

Report on an announced inspection of

HMP Send

6 – 10 December 2010

by HM Chief Inspector of Prisons

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Introduction

HMP Send, in Surrey, is a closed women's training prison. Many of its prisoners are serving long sentences and it has the largest group of women serving life sentences in the country. When we last visited, we were concerned that staffing problems, management change and an unsettled population had led to a serious deterioration in performance. On our return for this announced full inspection, we found a more settled and stable establishment, with some impressive aspects to the regime. However, there was scope for further improvement and a need to ensure sufficient senior management focus now that Send is managed jointly with HMP Downview, 20 miles away.

Most women reported feeling safe but, while there was little overt bullying or violence, many women reported insidious low level intimidation by other prisoners and this had not been adequately addressed. Those at risk of suicide were well supported, but rates of self-harm remained high and there had been two apparently self-inflicted deaths since our last inspection. The approach to security and discipline was generally proportionate, but there had been a large increase in the use of force which managers had not adequately analysed and therefore could neither properly explain or justify.

Relationships between staff and prisoners were generally good, supported by an effective personal officer scheme. However, prisoners complained about a small number of officers who had a disproportionately negative impact on the atmosphere of the establishment. Managers were aware of this but had yet to take effective action to reassure prisoners that inappropriate staff behaviour would be dealt with. There was also a need to reinforce consultation arrangements to ensure better engagement with prisoners.

Work on diversity issues was reasonable, but there was not enough support for older and disabled prisoners. More work was also needed to address the negative perceptions of black and minority ethnic women. Health care was beginning to improve from a low base, but we were concerned to find instances of inappropriate use of restraints on hospital escorts and a failure to always ensure female escorts where necessary.

Women prisoners had plenty of time out of cell and there was a wide range of activities available, including some impressive workshops. Education was good and productive links had been made with local artists. However, there was a need for more vocational training and a broader curriculum, particularly for the many long-term prisoners who might benefit from opportunities to progress to more advanced learning. The library and PE were both very good.

Strategic management of resettlement was generally satisfactory with up to date assessments and a range of reintegration services. The growth in life- and other indeterminate-sentenced prisoners appeared not to have been adequately planned. These prisoners had insufficient psychological support and limited thought appeared to have been given to their location. Some were able to benefit from the excellent therapeutic community. Women with substance use issues were able to access the RAPT drug treatment programme, but there were few services for those with alcohol problems. Support to maintain family contacts was underdeveloped for a prison housing so many mothers.

Send had improved since our last visit, particularly in terms of safety and stability. There was also plenty of purposeful activity and some notable interventions to address offending behaviour. However, there was still a need for a better senior management grip on a number of remaining areas of weakness, including confronting low level bullying, improving staff-

prisoner relationships, addressing deficiencies in health care, and focusing more fully on the needs of the large life-sentenced prisoner population.

Nick Hardwick
HM Chief Inspector of Prisons

February 2011

Fact page

Task of the establishment

Closed adult female training prison

Prison status

Public

Region/Department

South Central

Number held

278 on 6 December

Certified normal accommodation

282

Operational capacity

282

Date of last full inspection

18 – 22 August 2008

Brief history

Originally an isolation hospital, Send became a prison in 1962 when it opened as a junior detention centre. It remained as such until 1987 when it was reclassified as a category C adult male training prison. With a change of role and completely rebuilt by 1999, Send operates as a closed female training prison. It also houses a 20-bed addictive treatment unit, an 80-bed resettlement unit and the only female prison therapeutic community with a capacity of 40.

Short description of residential units

All cells are single occupancy apart from D wing, which has 10 double rooms.

A wing: 40 cells over two floors, with all spaces allocated to the therapeutic community

B wing: 38 cells over two floors

C wing: 40 cells over two floors and identified as the induction wing

D wing: 10 cells, each shared by two women on the 12-step RAPt programme

E and F wings: the resettlement unit, accommodating 40 prisoners on each wing

J wing: 64 cells on three spurs

Escort contractor

Serco and G4S

Health service commissioner and providers

Surrey PCT/Surrey Community Health

Learning and skills providers

Manchester College

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.

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

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

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

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

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

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

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

Safety

HP3 Reception and first night procedures were generally satisfactory and women were positive about induction. Most women felt safe but many reported victimisation by

other prisoners and this was not satisfactorily dealt with. There was good support for women at risk of suicide and self-harm. Use of force had increased substantially in recent years and there was insufficient monitoring to ensure it was always necessary. Clinical management for substance users was good and there was relatively little illegal drug use. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Most prisoners did not have long journeys to Send and knew where they were coming to on transfer, although many said they were given little advance notice of moves. The reception area was clean and orderly and waiting rooms were bright and comfortable. In our survey¹, the same as the comparator with other women's prisons said they had been treated well in reception but this had dropped considerably since the last full inspection in 2006. Some women said reception officers were not always helpful but those we observed did their best to put women at ease.
- HP5 Most women said they felt safe on their first night but, as with reception, this had dropped substantially since 2006. As part of the first night strategy, all women were seen by an Insider and Listener on arrival but officers usually did not carry out a formal interview and risk assessment until induction, which could be some days after arrival. Women were not offered a free telephone call on arrival to let family and friends know of their move. Many new arrivals stayed temporarily on D wing, the RAPt unit, which was not an ideal arrangement.
- HP6 All women took part in a two-day induction that began on Mondays so some had to wait for up to a week for this to begin. In our survey, similar to the comparator said induction had covered all they needed to know. Women who had completed their induction recently said they had found it informative and they appreciated the contribution of peer support workers.
- HP7 Our survey results about feeling safe were similar to the comparator but more women said they had been victimised by another prisoner and that they had been threatened or intimidated. Despite this, only 10 women so far in 2010 had been subject to formal anti-bullying monitoring. Although most incidents were relatively minor, there was too much acceptance of the inevitability of bullying behaviour and too little challenge of alleged perpetrators. There was very little formal support for victims of bullying and some women said they were reluctant to report matters. There was a recently published violence reduction strategy and action plan but this focused mainly on procedures for managing identified bullies rather than outlining a wider strategy to improve safety, on which some consultation with women had begun.

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

- HP8 During 2010, there had been an average of 22 incidents of self-harm each month. During the inspection, up to 15 ACCT documents were open. There had been two self-inflicted deaths in the previous two years. The investigation into the most recent had raised concerns about the availability of first aid trained staff at night and the absence of defibrillators, actions that had not yet been addressed. Reviews were mostly of a good standard and enhanced reviews for the more complex cases were particularly good, with a range of disciplines represented. Ongoing entries in assessment, care in custody and teamwork documents showed some good interactions, although night observations were at too regular and predictable intervals. Women had easy access to Listeners for support. A gated cell used for women at high risk of self-harm was not a satisfactory facility to provide support and care for women in crisis.
- HP9 Physical security was sound. Intelligence information was received from all areas but was not always effectively analysed. Security arrangements were mostly proportionate, although an indication from a drug dog on a visitor was used to impose closed visits conditions without additional intelligence.
- HP10 There was no designated segregation unit, although there had been 36 separate segregation authorisations in the year to date, spread relatively equally between those waiting for adjudications, punishment of cellular confinement and segregation for the good order and discipline of the prison. No one was ever segregated longer than 14 days. Adjudications were mostly well conducted with consistent punishments. In all but one case, women had lost their televisions as an additional punishment to cellular confinement, which greatly increased its severity.
- HP11 There had been 36 incidents of use of force in the year to date, which was a large increase from the time of our 2008 inspection when there had been just four incidents in the previous six months. There was little analysis of use of force so this increase had not been formally identified, discussed or addressed. Most use of force was fully recorded but accounts did not always justify its use and better monitoring was needed. Special accommodation had been used only four times in 2010 and for short periods but the records in two of the four cases did not support its use.
- HP12 The integrated drug treatment system (IDTS) had recently been fully implemented, with 20 women on opiate substitute reduction or maintenance regimes. The clinical service was well integrated with the counselling, assessment, referral, advice and throughcare (CARAT) service, including joint treatment reviews. Although there was no dual diagnosis service, care was well coordinated. There was little evidence of illegal drug use and the year-to-date mandatory drug testing positive rate was less than 2%. Security was well coordinated with the drug strategy.

Respect

- HP13 Relationships between staff and prisoners and personal officer work were generally good but marred by a small number of staff. Living conditions were mostly good but satisfaction with food had significantly decreased. Reasonable diversity work was taking place but there was little care planning for women with disabilities and black and minority ethnic women had some poorer perceptions of their treatment. Applications were well managed but some responses to complaints were too curt.

Health services were beginning to improve from a very poor base. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP14 Relationships between staff and prisoners were generally positive. In our survey, similar to the comparator but lower than at HMP Downview, Send's 'twin' prison, said most staff treated them with respect. Most women said they had a member of staff they could turn to for help. However, more than the comparator and nearly twice as many as at Downview said they had been victimised and threatened by a member of staff. Many women identified a small number of staff who made life difficult for them but did not believe they would be taken seriously if they complained. Managers said they knew the staff involved but there was little evidence of the officers being challenged.
- HP15 There was a good personal officer policy that clearly outlined their role and most women found their personal officer helpful. The majority of wing file entries were good, with consistent references to sentence planning and contact with families. The offender management unit reported that personal officers were regularly involved in sentence planning.
- HP16 The general environment of the prison was well kept and women appreciated the freedom of movement around the site. Cells and communal living areas were mostly in reasonable condition but maintenance work and decoration was needed in some areas. Association rooms were mostly in decent condition with few facilities. Women were only allowed one machine wash a week for their clothes and there was a lack of facilities to wash underwear and socks. A second-hand clothes shop was well organised and allowed women to obtain decent clothes at reasonable cost.
- HP17 Approximately three-quarters of women were on the enhanced level of the incentives and earned privileges (IEP) scheme and most believed it operated fairly. Monitoring was limited, with only the numbers on each level reviewed each month rather than trend analysis to ensure equality of treatment. A number of women complained about the number of warnings issued.
- HP18 Meals were served at appropriate times and most women ate together in the dining hall. There were no opportunities to self-cater, including for women serving long sentences or life. Only 25% in our survey said the food was good, which was a substantial drop from 55% in 2006. Women were not allowed to have second helpings so some food was wasted.
- HP19 New arrivals could wait up to 10 days to receive an order from the shop, which did not stock a wide enough range of specific products for black and minority ethnic women. A specialist catalogue could be used only every two months so there was an inequality of service. Additional charges for the cost of bags for catalogue orders and for a print-out of finances were unfair for women with very limited funds.
- HP20 A brief overarching diversity policy covered each diversity strand. Diversity staff actively promoted diversity throughout the prison supported by prisoner representatives who were positive about their roles and the contribution they were able to make. Regular prisoner consultative meetings were held for most minority groups but there were no meetings for black and minority ethnic prisoners. There were good systems for identifying women with disabilities but insufficient attention was paid to meeting their practical needs. Care planning was poor and not all had effective evacuation plans.

- HP21 In our survey, black and minority ethnic prisoners reported more negatively in a number of areas, especially around safety and respect. There were no obvious reasons to explain these differences in perception and no forum where they could be discussed. Some black and minority ethnic prisoners believed there was discrimination in relation to allocation to jobs but ethnic monitoring did not extend to areas such as employment and accommodation. The lack of monitoring meant there was no data to reassure them otherwise. Some reported racist incidents were not sufficiently well investigated and replies were poorly presented. Managerial checks were insufficiently thorough and critical.
- HP22 Just under 10% of women were foreign national prisoners. Only a few women could not speak and understand English but a professional telephone interpreting service was rarely used, which left them isolated. Contrary to the prison's policy, only those who had not had a visit received a free monthly telephone call abroad. Caseworkers from the UK Border Agency attended regularly to give women information about their immigration position but there was no regular independent immigration advice service for those who intended to challenge decisions.
- HP23 There were good chaplaincy facilities and the chaplaincy was active in most aspects of prison life and helped lead and celebrate religious and cultural festivals throughout the year. The needs of most main faith groups were met except there were no Pentecostal or Hindu ministers.
- HP24 In our survey, more prisoners than the comparator said applications were handled fairly and promptly. A recently revised applications system worked well but replies were not always recorded in the log books. Most complaints received a prompt reply but the quality was mixed. Some replies were constructive and polite but too many were abrupt and dismissive. Legal services were good.
- HP25 Prisoners in our survey and those we spoke to in groups were negative about nearly all aspects of health care. Only 13% compared to 46% rated health services as good or better. The service had been very poor and, while there were still recruitment problems, the health care manager provided a good lead and services were beginning to show signs of improvement. Wing-based services now generally allowed women access to nurse triage clinics daily during the week and GP clinics once a week. Women could usually see a GP within four days and a woman GP on request. There was no system to provide simple pain relief at night. A reasonable range of primary care services, including chronic disease management, was run. Dental care was good. Integrated mental health provision was reasonably good and included a range of interventions including psychotherapy and counselling. Women attending hospital appointments were routinely handcuffed and treatment often took place with restraints still applied, which compromised privacy and dignity.

