincide with the re-opening of the visits room following refurbishment. A prisoner's child had formally opened the visits room.
- 8.98 There was some use of ROTL to allow women to take part in caring for their children and an average of 10 women a month took part, with eight at the time of the inspection. Population pressures meant that many women who would be suitable for this were moved to other establishments. The education department ran a two week (18 hours) course about child development which offered an open college network qualification in parent craft.
- 8.99 Although 28% of women in our survey said that they would struggle to avoid bad relationships on release, there was no provision for this.

Recommendations

- 8.100 Eligibility for inter-prison visits, and the use of the video link for them, should not be dependent on IEP status.
- 8.101 The procedure for obtaining additional children's letters should be better promoted and reinforced as part of the induction programme.
- 8.102 Plans for a community bus service should be expedited.
- 8.103 Visit times should be extended to allow a longer visit at weekends.
- 8.104 Visitors who have booked a double visit should not have to leave the visits room unless they choose to do so.
- 8.105 An alternative to bibs, such as wristbands for either prisoners or visitors, should be introduced.
- 8.106 Funding should be procured for a proper visitors centre.
- 8.107 Children over the age of 10 should not be classified as adults.
- 8.108 The resettlement pathway group should evaluate the need for a relationship course and, if relevant, obtain the resources to deliver one.
- 8.109 There should be alternative arrangements put in place for women who are not able to participate in all day family visits on the mother and baby unit.
- 8.110 All day visits should be held in the main visits room to allow carers to bring children to participate in the day.

Attitudes, thinking and behaviour

- 8.111 Despite the short stay of most women at Eastwood Park, the prison planned to carry out a full offending behaviour needs analysis. Pathway eight was still in its developmental stage but the Kinergy service provided two counsellors who delivered four sessions a week with survivors of sexual abuse. Support was available for women who self-harmed, and the pathway lead was looking to introduce the FREEDOM course for women who had experienced domestic abuse.

Pathway nine was also in development, but the sex workers in prisons (SWIP) voluntary group came in regularly to train staff.

- 8.112 Other than drug treatment, offending behaviour programmes were not a priority for most women at the prison. Those with very short sentences were appropriately focusing on addressing pathway needs and some with longer sentences had returned to Eastwood Park for release or resettlement and should have completed programmes elsewhere. Women could be moved to complete programmes and assessments for the enhanced thinking skills course could be done at Eastwood Park. There were plans to carry out a full offending behaviour needs analysis and the forensic psychologist felt that this would identify a need for anger/emotion management and victim awareness interventions. In the prison's own needs analysis, 30% of women said that managing anger was a problem and 67% said they had been violent towards others. Where less common needs existed, they were addressed through one-to-one work with psychologists or counsellors.
- 8.113 Pathway eight was still in its developmental stage but the prison's own needs analysis indicated that 30% of women had experienced sexual abuse and 57% had experienced domestic violence.
- 8.114 The Kinergy service provided two counsellors who delivered four sessions a week with survivors of sexual abuse. Support was available for women who self-harmed (see self-harm and suicide section). There was less provision for dealing with domestic violence, but the pathway lead was hoping to introduce the FREEDOM course, which would help to meet this need. She was also pursuing links with survivors of lesbian abuse (SOLA). Sixty-eight staff had completed training in self-harm awareness/women affected by violence.
- 8.115 Pathway nine was still in development but the prison's needs analysis indicated that at least 17% of women had been involved in prostitution. Managers said that the figure was likely to be higher as women were often uncomfortable disclosing this information. Community groups came into the prison and made contact with the women, including Anawim, a Birmingham sex worker agency, and the Bristol-based group 125 Project. A number of links were being established with groups in Newport and Swindon. The 'ugly mugs' scheme, where women are given descriptions of men who have committed offences against prostitutes, was also under development, and the Sex Workers in Prisons (SWIP) voluntary group came in regularly to train staff. Twenty-two staff had been trained at the time of our inspection.

Recommendations

- 8.116 An offending behaviour needs analysis should be completed.
- 8.117 There should be support for women who have experienced domestic violence
- 8.118 Links with voluntary and community sector groups to assist with the development of provision for women who have experienced sexual abuse or domestic violence should be formalised, and all women should have access to support linked to their home area.
- 8.119 The number of women receiving support for sexual abuse or domestic violence should be monitored to give feedback on how far needs are being addressed.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

To NOMS

-
- 9.1 There should be additional provision for women offenders in the West Midlands. (HP44)
 - 9.2 Women should not be repeatedly targeted for transfer. Transfers should be based on assessed need and/or closeness to home. (6.20)
 - 9.3 Women eligible for ECL should be subject to the same checks as they would be on other early release schemes. (8.51)
 - 9.4 The short duration programme should be adapted to meet the specific needs of women. (8.74)
 - 9.5 Funding should be procured for a proper visitors centre. (8.106)

Main recommendations

To the Governor

-
- 9.6 Staff should be trained in the use of care mapping and action planning for women on K wing, and other vulnerable prisoners, such as those at risk of suicide and self-harm or bullying. (HP45)
 - 9.7 A and C wings should be refurbished (HP46).
 - 9.8 Prisoners should be given further encouragement and incentives to engage with activities, and there should be consultation about the range of activities available. (HP47)
 - 9.9 All women should have a sentence or custody plan that reflects individual need and is followed up by offender supervisors or personal officers. (HP48)

Recommendations

To NOMS

-
- 9.10 Women should be held in court cells for the minimum possible period. (1.11)
 - 9.11 Prisoners should arrive before 7pm and should receive essential first night procedures, irrespective of their time of arrival. (1.12)
 - 9.12 Escort vans should be comfortable. (1.14)
 - 9.13 Female and male prisoners should be transported separately. (1.15)

Courts, escorts and transfers

- 9.14 Women should have breakfast on the morning they go to court. (1.13)
- 9.15 Prisoners should be given information at court about the prison. (1.16)

First days in custody

- 9.16 Prisoners should be held in reception for as short a time as possible. (1.38)
- 9.17 Sentenced women should not share cells with unsentenced women. (1.39)
- 9.18 There should be a first night strategy and all women should receive the same information and support, irrespective of their time of arrival. (1.40)
- 9.19 All women should have the opportunity for a non-smokers/smokers pack. (1.41)
- 9.20 The one-to-one interviews in reception should not be disturbed by noise. (1.42)
- 9.21 The video shown in induction about the reception process should be used in reception. (1.43)
- 9.22 Women should undertake a gym induction in the first week of their arrival. (1.44)

Residential units

- 9.23 Communal areas should be repainted on a more regular basis. (2.21)
- 9.24 A programme allowing prisoners to paint cells should be introduced. (2.22)
- 9.25 Action should be taken to remove graffiti and prevent its recurrence. (2.23)
- 9.26 The temperature of residential areas should be properly regulated. (2.24)
- 9.27 The ventilation on residential 1 should be improved. (2.25)
- 9.28 All cells should be furnished with tables, chairs and lockable cupboards, sufficient for the number of people expected to live there. (2.26)
- 9.29 Young adults should be located together, where there is specific regime provision and staff dedicated to them. (2.27)
- 9.30 Women on residential 1 should be allowed to associate in their rooms as well as in the large association room, facilitating access to showers and telephones, as on the other units. (2.28)
- 9.31 Prisoners should have clothes for outside wear. (2.29)
- 9.32 There should be sufficient prison issue bed linen. (2.30)
- 9.33 Arrangements for regularly replacing mattresses should be improved. (2.31)

- 9.34 Curtains should be provided in all cells. (2.32)
- 9.35 Telephones in busy areas should be placed in booths. (2.33)
- 9.36 A central register should be kept of those young adults who have been authorised to move to adult status. (2.34)

Mother and baby unit

- 9.37 Childcare professionals should be involved in the daily running of the unit. (2.48)
- 9.38 MBU staff should not wear prison uniforms. (2.49)
- 9.39 Mattresses should be clean and more suitable for pregnant women and women who have recently given birth. (2.50)
- 9.40 The MBU should usually operate nearer to its capacity of 12 women. (2.51)
- 9.41 There should be one coherent MBU policy document. (2.52)
- 9.42 Women whose applications to the unit fail should automatically receive support and have a separation plan. (2.53)
- 9.43 Multidisciplinary care plans for pregnant women should be developed as soon as the prison is aware a woman is pregnant, and these should be regularly reviewed. (2.54)
- 9.44 There should be opportunities for co-parents to be fully involved in ante-natal care and preparation with pregnant women. (2.55)
- 9.45 Women should be able to cook all meals for their babies and eat with them. (2.56)
- 9.46 Women should be able to walk up and down stairs with their babies if they choose to. (2.57)
- 9.47 During all day children's visits the carer should be able to join in with the visit if the mother chooses. (2.58)
- 9.48 Emergency admission procedures for mothers and babies should be more flexible, speedy and responsive to need. (2.59)
- 9.49 Mothers being separated from their children should have detailed support and separation plans, with action points to ensure continuing support after they leave the MBU. (2.60)

Personal officers

- 9.50 Personal officer allocation should not be cell-based, to avoid regular changes of personal officers for individual prisoners. (2.73)
- 9.51 The personal officer scheme should be further developed so that personal officers engage their prisoners in progress against custody plans. (2.74)
- 9.52 Important personal information which emerges about individual prisoners should be noted in their wing history files to ensure all staff have access. (2.75)