Purposeful activity

- HP26 Time out of cell was very good and there were enough activity places for all women. Education provision was generally good with some good teaching and achievements, but there were too few progression opportunities for the more able women and those serving longer sentences. Work was generally of good quality but there was insufficient accredited training. The library played an active role in supporting

learning. PE facilities and programmes were good. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP27 Women were able to spend a good amount of time out of cell. Wings operated their own variations of the core day but the reported time out of cell figure at an average of over 11 hours appeared reasonably accurate. Most women were engaged in purposeful activity and no one was locked up when we made a check at 10.30 one morning. Although 25% of the population were on the wings, most were involved in wing work, the therapeutic community and the RAPt (rehabilitation of addicted prisoners trust) programme. All women prisoners were able to have over an hour of time in the fresh air during the evenings in the summer months but not during the winter.
- HP28 There was an appropriate strategy for learning and skills and operational management of education and training was satisfactory. However, staff shortages had meant there was insufficient cover for some classes and some vocational training had stopped. The range of education courses was satisfactory. About half of women were engaged in some education but there were few courses above level 2 for long-term or more able prisoners. IT support for those on self-study courses was poor. Induction to learning and skills was satisfactory, as was the careers information and advice service (CIAS), but initial action plans were not well linked to sentence planning. There were 59 women engaged in vocational training courses, although the range was narrow. Teaching and learning in education was good and individual coaching on vocational training courses was satisfactory, although observations of teaching and learning in vocational areas were not undertaken. Pass rates were high on most education and vocational courses.
- HP29 There were enough jobs and other activity places for all prisoners. Allocation to work was thorough and waiting lists were appropriately managed. There was a range of good quality work, although in many cases this was not accredited. Pay rates were fair and did not disadvantage prisoners from participating in vocational training, education or PE.
- HP30 The library facilities were good and well managed. Opening hours included weekends and allowed most prisoners to use the library regularly. Stock was reasonable, with a range of DVDs, CDs, easy read books and periodicals and magazines. Prison Service Orders were available. Reading was encouraged through regular visits from authors and a monthly book review competition.
- HP31 PE provision was well managed with highly motivated staff and prison figures showed that over half the women used the good gym facilities twice a week. Although there were no dedicated outside PE areas, there was some circuit training and jogging outdoors. A good range of recreational PE was run during the week and on Saturday mornings, including spinning sessions and a session for women over 40. A satisfactory range of PE courses was offered with particularly high pass rates. Healthy living was well promoted.

Resettlement

- HP32 The resettlement strategy covered all pathways but not the specific needs of different groups. Offender management arrangements operated effectively and most

assessments and sentence plans were up to date. Most lifers felt well supported but there was little psychology provision. Reintegration services were mostly satisfactory and a range of good interventions were provided, including the therapeutic community and the RAPt programme but there was a gap in provision for women with alcohol problems. Services to help women maintain contact with their families were underdeveloped. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP33 The reducing reoffending strategy was out of date but being revised. It included all pathways, with identified leads for each, but did not cover how the needs of specific groups such as lifers would be met. Regular meetings to oversee the development of each pathway were held and reducing reoffending committee meetings oversaw the development of the strategy, with a regularly updated action plan.
- HP34 In our survey, a high 89% of women said they had a sentence plan. Over 70 women were formally in scope for offender management and lifers were included in the prison's arrangements. Most of the population were covered by the offender assessment system (OASys). The offender management unit was well established, prisoners were effectively managed and the quality of plans was good. There was good contact between offender supervisors and offender managers, although little evidence that offender managers were proactively directing cases. Many women had good contact with their offender supervisors. Most OASys assessments were up to date and performance was well monitored by managers and the reducing reoffending committee. Prisoners covered by offender management arrangements and lifers were involved in multidisciplinary sentence plan boards but others had sentence plans agreed just with the offender supervisor.
- HP35 There was a comprehensive public protection policy and suitable processes to identify and manage prisoners. Relevant information was shared appropriately both within the prison and with other agencies.
- HP36 With 51 life-sentenced women and 30 serving indeterminate sentences for public protection, the prison held the largest group of indeterminate-sentenced women prisoners in the country. All had an allocated offender supervisor and personal officer. Many were positive about the support received but there was no permanent psychologist as part of a multidisciplinary lifer team. Regular lifer surgeries and family days were held. There was no specific allocated accommodation for lifers and some found living with women serving shorter sentences unsettling.
- HP37 Housing needs were identified during induction and referred to housing peer workers trained and managed by a Shelter worker but their effectiveness was hampered by the lack of telephone and internet access. The provision was due to end in March 2011 and it was not clear what would happen then. It was difficult to find suitable hostel places for women and about 7% left without any housing. A St Giles Trust call centre for advice on all resettlement needs had recently been established in the prison.
- HP38 A trained senior officer provided some debt advice but this was not a regular service and a debt adviser was due to start work in the prison in January 2011. There was free access to a national telephone debt support service and a money management course was delivered in education. JobCentre Plus workers visited weekly to arrange fresh start benefit appointments in the community for release and provided

information about loans and grants available. The few women in paid external employment could open bank accounts but there was no facility for others.

- HP39 A well-structured preparation for work course was offered to all women before release and appropriate careers advice and guidance. Some links with employers had begun to be made to help women get some real opportunities for employment. Good use was made of release on temporary licence to allow women to work in the community, mainly in voluntary work.
- HP40 A domestic violence survivors' course was run for 16 women four times a year and some individual support was provided and referrals made to women's refuges and support agencies. A worker from a local rape crisis centre provided some counselling and a two-day course was run aimed at promoting safety for women who had been involved in sex work.
- HP41 About half the women in the prison had children under 18 but the range of provision to help maintain contact with children and families was limited and the children and families pathway was underdeveloped. There was no qualified or experienced family liaison officer to help and support women maintain or regain contact with their families or come to terms with separation from them. There was a good visitors' centre but parking was difficult and visits did not start at the published time.
- HP42 There was an appropriate range of interventions including the therapeutic community, the RAPt programme, thinking skills and the Sycamore Tree programme, for which there were long waits. Gaps in provision identified by offender supervisors included for alcohol misuse and anger management. The therapeutic community continued to provide an excellent opportunity for women to take part in intensive therapy. While it had often been difficult to get recruits, 21 women were now involved and there was a better strategic plan and more effective links with offender management.
- HP43 The drug strategy did not have a targeted action plan or encompass IDTS provision and the alcohol policy focused on testing only. The CARAT team had an active caseload of 82 and provided an accessible and valued service that would have been improved by some longer group work modules. The well-managed RAPt 12-step programme provided good peer support and aftercare provision. Although better used as a national resource, it was still difficult to attract sufficient numbers and a change of criteria to include women with alcohol-only problems would have helped.

Main recommendations

- HP44 In consultation with prisoners, staff and all relevant stakeholders, the prison should develop a revised violence reduction strategy aimed at reducing the level of threats and intimidation experienced by women at Send and tackling the underlying causes.
- HP45 A prisoner council, chaired by a senior governor, should be formed to consult women prisoners effectively and build confidence that their views are taken seriously and acted upon as appropriate.
- HP46 A wider range of education and training courses should be provided and at higher levels to improve women's progression opportunities.

HP47 A revised reducing reoffending strategy should be introduced based on an up-to-date and effective analysis of need and which sets out how the specific resettlement needs of particular groups of women prisoners will be met.

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 Women said they were well treated by escort staff but few had been offered toilet breaks. Most had been told where they were going but few had been given enough notice of their transfer to contact their families before leaving their previous prison.
- 1.2 Escort vans were clean and contained supplies of water, sandwiches and sanitary products. Most women said they had been well treated by escort staff but only 6% in our survey said they had been offered enough toilet breaks. Escort staff said it was rarely possible to offer breaks even on journeys of over three hours because of the difficulties in finding a suitable stopping place. All new arrivals were transferred from other prisons and most had been told where they were going. Women who transferred as part of a progressive move to access interventions, such as RAPt (rehabilitation of addicted prisoners trust), the therapeutic community or offending behaviour courses, were given notice of transfer. Other women said they had been told of their move less than 24 hours in advance and had not had time to let friends and family know before leaving.

Recommendations

- 1.3 Women prisoners should be offered a toilet break at least every 2.5 hours.
- 1.4 Unless a risk assessment indicates otherwise, all women should be given at least 24 hours notice of planned transfers and be able to telephone family, friends or legal advisers.

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.

- 1.5 The reception area was clean and welcoming. Holding rooms were comfortable and Insiders and Listeners offered information and support. Reception staff interviewed women in private but did not always complete a full vulnerability assessment. Not all women were offered a free telephone call on the day they arrived. Fewer women than at our last inspection said they had felt safe on their first night. Some women could wait up to a week to start the induction

programme. Many found the programme helpful, particularly the contribution of Insiders and other peer workers.

Reception and first night

- 1.6 The reception area was bright and clean. Holding rooms were comfortable and contained information posters and leaflets, including an induction booklet available in a range of languages. The atmosphere was informal and, unless a risk assessment suggested otherwise, the holding rooms were left unlocked. The main holding room could be seen from the reception desk and office. A second was along a corridor and out of sight but staff said it was rarely used.
- 1.7 Reception was staffed by two officers, although they said they were often redeployed to other duties when there were no new arrivals, which affected their ability to process property efficiently. On average, there were six new arrivals each week and six women transferred or discharged. Two of the five reception officers were men and they were sometimes on duty together. Women were not routinely strip-searched but all were given a rub-down search and checked on a BOSS scanning chair. A female officer was called in from another area to complete the search if no female reception staff were on duty.
- 1.8 After the initial booking in procedures, reception staff interviewed all women in private. Cell-sharing risk assessments (CSRAs) were completed only if the one they arrived with was more than six months old or there was an indication of a change in risk. Staff completed a formal vulnerability risk assessment only on women considered at high risk of self-harm or suicide by virtue of their offence or a change in their status. Reception staff were expected to record any immediate concerns or special needs for other women and log action taken. Some logs we looked at showed that staff had identified risks and taken action such as opening an assessment, care in custody and teamwork monitoring document. However, others simply recorded that the new arrival had been interviewed, with no indication of the questions asked to identify potential risks or concerns. Reception staff completed a disability questionnaire, a form designed to identify public protection issues and a communications compact. All women were given a health care screen by a nurse in reception.
- 1.9 In our survey, many fewer women than at our last inspection said they had been treated well in reception. Some women said they found reception staff unhelpful but we observed officers trying to put prisoners at ease and deal with any concerns. Fewer than the comparator said they had been able to make a free telephone call on the day they arrived. The system allowing reception staff to access the personal identification number (pin) telephone system had broken down and women were not routinely given a free call. All women were offered a smoker's or non-smoker's reception pack and an advance of up to £6 to put on their pin account. There were no showers in reception but all women could shower once on their wing.
- 1.10 An Insider met all new arrivals and gave them a hot drink and information about the prison. She also escorted anyone in reception at meal times to the dining room but women who arrived after the evening meal had been served were only given sandwiches. Listeners also met new arrivals in reception and explained the scheme but there was less time to see Listeners and Insiders on Friday afternoons.
- 1.11 In our survey, fewer women than in 2006 said they had felt safe on their first night. C wing was the designated first night unit but often the only available space was on D wing, which was not ideal as it was a specialised RAPt unit with shared accommodation. First night accommodation was clean with clean bedding and toiletries were available on request. Wing staff explained the

regime and answered any questions but did not speak to women in private. Induction staff interviewed new arrivals about vulnerabilities and any issues or concerns but this could be up to a week after the woman's arrival. New arrivals were checked at least every four hours during their first 24 hours and these checks were recorded.

Recommendations

- 1.12 Women should have their immediate needs and vulnerabilities identified and assessed at a private meeting with an officer before they are locked up on their first night.
- 1.13 All new arrivals should spend their first night on the first night unit.

Housekeeping points

- 1.14 All women should be offered a free telephone call in private on the day of their arrival and this should be documented.
- 1.15 Prisoners arriving after the evening meal has been served in the dining room should be given a hot meal in reception.

Induction

- 1.16 The two-day induction programme ran on Mondays and Tuesdays so new arrivals could wait several days to start it. The induction room was clean and bright and contained posters and leaflets detailing the facilities and regime, resettlement services, legal advice and outside support agencies. The first day comprised presentations by different departments and a private interview with the chaplain, while the second day was devoted to a gym induction and education, including key skills assessments. Induction staff and Insiders were available throughout to provide help and support. Women we spoke to said induction had been helpful, informative and interesting. They particularly liked the fact that Insiders were available throughout and that peer workers from other departments helped deliver induction information.

Housekeeping point

- 1.17 Induction should begin on the first full working day after reception.

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 Cells and communal areas were generally in a satisfactory condition. Most women had single cells with integral toilet and shower facilities. Property was stored appropriately but not easily accessed. Women could not include underwear in their weekly wash and had to wash it by hand. Mail was often late and telephones could not be used in private.

Residential units

- 2.2 The general environment was well kept and women appreciated the freedom of movement around the site. Accommodation was provided on seven wings (see fact page). Apart from on D wing, all cells were single and had en-suite toilets and showers. Women on D wing had 24-hour access to toilets and showers. All cells contained televisions and women had access to drinking water, kettles and washing facilities. Cells and communal areas were generally in an adequate condition, although some areas were a little worn, some windows were broken and there was damp on E and F wings. Women on some wings said the shower drains regularly became blocked, flooding the cell. Women could buy or make curtains and duvet covers and all had privacy keys to their cells.
- 2.3 Association rooms on A, F and J wings were adequate and fairly comfortable but the only activities were pool and table tennis. The association room for B and C wings was poorly equipped and locked during our evening visit.

Mail and telephones

- 2.4 There were no limits on how many letters prisoners could send or receive. The prison covered the postage costs of four letters a month for women on the basic incentives and earned privileges level, five for those on standard and six for those on enhanced. Foreign national women could exchange their mail allowance for airmail or telephone credit. The 'email a prisoner' system had been introduced but was not working. Staff shortages impacted on the timeliness of distribution of incoming post and prisoners said registered or recorded post was delayed. In our survey, more women than the comparator said they had problems sending mail.
- 2.5 There were two telephones on each wing but some were out of order. Many were in the busy wing foyers and none were enclosed so calls could not be made in private. Women could exchange visiting orders for £1 of telephone credit but not all women knew this. Foreign national prisoners were also supposed to be able to exchange visiting orders for £2 of telephone credit but the minutes of the November 2010 prisoner consultation meeting stated this was not possible. The cost of calls was in line with the national contract but women, many of whom relied on calls to keep in touch with their children, found charges, particularly to mobile telephones, too expensive.

Clothing and possessions

- 2.6 Most women wore their own clothes and items could be sent in every two months and there was reasonable access to a range of clothing catalogues. Those who arrived with little to wear were given prison-issue items until they could get to the prison's second-hand clothes shop. Women were allowed to have sufficient amounts of clothing and employed women were given appropriate clothes for their job.
- 2.7 Property was stored appropriately. However, the property desk in reception was often closed when staff were redeployed (see section on first days in custody) and women could not always get their possessions within a week of applying. Women were given suitable bags for their clothes on discharge.

Hygiene

- 2.8 Women had little opportunity to use laundry facilities apart from one weekly allocated wash. Only women on E, F and J wings could wash their own clothes. All women had to hand-wash their underwear, including socks, but the washing powder provided was not suitable and some women said they did not have enough to last the month.
- 2.9 Women were encouraged to keep their cell clean and more than in 2006 in our survey said access to cleaning products was adequate on most wings, although disinfectant and polish were not permitted.
- 2.10 Basic toiletries were provided free on the wing and women could buy other items from the shop. As most women had integral facilities, there was no problem with access to showers.

Recommendations

- 2.11 Women should be able to get their stored property within a week of application.
- 2.12 Sufficient working phones should be provided in booths on each wing.

Housekeeping points

- 2.13 Association rooms should be freely available to prisoners and suitably equipped.
- 2.14 The procedure for all women, including foreign national women, to exchange unused visiting orders for telephone credit should be clarified and advertised.
- 2.15 Appropriate arrangements for washing underwear should be introduced.

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.

- 2.16 Most women prisoners in our survey said most staff treated them with respect and that they had a member of staff they could turn to for help. However, more than in other women's prisons said they had been victimised by staff and many said a small number of officers made life difficult for them. Most interactions we saw were positive but there was relatively little active engagement and consultation arrangements were basic.
- 2.17 In our survey, 72% of women prisoners said they were treated with respect by most staff, which was the same as the comparator but lower than at HMP Downview, Send's nearest comparator. Survey results from black and minority ethnic and foreign national women showed very little difference but substantially fewer gay or bisexual women said most staff treated them with respect. More positively, 81%, similar to the comparator, said they had a member of staff they could turn to for help.
- 2.18 Women in groups and individually were generally positive about relationships but many named a small number of officers who they said made life difficult for them and if possible they avoided. In our survey, more than the comparator and nearly twice as many as at Downview said they had been victimised, threatened or intimidated by a member of staff. Women prisoners said they were reluctant to make formal complaints about their treatment by officers as they did not believe they would be considered seriously or believed they would be victimised by other staff if they did. A number of negative comments about staff in the 2009 measuring the quality of prison life (MQPL) survey had identified treatment by some staff as an issue and noted that 'a small minority of officers can be unhelpful'. Managers said a small number of staff caused them some concern but it was not clear what was being done to challenge them. We were told that officers often worked alone on wings, which made it difficult to establish whether some complaints about staff were justified.
- 2.19 Some comments made to inspectors and in the MQPL report related to officers not delivering on what had been promised. Although the interactions we observed were mostly positive, there was relatively little active engagement with prisoners. Often there was only one officer based in a wing office busy with a number of tasks, which made it difficult for more informal interaction and made it less likely that officers could immediately help women when asked. In our survey, a third of women said officers rarely or never spoke to them during association.
- 2.20 Women prisoners were almost invariably addressed by their first name or title and surname. Some said officers did not always knock before opening observation panels in doors and officers had been reminded of the need to do this at a recent consultative meeting. The ratio of male to female officers at 40:60 was a little high and short of the ideal of 30:70. Only about 40% of officers had undertaken the training for staff working with women prisoners.
- 2.21 The terms of reference for consultative meetings included to identify and address issues, ensure information sharing, provide a forum for prisoners to contribute to new and changing policy and monitor compliance with procedures and protocols. Meetings were expected to be held monthly but in practice were usually bi-monthly. Most meetings consisted of reporting back on relatively minor domestic issues raised by women. The July 2010 meeting had noted this as a concern and the subsequent two meetings had been chaired by a senior officer rather than the head of residence to 'allow discussion of minor issues that can be resolved quickly and that relate to the day to day activities of the wings.' It was expected that more important issues would be considered at bi-monthly meetings chaired by the head of residence but the next one of these in November 2010 was still dominated by minor domestic issues. There was

no standard agenda to allow active management of the meeting and more effective consultation across a range of subjects such as relationships, the operation of the personal officer scheme or aspects of safety. The head of Send did not attend, nor did the governor in charge of Send and Downview who spent most of her time at Downview.

Recommendation

- 2.22 The governor of Send and Downview should ensure that all staff are fully aware of expected professional standards in dealing with women and that any managerial concerns or complaints about staff are effectively investigated and monitored at a senior level.

Housekeeping point

- 2.23 The poorer perceptions of gay and bisexual prisoners about treatment by staff should be discussed with them at their regular diversity meeting.

Personal officers

Expected outcomes:

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

- 2.24 Most women said they had a personal officer and most found them helpful. Personal officer entries in prisoner custody records were good quality and subject to regular management checks.
- 2.25 The local personal officer policy provided clear guidance to staff on their responsibilities and emphasised the need for weekly contact and support in a range of areas, including sentence planning and maintaining contact with family. Personal officer entries in prisoner custody records mostly reflected that this was being done. There were regular entries, often very detailed and invariably making reference to pertinent issues beyond compliance with rules and regimes. There were regular management checks and inadequate contributions were challenged. In our survey, more women than the comparator said they had a personal officer and most found them helpful. Sentence planning was regularly referred to in custody record entries and the offender management unit reported good support from personal officers in relation to attendance at planning boards and providing written reports.

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 In our survey, although most women felt safe, they also reported higher levels of victimisation than at comparator prisons. A new violence reduction strategy, which had not been fully implemented, focused on managing bullying incidents rather than articulating a prison-wide strategy to reduce violence and intimidation. Investigations into reports of bullying were poor. Only 10 prisoners had been placed on formal monitoring procedures to date in 2010 and there were few identified interventions. A new pro-social skills group had recently started and had had some useful discussions about bullying but so far no action had resulted. There was little support for victims.
- 3.2 In our survey, more women than the comparator said they had been victimised by another prisoner and more said another prisoner had hit, kicked or assaulted them or made insulting remarks about them, their family or friends. However, overall feelings of safety were similar to the comparator. Women said there was little physical violence and that bullying usually took the form of threats and intimidation. The prison's records indicated that there had been just six recorded assaults in the last six months.
- 3.3 The prison had conducted its own safer custody survey in January 2010 and this had generated 102 responses. This indicated similar levels of intimidation and violence to our survey. The responses had been summarised but not analysed in any detail and no recommendations had been made. There was no evidence that key findings had informed the violence reduction strategy or safer community action plan. Exit surveys were completed and each one was reviewed by the diversity liaison officer but the overall results had not been analysed since January 2010.
- 3.4 An amended violence reduction strategy published in November 2010 focused on the work of the violence reduction coordinator and the process of identifying and managing incidents of bullying rather than articulating a prison-wide approach to improving safety and the circumstances in which intimidation occurred. Violence reduction was managed by the safer custody committee, chaired by the head of safer custody. The meeting was multidisciplinary and well attended by relevant departments and included some prisoner representatives. The violence reduction coordinator produced a report for the meeting but this focused mainly on incidents of bullying and did not record, analyse or monitor the full range of indicators of violence such as security information reports, incident reports, adjudications, use of force and numbers of high-risk cell-sharing risk assessments to identify any patterns or emerging issues.
- 3.5 The violence reduction coordinator was part time and allocated 22 hours a week for the role. The suicide prevention coordinator provided cover in his absence. Since the beginning of 2010, 90 alleged incidents of bullying had been investigated, most by the violence reduction coordinator, but only 10 women had been placed on formal monitoring. Managers did not carry

out any quality assurance checks of the investigations or the action taken. In many of the cases we reviewed, the quality of the investigations was poor and not enough action had been taken to monitor and challenge the behaviour of the alleged perpetrators. Too often, it was assumed that the situation had been resolved because the alleged bully had been spoken to or the victim had said she did not wish to pursue the matter. The onus was on the victim to report to staff any further problems. Some women said they were reluctant to report incidents as they did not believe they would be taken seriously.

- 3.6 There was little formal support for victims. They were reminded of the availability of Listeners and Samaritans and told to get help and support through their personal officer or wing staff. In some cases, it was assumed that moving victims would resolve the issue. There were few identified interventions to challenge and address bullying behaviour. A small focus group involving six prisoners held in October 2010 had discussed bullying and anti-social behaviour and possible interventions. A 'pro-social skills' group had subsequently been formed and had met five times but no action had resulted despite some interesting discussions on the causes of bullying, the reluctance of women to report bullying and ideas for interventions.

Recommendation

- 3.7 Senior managers should complete quality assurance checks of the investigations into alleged incidents of bullying to ensure that these are thorough and that appropriate action is taken to challenge bullies and protect and support victims.

Housekeeping points

- 3.8 The safer custody committee should collate, analyse and monitor all indicators of violence, bullying and intimidation to identify any patterns or trends, including results of safer custody surveys.
- 3.9 Responses to exit surveys should be analysed at least twice a year and key findings discussed by the safer custody committee and used to inform the violence reduction strategy and safer community action plan.

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.

- 3.10 There was an appropriate suicide prevention and self-harm management strategy. Support for women at risk of suicide and self-harm was good, including from Listeners, and the quality of assessment, care in custody and teamwork support documents was generally good, although care maps were not sufficiently detailed and some monitoring entries were at too regular intervals. The design and location of a gated cell did not provide a supportive environment for

women in crisis. There were not enough staff trained in first aid and resuscitation on duty at night.

- 3.11 A comprehensive and up-to-date suicide prevention and self-harm management strategy was managed by a multidisciplinary safer custody committee chaired by the safer custody manager. The committee meet monthly and was well attended. Prisoner representatives, including Listeners, were invited to the main part of the meeting, with individual prisoner cases discussed in a confidential part of the meeting. The meeting monitored a range of data relating to suicide and self-harm issues. A full-time suicide prevention coordinator was supported by a part-time administrative assistant and a prisoner peer worker.
- 3.12 A total of 111 assessment, care in custody and teamwork (ACCT) documents had been opened in the six months from April to September 2010. The quality was generally good and most assessments and reviews were detailed and meaningful. During the inspection, up to 15 ACCT documents were open, three of which were subject to enhanced reviews because of the complexity and severity of their circumstances. Enhanced reviews were particularly good quality and involved senior managers and staff from a range of disciplines. Ongoing entries in ACCTs were also reasonably good and showed some good interactions, although night observations were at too regular and predictable intervals. However, care plans (care maps) were often poor quality and sometimes failed to reflect some of the good support provided. All women placed on ACCTs were asked if they wanted their family to be told and involved in their support. The safer custody coordinator and duty managers conducted daily quality checks of ACCTs and the safer custody committee also quality-checked a sample.
- 3.13 There were 15 Listeners on the rota and prisoners and staff spoke highly of their dedication and the support they provided. They were well supported by the local Samaritans team, who described a good and supportive working relationship with prison staff and managers. There had been an increase in the number of call outs for Listeners in recent months partly as a result of a death in custody in August 2011. There were two Listener suites on B wing and one on J wing. These were well used and the safer custody peer worker, herself a Listener, checked them daily to ensure they were clean and well stocked with refreshments. The suite on B wing could be used by prisoners on A and C wings.
- 3.14 There had been 200 incidents of self-harm in the first nine months of 2010, an average of about 22 incidents a month (143 in the last six months). Incidents of self-harm were monitored by the safer custody committee and serious incidents were investigated.
- 3.15 There were no safer cells. A gated cell used for women under constant supervision was situated on a corridor in the main block adjacent to reception, which was not ideal as the corridor was also used by staff and prisoners and also contained the unfurnished special cell (see also section on use of force). It had been used 15 times in the six months to October 2010. All uses were appropriately authorised by a duty manager and health care staff and a detailed log was kept. The cell had blank walls and the glass in the window had been obscured, producing a stark and depressing environment. Most women spent less than 24 hours under constant supervision and the longest stay was three days. In the cases we reviewed, use of constant supervision was appropriate. The policy for use of the cell indicated that women under constant supervision could take part in activities subject to a risk assessment but the records we reviewed and the women we spoke to who had spent time on constant supervision indicated that they had spent the whole time in the cell. One woman said she had deliberately misled staff into believing her mood had improved so that she could get out of the constant observation cell, which she had found depressing and oppressive.

- 3.16 There had been two self-inflicted deaths since our last inspection. Action points from the first death had been incorporated into the safer custody continuous improvement plan, which was reviewed and updated at the safer custody committee meeting. The Prisons and Probation Ombudsman had not finalised the report into the most recent death in August 2010 but had supplied some initial feedback and the prison had subsequently produced an action plan. However, some of the responses detailed in the action plan did not fully address the concerns highlighted and the target date for completion of some action points did not ensure that the concerns were addressed with sufficient urgency. This included a concern raised about insufficient numbers of first aid-trained staff and the fact that no defibrillator was available in the prison overnight, to which the prison had stated it would develop a first aid training plan by 1 February 2011, with nothing to address the lack of defibrillators. None of the night staff during our night visit had attended full first aid training in the previous three years and only two had received basic 'heartstart' training in the same timeframe. None had been trained to use a defibrillator and no defibrillator was available.

Recommendations

- 3.17 Assessment, care in custody and teamwork care plans (care maps) should identify the prisoner's needs and concerns, indicate how and when these will be addressed and the person responsible and should be updated after each review.
- 3.18 An appropriate environment should be provided for women under constant supervision, who where appropriate should be encouraged and enabled to take part in activities.
- 3.19 The action plan for emerging findings for the most recent death in custody should ensure that the proposed actions promptly and fully address the concerns raised, including the provision of defibrillators and sufficient first aid-trained staff.

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.

- 3.20 A recently revised applications system apparently worked well but replies were not always recorded in the log books. Prisoners could easily access and submit complaint forms. Most complaints received a prompt reply but the quality of responses was mixed and some were too abrupt and dismissive.
- 3.21 The recently revised applications system worked well but replies were not always recorded in the log books. In our survey, 69% of prisoners, more than the comparator, said applications were handled fairly and 59% said they were handled promptly.
- 3.22 In the six months to October 2010, 361 complaints had been made, an average of about 60 a month. The single biggest category related to health care (28%) followed by cell conditions (16%) and staff (9%). Complaint forms and boxes were easily accessible on all wings and boxes were emptied every night.