Bullying and violence reduction

- 9.53 Attendance at the SPC should be improved and new arrangements should be considered for managing such a large membership. (3.15)
- 9.54 There should be more opportunities to consult prisoners about safety. Particular attention should be given to those who are new to the prison and to young adults. (3.16)
- 9.55 All staff in contact with prisoners should receive training in the violence reduction strategy. Principles of mediation should be included in this training. (3.17)
- 9.56 An action plan should be developed in response to the prison's own survey of bullying and violence, which should include more active supervision of women when they are congregated together. (3.18)
- 9.57 The governance of the violence prevention protocol should be improved to ensure that appropriate authorisation is obtained and recorded if a prisoner is locked in cell after an incident. (3.19)
- 9.58 Investigations of antisocial behaviour should be more thorough and, where appropriate, include supporting statements and corroboration. (3.20)
- 9.59 An evaluation should be completed of the seven-day antisocial behaviour programme. (3.21)
- 9.60 Senior managers should quality check the monitoring of prisoners subject to the violence reduction strategy. (3.22)
- 9.61 Violence reduction statistics for juveniles, young adults and adults should be disaggregated so that the prison can track trends in each of these groups. (3.23)

Self-harm and suicide

- 9.62 Action plans from deaths in custody should be regularly reviewed and include any findings from inquests to ensure that changes in practice have been sustained. (3.42)
- 9.63 Investigations should take place into all serious and near-fatal incidents of self-harm, and learning from these disseminated to improve practice. They should also acknowledge where good practice was evident. (3.43)
- 9.64 ACCT reviews should be multidisciplinary, have continuity of case manager and include the prisoner's personal officer. (3.44)
- 9.65 Care maps should be improved. The initial reasons for the ACCT being opened and any subsequent issues that have heightened risks should be followed through and documented. (3.45)
- 9.66 Care maps should be in place for all women at risk of suicide and self harm. (3.46)
- 9.67 Safer cells should be available in appropriate locations. (3.47)

- 9.68 A sufficient number of Listeners should be trained and their transfer or release better anticipated. (3.48)
- 9.69 A Listener suite should be provided to enable Listeners to provide 24-hour confidential support for women. (3.49)
- 9.70 Informal access to Listeners for women new to the prison should be improved. (3.50)
- 9.71 Direct dial telephones providing free 24-hour confidential access to the Samaritans should be provided. (3.51)
- 9.72 Training for staff working at night should be improved and night procedures and equipment should be checked regularly and overhauled where necessary. (3.52)
- 9.73 The cell call alarm system on D and E wings should be audible from the landings. (3.53)
- 9.74 The members of the senior management team should review the quality of ACCT procedures weekly. (3.54)

Diversity

- 9.75 There should be a published diversity policy outlining the arrangements for meeting the needs of all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis. (3.68)
- 9.76 Designated liaison officers should receive appropriate training and sufficient time to meet the needs of all minority groups. (3.69)
- 9.77 The disability liaison officer should receive appropriate training and have sufficient time to meet the needs of prisoners with disabilities. (3.70)
- 9.78 There should be adapted cells and reasonable adjustments for prisoners with disabilities. (3.71)
- 9.79 All prisoners with disabilities and older women should be consulted about their individual needs and care. (3.72)
- 9.80 Monitoring should be introduced to ensure that prisoners from minority groups are not being victimised or excluded from any activity. (3.73)
- 9.81 Care plans should be developed for those with disabilities and reviewed regularly by a multidisciplinary team. (3.74)

Race equality

- 9.82 The REAT should meet monthly and include all members or their representatives. (3.94)
- 9.83 The REO should be fully trained and have sufficient time for his work. (3.95)
- 9.84 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues. (3.96)

- 9.85 The REO should regularly attend the safer custody meetings. (3.97)
- 9.86 The results of ethnic monitoring and other action taken should be publicised and displayed in an easy to understand format for prisoners. (3.98)
- 9.87 Black and minority ethnic women should be able to meet regularly and their views reported to the REAT. (3.99)
- 9.88 The published membership of the REAT should include prisoner representatives. (3.100)

Foreign national prisoners

- 9.89 The foreign national policy should be informed by a local needs analysis and contain an action plan against agreed targets. (3.118)
- 9.90 Prisoners should have access to accredited translation and interpreting services wherever matters of accuracy and/or confidentiality are a factor. (3.119)
- 9.91 There should be an accurate record of staff and prisoners able and willing to speak other languages, and support provided by prisoners should be appropriately rewarded. (3.120)
- 9.92 Areas of concern raised at foreign national meetings or with the diversity representatives should be fed back to senior managers. (3.121)
- 9.93 All staff should be aware of the distinct needs of foreign national women. (3.122)

Applications and complaints

- 9.94 The promptness of replies to applications should be recorded. (3.132)
- 9.95 The formal complaints process should be used for complaints against staff. (3.133)
- 9.96 The nature and location of complaints about staff should be analysed and monitored closely by the Governor and action taken where appropriate. (3.134)

Legal rights

- 9.97 Bail and legal services officers should all have up-to-date training. (3.141)
- 9.98 Recalled women should have written information describing the recall process. (3.142)
- 9.99 Solicitor visits should be easy to arrange and accommodate. (3.143)

Substance use

- 9.100 Women on B wing should receive learning and skills input from the education department. (3.161)
- 9.101 The supervision and management of women administered controlled drugs on E wing should be improved. (3.162)

- 9.102 Women on E wing should have direct access to the IDTS team for care reviews. (3.163)
- 9.103 The MDT programme should be adequately resourced for the required level of target testing within identified timescales. (3.164)

Health services

- 9.104 All healthcare staff must complete annual CPR training, and evidence of such training should be documented. (4.43)
- 9.105 A dedicated prisoner health forum should be instigated to allow wing representatives to meet with senior health managers to discuss general health issues, and for healthcare to advise prisoners of changes in health services. (4.44)
- 9.106 Secondary screening should be completed within 72 hours of arrival in prison. (4.45)
- 9.107 Chronic disease management and health promotion should be further developed using existing staff and community nurse specialists. (4.46)
- 4.78 Healthcare professionals should be made aware of the courses available at the prison for parents so that they can recommend them. (4.47)
- 9.108 The dental contract should include the provision of a hygienist or a dental health educator. (4.48)
- 9.109 Additional dental sessions should be put in place to keep the waiting list at a manageable level. (4.49)
- 9.110 The practice manager should, with prisoners' consent, contact community GP services so that contemporaneous records can be maintained for prisoners. (4.50)
- 9.111 The practice manager should review the reasons why prisoners fail to attend healthcare appointments and seek to reduce non-attendance. (4.51)
- 9.112 The governor should provide escorting staff to allow clinicians more time with patients. (4.52)
- 9.113 The treatment room on residential 2 should be refurbished to provide additional storage space to remove clutter from the floor. Computer equipment and electric cables should be properly housed. (4.53)
- 9.114 The role of a lead clinician for older women and those with disability needs should be developed in line with national guidelines. (4.54)
- 9.115 A full time pharmacy technician should be based at Eastwood Park to oversee medicine stock management and to ensure the large quantities of controlled drugs in use are managed appropriately. (4.55)
- 9.116 Medicine charts should clearly indicate whether medication should be taken in possession or under supervision. (4.56)
- 9.117 The prison controlled drug stock register should comply with the February 2008 regulations and the transfer of controlled drugs around the prison should be clearly documented. (4.57)

- 9.118 All staff administering methadone should be trained to use the pump system so that electronic controlled drug registers are maintained accurately. (4.58)
- 9.119 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.59)
- 9.120 Secondary dispensing should be stopped. (4.60)
- 9.121 The in possession risk assessments of each drug and patient should be documented and the reasons for a decision recorded. (4.61)
- 9.122 The current prescription and administration charts should be reviewed to ensure clarity of prescriptions is maintained. (4.62)
- 9.123 The pharmacist should develop pharmacy-led clinics and medication reviews. (4.63)
- 9.124 Standard medicine procedures and policies should be reviewed to ensure they cover all aspects of the pharmacy service. They should be formally agreed through the medicines and treatment committee and all staff should sign the agreed procedures. (4.64)
- 9.125 Named patient medication should be used in favour of stock, which should only be used exceptionally. (4.65)

Learning and skills and work activities

- 9.126 The curriculum should be reviewed to ensure there is sufficient relevant provision, and provision that will attract hard to reach learners. Particular attention should be paid to motivating and supporting women to complete courses. (5.15)
- 9.127 Timetables should be organised to avoid clashes of activities. (5.16)
- 9.128 There should be more vocational qualifications relevant to employment opportunities on release. (5.17)
- 9.129 The reasons behind the significant attrition rate for courses should be researched and action taken to reduce it. (5.18)
- 9.130 The curriculum should be developed to include higher level qualifications. (5.19)
- 9.131 Reliance on worksheets in lessons should be reduced. (5.20)
- 9.132 The targets in individual learning plans should be more detailed and focus on what individuals need to do to progress. (5.21)
- 9.133 Library opening times should be increased to allow greater flexibility and availability of access to services. (5.22)

Physical education and health promotion

- 9.134 Women should not wait more than a week for PE induction and these sessions should be offered before offenders have made all their education and training choices. (5.30)

Faith and religious activity

- 9.135 There should be faith leaders for Muslim and Buddhist women. (5.41)

Time out of cell

- 9.136 Women should be offered an hour of exercise in the open air. (5.50)
- 9.137 The numbers taking part in outside exercise should be accurately recorded. (5.51)
- 9.138 The prison should provide suitable clothing to take part in outside exercise. (5.52)
- 9.139 Prisoners should spend at least 10 hours a day unlocked during the week. (5.53)

Security and rules

- 9.140 A data management system should be put in place to monitor target searching and mandatory drug tests arising from SIRs. (6.15)
- 9.141 There should be a trained analyst in the security department. (6.16)
- 9.142 Rules should be displayed on all residential wings. (6.17)
- 9.143 Categorisation decisions should be communicated to women in person and avenues for appeal should be made clear, verbally and in writing. (6.18)
- 9.144 Notifications of transfer should have an appeals process which is discussed verbally and given in writing. (6.19)