- 3.23 Most complaints received a prompt reply but the quality of responses was mixed. We examined 50 complaints, only five of which had received a late reply. Some replies were constructive and polite but too many were abrupt and dismissive in tone. In a couple of cases, replies had been typed, addressed the prisoner by title, offered an apology and stated what actions would be taken to prevent the issue arising again. However, many were very brief and did not explain what steps had been taken to investigate the complaint. It was not clear that all complaints had received a reply. In our survey, 31% of women, fewer than the comparator and than in 2006, said their complaints were dealt with fairly.
- 3.24 Prisoners could contact the Independent Monitoring Board (IMB). IMB application forms and drop-boxes were available around the prison.
- 3.25 Complaints were analysed monthly by location, subject matter and ethnicity. There was no analysis for other diversity areas such as age or disability. A monthly report compiled by the complaints clerk was analysed at the senior management team meeting and passed to the IMB, which looked at the timeliness of replies but not the quality. The head of Send checked for quality but it did not appear that the deficiencies we identified had been highlighted. There was no oversight by the governor in charge of Send and Downview as she rarely attended senior management meetings.

Recommendations

- 3.26 All replies to applications should be recorded in the wing applications log books.
- 3.27 Senior managers should ensure that women prisoners receive respectful and legible responses to complaints that address the issues raised and the reason for the decision.

Housekeeping point

- 3.28 Outcomes of complaints about health care should be recorded to enable accurate monitoring.

Legal rights

Expected outcomes:

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

- 3.29 Prisoners were asked at induction if they needed to see a legal service officer and a range of relevant published information and telephone helplines were available. A solicitor ran a regular surgery. Legal visits did not take place in private.
- 3.30 There were three legal service officers (LSOs). Only one had received training and no refresher training was provided. All prisoners were asked at induction if they wanted to appeal and if they wanted to see an LSO. Referrals were sent to LSOs by induction officers. LSOs also responded to individual applications but there was little demand for their services. The names of LSOs were displayed on wings and a relevant selection of information leaflets published by the Legal Services Commission was available in the induction room.

- 3.31 Women prisoners had free telephone access to an adviser from a national legal advice helpline who could provide details of solicitors nationwide. They could also speak to a trained volunteer from the prisoner advice clinic (PAC) on the telephone, although this call was not free. PAC volunteers provided information on all aspects of prison law, prisoners' rights, and conditions of imprisonment and could signpost prisoners to other sources of advice and information. A solicitor from the PAC held a regular surgery at the prison.
- 3.32 Legal reference books and Prison Service Orders in the library were up to date.
- 3.33 There were no private booths for legal visits so these took place in the open visits room.

Recommendation

- 3.34 Legal visits should take place in suitable privacy.

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.

- 3.35 Chaplaincy facilities were easily accessible and religious beliefs were respected. The coordinating chaplain was active in the life of the prison. The multi-faith area was suitable and well equipped. Women had access to ministers of all major religions apart from Pentecostal and Hindu ministers.
- 3.36 Chaplaincy facilities were good, most women in our survey said their religious beliefs were respected and more than the comparator said they could speak to a religious leader of their faith in private. The chaplaincy team comprised a full-time coordinating chaplain and a part-time Catholic chaplain. Sessional chaplains covered all the main religions except there were no Pentecostal or Hindu ministers. The team was supported by around 30 active volunteers. Two prisoner orderlies normally worked in the multi-faith unit but both positions were vacant.
- 3.37 The coordinating chaplain saw her role as meeting the pastoral needs of prisoners, providing them with the relevant religious services, visiting new arrivals on induction, supporting prisoners in times of crisis and meeting the other formal requirements of the relevant Prison Service. When invited, she attended ACCT reviews and contributed to sentence plans. She attended the morning, safer custody and diversity meetings but not senior management team meetings.
- 3.38 The multi-faith area was well equipped, with a chapel for Christian services, a multi-faith room with ablutions facilities and a break out area next to the chapel. There was enough seating for individual services. Recently installed audio-visual equipment supported religious study and services. A timetable of services and classes was published and distributed around the prison.

Recommendation

- 3.39 Pentecostal and Hindu ministers should regularly attend the prison.

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.

3.40 Women could continue opiate substitute regimes and were well managed and supported. There was good joint work between clinical substance misuse and counselling, assessment, referral, advice and throughcare services but a designated dual diagnosis service had not been developed. There was little evidence of illicit drug use.

Clinical management

- 3.41 Women had been able to continue methadone treatment for some time but the integrated drug treatment system (IDTS) had been fully implemented in November 2010. The clinical substance misuse team comprised a manager, a newly appointed band 6 and a band 5 IDTS nurse. One band 5 nurse post was vacant. An experienced specialist GP provided one session a week but her input could be increased according to demand.
- 3.42 Twenty women were prescribed opiate substitutes (14 received methadone and six subutex). Half of all prescribing regimes, including all subutex regimes, were on a reducing basis and women were positive about the flexibility of treatment and their involvement. Treatment reviews took place regularly and were undertaken jointly with counselling, assessment, referral, advice and throughcare (CARAT) staff. A RAPt (rehabilitation of addicted prisoners trust) programme counsellor also participated if women expressed interest in the programme once abstinent.
- 3.43 Controlled drugs were administered in the health care building and consumption was supervised by nurses and officers. There had been concern about diversion of subutex earlier in 2010 and women had occasionally requested secondary detoxification but closer supervision was addressing this problem.
- 3.44 Women received a good level of support, which included one-to-one contact with a nurse and a CARAT worker, weekend IDTS drop-in sessions and IDTS group work modules. Group work was currently not co-facilitated by nurses but integrated working was helped by the co-location of clinical substance misuse and CARAT staff in a new building and by weekly joint team meetings.
- 3.45 Women experiencing both mental health and substance-related problems could access both primary and secondary mental health services. The band 6 IDTS nurse attended weekly referral meetings where women's care was coordinated but there was no dedicated dual diagnosis lead or dual diagnosis clinics. The CARAT service was not represented at the multi-agency referral meetings.
- 3.46 There were good throughcare arrangements with community agencies to ensure treatment continuity on release. Liver function tests were completed for women who wanted to be prescribed the opiate blocker, naltrexone, but the treatment could not start while at the prison.

Recommendations

- 3.47 A dual diagnosis lead should be identified and designated dual diagnosis services should be developed for women with mental health and substance-related problems supported by joint work between mental health and CARAT services.
- 3.48 Nurses should undertake training to allow naltrexone treatment to start before release.

Drug testing

- 3.49 The year-to-date random mandatory drug testing (MDT) rate stood at 1.8% against a target of 3.5%. Weekend testing targets were met. During the past six months (June 2010 up to but excluding December), 59 suspicion tests had been undertaken, resulting in only two positives. Four women had refused. Most tests were consistent with medication. Security information reports were checked daily and the MDT programme was sufficiently resourced to complete target tests quickly. Full searches were based on intelligence and only undertaken before target tests. Drug finds mostly consisted of 'unidentified tablets'. Visits and incoming mail were thought to be the main routes into the prison. Women reported little illicit drug use. Alcohol testing occasionally took place on the resettlement units on a suspicion basis. The security department was represented at drug strategy meetings, all women testing positive were referred to the CARAT team and there was good information sharing between security and drug strategy/treatment staff.
- 3.50 All enhanced prisoners on the resettlement units, as well as for those on the therapeutic community and the RAPt rehabilitation unit, were subject to compliance testing compacts. Testing was undertaken by wing officers. In the past six months, only two positive tests had been recorded.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 A brief overarching diversity policy was supplemented by specific policies on race equality and foreign national prisoners. Prisoner representatives covered all diversity strands and promoted the work of the diversity team.
- 4.2 A brief but well-defined overarching diversity policy covered each diversity strand. There were supplementary policy documents for race equality and foreign national prisoners but not for the other diversity groups. Meetings of the race equality and diversity action team (REDAT) were chaired by the head of Send and a REDAT action plan was drafted annually. Many of the actions on the 2010 plan had been completed and there was no new draft plan for 2011.
- 4.3 The diversity team actively promoted diversity and equality throughout the prison. The team comprised a diversity manager, the race equality officer and a prisoner orderly. The diversity manager worked two days a week at Send. The full-time race equality officer (REO) covered race and all other diversity strands. The diversity orderly had a job description and was paid for her work. Her duties included providing diversity advice and information to prisoners, promoting the work of the diversity team, building prisoners' confidence in the racist incident reporting system and assisting with induction. She spoke positively about her role and the work of the team. Four uniformed officers assisted the team: two acted as older prisoner leads and two as lesbian, gay, bisexual and transsexual (LGBT) leads. Notices with photographs of the diversity team were displayed around the prison.
- 4.4 The diversity team had an office on the ground floor of the main block and operated an open door policy. The team published a useful diversity newsletter describing the work undertaken and upcoming religious and cultural events. Six unpaid diversity representatives each took a lead on a diversity strand and were positive about the contribution they made. They attended the REDAT meetings, their own diversity representatives meetings and individual diversity strand focus meetings. Identifying T-shirts and fleeces had been provided for diversity representatives and the orderly but not all representatives wore them.
- 4.5 Prisoner consultative meetings were held for prisoners with disabilities, older prisoners, LGBT and foreign national prisoners, although the regularity of the meetings varied. There were no meetings for black and minority ethnic prisoners.
- 4.6 The diversity orderly attended induction once a week to meet new arrivals. As well as promoting equality and diversity, she helped new arrivals complete a 'reception questionnaire' that identified diversity needs. Prisoners could indicate their ethnic origin, nationality, language and literacy ability, sexual orientation, disability, religion and whether they were a Traveller or Gypsy. This information was collated by the REO, who kept up-to-date records.
- 4.7 REDAT meetings were reasonably well attended, although external community representatives, the librarian and the catering manager did not attend regularly. Prisoner representatives attended and contributed to the meetings. The diversity manager's report,

ethnic monitoring and the race equality and diversity action plan were discussed at the meetings. Actions were noted and progressed.

Race equality

- 4.8 Black and minority ethnic prisoners reported more negatively in our survey, particularly around safety and respect. There were no consultative meetings for black and minority ethnic prisoners. Many racist incidents were poorly investigated and quality assessed. Regular events were held to celebrate racial, ethnic and cultural diversity but there were few displays to reflect the racial diversity of the population.
- 4.9 Black and minority ethnic prisoners accounted for about 26% of the population. The largest group was black Caribbean (10%) followed by black Africans (4%). The race equality policy dated March 2010 indicated that the head of Send had overall responsibility for race equality not the governor in charge. In our survey, black and minority ethnic women reported more negatively than white women in a number of areas, especially around safety and respect. Fewer black and minority ethnic women prisoners than white prisoners had felt safe on their first night and more than twice as many currently felt unsafe. Thirty-nine per cent said they had been victimised by a member of staff and 43% said they had been threatened or intimidated by a member of staff. Staff did not always attempt to engage with all racial and ethnic groups and fewer black and minority ethnic women than white women said staff normally spoke to them during association. While there were no obvious reasons to explain some of these differences, the lack of a general consultation meeting with black and minority ethnic women meant there was no forum where such differences could be discussed.
- 4.10 Although some wider data were gathered, ethnic monitoring was restricted to the mandatory Prison Service requirements and did not cover areas such as accommodation, activities and employment. While information was collected on accommodation and employment, the data were not monitored for trends over time. Some black and minority ethnic women believed there was discrimination in job allocation and the lack of monitoring meant there was no data to reassure them otherwise. Of the areas monitored over time, none was consistently out of range apart from complaints. In the five months to August 2010, black and minority ethnic prisoners had made fewer complaints than white prisoners. This had been noted in the June 2010 REDAT meeting but no explanation or actions had been agreed and had not been discussed at subsequent REDAT meetings.
- 4.11 The diversity manager was a 'challenge it, change it' facilitator and the REO was being trained to become a trainer. A total of 109 staff out of 186 had attended the 'challenge it, change it' training and the diversity team planned to train the remainder by November 2012.

Managing racist incidents

- 4.12 In our survey, more women than the comparator said they had been victimised by staff because of their race or ethnic origin. Racist incident report forms (RIRFs) were freely available and both these and diversity inequality incident reporting forms (DIIRFs) were available in a range of languages from the diversity officer. Notices advising prisoners of this were displayed around the prison but were written in English only.
- 4.13 In the six months to September 2010, 20 RIRFs had been submitted. Some incidents were insufficiently investigated. In one case, four women complained about a member of the health

care team who had refused to give medication to two black women prisoners because they were not carrying their identification cards but issued medication to white women prisoners without asking for identification. The investigation failed to consider whether there was a racist element but concentrated on the procedures for issuing medication. In another incident, a woman was found to have been racist for using offensive and insulting words but the investigation report did not explain how or why the words used were racist.

- 4.14 Replies to RIRFs were cut and pasted from a poorly drafted template. It was not always clear whether the incident had been upheld or dismissed or what steps had been taken to investigate the incident. Potential victims of racist incidents were written to and offered support by a member of staff but this was usually the same person who had investigated the incident, who might not have upheld the complaint so was unlikely to instil confidence.
- 4.15 Managerial checks of racist incident investigation were insufficiently thorough and critical. All 10 RIRF investigation reports we examined had been checked by the head of Send and an independent verifier from a voluntary sector agency. A number had also been checked by the Prison Service regional diversity adviser. Yet none of the checks had picked up on poor quality reply letters, the deficient investigations or the incompatibility of a racist incident investigator acting as a victim supporter. RIRFs were not routinely examined by the governor in charge of Send and Downview.

Race equality duty

- 4.16 Impact assessments of all locally implemented policies were on track to be completed by the end of 2010.
- 4.17 Regular events were held to celebrate racial, ethnic and cultural diversity. An annual timetable published by the diversity team covered religious festivals, Gypsy and Traveller awareness month and black history month. Prisoners were positive about the 2010 black history month events, including quizzes, displays, cultural meals and presentations, and were encouraged to take a lead in organising these.
- 4.18 Any prisoner convicted of racially aggravated offences or of an incident of racist bullying in the prison was identified. The diversity team was informed of such prisoners by the discipline office and kept a list with photographs of those deemed racist or potentially racist. The information was available on the shared computer drive.
- 4.19 There were few displays in the prison to reflect the racial diversity of the population and little to reflect the fact that a third of prisoners were black or minority ethnic.