Discipline

- 9.145 Adjudication hearings should always include a record of the hearing and evidence of a full enquiry. (6.35)
- 9.146 Use of force should be examined regularly by managers for trends, the background to the incident and any learning points. (6.36)
- 9.147 The person certifying the use of force should not be the same person who authorised it. (6.37)
- 9.148 Women segregated under rule 53 should be seen by medical staff to ascertain whether they are medically fit to be segregated. (6.38)
- 9.149 Women held under rule 53 should be given information about how long they are to be segregated and details of their entitlements. (6.39)
- 9.150 Women on K wing who do not wish to take part in the planned regime should not be locked up unless they are disruptive. (6.40)
- 9.151 Care maps for women on K wing should be coordinated so that all relevant disciplines are responsible for target-setting and monitoring as part of a multidisciplinary process. (6.41)

Incentives and earned privileges

- 9.152 An accurate central register should be maintained of those prisoners on the basic level of the IEP scheme. (6.50)
- 9.153 Progress to the enhanced level of the scheme should take into account participation in activity for convicted women. (6.51)
- 9.154 Women on the basic level should not be deprived of in-cell electricity. (6.52)

Catering

- 9.155 Breakfast should be served on the morning it is eaten. (7.13)
- 9.156 There should be a greater promotion of cultural diversity through more ethnically-diverse food choices. (7.14)
- 9.157 Halal cooking and serving utensils should be clearly identified in the main kitchen and on wing serveries. (7.15)
- 9.158 Improved incentives through more rewarding work, improved training and qualifications should be offered in the kitchen. (7.16)
- 9.159 Supervision and monitoring of hygiene standards on wing serveries should be improved. (7.17)
- 9.160 Food comments books should be more accessible and their constructive use encouraged by staff. (7.18)

Prison shop

- 9.161 Managers from the prison and the canteen contractor should be invited to attend prisoner representatives meetings. (7.29)
- 9.162 Catalogue shopping should be introduced. (7.30)
- 9.163 Arrangements should be made for prisoners to order newspapers and other authorised publications. (7.31)

Strategic management of resettlement

- 9.164 The reducing reoffending strategy should address all requirements highlighted by the needs analysis, including gambling and fire-setting, and the needs of all groups, including older women and lifers. (8.5)

Offender management and planning

- 9.165 OASys assessments should be up to date. (8.18)
- 9.166 Where it is in the woman's best interests, she should not be transferred while an OASys assessment is in progress. (8.19)

- 9.167 OASys assessments should have targets that reflect need and should stretch into the community, especially where release is approaching. A named member of staff should be responsible for supporting each target and timescales should be given. (8.20)
- 9.168 Custody plans should be up to date and have targets relating to an individual's specific needs. Women should be aware of what their targets are. (8.21)
- 9.169 Women should have an opportunity to have a multidisciplinary progress review, at least annually. (8.22)
- 9.170 The video link facility should be used to enable offender managers based further away to participate in reviews. (8.23)
- 9.171 Wing staff should be aware of the women subject to risk management procedures. (8.24)
- 9.172 All recalled women should have a sentence plan promptly. (8.25)
- 9.173 Delays in the recall process should be routinely chased up and reasons for delays sought. (8.26)
- 9.174 Lifers and IPP-sentenced prisoners should receive written information about the life sentence/IPP systems. (8.27)
- 9.175 There should be individual support in place for lifers when there are only one or two in the prison, and lifer groups when there are more women. (8.28)

Resettlement pathways

- 9.176 The resettlement unit should be fully utilised. (8.50)
- 9.177 There should be a healthcare pre-release clinic. (8.52)
- 9.178 There should be a debt management service. (8.53)
- 9.179 There should be services for women with gambling issues. (8.54)
- 9.180 The drug strategy team should ensure that the support needs of young adults are identified and met. (8.71)
- 9.181 The CARAT team should be resourced to offer longer-term interventions to women and young adults with drug and/or alcohol problems who require support. (8.72)
- 9.182 There should be a testing suite for voluntary and compliance testing. (8.73)
- 9.183 Eligibility for inter-prison visits, and the use of the video link for them, should not be dependent on IEP status. (8.100)
- 9.184 The procedure for obtaining additional children's letters should be better promoted and reinforced as part of the induction programme. (8.101)
- 9.185 Plans for a community bus service should be expedited. (8.102)
- 9.186 Visit times should be extended to allow a longer visit at weekends. (8.103)

- 9.187 Visitors who have booked a double visit should not have to leave the visits room unless they choose to do so. (8.104)
- 9.188 An alternative to bibs, such as wristbands for either prisoners or visitors, should be introduced. (8.105)
- 9.189 Children over the age of 10 should not be classified as adults. (8.107)
- 9.190 The resettlement pathway group should evaluate the need for a relationship course and, if relevant, obtain the resources to deliver one. (8.108)
- 9.191 There should be alternative arrangements put in place for women who are not able to participate in all day family visits on the mother and baby unit. (8.109)
- 9.192 All day visits should be held in the main visits room to allow carers to bring children to participate in the day. (8.110)
- 9.193 An offending behaviour needs analysis should be completed. (8.116)
- 9.194 There should be support for women who have experienced domestic violence. (8.117)
- 9.195 Links with voluntary and community sector groups to assist with the development of provision for women who have experienced sexual abuse or domestic violence should be formalised, and all women should have access to support linked to their home area. (8.118)
- 9.196 The number of women receiving support for sexual abuse or domestic violence should be monitored to give feedback on how far needs are being addressed. (8.119)

Housekeeping points

Courts, escorts and transfers

- 9.197 Managers should monitor the use of the video link facility and the numbers going to court to assess whether more use can be made of the facility. (1.17)

First days in custody

- 9.198 Pens and paper should be provided in the induction rooms. (1.45)

Residential units

- 9.199 During peak periods of demand women on E wing should be given access to the additional telephones. (2.35)
- 9.200 Minutes of the representative meetings should be published on the units. (2.36)

Self-harm and suicide

- 9.201 The ACCT register should record when ACCT documents are closed. (3.55)

Race equality

- 9.202 Diversity representatives should be known to prisoners and staff. (3.101)

Foreign national prisoners

- 9.203 The REO should record that he has seen a woman in her wing file and record any action taken. (3.123)
- 9.204 The LIDS should be accurate. (3.124)

Health services

- 9.205 A professional approved cleaning service should be introduced to all health areas. The provider should be aware of infection control requirements. (4.66)
- 9.206 Consulting/treatment rooms should provide privacy for patients at all times. (4.67)
- 9.207 Medication should be stored in an orderly manner and be regularly checked by pharmacy staff. (4.68)
- 9.208 Loose tablets and tablet foils should be returned to the pharmacy. (4.69)
- 9.209 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and the pharmacy to ensure that thermolabile items are stored within the 2–8°C range. (4.70)
- 9.210 Out of date checks on all medicines should be documented. (4.71)
- 9.211 Old reference books should be discarded and only recent copies used. (4.72)
- 9.212 Where practicable named patient medication should be used. (4.73)
- 9.213 Patient information leaflets should be supplied wherever possible. Notices should be displayed to advise patients of their availability. (4.74)

Faith and religious activity

- 9.214 Information in the leaflet given to women about chaplaincy activities should be accurate. (5.42)

Catering

- 9.215 Women should be offered the choice of flavouring their food with salt. Potential risks should be published as part of health promotion. (7.19)
- 9.216 Prisoners should have sufficient time to eat their lunchtime meal. (7.20)

Resettlement pathways

- 9.217 The accommodation liaison officer should have access to the internet. (8.55)

Examples of good practice

- 9.218 Learning profiles in the nursery were typed up each time the child visited the nursery. Attention was paid to developmental issues and these were communicated to mothers. They provided a good record for mother and baby. (2.61)
- 9.219 The photographs and names of all personal officers and wing managers were displayed on the residential units. (2.76)
- 9.220 The range of interventions available on K wing, including the counselling psychology service, resulted in positive and significant outcomes, including a reduction in levels of self-harm. (3.56)
- 9.221 The use of video link for solicitor visits made it easier for women far away from home to have a visit. (3.144)
- 9.222 There was a commendable level of integration and joint work between health and CARAT service providers and discipline staff under the IDTS. (3.165)
- 9.223 Care for dual diagnosis clients was well developed and coordinated. (3.166)
- 9.224 The naloxone pilot scheme was an example of innovation and joint work. (3.167)
- 9.225 The Stepping Stones facility provided much needed solace and support for many women with low level mental health needs. It was an example of what could be achieved given the right resources and was a model for others to follow. (4.75)
- 9.226 The innovative management of women with gynaecological and sexual health needs brought benefits to them during their time in prison and provided them with knowledge to better manage their health needs on release. (4.76)
- 9.227 The practice of HCAs visiting residential units every day provided excellent support to staff as well as prisoners. The good relationship between residential staff and the mental health team did much to enhance the overall management of prisoners with mental health needs. (4.77)
- 9.228 Informal warnings were given for inappropriate behaviour and prisoners were given the chance to improve before IEP or disciplinary action was taken. (6.53)
- 9.229 When women moved on to the resettlement unit their custody plan was converted into a more detailed individual resettlement plan. This helped them to focus on preparation for release. (8.56)
- 9.230 The pathways directory was accessible to all staff on the intranet, providing them with useful details about how women could access provision. (8.57)
- 9.231 Bi-monthly resettlement fairs communicated information about the services available to women and allowed voluntary and community sector groups to network. (8.58)
- 9.232 The CARAT service was fully integrated with the clinical substance misuse team and provided a good level of joined-up care and psychosocial support to women as part of the IDTS. (8.75)
- 9.233 The SDP was well managed and delivered. Programme content had been adapted to meet the needs of women as far as possible. (8.76)

Appendix I: Inspection team

Anne Owers	Chief inspector
Sara Snell	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Susan Fenwick	Inspector
Hayley Folland	Inspector

Specialist inspectors

Bridget McEvelly	Healthcare inspector
Sigrid Engelen	Substance use
Charles Clark	Ofsted
Sue Temple	Ofsted
Linda Truscott	Ofsted