Recommendations

- 4.20 Regular prisoner consultative meetings should be held for all diversity strands, including for black and minority ethnic prisoners.
- 4.21 Ethnic monitoring should extend to cover areas of concern to prisoners, including employment and other activities. Any areas out of range should be fully discussed at the race equality and diversity action team meeting and actions taken when necessary.
- 4.22 Racist incident reports should be thoroughly investigated and subject to critical external and management scrutiny. Written reports should clearly explain the reason behind the findings.

Housekeeping points

- 4.23 The catering manager, librarian and external community representatives should attend the race equality and diversity action team meetings.
- 4.24 Victims of racist incidents should be offered support from a member of staff other than the person investigating the incident.
- 4.25 Notices advising foreign nationals that racist incident report forms and diversity inequality incident reporting forms are available in a range of languages should themselves be published in different languages.
- 4.26 There should be more displays to reflect the racial and ethnic diversity of the population.

Religion

- 4.27 An equality impact assessment of the chaplaincy had been conducted and an action plan produced. There was no monitoring on the basis of religious belief. Staff had not received update training in dealing with religious discrimination.
- 4.28 There was no dedicated policy or action plan describing how the religious needs of prisoners would be met, although the diversity policy included a section on religion and belief. An equality impact assessment had been conducted in June 2010 and contained a detailed action plan. There was no monitoring on the basis of religious beliefs in ethnic monitoring data so inequalities or discrimination on the basis of religion might not be identified. Other than on their initial training, staff were not given specific training in religious diversity or dealing with religious discrimination. Religious discrimination could be reported on diversity inequality incident report forms available around the prison.

Recommendation

- 4.29 **Equality of treatment should be monitored and analysed by religion and appropriate actions taken to correct any inequalities.**

Foreign nationals

- 4.30 In our survey, foreign national women prisoners reported more negatively than others in a number of areas. Consultative meetings were held including with representatives of the UK Border Agency for immigration matters but there was no regular independent immigration advice service. Professional telephone interpreting services were little used for the small number of women who did not speak English well and not all foreign national women received monthly free telephone calls.
- 4.31 There were 25 foreign national prisoners, just under 9% of the population. In our survey, foreign national women reported more negatively than other women in a number of areas, including the incentives and earned privileges scheme, feelings of safety and access to a doctor. No foreign national prisoners said staff normally spoke to them during association. There was a comprehensive foreign national policy and regular well-attended consultative

meetings were held. UK Border Agency (UKBA) criminal casework directorate case owners sometimes attended.

- 4.32 Most foreign prisoners spoke and understood some English but a professional telephone interpreting service was rarely used for the few women who did not. A notice to staff had been issued in June 2010 promoting the service but it had been used only 10 times in the eight months to November 2010. We used a telephone interpreter to speak to two foreign national women who could not speak English. One said a telephone interpreter had been used once to communicate with her in health care and the other said she had never used an interpreter. Both had problems getting basic information. Staff preferred to use other prisoners to interpret, which was sometimes inappropriate. A list of prisoners and staff able to speak other languages was updated by the diversity team and displayed in wing offices.
- 4.33 A helpful induction booklet was available in 11 languages but prisoners could not keep a copy and were not always shown one in their own language. The booklets were translated using software and prisoners working in the business administration unit. Some translations contained errors but they were of some help for those with little or no understanding of English.
- 4.34 The prison tried to help foreign national women maintain ties with family in their home country. All foreign national prisoners were automatically credited with the price of two international air mail letters each month, although some did not know why this extra money appeared in their spends account. The foreign national prisoner policy also stated that all foreign women 'will be issued with five minutes worth of 'Talk Time' to maintain their family contact every month' credited directly to their telephone account. In practice, only women who had not had a visit received this.
- 4.35 The REO had good contacts with UKBA case owners and was able to reach them by email or direct dial telephone. UKBA case owners attended the prison every two months to give women information about their immigration status. There was no regular independent immigration advice service for women who intended to challenge their deportation or administrative removal. A list of lawyers was distributed to those seeking independent legal advice but this was not up to date and at least one of the organisations listed no longer existed.

Recommendations

- 4.36 Professional telephone interpreters should be used for women prisoners who have little understanding of English when issues of accuracy or confidentiality arise and to ensure they are aware of basic prison procedures.
- 4.37 Foreign national women should receive a free five-minute telephone call every month regardless of whether they have received a visit.
- 4.38 Women should have access to accredited independent immigration advice and support agencies.

Housekeeping points

- 4.39 Foreign national women who cannot read English should be allowed to keep a translated copy of the induction booklet.
- 4.40 The list of immigration lawyers given to foreign nationals should be updated regularly and the lawyers contacted to confirm they are willing to attend the prison.

Disability and older prisoners

- 4.41 There was no dedicated policy for women with disabilities or older women. There were good systems for identifying women with disabilities but few had care plans and not all had appropriate adaptations to cells. The carer system was underdeveloped. Regular consultative meetings were held with prisoners with disabilities and older prisoners.
- 4.42 Other than the overarching diversity policy, the prison did not have supplementary policies for prisoners with disabilities and older prisoners. In our survey, 21% of women said they had a disability. The diversity team had identified 78 women with disabilities, which suggested that the system for identifying them was effective. Forty-one women were aged 50 or over. Two were in their seventies. This information was not translated into individual care plans and we were shown a care plan for only one prisoner with disabilities.
- 4.43 Some reasonable adjustments had been made for prisoners with disabilities but these did not meet all needs. For example, grip rails and a shower mat had been provided in the cell of one woman with disabilities but she had to step up into her shower and there was no shower seat. Her cell bell was inaccessible from her bed and a wireless domestic doorbell installed during the inspection was not a sufficiently reliable solution.
- 4.44 Personal emergency evacuation plans were not always readily available in wing offices. The diversity officer had identified three prisoners on J wing and one on A wing who required assistance in an emergency but, while staff on A wing easily found the plan for the women there, staff on J wing were not able to locate the plans for the women there. The plans we looked at varied in quality and one failed to mention that the carer responsible for helping a woman with disabilities worked off the wing during the day so was not available much of the time.
- 4.45 There were no full-time carers for prisoners with disabilities and no job descriptions or training. Part-time carers were paid an additional £3 a week. One carer we spoke to was unsure about her responsibilities for the woman she assisted.
- 4.46 Regular consultative meetings were held with prisoners with disabilities. Meetings were short but helpfully actioned needs identified by prisoners. Regular consultative meetings were also held with older women. Meetings were well attended and health care and the Independent Monitoring Board were sometimes represented. Both sets of meetings were minuted.

Recommendation

- 4.47 **Women prisoners with disabilities and older women who need additional support should have their individual needs assessed and relevant care plans drawn up and suitable adaptations provided to meet their needs.**

Housekeeping points

- 4.48 Personal emergency evacuation plans should be held in wing offices and easily retrievable.
- 4.49 Prisoner carers should have job descriptions and adequate training for their role.

Gender and sexual orientation

- 4.50 Not all staff had received appropriate training to work with women prisoners. The diversity policy recognised the needs of transgender prisoners. Lesbian, gay, bisexual and transsexual women received appropriate support.
- 4.51 The diversity policy included a section on transgender prisoners and the prison arranged support when necessary.
- 4.52 Staff received some training on women's issues on their prison officer entry level training. Only a minority of staff had attended the women awareness staff programme, a two-day programme focusing on conflict resolution, female behaviour in custody and the background to female offending (see section on staff-prisoner relationships).
- 4.53 Sexual orientation was covered in the diversity policy. In our survey, 28% of prisoners described themselves as gay or bisexual. Lesbian, gay, bisexual and transsexual (LGBT) prisoner consultative groups were held regularly. There was a LGBT prisoner representative and two uniformed officers acted as LGBT leads. Staff and prisoners were accepting of individual women's sexual orientation. The prison had links with the Surrey-based LGBT Outline support group. LGBT month was celebrated in the prison every February.

Section 5: 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.

5.1 Many women prisoners were dissatisfied with health services and the provision had been very poor for some time. With good leadership and the introduction of a new GP service, improvements had begun. Recruitment and retention of permanent nursing staff remained a significant challenge. Women had unsatisfactory access to pain relief at night. Access to dental services was improving. There was a reasonable range of mental health provision. Women attending external hospital appointments were routinely handcuffed, sometimes inappropriately to male officers. Restraints were rarely removed during examination or treatment, which compromised privacy and dignity.

General

5.2 Health services were commissioned by NHS Surrey and provided by Surrey Community Health. There had been long-term problems with recruiting staff and several changes of health care leadership over the previous few years. The head of health care had been in post since December 2009 and was a member of the prison senior management team. In our survey, only 13% of women against a comparator of 46% said health services were good or very good and women in groups also expressed negative views. However, they were beginning to recognise some improvements in leadership and those we spoke to on all wings said they felt their concerns were beginning to be listened and addressed. We observed generally positive engagement with women by nursing and clinical staff.

5.3 A bi-monthly prison partnership committee covered Send and HMP Downview, including the Josephine Butler Unit. The meeting was chaired by the director of Clinical Services and Partnerships and attended by the head of health care. A difficult legacy of poor relationships between prison and health services was being actively tackled.

5.4 A health needs assessment for 2009/10 had been completed during the latter part of 2009 and was due for renewal. A comprehensive information booklet had very recently been introduced following feedback from focus groups with women. A lead nurse for women over 50 also led on dementia care. A joint health care/prison protocol for older prisoners recognised the need for specific measures to support older women but did not always appear to be followed and one woman with musculoskeletal problems who had requested a special mattress had been told the prison stores could not supply one. A health promotion action group met regularly with representation from health care and the wider prison.

5.5 The main health care department was small but clean, with clinical rooms, mental health/counselling rooms, a pharmacy, a dental surgery and offices for primary care and the mental health team. The patient waiting area was appropriately clean and pleasant, with health information displayed. The entrance to the waiting area was directly from the outside, so women sometimes waited outdoors in bad weather. Clinical rooms were clean, with hard floors and satisfactory hand washing and infection control precautions. There were treatment rooms

on all wings, including the RAPt wing. Reception screens were conducted in the treatment room adjacent to the main residential block.

Recommendation

- 5.6 A full health needs assessment including mental health provision should be undertaken to help ensure the delivery of a safe, decent and comprehensive health service that matches services in the community and meets the particular needs of women prisoners at Send.

Clinical governance

- 5.7 A health care recovery plan had been developed in August 2010, following a lengthy and difficult period for staff recruitment and poor perceptions of health services by women. Significant progress had already been achieved, including recruitment of permanent staff, reduced reliance on temporary staff, refurbishment and decoration of health care rooms, targeted focus groups to listen to women and work on improving communication between prison and health care. There were now regular meetings between senior clinical nursing staff and senior officers and better continuity of care through rostering the same nursing staff for specific wings wherever possible. However, there was a real risk that this recovery could be compromised by continued nursing vacancies and maternity and sickness absence. There were two staff on maternity leave, three vacancies and one new starter awaiting security clearance.
- 5.8 Women could use the confidential NHS complaints system, using designated boxes available on all wings apart from E and F wings. Alternatively, women could hand their complaint directly to a nurse or put it under the wing treatment room doors. A total of 112 complaints had been recorded by health care between January and December 2010, with the highest number (22) in August. A complaints clinic had been introduced when women who had already made a formal complaint could discuss it with a nurse. Complaints were also made through the general complaints system (see section on applications and complaints).
- 5.9 There was a PCT incident reporting policy with clear requirements for reporting clinical incidents, serious untoward incidents and near misses. However, reporting was very low.
- 5.10 An internal rolling training programme included regular clinical training, reflection/supervision sessions and staff meetings and staff had protected time to attend. The head of health care accessed clinical supervision from a senior colleague at a neighbouring prison.
- 5.11 Resuscitation equipment, including portable defibrillators and emergency drugs, were available in the main health care department. There were health care emergency bags and automated defibrillators available but only to health care staff and not at night. Not all nursing staff had undergone resuscitation skills training in the last year (see also section on self-harm and suicide).
- 5.12 SystmOne had been introduced earlier in 2010 and all health professionals used electronic records. Not all electronic records contained information-sharing content forms or in possession medication risk assessments. SystmOne enabled routine monitoring of equality of access to health care to reflect ethnicity and diversity in the population. An equality and diversity impact assessment was being completed and had already helped identify some key issues for improvement.

- 5.13 There had been three patient focus groups in the last few months, supported by the PALS (patient advice and liaison services) representative, to explore some of the women's concerns about health services. Information from these groups was being used to inform work on customer care staff training, reception screening, the patient information booklet and external hospital appointments.

Recommendations

- 5.14 All clinical incidents, near misses and serious untoward incidents should be recorded and learning incorporated into clinical training.
- 5.15 All health care staff should have a minimum of annual resuscitation skills training.

Housekeeping point

- 5.16 All patient documents, including information-sharing consent forms and in possession risk assessments, should be scanned into individual SystmOne records as soon as possible.

Good practice

- 5.17 *User focus groups, actively supported by the PALS prisoner representative, enabled women's concerns to be heard and action taken to improve the quality of health services.*

Primary care

- 5.18 A range of primary care services included those provided by a dentist, optician, podiatrist and physiotherapist. Visiting services including Hepatitis C, genito-urinary medicine and ultrasound were provided by local hospitals. The GP practice had changed on 1 November 2010 and, although it was early days, women we spoke to were positive about the new service and the doctors. There were several female GPs and women could ask to see one. Nursing staff were at the prison between 7.30am and 6.30pm between Monday and Sunday. A GP was at the prison between 8.30am and 12.30pm on weekdays and on call between 12.30pm and 6.30pm and all day Wednesday for urgent issues. ThamesDoc, the local GP out of hours service, was available on call at other times.
- 5.19 All new arrivals were given an initial health screen. The SystmOne template was comprehensive but women complained that it was often rushed or they were not ready to answer a lot of questions after a long journey. There was no secondary health assessment.
- 5.20 Women could request to see a health professional using a written application form that included picture icons for all health professionals apart from the pharmacist. Forms were submitted using designated boxes on all wings except E and F wing, by handing to a nurse or by placing under treatment room doors. Applications were dealt with and appointed by the nurses daily.
- 5.21 Nurse and GP clinics were largely wing-based and women were seen by nurse triage usually within 24 hours. Triage was conducted using a template and women were treated or referred to the GP as appropriate. Women waited up to four days to see the GP, although urgent cases were seen on the same day using protected appointment slots. Women waited a maximum of five weeks to see the physiotherapist, which was at least equivalent to the community. The

wait to see the optician was four weeks and additional clinics were scheduled as necessary. The longest wait for the podiatrist was three weeks. There had been no pregnant women at Send during 2010 and pregnant women were transferred to other prisons.

- 5.22 There had been named link nurses for some chronic and specific health conditions but recent staffing changes and absence meant these arrangements were out of date. There were designated clinics for asthma, cervical screening, over 50s, Hepatitis B, and a GP diabetes review clinic.

Recommendation

- 5.23 There should be a formal secondary health assessment within 72 hours of arrival to ensure health concerns are identified early and dealt with appropriately.

Housekeeping point

- 5.24 The arrangements for link nurses for chronic conditions should be updated.

Pharmacy

- 5.25 Pharmacy clinical services were provided by High Down and pharmacy supply was provided by Direct Pharmacy. This arrangement meant formal medicines reviews were not done. Controlled drugs and some other medications were administered from the pharmacy room in the main health care department. All other supervised medication was wing-based.
- 5.26 The pharmacist visited the prison twice a week and was supported by a pharmacy technician once a week. Women had access to the pharmacist at a weekly drop-in minor ailments clinic, a medicines management clinic and during his regular visits to the wings. The pharmacy technician had recently restarted a regular asthma/chronic obstructive airways disease (COPD) clinic and a stop smoking programme. Patients could request to see the pharmacist but the health care application form did not include the pharmacist. In our survey, only 18% of women said they had been able to see a pharmacist.
- 5.27 Most medication was supplied on a named patient medication basis. In the main part of the prison, except for the RAPt wing (for women on an abstinence programme), up to 50% of women had their medication in possession. On the resettlement wings, 80% of women had their medication in possession. There was an in possession policy with a basic risk assessment tool that did not provide effective risk scoring. A second, more appropriate risk assessment tool was used on some wings. Risk assessments were then supposed to be scanned into SystmOne but this did not always happen (see section on clinical governance above). The paper copy was then filed in a separate folder in the wing treatment rooms.
- 5.28 A limited list of special sick medication included paracetamol and ibuprofen. There were few patient group directions, which meant only medicine that could be bought in general stores was supplied. Women with pain such as a headache or dental pain out of hours and who had no prescribed pain relief in possession had to wait until the next morning. For acute medical problems, the on call out of hours GP could access stock medication from the emergency out-of-hours cupboard.

- 5.29 Supervised medication was administered on the wings in the morning, at midday and at tea-time. Some women on night sedation could have a single dose in possession but others had to take a supervised dose at the last round at 5pm, which was too early.
- 5.30 There had been historically high rates of multiple medications, including opiate-based medicines. The new GP practice was reviewing prescribing and the pharmacist had been working to educate women about appropriate prescribing over the past few months. The pharmacist was an independent prescriber, which meant repeat prescriptions could be dealt with efficiently.
- 5.31 There were some wooden cupboards used for storing medications in the wing treatment rooms. Procedures for monitoring fridge temperatures were satisfactory but two fridges held temperature-sensitive medicines and had consistently been recording temperatures outside the acceptable range. There was no audit trail for the key to the controlled drug cabinet. We found patient-returned medication on the same shelf as current medication, which posed a risk.

Recommendations

- 5.32 There should be an appropriate in possession risk scoring tool that is consistently available to prescribers with the clinical record.
- 5.33 Women should receive night sedation at bed time.

Housekeeping points

- 5.34 All cupboards used to store medication should be locked and made of metal.
- 5.35 Fridges temperatures should be maintained within acceptable ranges to ensure the integrity of temperature-sensitive medicines.
- 5.36 There should be an audit trail for the controlled drugs cupboard keys.
- 5.37 Patient-returned medication should not be stored alongside current medication.

Dentistry

- 5.38 Surrey Community Dental Services provided two dentist sessions a week on Mondays. The dentist was supported by a dental nurse and a recently appointed dental clerk who managed appointments and waiting lists.
- 5.39 The dental surgery was well lit, spacious and clean and cross-infection controls were satisfactory. All recommendations from an independent audit within the previous year had been completed. There had been some previous problems with the compressor failing in freezing weather when the heater had not been switched on and surgeries had had to be cancelled.
- 5.40 Women completed an application form to see the dentist and were then triage assessed by a nurse before being referred to the dental waiting list. Approximately 10 to 15 patients were seen each day with a low failure to attend rate. There was a waiting list of up to five weeks, with 22 patients waiting for a first appointment and 24 waiting for treatment. There was

agreement to negotiate additional sessions if the waiting time became too long. Annual leave cover was provided by the community dental service.

- 5.41 Women could access a full range of treatment. Emergency dental cover was provided by the local NHS dental out of hours service, following triage by nursing staff. Oral health promotion was provided at individual dental appointments.
- 5.42 The dentist recorded directly onto SystemOne. Records were satisfactory but a change from one electronic system to another meant some records did not have completed charting of teeth. Paper records, including x-rays, were kept in locked fireproof cabinets. A surgery inspection had been carried out in the last three years but the report was not available.

Recommendation

- 5.43 **There should be complete dental records, including charting of teeth, as advised by the Dental Good Practice Guidelines (Faculty of General Dental Practice [UK]).**

Housekeeping point

- 5.44 A system should be introduced to ensure that the dental compressor is functional in all weathers.

Secondary care

- 5.45 Most external hospital appointments were at the Royal Surrey County Hospital. There was a quota of two external escorts a day with priority given to NHS cancer targets, day surgery and emergencies. A total of 460 external appointments were scheduled between January and December 2010 and 30 (7%) had been cancelled, largely by the hospital or the patient.
- 5.46 Women were informed when an external hospital appointment had been confirmed. Those subject to closed conditions were notified of the week their appointment was due and women working out were told their appointment date, time and location.
- 5.47 Several women had refused to attend external appointments due to having restraints left on. In some cases, male officers were used inappropriately. Some of these women had shared their concerns with health care staff but were apparently very reluctant to make formal complaints. One woman had remained cuffed to a female officer during an intimate examination and while getting undressed, which she said had made the whole procedure very distressing and difficult. These measures were disproportionate, did not always appear to be based on an assessment of individual risk and compromised a basic right to privacy and dignity.

Recommendation

- 5.48 **Women should not be held in restraints for external hospital appointments unless there is a clear individual risk assessment that identifies a real security risk. Where intimate examinations or procedures are to be undertaken and/or the woman needs to undress, the right to privacy and dignity should be properly respected at all times.**

Mental health

- 5.49 Mental health services were provided by Surrey and Borders Partnership NHS Foundation Trust. There was an integrated approach reflecting the community recovery model. Staffing included a service manager for Surrey prisons, a community psychiatric nurse, a sessional forensic psychiatrist, a support time recovery (STR) worker, a mental health social worker, two psychotherapists and a psychologist currently on maternity leave. Most staff were part time or sessional. A counselling service was provided by a lead supervisor and approximately 16 hours of volunteer counselling time from qualified and trainee counsellors. The STR worker was a recent addition to the team and was awaiting training to use dialectical behaviour therapy with a small number of clients who self-harmed. There was limited consultation space for the mental health team and the part-time nature of many of the roles resulted in some inefficiency in use of therapeutic time.
- 5.50 There had been 100 referrals to the team (excluding counselling and psychotherapy) since April 2010. The team (excluding counselling) had a current caseload of 72 women, which represented about 26% of the population. In our survey, fewer women than the comparator said their emotional wellbeing/mental health issues were being addressed by the mental health in-reach team. Women could access mental health services by self-referral or through any member of staff. The team screened all referrals and discussed each one at a weekly multidisciplinary meeting. Women were seen within 10 days of referral, although urgent cases could be seen on the same day. Women already known to prison or community mental health services elsewhere were usually referred directly to the team for assessment. Following a death in custody earlier in 2010, there was recognition of the need to strengthen systems to ensure early referral from reception screenings to the mental health team. There was a regular drop in clinic for women already on the mental health caseload.
- 5.51 Women referred for psychotherapy waited up to a year to start formal individual or group therapy. While waiting for therapy, women were offered a regular appointment up to once a month to give them a sense of support. Psychotherapy usually continued for two years and depended on likely benefit rather than sentence length.
- 5.52 Women with severe and enduring mental health needs were assessed by the forensic psychiatrist and anti-psychotic medication was initiated where appropriate. There had been no transfers under the Mental Health Act in the last year and there were no women waiting for assessment or transfer.
- 5.53 There was a formal agreement with the local authority regarding safeguarding vulnerable adults. One woman was the subject of formal safeguarding notification due to learning disabilities and vulnerability.
- 5.54 The mental health team provided assessment, care in custody and teamwork (ACCT) training to prison staff and the service manager provided ACCT supervisors with clinical supervision. Mental health awareness training for officers was sourced externally and it was not clear what proportion of staff had received this.

Recommendations

- 5.55 A clear system should be introduced to ensure prompt and appropriate referrals from reception screenings to the mental health team.

5.56 All staff with direct contact with women should have mental health awareness training.

Section 6: 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.

6.1 Leadership and management of learning and skills were satisfactory but there was an inadequate range of accredited courses to meet the needs of all women and staff shortages hampered improvements. Women were well supported in education to help them improve their literacy and numeracy skills. Teaching and learning in education were good and individual coaching on vocational courses was satisfactory. All women had jobs, some of which were of particularly high quality. However, not enough work was accredited and too few women were on vocational programmes leading to qualifications. Achievements of educational and vocational qualifications were good. The library facility was good and well managed.

Leadership and management

- 6.2 Leadership and management of learning and skills were satisfactory. Day-to-day management of education was satisfactory, although a manager had not been in place for over six months and the provision was being overseen by the deputy. There was insufficient cover for staff shortages in education, and catering and floristry courses had stopped through lack of qualified staff. However, hairdressing had been established as a new vocational training area since the last inspection. The prison had a good working relationship with its learning and skills providers as well as external agencies such as JobCentre Plus.
- 6.3 Quality assurance arrangements were satisfactory, although there was insufficient sharing of best practice. Quality improvement group (QIG) meetings had been a regular feature until 2009 but no meetings had been held until immediately before the inspection. There was some over-grading in observation of teaching and learning carried out by The Manchester College (TMC) in education classes, with insufficient text to support the grades. No observations of teaching had been undertaken in vocational training areas. Self-assessment was satisfactory and individual contractors contributed to an overall self-assessment report. The report was mostly evaluative, although prisoners' views had not been used to inform judgements. The use of data was satisfactory, as were the arrangements for assessments and verification.
- 6.4 The promotion of the safeguarding of prisoners was satisfactory. Well-designed posters about safeguarding giving clear instructions on reporting and recording concerns were displayed in communal areas and classrooms. All learning and skills staff had appropriate Criminal Records Bureau checks and staff were able to recognise and deal appropriately with vulnerable adults. Education and training staff had been trained in safeguarding with a specific focus on the needs and concerns of women in prison. Lesson plans for courses in the education department gave clear attention to safeguarding.

- 6.5 The promotion of equality and diversity was satisfactory. Equal opportunities and diversity training was offered to all staff and staff had a good awareness of the issues and concerns. There were appropriate arrangements to ensure adequate access to education for prisoners with mobility difficulties. The prisoner pay structure was fair and did not exclude prisoners from education or training. Relationships between staff and learners were mostly positive and respectful.

Recommendations

- 6.6 Sufficient, appropriately qualified staff should be provided to cover absences for classes and to improve the range of vocational courses.
- 6.7 Arrangements for observations of teaching and learning should be improved in education and introduced across the learning and skills provision.

Induction

- 6.8 All new arrivals were given an induction into education by staff from TMC and Tribal, the careers information advice service (CIAS) provider. All women prisoners were given an initial screening of their literacy, numeracy and language needs by TMC. Tribal provided satisfactory information and guidance on the range of education, vocational training and work opportunities available but sentence plans were not used to inform the action planning process with prisoners. Women had a full and thorough induction to physical education (PE) and the library. All were allocated a job within the first few weeks of arrival.

Work

- 6.9 The prison provided enough activity places for all women prisoners. This included 145 part-time education places and 32 women released on temporary licence (ROTL), mainly in charity work. All women had to work for a minimum of five morning or afternoon sessions each week. The rest of the time could be divided between PE and education. Some chose to work longer. Women were allocated to work and other activities at a weekly allocations board. The board was well informed through appropriate risk assessments and sentence plans but did not receive results from initial literacy and numeracy screening. Waiting lists for activity places were short and well managed.
- 6.10 The prison provided work opportunities in areas such as the kitchen, gardens, waste recycling, greeting card manufacturing, retail boutique, hairdressing, needlework, wing cleaning, orderlies and painting. Some of the work, such as greeting card manufacturing, boutique, hairdressing, catering and gardening, developed particularly good employment skills, although only those working in hairdressing were able to achieve a vocational qualification. In most work areas, prisoners were punctual and actively engaged in work activities but in others, such as greeting card manufacturing, attendance was low. The hairdressing salon, retail boutique, greeting card manufacturing and kitchens provided good working environments.

Vocational training

- 6.11 The range of vocational training was poor. Most courses were available only up to level 2, which was insufficient for long-term prisoners and those who were more able to achieve. Courses in food preparation and cooking and floristry had stopped (see section on leadership

and management above) but there were plans to restart these in January 2011 with staff from TMC. Vocational training was available in hairdressing, business administration, information and communication technology, customer service, information, advice and guidance and physical education. Fifty-nine prisoners were engaged in employment-related training, mainly part-time. Teaching and individual coaching in vocational training and work areas was mostly satisfactory. Outcomes and achievements for prisoners were good, with between 80% and 90% of those completing their programme gaining a qualification. Most prisoners demonstrated good employment skills and enjoyed their learning.

- 6.12 The newly introduced hairdressing course was well planned and provided nationally accredited qualifications up to level 3. Individual coaching in this area was good and learners developed good skills. Prisoners on the programme were progressing well and some had gained employment or progressed to other courses on release. Resources for hairdressing were good. Vocational training in business administration was good and took place in a well-resourced classroom.

Recommendation

- 6.13 The number of vocational training opportunities should be increased.