Appendix II: Prison population profile

(i) Status	No of Women	No of YAs	%
Sentenced	145	60	45.5/18.8
Convicted but unsentenced	72	6	22.6/1.8
Remand	22	3	6.9/0.9
Civil prisoners	2		0.6
Detainees (single power status)	7	1	2.2/0.3
Detainees (dual power status)			
Total	248	70	100

(ii) Sentence	N° of Sentenced Women	N° of Sentenced YAs	%
Less than 6 months	62	19	19.4/5.9
6months-less than 12 months	26	9	8.1/2.8
12 months-less than 2 years	22	10	6.9/3.1
2 years-less than 3 years	8	6	2.5/1.8
4 years-less than 10 years	10	8	3.1/2.5
3 years-less than 4 years	9	7	2.8/2.2
8 years-less than 10 years			
10 years and over (less than life)		1	0.3
Life	5	3	1.5/0.9
Total	142	63	100

(iii) Length of stay	N° of Women	N° of YAs	%
Less than 1 month			
1 month to 3 months			
3 months to 6 months			
6 months to 1 year			
1 year to 2 years			
2 years to 4 years			
4 years or more			
Total			100

(iv) Main Offence	N° of Women	N° of YAs	%
Violence against the person	51	18	16/5.6
Sexual offences	4		1.25
Burglary	17	3	5.3/0.9
Robbery	21	18	6.6/5.6
Theft & handling	41	2	12.8/0.6
Fraud and forgery	4		1.25
Drugs offences	36	10	11.3/3.1
Other offences	66	19	20.7/5.9
Civil offences			
Offence not recorded/ Holding warrant	6	2	1.8/0.6
Total	246	72	100

(v) Age	N° of Women	N° of YAs	%
18 years to 20 years		67	21
21 years to 29 years	111		34.9
30 years to 39 years	85		26.7
40 years to 49 years	43		13.5
50 years to 59 years	8		2.5
60 years to 69 years	4		1.25
70 plus years			
Please state maximum age	66		
Total	251	67	100

(vi) Home address	N° of Women	N° of YAs	%
Within 50 miles of the prison	109	19	34.2/5.9
Between 50 and 100 miles of the prison	61	11	19.1/3.4
Over 100 miles from the prison	45	22	14.1/6.9
Overseas	35	6	11/1.8
NFA	8	2	2.5/0.6
Total	258	60	100

(vii) Nationality	N° of Women	N° of YAs	%
British	219	64	68.8/20.1
Foreign National	32	3	10/0.9
Total	251	67	100

(viii) Ethnic Group	N° of Women	N° of YAs	%
<i>White</i>			
British	212	35	1166.6
Irish	1		0.3
Other White	3	4	0.9/1.25
<i>Mixed</i>			
White and Black Caribbean	6	4	1.8/1.25
White and Black African		1	0.3
White and Asian	1	1	0.3/0.3
Other mixed	3	2	0.9/0.6
<i>Asian or Asian British</i>			
Indian	2		0.6
Pakistani			
Bangladeshi			
Other Asian	2	1	0.6/0.3
<i>Black or Black British</i>			
Caribbean	12	3	3.7/0.9
African	4		1.25
Other Black	2	2	0.6/0.6
<i>Chinese or other ethnic group</i>			
Chinese	8	2	2.5/0.6
Other ethnic group	7		2.2
Total	263	55	100

(ix) Religion	N° of Women	N° of YAs	%
Baptist	1		0.3
Church of England	54	10	16.9/3.1
Roman Catholic	39	10	12.2/3.1
Other Christian denominations	7	3	2.2/0.9
Muslim	6	3	1.8/0.9
Sikh		1	0.3
Hindu	1		0.3
Buddhist	8	1	2.5/0.3
Jewish	1		0.3
Other	8		
No religion	130	43	40.8/13.5
Total	247	71	100

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 the 22 September 2008 the adult prisoner population at HMP Eastwood Park was 299. The sample size was 112. Overall, this represented 37% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, four 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:

- 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, 96 respondents completed and returned their questionnaires. This represented 32% of the prison population. The response rate was 86%. In addition to the two respondents who refused to complete a questionnaire, eight questionnaires were not returned and six were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment has 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 as to 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 2008 against comparator figures for all prisoners surveyed in all women's prisons. This comparator is based on responses from prisoner surveys carried out in fourteen women's prisons since April 2003.
- The current survey responses in 2008 against comparator figures for all prisoners surveyed in local women's prisons. This comparator is based on responses from prisoner surveys carried out in six local women's prisons since April 2003.
- A comparison within the current survey between responses of adult respondents and young adults, those under the age of 21.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.1	What wing or house block are you currently living on? See front sheet	
Q1.2	How old are you?	
	<i>Under 21</i>	16%
	<i>21–29</i>	43%
	<i>30–39</i>	24%
	<i>40–49</i>	15%
	<i>50–59</i>	2%
	<i>60–69</i>	1%
	<i>70 and over</i>	0%
Q1.3	Are you sentenced?	
	<i>Yes</i>	44%
	<i>Yes – on recall</i>	7%
	<i>No – awaiting trial</i>	24%
	<i>No – awaiting sentence</i>	25%
	<i>No – awaiting deportation</i>	0%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	51%
	<i>Less than 6 months</i>	20%
	<i>6 months to less than 1 year</i>	9%
	<i>1 year to less than 2 years</i>	8%
	<i>2 years to less than 4 years</i>	4%
	<i>4 years to less than 10 years</i>	6%
	<i>10 years or more</i>	0%
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	2%
	<i>Life</i>	0%
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	52%
	<i>6 months or less</i>	43%
	<i>More than 6 months</i>	4%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	38%
	<i>1 to less than 3 months</i>	27%
	<i>3 to less than 6 months</i>	15%
	<i>6 to less than 12 months</i>	10%
	<i>12 months to less than 2 years</i>	5%
	<i>2 to less than 4 years</i>	2%
	<i>4 years or more</i>	1%

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes.....			9%
	No			91%
Q1.8	Is English your first language?			
	Yes.....			96%
	No			4%
Q1.9	What is your ethnic origin?			
	<i>White – British</i>	68%	<i>Asian or Asian British – Bangladeshi</i> ..	1%
	<i>White – Irish</i>	1%	<i>Asian or Asian British – Other</i>	1%
	<i>White – Other</i>	7%	<i>Mixed Race – White and Black</i>	3%
			<i>Caribbean</i>	
	<i>Black or Black British – Caribbean</i>	11%	<i>Mixed Race – White and Black</i>	1%
			<i>African</i>	
	<i>Black or Black British – African</i>	1%	<i>Mixed Race – White and Asian</i>	0%
	<i>Black or Black British – Other</i>	0%	<i>Mixed Race – Other</i>	2%
	<i>Asian or Asian British – Indian</i>	0%	<i>Chinese</i>	1%
	<i>Asian or Asian British – Pakistani</i>	0%	<i>Other ethnic group</i>	2%
Q1.10	What is your religion?			
	<i>None</i>	42%	<i>Hindu</i>	0%
	<i>Church of England</i>	22%	<i>Jewish</i>	0%
	<i>Catholic</i>	20%	<i>Muslim</i>	4%
	<i>Protestant</i>	1%	<i>Sikh</i>	1%
	<i>Other Christian denomination</i>	5%	<i>Other</i>	1%
	<i>Buddhist</i>	3%		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/Straight</i>			82%
	<i>Homosexual/Gay</i>			3%
	<i>Bisexual</i>			13%
	<i>Other</i>			1%
Q1.12	Do you consider yourself to have a disability?			
	Yes.....			11%
	No			89%
Q1.13	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	44%	15%	24%	16%
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	77%	23%	0%	
Q1.15	Do you have any children under the age of 18?			
	Yes.....			58%
	No.....			42%

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons? How was...							
	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>	
	The cleanliness of the van	11%	38%	19%	18%	11%	3%	0%
	Your personal safety during the journey	14%	51%	10%	15%	7%	2%	0%
	The comfort of the van	4%	12%	5%	37%	41%	0%	0%
	The attention paid to your health needs	11%	31%	22%	16%	15%	1%	4%
	The frequency of toilet breaks	7%	8%	15%	22%	26%	2%	20%
Q2.2	How long did you spend in the van?							
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>			
	19%	49%	23%	6%	2%			
Q2.3	How did you feel you were treated by the escort staff?							
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>		
	35%	41%	13%	9%	2%	0%		
Q2.4	Please answer the following questions about when you first arrived here:							
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>		
	Did you know where you were going when you left court or when transferred from another prison?			83%	16%	1%		
	Before you arrived here did you receive any written information about what would happen to you?			16%	75%	9%		
	When you first arrived here did your property arrive at the same time as you?			87%	12%	1%		

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply)			
	<i>Didn't ask about any of these</i>	11%	<i>Money worries</i>	20%
	<i>Loss of property</i>	22%	<i>Feeling depressed or suicidal</i>	63%
	<i>Housing problems</i>	47%	<i>Health problems</i>	69%
	<i>Contacting employers</i>	27%	<i>Needing protection from other prisoners</i>	20%
	<i>Contacting family</i>	71%	<i>Accessing phone numbers</i>	57%
	<i>Ensuring dependents were being looked after</i>	42%	<i>Other</i>	3%
Q3.2	Did you have any of the following problems when you first arrived here? (Please tick all that apply)			
	<i>Didn't have any problems</i>	29%	<i>Money worries</i>	28%
	<i>Loss of property</i>	13%	<i>Feeling depressed or suicidal</i>	34%

<i>Housing problems</i>	31%	<i>Health problems</i>	31%
<i>Contacting employers</i>	7%	<i>Needing protection from other prisoners</i>	8%
<i>Contacting family</i>	30%	<i>Accessing phone numbers</i>	31%
<i>Ensuring dependents were looked after</i>	13%	<i>Other</i>	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	93%	4%	3%
When you were searched, was this carried out in a respectful way?	94%	6%	0%

Q3.4 Overall, how well did you feel you were treated in reception?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
34%	47%	14%	3%	1%	0%

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)

<i>Information about what was going to happen to you</i>	63%
<i>Information about what support was available for people feeling depressed or suicidal</i>	66%
<i>Information about how to make routine requests</i>	49%
<i>Information about your entitlement to visits</i>	55%
<i>Information about health services</i>	62%
<i>Information about the chaplaincy</i>	56%
<i>Not offered anything</i>	15%

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)

<i>A smokers/non-smokers pack</i>	96%
<i>The opportunity to have a shower</i>	46%
<i>The opportunity to make a free telephone call</i>	86%
<i>Something to eat</i>	90%
<i>Did not receive anything</i>	1%

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)

<i>Chaplain or religious leader</i>	56%
<i>Someone from health services</i>	85%
<i>A listener/Samaritans</i>	20%
<i>Did not meet any of these people</i>	9%

Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?