Education

- 6.14 There were 139 women prisoners attending education part time and two full time, totalling 50% of the population. Education was run by TMC, although there had not been a manager in place for the previous six months. The deputy manager was acting as temporary education manager. The range of education courses was generally satisfactory, although there were insufficient progression opportunities above level 2. Courses were provided in art, information technology, cookery, literacy, numeracy and English for speakers of other languages (ESOL). Twenty-eight prisoners were following Open University and distance learning courses. Most of these were on distance learning courses in subjects such as management, law and religious studies.
- 6.15 Achievements for prisoners were high on most courses, at over 80%, but low on ESOL courses. This had been recognised in the self-assessment report. A new ESOL teacher had recently been appointed but this had yet to impact on achievements. Attendance and punctuality were mostly satisfactory but some classes were small. Teaching and learning were good. Lessons were well planned and engaging and learners made a good contribution to discussions. The standard of work was good and in some cases, such as art, particularly good. Those on literacy and numeracy courses made good progress. Individual learning plans were adequately recorded. Good additional learning support was given to prisoners as required, although access to computers for those who needed it for private study such as distance learning courses was poor.

Recommendation

- 6.16 Prisoners on personal study courses should have better access to computers.

Library

- 6.17 Surrey County Council ran the library service. A full-time library manager managed the library very well. Three orderlies provided good support and all had gained a customer service

qualification. Most women used the library regularly and the librarian kept thorough records. Opening hours included weekends and allowed good access, including for those working outside the prison.

- 6.18 The library was small, welcoming and well laid out, with a small area for group work and a computer and printer for prisoners to use. It was reasonably well stocked with a good range of fiction and non-fictional material, DVDs and CDs, easy readers and reference sources including legal materials and Prison Service Orders. Half of the library stock had been replaced completely within the previous two years. A small range of dictionaries and books in languages other than English was available and books on parenting, child development and health education had been introduced. Book loss was particularly low at around 3%.
- 6.19 The librarian was responsive to individual needs and quickly acquired books and reference materials for women when needed. The library was well promoted and a monthly book review was encouraged, with the prisoner producing the best review allowed to withdraw an additional book. The librarian regularly invited authors into the library to meet prisoners and discuss their work with them.

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.

- 6.20 Physical education (PE) facilities were well managed, although there was little outdoor provision. There were good links with health care and remedial PE was provided. A wide range of recreational PE was offered. The range of accredited PE programmes was satisfactory and pass rates for those who completed these were particularly high.
- 6.21 All women were given a thorough introduction to the gym, including aspects of first aid, manual handling, wellbeing and healthy living. PE provision was well managed and staff were enthusiastic and well qualified. Facilities and resources were generally good and well maintained. There was no outside PE area, although there was some circuit training and jogging outdoors. The provision included a small sports hall, weights room, a cardio-vascular suite and a well-equipped classroom.
- 6.22 The PE department offered a satisfactory range of accredited PE courses that included level 1 and 2 gym instructors awards and customer service. Courses were well planned and advertised and prisoners had to apply for their own funding, which encouraged them to complete. Pass rates were particularly high at around 90%. All gym orderlies were well qualified and took an active role in running courses and giving instruction. There was a good range of recreational PE, including spinning sessions and a session for women over 40. Over half of prisoners used the gym regularly twice a week. There were good links with health care to provide remedial PE for those who needed it. The promotion of healthy living was good and included a weekly weigh-in session where women were given useful advice and guidance on losing weight and staying healthy.

- 6.23 Clean gym kit was available and showers were clean and well maintained. Most women had their own kit and preferred to shower in their cell. Detailed records were kept of accidents and actions taken.

Housekeeping point

- 6.24 More outdoor PE activities should be provided.

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.

- 6.25 Time out of cell was very good and there were enough activity places for all women to be occupied throughout the core day. Association was rarely cancelled. Time in the open air was restricted in winter months.
- 6.26 The reported time out of cell figure for the year to date was 11.44, which appeared reasonably accurate. We conducted a roll check at 10.30am one morning and found no prisoners locked in their cells, although we found a small number of prisoners locked up at other times during the week. Nearly a quarter of women were unlocked on the wings but there were enough activity places for all prisoners and those remaining on the wings were mostly wing workers or participating in the therapeutic community on A wing or the RAPt programme.
- 6.27 A published core day was rarely adhered to, with E, F and J wings unlocked earlier than the published time and A, B and C wings unlocked 30 minutes later. Prisoners were supposed to be locked up for brief periods at lunch and tea time to allow for a roll check but this varied between 15 minutes to an hour depending on the wing. Senior managers acknowledged the variations but could not explain them or say what was being done to address them.
- 6.28 Women who returned to their wing during the core day were either locked up or left unlocked, seemingly at the discretion of the officer on each unit. A published notice instructed staff to lock up all prisoners with no activity or job but staff were unclear whether this referred to their permanent status or occasional cancellations.
- 6.29 Association was held every week night and rarely cancelled. There were no formal exercise arrangements but women were allowed to associate outside. In winter months, this was restricted to daytime association periods at weekends as it was too dark at night to allow effective supervision.

Recommendations

- 6.30 An agreed core day should be displayed and followed on each wing.
- 6.31 All women prisoners should be able to have one hour in the open air every day.

Section 7: 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.

- 7.1 Physical and dynamic security were sound. There was a good flow of intelligence but analysis was limited. Security arrangements were mostly proportionate but the imposition of closed visiting arrangements based on a drug dog indication on a visitor in the absence of supporting intelligence was inappropriate.
- 7.2 Physical security appeared sound and the prison had scored well in a recent security audit. Mostly good staff-prisoner relationships and a significant time out of cell for women who were purposefully occupied contributed to sound dynamic security. A total of 1410 security information reports (SIRs) had been submitted in the year to date. Although intelligence appeared to be forthcoming from most functions, it was not used as effectively as it could have been. SIR analysis for the executive security committee meeting was limited to comparisons in the number submitted between the current and previous month broken down by subject, in addition to the corresponding month from the previous year. The Watson intelligence analysis software package had been purchased but was sparingly used.
- 7.3 Security arrangements were mostly proportionate. Few prisoners were placed on a continuous period of closed visits – three at the time of the inspection, with the most at any one time in the year to date being six – and when they were it was for reasons linked directly to illicit or inappropriate activity in the visits room. However, the local security strategy directed that any visitor indicated by the passive drugs dog had to have a visit under closed conditions or was given the choice of going home to change their clothes, which was rarely possible. No supporting intelligence was required, which was inappropriate.
- 7.4 Risk assessments for work activity allocation were underdeveloped. Security carried out a generic risk assessment based on each prisoner's intelligence file, resulting in a grading of low, medium or high. This was passed to the activity allocations board to take into account when considering each activity application. This meant women would be precluded from a group of activities when their risk factors might not be applicable to them all and the security department did not know what activities would be unavailable to women in each risk category.
- 7.5 There was no routine strip searching. All strip searches were logged and reported to the monthly security committee. This was reasonably well attended by operational managers but minutes indicated no attendance from functions such as health care, education and the chaplaincy.
- 7.6 There was a comprehensive list of rules provided within the induction booklet but few were displayed on residential units.

Recommendations

- 7.7 Closed visits should not be implemented following a single drug dog indication unless there is additional supporting intelligence.
- 7.8 Individual security risk assessments should be carried out to ensure that women prisoners are not unnecessarily prevented from participation in specific activities.

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.

- 7.9 Levels of adjudications were low and records mostly indicated sufficient enquiry into charges. There was insufficient formal monitoring and analysis of data. Use of force was not high but had increased substantially since the last inspection, with apparently little recognition or senior managerial oversight. Arrangements for segregating women in their cells in the absence of a segregation unit were appropriate.

Disciplinary procedures

- 7.10 The level of adjudications was low, averaging just over three a week. Adjudications were held in a small but suitable room. Unless a risk assessment indicated otherwise, prisoners were not escorted, with only the adjudications senior officer and adjudicator present.
- 7.11 Records of adjudications indicated appropriate enquiry in most cases, although some were illegible. Punishments were mostly consistent and within the published tariff. We were concerned that all but one of the women given cellular confinement in the year to date had also had their television removed for the same period, which significantly increased the severity of the punishment.
- 7.12 An adjudication standardisation meeting was held quarterly but there was little analysis of data for patterns and trends. There had been a significant increase in the number of adjudications dismissed in June 2010 and since but there was no record of managers acknowledging and reacting to this.

Housekeeping point

- 7.13 Adjudication data should be collated and routinely analysed for emerging patterns and trends and appropriate action taken where necessary.

Use of force

- 7.14 The level of use of force was not high, at 36 for the year to date, but there had been a significant rise since the time of the previous inspection in 2008 when there had been only four in the previous six months. The absence of a use of force meeting or discussion at another

meeting meant there was no evidence that this rise or the reasons for it had been identified or accounted for by senior managers. Senior managers suggested that it was due to a small number of extremely volatile prisoners but, while several women had had to be restrained more than once, this did not account for the rise.

- 7.15 Use of force records were comprehensively completed but accounts given by staff involved did not always justify the use. There was no routine quality assurance of use of force records by any senior manager or any reviews of recordings of planned removals. We viewed one recording where a woman was relocated to unfurnished accommodation using control and restraint techniques, during which she shouted almost immediately that she would comply and walk to the cell. Officers ignored her and made no attempt to de-escalate. The corresponding records made no reference to the prisoner saying she would cooperate.
- 7.16 There was one cell designated as unfurnished special accommodation, described as a 'calm down room'. It was in a small corridor between reception and A wing, inappropriately next to a gated cell used to supervise women at high risk of suicide and self-harm (see also section on suicide and self-harm). It had been used four times in the year to date and for no more than an hour on any occasion. However, records did not support its use on at least two of the four occasions as the women were described as compliant, even though one was in handcuffs. The prison's own local operating procedures stated that special accommodation should only be used if the prisoner was 'identified as violent or refractory'.

Recommendation

- 7.17 **Use of force data should routinely be formally analysed for trends and records scrutinised by a senior manager to ensure that force is used only when necessary.**

Segregation unit

- 7.18 There was no segregation unit. There had been 36 separate segregation authorisations in the year to date, spread relatively equally between those waiting for adjudications, punishment of cellular confinement and segregation for the good order and discipline of the prison. Segregation logs had appropriately been opened for all cases that we looked at and indicated daily visits from the duty governor and a member of staff from health care, in addition to hourly checks. Records indicated that the longest any woman was segregated was for 14 days cellular confinement.
- 7.19 Women who were consistently difficult to manage were transferred to other prisons where there were segregation units. Records showed this did not happen often and the prison appeared to pursue every option to manage women at Send before taking this course of action.

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.

- 7.20 Most women were on the enhanced level and more than the comparator reported fair treatment under the scheme. The review process was sound but there was insufficient monitoring to ensure equality of treatment.
- 7.21 At the time of the inspection, 207 women were on the enhanced level of the incentives and earned privileges (IEP) scheme, three were on basic and 67 were on standard. The IEP policy provided clear guidance for staff and prisoners. In our survey, more women than the comparator said they had been treated fairly under the scheme, although some women in groups said staff were inconsistent in issuing behaviour warnings. Women also believed there were insufficient differences between the levels to encourage them to improve their behaviour.
- 7.22 Downgrade review boards for enhanced or standard prisoners were triggered by three behaviour warnings for enhanced prisoners or four for those on standard. Prisoners on standard were reviewed for progression to enhanced on application to their personal officer. Women were placed on basic for a minimum of 14 days and were routinely reviewed after seven. Records indicated a sound review process, chaired by a manager with responsibility for IEP in conjunction with a residential senior officer and the prisoner's personal officer. Written contributions were sourced from all functions in regular contact with the prisoner and decisions were appropriately based on the evidence submitted by staff.
- 7.23 There was little monitoring of associated data in relation to equality of treatment. The numbers on basic, standard and enhanced levels were submitted to the monthly senior management team meeting but the minutes did not indicate any related discussion.

Housekeeping point

- 7.24 Data relating to incentives and earned privileges, such as numbers on each level by location, ethnicity, age and disability, should routinely be formally monitored for patterns and trends to ensure equality of treatment across the prison.

Section 8: 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.

- 8.1 Women were very dissatisfied with the food. The kitchen and serveries were clean and food was appropriately prepared and stored. Serving of food was not well supervised and food temperatures were not always taken. Most women ate together in the dining hall. A lot of food was wasted as women were not allowed second helpings. There were no opportunities for women to cook meals for themselves.
- 8.2 Many women complained about the catering, including portion size, quality and choice and women on 'special' diets were particularly dissatisfied. In our survey, significantly fewer than the comparator said the food was good and 57% said it was bad or worse.
- 8.3 The kitchen was clean, food was appropriately stored and prepared and equipment was well maintained. It was adequately staffed and employed 20 to 25 prisoners. Staff and prisoners working in the kitchen and on the servery on J wing were health screened and had received health and hygiene and food handling training. Kitchen and servery workers were appropriately dressed.
- 8.4 Apart from on J wing, all prisoners ate lunch and the evening meal in a large dining room attached to the main kitchen. A member of staff from the kitchen and an officer supervised the serving and collection of meals but this was not always very effectively done and one incident we saw involving portion control was poorly handled by staff.
- 8.5 Food for J wing was moved in heated trolleys and served from a clean well-maintained servery. The small dining area could not accommodate everyone on the wing and many women took their meals back to their cells. Some women complained that the food was cold. Managers said temperatures were taken by kitchen staff and again by servery workers but we observed this was not always the case.
- 8.6 The menu was on a four-week cycle. Women could choose from five options at lunch and evening meals, with hot and cold choices except on Fridays and at weekends when the evening meal was a cold baguette or savoury pastry. Options included at least one and often two halal, vegetarian and vegan dishes. Other diets were catered for as necessary. Menus denoted healthy options and fruit was freely available at lunch, although women had to choose between fruit and a pudding in the evenings. Second helpings were not allowed and on one evening we saw 35 evening meals being thrown out along with a large quantity of vegetables.
- 8.7 Breakfast packs were given out the day before use and women had no opportunity to make toast at breakfast. Women on the resettlement unit could use microwaves but otherwise women had no opportunity to self-cater, even those serving long sentences. The minutes of prisoner consultation meetings recorded that toasters and microwaves could not be provided due to health and safety concerns but it was not explained what these were.