Yes.....	7%
No.....	93%

Q3.9	Did you feel safe on your first night here?	
	Yes.....	65%
	No.....	30%
	Don't remember.....	4%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	16%
	Within the first week.....	51%
	More than a week.....	27%
	Don't remember.....	7%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	16%
	Yes.....	57%
	No.....	19%
	Don't remember.....	9%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	14%	28%	20%	20%	11%	7%
	Attend legal visits?	20%	41%	17%	11%	4%	7%
	Obtain bail information?	14%	22%	15%	17%	14%	19%
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						13%
	Yes.....						27%
	No.....						60%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	45%	44%	0%	11%		
	Are you normally able to have a shower every day?	94%	6%	0%	0%		
	Do you normally receive clean sheets every week?	82%	12%	2%	3%		
	Do you normally get cell cleaning materials every week?	88%	8%	3%	1%		
	Is your cell call bell normally answered within five minutes?	42%	38%	11%	9%		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	40%	0%	2%		
	Can you normally get your stored property, if you need to?	27%	40%	26%	8%		
Q4.4	What is the food like here?						
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	
		4%	18%	34%	22%	22%	

Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet.....</i>					9%	
	<i>Yes.....</i>					55%	
	<i>No.....</i>					36%	
Q4.6	Is it easy or difficult to get either						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	43%	39%	4%	2%	1%	10%
	An application form	47%	38%	7%	2%	1%	5%
Q4.7	Have you made an application?						
	<i>Yes.....</i>					75%	
	<i>No.....</i>					25%	
Q4.8	Please answer the following questions concerning applications <i>(If you have not made an application please tick the 'not made one' option)</i>						
				<i>Not made one</i>	<i>Yes</i>	<i>No</i>	
	Do you feel <i>applications</i> are dealt with fairly?			27%	43%	30%	
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)			27%	32%	40%	
Q4.9	Have you made a complaint?						
	<i>Yes.....</i>					32%	
	<i>No.....</i>					68%	
Q4.10	Please answer the following questions concerning complaints <i>(If you have not made a complaint please tick the 'not made one' option)</i>						
				<i>Not made one</i>	<i>Yes</i>	<i>No</i>	
	Do you feel <i>complaints</i> are dealt with fairly?			71%	9%	20%	
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)			69%	12%	19%	
	Were you given information about how to make an appeal?			69%	11%	20%	
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?						
	<i>Not made a complaint.....</i>					69%	
	<i>Yes.....</i>					11%	
	<i>No.....</i>					20%	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?						
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	
	42%	6%	20%	19%	10%	3%	
Q4.13	Please answer the following questions about your religious beliefs:						
				<i>Yes</i>	<i>No</i>	<i>Don't know/ N/A</i>	
	Do you feel your religious beliefs are respected?			54%	14%	32%	
	Are you able to speak to a religious leader of your faith in private if you want to?			52%	17%	31%	

Q4.14 Can you speak to a listener at any time, if you want to?

Yes	No	Don't know
76%	8%	16%

Q4.15 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	81%	19%
Do most staff treat you with respect?	78%	22%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes.....	40%
No.....	60%

Q5.2 Do you feel unsafe in this prison at the moment?

Yes.....	13%
No.....	87%

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)

Never felt unsafe	61%	<i>At meal times</i>	18%
<i>Everywhere</i>	9%	<i>At health services</i>	11%
<i>Segregation unit</i>	2%	<i>Visit's area</i>	4%
<i>Association areas</i>	17%	<i>In wing showers</i>	13%
<i>Reception area</i>	4%	<i>In gym showers</i>	2%
<i>At the gym</i>	6%	<i>In corridors/stairwells</i>	9%
<i>In an exercise yard</i>	13%	<i>On your landing/wing</i>	13%
<i>At work</i>	3%	<i>In your cell</i>	16%
<i>During Movement</i>	13%	<i>At religious services</i>	2%
<i>At education</i>	10%		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes.....	28%
No.....	72%

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	14%	<i>Because you were new here</i>	13%
<i>Physical abuse (being hit, kicked or assaulted)</i>	8%	<i>Because of your sexuality</i>	1%
<i>Sexual abuse</i>	1%	<i>Because you have a disability</i>	1%
<i>Because of your race or ethnic origin</i>	5%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of drugs</i>	2%	<i>Being from a different part of the country than others</i>	2%
<i>Having your canteen/property taken</i> ...	9%	<i>Because of your offence/ crime</i>	5%

Q5.6	Have you been victimised by a member of staff or group of staff here?					
	Yes.....					12%
	No.....					88%
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)					
	<i>Insulting remarks (about you or your family or friends)</i>	3%			<i>Because of your sexuality.....</i>	1%
	<i>Physical abuse (being hit, kicked or assaulted)</i>	0%			<i>Because you have a disability.....</i>	0%
	<i>Sexual abuse</i>	0%			<i>Because of your religion/religious beliefs</i>	0%
	<i>Because of your race or ethnic origin .</i>	2%			<i>Being from a different part of the country than others</i>	1%
	<i>Because of drugs.....</i>	2%			<i>Because of your offence/ crime</i>	3%
	<i>Because you were new here.....</i>	4%				
Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised.....</i>					73%
	Yes.....					11%
	No					16%
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....					32%
	No					68%
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....					9%
	No					91%
Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	7%	18%	9%	7%	8%	53%

Section 6: Health services

Q6.1	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	9%	16%	36%	11%	23%	6%
	The nurse	11%	19%	45%	12%	10%	2%
	The dentist	20%	4%	9%	6%	22%	38%
	The optician	38%	3%	7%	5%	24%	23%
Q6.2	Are you able to see a pharmacist?						
	Yes.....						43%
	No.....						57%
Q6.3	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	8%	27%	40%	16%	8%	2%

The nurse	11%	33%	39%	14%	1%	2%
The dentist	53%	7%	13%	11%	7%	9%
The optician	64%	6%	8%	8%	6%	9%

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
8%	20%	40%	19%	8%	5%

Q6.5 Are you currently taking medication?

Yes.....	78%
No.....	22%

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	22%
Yes.....	21%
No.....	57%

Q6.7 Do you feel you have any emotional well being/ mental health issues?

Yes.....	41%
No.....	59%

Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)

<i>Do not have any issues / Not receiving any help</i>	67%
<i>Doctor</i>	18%
<i>Nurse</i>	8%
<i>Psychiatrist</i>	18%
<i>Mental Health In Reach team</i>	21%
<i>Counsellor</i>	8%
<i>Other</i>	3%

Q6.9 Did you have a problem with either of the following when you came into this prison?

	<i>Yes</i>	<i>No</i>
Drugs	55%	45%
Alcohol	48%	52%

Q6.10 Have you developed a problem with either of the following since you have been in this prison?

	<i>Yes</i>	<i>No</i>
Drugs	7%	93%
Alcohol	2%	98%

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes.....	57%
No.....	7%
<i>Did not / do not have a drug or alcohol problem</i>	36%

Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?

Yes.....	53%
----------	-----

No..... 10%
Did not / do not have a drug or alcohol problem 37%

Q6.13 Was the intervention or help you received, whilst in this prison, helpful?
 Yes..... 46%
 No..... 7%
Did not have a problem/Have not received help 47%

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	17%	56%	27%
Alcohol	11%	67%	23%

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?
 Yes..... 34%
 No..... 17%
 N/A 49%

Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job	50%
Vocational or skills training	10%
Education (including basic skills)	55%
Offending behaviour programmes	9%
Not involved in any of these	31%

Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	45%	40%	13%	1%
Vocational or skills training	85%	15%	0%	0%
Education (including basic skills)	40%	54%	4%	1%
Offending behaviour programmes	87%	13%	0%	0%

Q7.3 How often do you go to the library?

Don't want to go	13%
Never	18%
Less than once a week	17%
About once a week	24%
More than once a week	22%
Don't know	6%

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
12%	38%	17%	12%	10%	3%	7%

Q7.5	On average how many times do you go outside for exercise each week?	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
		6%	8%	34%	18%	28%	6%
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)						
	<i>Less than 2 hours</i>						9%
	<i>2 to less than 4 hours</i>						19%
	<i>4 to less than 6 hours</i>						26%
	<i>6 to less than 8 hours</i>						13%
	<i>8 to less than 10 hours</i>						14%
	<i>10 hours or more</i>						15%
	<i>Don't know</i>						5%
Q7.7	On average, how many times do you have association each week?	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
		8%	4%	7%	18%	56%	7%
Q7.8	How often do staff normally speak to you during association time?						
	<i>Do not go on association</i>						9%
	<i>Never</i>						14%
	<i>Rarely</i>						17%
	<i>Some of the time</i>						32%
	<i>Most of the time</i>						16%
	<i>All of the time</i>						13%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?						
	<i>Still have not met him/her</i>						23%
	<i>In the first week</i>						51%
	<i>More than a week</i>						13%
	<i>Don't remember</i>						13%
Q8.2	How helpful do you think your personal officer is?	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
		23%	28%	34%	7%	8%	0%
Q8.3	Do you have a sentence plan/OASys?						
	<i>Not sentenced</i>						52%
	<i>Yes</i>						16%
	<i>No</i>						32%
Q8.4	How involved were you in the development of your sentence plan?						
	<i>Do not have a sentence plan/OASys</i>						85%
	<i>Very involved</i>						6%
	<i>Involved</i>						8%
	<i>Neither</i>						1%

	<i>Not very involved</i>	0%			
	<i>Not at all involved</i>	0%			
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?				
	<i>Do not have a sentence plan/OASys</i>	85%			
	<i>Yes</i>	11%			
	<i>No</i>	3%			
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?				
	<i>Do not have a sentence plan/OASys</i>	84%			
	<i>Yes</i>	2%			
	<i>No</i>	13%			
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	<i>Not sentenced</i>	55%			
	<i>Yes</i>	17%			
	<i>No</i>	28%			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	<i>Yes</i>	20%			
	<i>No</i>	80%			
Q8.9	Have you had any problems with sending or receiving mail?				
	<i>Yes</i>	33%			
	<i>No</i>	58%			
	<i>Don't know</i>	9%			
Q8.10	Have you had any problems getting access to the telephones?				
	<i>Yes</i>	22%			
	<i>No</i>	74%			
	<i>Don't know</i>	5%			
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	9%			
	<i>Yes</i>	24%			
	<i>No</i>	59%			
	<i>Don't remember</i>	8%			
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	<i>Don't know what my entitlement is</i>	27%			
	<i>Yes</i>	56%			
	<i>No</i>	17%			
Q8.13	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	10%	58%	31%	1%	0%

- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes..... 59%
 No..... 41%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>Don't know who to contact</i> | 28% | <i>Help with your finances in preparation for release</i> | 25% |
| <i>Maintaining good relationships</i> | 24% | <i>Claiming benefits on release</i> | 46% |
| <i>Avoiding bad relationships</i> | 15% | <i>Arranging a place at college/continuing education on release</i> | 28% |
| <i>Finding a job on release</i> | 42% | <i>Continuity of health services on release</i> | 28% |
| <i>Finding accommodation on release</i> ... | 59% | <i>Opening a bank account</i> | 23% |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>No problems</i> | 31% | <i>Help with your finances in preparation for release</i> | 25% |
| <i>Maintaining good relationships</i> | 21% | <i>Claiming benefits on release</i> | 39% |
| <i>Avoiding bad relationships</i> | 28% | <i>Arranging a place at college/continuing education on release</i> | 24% |
| <i>Finding a job on release</i> | 41% | <i>Continuity of health services on release</i> | 18% |
| <i>Finding accommodation on release</i> ... | 35% | <i>Opening a bank account</i> | 24% |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
 Not sentenced
 53% || Yes | 35% |
| No..... | 11% |

Thank you for completing this survey



Prisoner Survey Responses: HMP/YOI Eastwood Park 2008

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

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		96	1127	96	658
SECTION 1: General information					
2	Are you under 21 years of age?	16%	9%	16%	13%
3a	Are you sentenced?	51%	82%	51%	70%
3b	Are you on recall?	7%	4%	7%	4%
4a	Is your sentence less than 12 months?	29%	21%	29%	28%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	2%	2%	3%
5	Do you have six months or less to serve?	43%	43%	43%	41%
6	Have you been in this prison less than a month?	38%	22%	38%	26%
7	Are you a foreign national?	9%	19%	9%	12%
8	Is English your first language?	96%	88%	96%	92%
9	Are you from a minority ethnic group? (Including all those who did not tick White British, White Irish or White other categories)	24%	29%	24%	22%
10	Are you Muslim?	5%	8%	5%	7%
11	Are you homosexual/gay or bisexual?	18%	21%	18%	26%
12	Do you consider yourself to have a disability?	11%	14%	11%	17%
13	Is this your first time in prison?	44%	55%	44%	45%
14	Have you been in more than five prisons, including this time?	0%	3%	0%	2%
15	Do you have any children under the age of 18?	58%	57%	58%	57%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	49%	48%	49%	50%
1b	Was your personal safety during the journey good/very good?	66%	60%	66%	62%
1c	Was the comfort of the van good/very good?	16%	15%	16%	14%
1d	Was the attention paid to your health needs good/very good?	41%	35%	41%	35%
1e	Was the frequency of toilet breaks good/very good?	15%	13%	15%	13%
2	Did you spend more than four hours in the van?	6%	8%	6%	7%
3	Were you treated well/very well by the escort staff?	77%	72%	77%	73%
4a	Did you know where you were going when you left court or when transferred from another prison?	83%	82%	83%	80%
4b	Before you arrived here did you receive any written information about what would happen to you?	16%	16%	16%	13%
4c	When you first arrived here did your property arrive at the same time as you?	87%	84%	87%	81%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	22%	13%	22%	12%
1c	Housing problems?	47%	32%	47%	34%
1d	Problems contacting employers?	27%	10%	27%	9%
1e	Problems contacting family?	71%	59%	71%	59%
1f	Problems ensuring dependants were looked after?	42%	26%	42%	27%
1g	Money problems?	20%	19%	20%	19%
1h	Problems of feeling depressed/suicidal?	63%	63%	63%	67%
1i	Health problems?	69%	60%	69%	62%
1j	Problems in needing protection from other prisoners?	20%	17%	20%	18%
1k	Problems accessing phone numbers?	57%	51%	57%	53%
2	When you first arrived:				
2a	Did you have any problems?	71%	73%	71%	78%
2b	Did you have any problems with loss of property?	13%	10%	13%	11%
2c	Did you have any housing problems?	31%	21%	31%	25%
2d	Did you have any problems contacting employers?	7%	3%	7%	3%
2e	Did you have any problems contacting family?	30%	25%	30%	27%
2f	Did you have any problems ensuring dependents were being looked after?	13%	7%	13%	9%
2g	Did you have any money worries?	28%	23%	28%	24%
2h	Did you have any problems with feeling depressed or suicidal?	34%	29%	34%	35%
2i	Did you have any health problems?	31%	28%	31%	33%
2j	Did you have any problems with needing protection from other prisoners?	9%	4%	9%	6%
2k	Did you have problems accessing phone numbers?	31%	29%	31%	33%
3a	Were you seen by a member of health services in reception?	92%	86%	92%	83%
3b	When you were searched in reception, was this carried out in a respectful way?	94%	78%	94%	77%
4	Were you treated well/very well in reception?	82%	75%	82%	71%
5	On your day of arrival, were offered any of the following information:				
5a	Information about what was going to happen to you?	63%	46%	63%	44%
5b	Information about what support was available for people feeling depressed or suicidal?	66%	46%	66%	47%
5c	Information about how to make routine requests?	50%	34%	50%	31%
5d	Information about your entitlement to visits?	55%	40%	55%	39%
5e	Information about health services?	62%	48%	62%	45%
5f	Information about the chaplaincy?	57%	52%	57%	50%
6	On your day of arrival, were you offered any of the following:				

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6a	A smokers/non-smokers pack?	96%	80%	96%	82%
6b	The opportunity to have a shower?	46%	45%	46%	38%
6c	The opportunity to make a free telephone call?	86%	66%	86%	77%
6d	Something to eat?	90%	79%	90%	83%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	57%	48%	57%	44%
7b	Someone from health services?	85%	76%	85%	71%
7c	A listener/Samaritans?	19%	31%	19%	27%
8	Did you have access to the prison shop/canteen within the first 24 hours?	7%	23%	7%	21%
9	Did you feel safe on your first night here?	65%	77%	65%	72%
10	Have you been on an induction course?	85%	89%	85%	85%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	67%	64%	67%	60%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	42%	44%	42%	41%
1b	Attend legal visits?	61%	56%	61%	62%
1c	Obtain bail information?	36%	21%	36%	24%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	27%	37%	27%	40%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	45%	58%	45%	55%
3b	Are you normally able to have a shower every day?	94%	92%	94%	88%
3c	Do you normally receive clean sheets every week?	82%	79%	82%	80%
3d	Do you normally get cell cleaning materials every week?	88%	74%	88%	75%
3e	Is your cell call bell normally answered within five minutes?	42%	41%	42%	41%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	64%	58%	60%
3g	Can you normally get your stored property, if you need to?	27%	33%	27%	25%
4	Is the food in this prison good/very good?	23%	37%	23%	29%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	45%	56%	47%
6a	Is it easy/very easy to get a complaints form?	83%	82%	83%	79%
6b	Is it easy/very easy to get an application form?	85%	86%	85%	83%
7	Have you made an application?	75%	83%	75%	81%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	59%	61%	59%	55%
8b	Do you feel applications are dealt with promptly? (Within seven days)	44%	52%	44%	44%

Key to tables

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9	Have you made a complaint?	31%	56%	31%	57%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	30%	47%	30%	43%
10b	Do you feel complaints are dealt with promptly? (Within seven days)	39%	45%	39%	40%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	36%	22%	36%	22%
10c	Were you given information about how to make an appeal?	11%	32%	11%	30%
12	Is it easy/very easy to see the Independent Monitoring Board?	25%	43%	25%	33%
13a	Do you feel your religious beliefs are respected?	54%	62%	54%	60%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	52%	63%	52%	61%
14	Are you able to speak to a Listener at any time, if you want to?	76%	68%	76%	67%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	80%	81%	76%
15b	Do most staff, in this prison, treat you with respect?	78%	74%	78%	73%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	40%	35%	40%	40%
2	Do you feel unsafe in this prison at the moment?	13%	14%	13%	20%
4	Have you been victimised by another prisoner?	28%	27%	28%	28%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	14%	17%	14%	18%
5b	Hit, kicked or assaulted you?	8%	6%	8%	8%
5c	Sexually abused you?	1%	1%	1%	2%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	4%
5e	Victimised you because of drugs?	2%	2%	2%	3%
5f	Taken your canteen/property?	9%	5%	9%	6%
5g	Victimised you because you were new here?	13%	7%	13%	8%
5h	Victimised you because of your sexuality?	1%	2%	1%	2%
5i	Victimised you because you have a disability?	1%	3%	1%	5%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	3%
5k	Victimised you because you were from a different part of the country?	2%	4%	2%	4%
5l	Victimised you because of your offence/crime?	5%	6%	5%	6%
6	Have you been victimised by a member of staff?	12%	19%	12%	21%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	3%	9%	3%	11%
7b	Hit, kicked or assaulted you?	0%	3%	0%	3%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	2%	2%	2%	1%

Key to tables

		HMP/YOI Eastwood Park 2008	All women's prisons comparator	HMP/YOI Eastwood Park 2008	Local women's prisons comparator
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7e	Victimised you because of drugs?	2%	2%	2%	3%
7f	Victimised you because you were new here?	5%	4%	5%	5%
7g	Victimised you because of your sexuality?	1%	2%	1%	3%
7h	Victimised you because you have a disability?	0%	2%	0%	3%
7i	Victimised you because of your religion/religious beliefs?	0%	2%	0%	3%
7j	Victimised you because you were from a different part of the country?	1%	3%	1%	3%
7k	Victimised you because of your offence/crime?	3%	2%	3%	2%
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	41%	53%	41%	50%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	32%	32%	32%	37%
10	Have you ever felt threatened or intimidated by a member of staff in here?	9%	22%	9%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	24%	23%	24%	24%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	51%	28%	51%	18%
1b	Is it easy/very easy to see the nurse?	64%	54%	64%	45%
1c	Is it easy/very easy to see the dentist?	13%	22%	13%	16%
1d	Is it easy/very easy to see the optician?	10%	23%	10%	22%
2	Are you able to see a pharmacist?	43%	44%	43%	47%
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:					
3a	The doctor?	72%	52%	72%	46%
3b	The nurse?	81%	62%	81%	58%
3c	The dentist?	41%	43%	41%	38%
3d	The optician?	38%	45%	38%	41%
4	The overall quality of health services?	65%	45%	65%	38%
5	Are you currently taking medication?	78%	65%	78%	68%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	27%	55%	27%	32%
7	Do you feel you have any emotional well being/mental health issues?	41%	52%	41%	59%
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	30%	2%	30%	0%
8b	A doctor?	38%	50%	38%	51%
8c	A nurse?	16%	37%	16%	39%
8d	A psychiatrist?	40%	24%	40%	24%
8e	The Mental Health In-Reach Team?	52%	51%	52%	53%
8f	A counsellor?	13%	44%	13%	45%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
9a	Did you have a drug problem when you came into this prison?	55%	29%	55%	40%
9b	Did you have an alcohol problem when you came into this prison?	48%	12%	48%	16%
10a	Have you developed a drug problem since you have been in this prison?	7%	18%	7%	23%
10b	Have you developed an alcohol problem since you have been in this prison?	2%	5%	2%	6%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	89%	90%	89%	90%
12	Have you received any help or intervention whilst in this prison?	84%	95%	84%	96%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	87%	83%	87%	82%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	44%	29%	44%	39%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	33%	20%	33%	25%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	67%	66%	67%	66%
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	50%	57%	50%	55%
1b	Vocational or skills training?	10%	16%	10%	12%
1c	Education (including basic skills)?	55%	38%	55%	28%
1d	Offending Behaviour Programmes?	9%	24%	9%	26%
2ai	Have you had a job whilst in prison?	55%	82%	55%	75%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	73%	53%	73%	50%
2bi	Have you been involved in vocational or skills training whilst in prison?	15%	68%	15%	61%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	100%	60%	100%	52%
2ci	Have you been involved in education whilst in prison?	60%	75%	60%	67%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	90%	68%	90%	58%
2di	Have you been involved in offending behaviour programmes whilst in prison?	13%	59%	13%	53%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	100%	59%	100%	52%
3	Do you go to the library at least once a week?	46%	48%	46%	37%
4	On average, do you go to the gym at least twice a week?	26%	37%	26%	30%
5	On average, do you go outside for exercise three or more times a week?	47%	45%	47%	42%
6	On average, do you spend ten or more hours out of your cell on a weekday?	15%	26%	15%	22%

Key to tables

		HMP/YOI Eastwood Park 2008	All women's prisons comparator	HMP/YOI Eastwood Park 2008	Local women's prisons comparator
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	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7	On average, do you go on association more than five times each week?	56%	58%	56%	54%
8	Do staff normally speak to you most of the time/all of the time during association?	29%	27%	29%	26%
SECTION 8: Resettlement					
1	Do you have a personal officer?	77%	67%	77%	58%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	80%	71%	80%	66%
For those who are sentenced:					
3	Do you have a sentence plan?	33%	56%	33%	50%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	91%	71%	91%	66%
5	Can you achieve some/all of you sentence plan targets in this prison?	77%	85%	77%	77%
6	Are there plans for you to achieve some/all your targets in another prison?	14%	36%	14%	49%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	39%	45%	39%	48%
8	Do you feel that any member of staff has helped you to prepare for release?	20%	29%	20%	25%
9	Have you had any problems with sending or receiving mail?	33%	34%	33%	38%
10	Have you had any problems getting access to the telephones?	22%	22%	22%	25%
11	Did you have a visit in the first week that you were here?	24%	36%	24%	39%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	56%	73%	56%	72%
13	Did you receive one or more visits in the last week?	32%	34%	32%	37%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	59%	62%	59%	57%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	24%	32%	24%	30%
15c	Avoiding bad relationships?	15%	25%	15%	25%
15d	Finding a job on release?	42%	49%	42%	48%
15e	Finding accommodation on release?	60%	60%	60%	59%
15f	With money/finances on release?	25%	41%	25%	41%
15g	Claiming benefits on release?	46%	56%	46%	58%
15h	Arranging a place at college/continuing education on release?	28%	45%	28%	42%
15i	Accessing health services on release?	28%	45%	28%	44%
15j	Opening a bank account on release?	23%	34%	23%	27%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	21%	16%	21%	18%
16c	Avoiding bad relationships?	28%	21%	28%	25%
16d	Finding a job?	41%	57%	41%	65%

Key to tables

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16e	Finding accommodation?	35%	44%	35%	48%
16f	Money/finances?	25%	49%	25%	49%
16g	Claiming benefits?	39%	38%	39%	43%
16h	Arranging a place at college/continuing education?	24%	35%	24%	39%
16i	Accessing health services?	17%	24%	17%	30%
16j	Opening a bank account?	24%	39%	24%	46%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	76%	57%	76%	56%



HMP Eastwood Park 2008 (YAs survey responses)

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

		YAs	Adults
	Any percent highlighted in green is significantly better		
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Number of completed questionnaires returned		15	81
SECTION 1: General Information			
2	Are you under 21 years of age?	100%	0%
3a	Are you sentenced?	68%	48%
3b	Are you on recall?	8%	7%
4a	Is your sentence less than 12 months?	28%	29%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
5	Do you have six months or less to serve?	65%	39%
6	Have you been in this prison less than a month?	40%	38%
7	Are you a foreign national?	8%	10%
8	Is English your first language?	100%	95%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	20%	25%
10	Are you Muslim?	8%	4%
11	Are you homosexual/gay or bisexual?	13%	19%
12	Do you consider yourself to have a disability?	8%	12%
13	Is this your first time in prison?	68%	39%
14	Have you been in more than 5 prisons this time?	0%	0%
15	Do you have any children under the age of 18?	28%	65%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	60%	47%
1b	Was your personal safety during the journey good/very good?	68%	65%
1c	Was the comfort of the van good/very good?	20%	16%
1d	Was the attention paid to your health needs good/very good?	53%	39%
1e	Was the frequency of toilet breaks good/very good?	13%	15%
2	Did you spend more than four hours in the van?	8%	6%
3	Were you treated well/very well by the escort staff?	87%	75%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	83%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	17%
4c	When you first arrived here did your property arrive at the same time as you?	88%	87%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	20%	23%
1c	Housing problems?	40%	48%
1d	Problems contacting employers?	28%	27%
1e	Problems contacting family?	73%	71%
1f	Problems ensuring dependants were looked after?	33%	44%
1g	Money problems?	20%	20%
1h	Problems of feeling depressed/suicidal?	68%	63%
1i	Health problems?	68%	70%
1j	Problems in needing protection from other prisoners?	13%	21%
1k	Problems accessing phone numbers?	68%	55%
2	When you first arrived:		
2a	Did you have any problems?	57%	74%
2b	Did you have any problems with loss of property?	8%	15%
2c	Did you have any housing problems?	22%	33%
2d	Did you have any problems contacting employers?	14%	6%
2e	Did you have any problems contacting family?	43%	28%
2f	Did you have any problems ensuring dependents were being looked after?	14%	13%
2g	Did you have any money worries?	29%	28%
2h	Did you have any problems with feeling depressed or suicidal?	43%	32%
2i	Did you have any health problems?	29%	32%
2j	Did you have any problems with needing protection from other prisoners?	0%	10%
2k	Did you have problems accessing phone numbers?	35%	30%
3a	Were you seen by a member of health services in reception?	80%	95%
3b	When you were searched in reception, was this carried out in a respectful way?	87%	95%
4	Were you treated well/very well in reception?	93%	79%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	65%	63%
5b	Information about what support was available for people feeling depressed or suicidal?	65%	66%
5c	Information about how to make routine requests?	50%	49%
5d	Information about your entitlement to visits?	71%	52%
5e	Information about health services?	65%	62%
5f	Information about the chaplaincy?	57%	56%

Key to tables

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	92%	96%
6b	The opportunity to have a shower?	43%	47%
6c	The opportunity to make a free telephone call?	87%	86%
6d	Something to eat?	87%	91%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	62%	55%
7b	Someone from health services?	69%	88%
7c	A listener/Samaritans?	23%	19%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	7%
9	Did you feel safe on your first night here?	48%	69%
10	Have you been on an induction course?	87%	84%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	66%	67%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	57%	39%
1b	Attend legal visits?	66%	60%
1c	Obtain bail information?	55%	33%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	26%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	40%	46%
3b	Are you normally able to have a shower every day?	88%	95%
3c	Do you normally receive clean sheets every week?	88%	82%
3d	Do you normally get cell cleaning materials every week?	73%	91%
3e	Is your cell call bell normally answered within five minutes?	22%	46%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	48%	61%
3g	Can you normally get your stored property, if you need to?	28%	27%
4	Is the food in this prison good/very good?	13%	25%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	60%	55%
6a	Is it easy/very easy to get a complaints form?	88%	82%
6b	Is it easy/very easy to get an application form?	88%	85%
7	Have you made an application?	73%	76%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		

SECTION 4: Legal Rights and Respectful Custody continued

For those who have made an application:

8a	Do you feel applications are dealt with fairly?	62%	58%
8b	Do you feel applications are dealt with promptly? (within 7 days)	46%	44%
9	Have you made a complaint?	35%	31%

For those who have made a complaint:

10a	Do you feel complaints are dealt with fairly?	21%	34%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	39%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	62%	31%
10c	Were you given information about how to make an appeal?	8%	12%
12	Is it easy/very easy to see the Independent Monitoring Board?	29%	25%
13a	Do you feel your religious beliefs are respected?	31%	58%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	38%	54%
14	Are you able to speak to a Listener at any time, if you want to?	50%	81%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	82%
15b	Do most staff, in this prison, treat you with respect?	71%	79%

SECTION 5: Safety

1	Have you ever felt unsafe in this prison?	53%	38%
2	Do you feel unsafe in this prison at the moment?	20%	12%
4	Have you been victimised by another prisoner?	48%	24%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	28%	12%
5b	Hit, kicked or assaulted you?	8%	8%
5c	Sexually abused you?	0%	1%
5d	Victimised you because of your race or ethnic origin?	8%	5%
5e	Victimised you because of drugs?	0%	2%
5f	Taken your canteen/property?	0%	10%
5g	Victimised you because you were new here?	20%	12%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	0%	1%
5j	Victimised you because of your religion/religious beliefs?	0%	2%
5k	Victimised you because you were from a different part of the country?	0%	2%
5l	Victimised you because of your offence/crime?	8%	5%

Key to tables

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	Percentages which are not highlighted show there is no significant difference	YAs	Adults
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	28%	9%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	13%	2%
7b	Hit, kicked or assaulted you?	0%	0%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	13%	0%
7e	Victimised you because of drugs?	0%	3%
7f	Victimised you because you were new here?	13%	3%
7g	Victimised you because of your sexuality?	0%	2%
7h	Victimised you because you have a disability?	0%	0%
7i	Victimised you because of your religion/religious beliefs?	0%	0%
7j	Victimised you because you were from a different part of the country?	8%	0%
7k	Victimised you because of your offence/crime?	8%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	21%	47%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	46%	30%
10	Have you ever felt threatened or intimidated by a member of staff in here?	8%	10%
11	Is it easy/very easy to get illegal drugs in this prison?	28%	24%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	43%	53%
1b	Is it easy/very easy to see the nurse?	50%	67%
1c	Is it easy/very easy to see the dentist?	0%	16%
1d	Is it easy/very easy to see the optician?	0%	12%
2	Are you able to see a pharmacist?	54%	41%
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:			
3a	The doctor?	67%	73%
3b	The nurse?	88%	80%
3c	The dentist?	62%	39%
3d	The optician?	38%	38%
4	The overall quality of health services?	79%	64%

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference	YAs	Adults
Healthcare continued			
5	Are you currently taking medication?	54%	82%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	38%	26%
7	Do you feel you have any emotional well being/mental health issues?	35%	42%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	62%	25%
8b	A doctor?	39%	38%
8c	A nurse?	0%	19%
8d	A psychiatrist?	39%	41%
8e	The Mental Health In-Reach Team?	21%	57%
8f	A counsellor?	0%	15%
9a	Did you have a drug problem when you came into this prison?	15%	62%
9b	Did you have an alcohol problem when you came into this prison?	31%	51%
10a	Have you developed a drug problem since you have been in this prison?	0%	8%
10b	Have you developed an alcohol problem since you have been in this prison?	0%	3%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	100%	89%
12	Have you received any help or intervention whilst in this prison?	50%	86%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	86%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	15%	50%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	15%	37%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	50%	68%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	43%	51%
1b	Vocational or skills training?	0%	12%
1c	Education (including basic skills)?	43%	57%
1d	Offending Behaviour Programmes?	8%	10%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	50%	57%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	81%	71%
2bi	Have you been involved in vocational or skills training whilst in prison?	0%	19%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	0%	100%
2ci	Have you been involved in education whilst in prison?	45%	63%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	79%	92%
2di	Have you been involved in offending behaviour programmes whilst in prison?	0%	16%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	0%	100%
3	Do you go to the library at least once a week?	35%	48%
4	On average, do you go to the gym at least twice a week?	29%	25%
5	On average, do you go outside for exercise three or more times a week?	50%	46%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	16%
7	On average, do you go on association more than five times each week?	35%	61%
8	Do staff normally speak to you most of the time/all of the time during association?	22%	30%
SECTION 8: Resettlement			
1	Do you have a personal officer?	65%	79%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	79%	81%
For those who are sentenced:			
3	Do you have a sentence plan?	46%	30%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	73%	100%
5	Can you achieve some/all of you sentence plan targets in this prison?	73%	79%
6	Are there plans for you to achieve some/all your targets in another prison?	39%	0%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	59%	31%
8	Do you feel that any member of staff has helped you to prepare for release?	13%	22%
9	Have you had any problems with sending or receiving mail?	29%	33%
10	Have you had any problems getting access to the telephones?	20%	22%
11	Did you have a visit in the first week that you were here?	29%	23%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	57%	56%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference	YAs	Adults
Resettlement continued			
13	Did you receive one or more visits in the last week?	48%	29%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	68%	57%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	14%	26%
15c	Avoiding bad relationships?	0%	18%
15d	Finding a job on release?	22%	46%
15e	Finding accommodation on release?	29%	66%
15f	With money/finances on release?	22%	26%
15g	Claiming benefits on release?	35%	48%
15h	Arranging a place at college/continuing education on release?	29%	28%
15i	Accessing health services on release?	14%	31%
15j	Opening a bank account on release?	14%	25%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	28%	20%
16c	Avoiding bad relationships?	28%	28%
16d	Finding a job?	33%	43%
16e	Finding accommodation?	28%	37%
16f	Money/finances?	20%	26%
16g	Claiming benefits?	40%	39%
16h	Arranging a place at college/continuing education?	33%	21%
16i	Accessing health services?	33%	14%
16j	Opening a bank account?	28%	23%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	88%	72%



Key Question Responses (Ethnicity): HMP/YOI Eastwood Park 2008

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

Key to tables

		BME prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent 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		22	70
1.3	Are you sentenced?	54%	50%
1.7	Are you a foreign national?	29%	3%
1.8	Is English your first language?	91%	97%
1.10	Are you Muslim?	14%	2%
1.13	Is this your first time in prison?	43%	44%
2.3	Were you treated well/very well by the escort staff?	52%	83%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	63%	90%
3.2a	Did you have any problems when you first arrived?	76%	69%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	91%	96%
3.4	Were you treated well/very well in reception?	77%	84%
3.9	Did you feel safe on your first night here?	60%	66%
3.10	Have you been on an induction course?	90%	82%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	40%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	45%	46%
4.3b	Are you normally able to have a shower every day?	93%	92%
4.3e	Is your cell call bell normally answered within five minutes?	45%	42%
4.4	Is the food in this prison good/very good?	9%	28%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	58%
4.6a	Is it easy/very easy to get a complaints form?	66%	87%
4.6b	Is it easy/very easy to get an application form?	80%	87%
4.9	Have you made a complaint?	38%	29%
4.13a	Do you feel your religious beliefs are respected?	50%	52%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	51%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	80%
4.15b	Do most staff, in this prison, treat you with respect?	57%	84%

Key to tables

		BME prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.1	Have you ever felt unsafe in this prison?	48%	39%
5.2	Do you feel unsafe in this prison at the moment?	20%	12%
5.4	Have you been victimised by another prisoner?	23%	29%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
5.6	Have you been victimised by a member of staff?	20%	9%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	16%	37%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	15%	8%
5.11	Is it easy/very easy to get illegal drugs in this prison?	25%	24%
6.1a	Is it easy/very easy to see the doctor?	47%	52%
6.1b	Is it easy/very easy to see the nurse?	47%	68%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	25%	45%
7.1a	Are you currently working in the prison?	40%	55%
7.1b	Are you currently undertaking vocational or skills training?	20%	8%
7.1c	Are you currently in education (including basic skills)?	55%	56%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	9%	9%
7.3	Do you go to the library at least once a week?	57%	44%
7.4	On average, do you go to the gym at least twice a week?	31%	21%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	20%	14%
7.7	On average, do you go on association more than five times each week?	55%	59%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	29%	28%
8.1	Do you have a personal officer?	80%	76%
8.9	Have you had any problems sending or receiving mail?	23%	34%
8.10	Have you had any problems getting access to the telephones?	23%	19%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	47%	58%