- 8.8 Prisoners could raise issues about catering at the catering and canteen meetings attended by a catering manager and wing representatives. Annual surveys were conducted and suggestions for change had been acted on. Food comment books were available in the main dining room and on J wing. The book on J wing contained no comments made earlier than the inspection week.

Recommendations

- 8.9 Breakfast should be served on the morning it is eaten.
- 8.10 Women prisoners should have the opportunity to cook meals for themselves.

Housekeeping points

- 8.11 Serveries should be effectively supervised and food temperature checks taken.
- 8.12 Second helpings of food should be allowed.

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.

- 8.13 New arrivals could wait up to 10 days to receive their first shop order and many women were dissatisfied with choice of items available. Processes for ordering and distributing canteen were adequate. Women had to pay an additional charge for bags for catalogue orders. Prisoners were consulted about the canteen but the same issues were repeated without apparent resolution.
- 8.14 In our survey, only 5% said they had been able to access the prison shop within 24 hours of arrival, compared to 24% at Downview and 21% at other women's prisons. Any woman arriving on a Wednesday had to wait a week to submit an order and a total of 10 days to receive it. The shop manager said this was because DHL refused to accept late orders.
- 8.15 The canteen list contained 275 items and was managed by DHL via HMP Downview. Only 28% of women, much less than the comparator, said the prison shop sold a wide enough range of products. Far fewer black and minority ethnic prisoners than white prisoners said the shop sold a wide enough range of products and only 8% of foreign national women said the range of products was adequate. Black and minority ethnic women could order a good range of suitable products from a specialist catalogue but only every two months so did not have equality of access. Prisoners were consulted bi-monthly about the canteen and other issues but minutes showed that the same issues were raised month after month without resolution.
- 8.16 Canteen lists were issued on Tuesdays but were not displayed on the wings. The forms were submitted by 9am on Wednesdays, after which late orders were not accepted. Goods were delivered on Fridays in sealed and clearly labelled bags. Prisoners complained that the cost of some products was too high and the cost of newspapers had recently been reduced by changing the supplier to one with a weekly delivery charge of 10p.

- 8.17 There was an adequate range of catalogues available in the library and women were not charged an administration fee. All orders had to be submitted by the first day of each month and orders were processed between four and six times a year depending on the catalogue company concerned. One catalogue for vegan foods was available only to women who were registered vegans and Azhar Academy products were available only to those following the Muslim faith. A charge of 10p was added to each catalogue order to cover the cost of bags and a further 10p was charged for a print out of a woman's finances.
- 8.18 Some hobby materials were available but the range was limited by security restrictions.

Recommendations

- 8.19 Women prisoners should be able to make a shop order within 24 hours of arrival.
- 8.20 Black and minority ethnic women should have weekly access to a good range of specialised products through either the shop or the specialist catalogues.

Housekeeping points

- 8.21 Minutes of consultation meetings should clearly record actions taken and the outcome.
- 8.22 Charges should not be made for bags for catalogue orders and print-outs of finances.

Section 9: 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.

- 9.1 The reducing reoffending strategy was not based on a needs analysis. Each pathway had a named lead and pathways meetings were held regularly. The delivery of resettlement targets was regularly monitored at well attended reducing reoffending strategy committee meetings.
- 9.2 The reducing reoffending policy and strategy was dated September 2009 and contained terms of reference for the reducing reoffending committee. Some of the content was out of date. A needs analysis based on questionnaires completed by 58% of the population had been conducted in November 2009 but had not been used to inform the strategy. The survey had been repeated in 2010 but the results had not yet been analysed. No use was made of information from offender assessment system (OASys) records even though nearly all women were subject to these. The strategy did not describe how the needs of different groups of prisoners, including the large group of indeterminate-sentenced women, would be met.
- 9.3 The pathways action plan 2010/11 covered all resettlement pathways, each of which had a named lead. Pathway leads met quarterly at meetings chaired by the pathway coordinator, who was a developing prison service manager. Meetings did not involve any representative from voluntary organisations working in the prison. Some but not all pathway leads attended the reducing reoffending strategy committee (RRSC) meetings. Targets set in the action plan were attributed to named individuals and included dates for completion. Some pathways, such as mental and physical health, had numerous targets to develop services while others, such as children and families, were very limited.
- 9.4 The overall delivery of resettlement services was monitored at quarterly meetings of the RRSC, chaired by the head of reducing reoffending. Meetings were generally well attended but did not include representatives from the voluntary sector. There were service level agreements with a number of voluntary and community groups. An up-to-date directory listed the voluntary and community services available under each pathway and a pocket copy of this was given to prisoners at induction. Voluntary agencies met quarterly with the voluntary sector coordinator.
- 9.5 A representative from Women in Prison ran a monthly advice surgery and through-the-gate services. There was also a pilot St Giles peer-to-peer resettlement call centre that gave resettlement advice to women at Send and at HMP Downview. Telephone calls were free and six peer advisers gave information on nationwide services and could signpost and make referrals as appropriate. Peer advisers were trained and managed by the St Giles Trust worker and completed an NVQ level 3 in advice and guidance. The service had assisted 40 prisoners at Downview and 52 at Send since September 2010.
- 9.6 Prisoners attended a formal pre-release board with a senior officer and a JobCentre Plus representative about two weeks before release. Each was asked if she needed benefits and accommodation advice and completed a feedback form about resettlement services provided

by the prison. All women were given a pack of information leaflets about sources of help in the community.

- 9.7 The resettlement unit was based on E and F wings, where the team was headed by a senior officer and included a developing prison service manager, a senior officer and dedicated officers. The criteria for joining the unit were reasonable and clearly understood. Women were prepared for release through semi-open conditions. They were expected to attend a preparation for work course and could move on to paid work once they had successfully completed voluntary work in the community. Issues raised by women with resettlement staff at focus groups had resulted in positive changes, including the relocation of the release on temporary licence (ROTL) clerk so that women could had paperwork directly to her and a new rule allowing women to take their own mobile telephones out on ROTL.

Housekeeping point

- 9.8 Voluntary sector representatives should be involved in pathway development and attend the reducing reoffending strategy committee.

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.

- 9.9 The offender management unit was well established and managed. Most OASys were up to date but there was a small backlog. Caseloads of offender supervisors were manageable and most sentence plans were comprehensive. There were good links between offender supervisors and offender managers. Offender supervisors had regular contact with women formally in scope but other had less frequent meetings. Good use was made of release on temporary licence. Public protection procedures were good but meetings were poorly attended. The large group of indeterminate-sentenced prisoners was well supported but there were insufficient psychology resources.

Offender management and planning

- 9.10 The offender management unit (OMU) was well established and came under the remit of the head of reducing reoffending. A seconded senior probation officer from Surrey and Sussex Probation Trust reported to the head of reducing reoffending and was operationally responsible for offender management in both Send and HMP Downview. An annually-updated offender management and interventions strategy described the OMU's work and the interventions available. There were six offender supervisors, three seconded probation officers and three prison officers.
- 9.11 Seventy-two women were in scope for offender management, meaning they were high or very high risk, prolific and priority offenders (PPO) or serving an indeterminate sentence for public protection (IPP). All life-sentenced women were treated as in scope. Most women were serving sentences of 12 months or over and were allocated an offender supervisor to complete their OASys and review it annually. Offender supervisors were suitably trained and caseloads were

manageable. High risk cases were generally supervised by an offender supervisor from the probation service who also oversaw all IPP cases.

- 9.12 An estimated 25% of prisoners arrived without a completed OASys. Thirty-eight women did not have an up-to-date OASys, 25 did not have an assessment for the current year and 13 had no OASys for their sentence. Targets were set for OASys assessments and tracked by the OASys clerk. OASys performance was closely monitored by managers and the RRSC and overdue assessments were reallocated when necessary. The quality of assessments was generally adequate and 10% were quality assured by the senior probation officer. All OMU staff were invited to bi-monthly team meetings where the agenda included a wide range of items. Diversity, interventions and OASys (including quality assurance and outstanding assessments) were standing items.
- 9.13 We looked at five cases in scope for offender management and four that were out of scope. All had been allocated to offender supervisors and initial contact generally took place within the target of 10 days. All but one of the prisoners had a timely and sufficient quality assessment of likelihood of reoffending but in four cases an OASys assessment had not been reviewed thoroughly. All but two cases had a sentence plan and four of these had been completed within the required timescale. Of the seven cases with an initial sentence plan, all had been informed by relevant assessments and five of these were appropriate and contained outcome-focused objectives. All seven included objectives to address the likelihood of reoffending and the five that had risk of harm issues contained objectives to manage the risk.
- 9.14 Only two of the sentence plans included a logical sequencing of objectives and activities or described levels of contact. Some plans were comprehensive, while others were more limited and had not been updated to reflect changes in the availability of interventions. In all the cases with a sentence plan, the woman prisoner had clearly been actively involved and in nearly all cases there was evidence of progress against the objectives set. Delivery of offender management supported achievement of planned objectives in three of the five in scope cases.
- 9.15 In our survey, more women than the comparator and more than in 2006 said they had a sentence plan. In the offender management survey, 68% of women said they had a sentence plan and 92% said they had been involved in its development and had had meetings to discuss their sentence plan. Eighty-three per cent said their sentence plan had taken account of their individual needs.
- 9.16 Contact with prisoners by offender supervisors was generally frequent for those in scope but less so for others. In the offender management survey, 94% of prisoners said they had an offender supervisor and 92% said they met their offender supervisor monthly. Some prisoners saw their offender supervisors only at annual reviews unless they requested to see them at other times. Sentence planning boards for those in scope and lifers were generally multidisciplinary but those for others usually consisted of the prisoner and her offender supervisor.
- 9.17 Offender managers did not routinely attend sentence planning meetings, although good use was made of telephone conferencing. Contributions to sentence planning boards were usually received from all those working with the prisoner, including personal officers.
- 9.18 Offender managers had sufficient contact with prisoners. They were not actively driving the in scope sentences during the custodial phase, although there was evidence of relevant communication from offender supervisors to offender managers. The offender management survey indicated that most women in scope knew their offender managers and had been in contact with them.

- 9.19 The rolling case record contact diaries in the OMU files were paper-based and contained relevant entries but these were handwritten and not always easy to read.
- 9.20 In a recent six-month period, 49 women had been eligible for home detention curfew and 33 of them had been released. Release on temporary licence (ROTL) was well used for overnight stays, town visits and childcare issues and to attend interviews and other appointments in the community. Forty women were going out to voluntary and paid work daily.

Recommendations

- 9.21 Objectives in sentence plans should be outcome-focused and sequenced appropriately to the specific needs of the individual woman prisoner.
- 9.22 All women prisoners should have agreed regular contact with their allocated offender supervisor.

Categorisation

- 9.23 The observation, classification and allocations (OCA) officer was part of the OMU. The categorisation status of prisoners serving less than four years was reviewed every six months and that of those serving longer sentences annually. Requests for information to inform the categorisation decision were sent and received from relevant departments and prisoners were told the outcome of the review in writing. Twenty-one women were suitable for open conditions and could chose to go to HMP Eastwood Park. However, many opted to stay at Send to be nearer to family and because they considered the accommodation facilities were better than elsewhere.

Public protection

- 9.24 Public protection work was integrated into the work of the OMU and all prisoners were screened for public protection issues on arrival. The application of any restrictions was explained to women individually. Staff used the intranet to see who was subject to public protection procedures. The public protection manual was comprehensive and up to date.
- 9.25 The terms of reference for membership of the safeguarding children and public protection committee (SCPPC) included 16 prison representatives and six external representatives but meetings were not well attended. Only three staff had attended the meeting in April 2010 and five in July 2010. Minutes of both meetings recorded concerns about poor attendance but only seven staff had subsequently attended in October. Some departments clearly did not contribute to meetings. The SCPPC meetings reviewed and implemented public protection procedures, acted as a liaison point for all internal and external agencies relating to safeguarding children and multi-agency public protection arrangements (MAPPA) and monitored and reviewed prisoners subject to public protection measures.
- 9.26 Inter-departmental risk management/sentence planning meetings were used to assess progress and set short-term objectives for the management of individual women subject to MAPPA or safeguarding children or who was a prolific or priority offender, of which there was only one identified. Meetings were chaired by the senior probation officer and usually included relevant staff from across the establishment. Written reports were often provided by staff working with the prisoner who could not attend in person.

- 9.27 Twenty-five prisoners were subject to safeguarding children monitoring, four were sentenced under the harassment act and 29 were included on ViSOR (the violent and sexual offender register). Ten women were MAPPA level 2, three were MAPPA level 3 and 126 were MAPPA nominals but not yet allocated a level. MAPPA work operated well and staff contributed effectively. Of the nine cases seen, all had assessments of risk of harm and seven of these were timely, including all five in scope cases. Eight risk of harm assessments were accurate, again including all five in scope cases. A full risk of harm analysis was required in all cases and most were timely and of sufficient quality.
- 9.28 In the cases where a risk management plan was required and completed, it was completed on time. While the required format was used in all cases, the plan was sufficiently comprehensive in only four of the cases and only one accurately described how the objectives of the sentence plan and other activities would address risk of harm issues and protect actual and potential victims. Those that were unsatisfactory focused too much on what would be done on release rather than the work required in custody.
- 9.29 The risk of harm assessment was reviewed thoroughly in line with the national probation standard timeframe in two of the five in scope cases and one of two out of scope cases. In the only case where a potential or actual change in risk of harm factors might have been anticipated, it had been. In the two cases where new risk of harm factors emerged, they were identified swiftly and acted on appropriately. In one of the two relevant cases, multi-agency child protection procedures were used effectively. Decisions were clearly recorded but not followed through, acted on or reviewed.

Recommendation

- 9.30 **Risk management plans should accurately describe how the objectives of the sentence plan and other activities address the risk of harm to others and protect actual and potential victims.**

Housekeeping point

- 9.31 All members of the safeguarding children and public protection committee should be represented at meetings.

Indeterminate sentenced prisoners

- 9.32 The prison was a second stage centre for 51 life-sentenced prisoners and also held 30 women sentenced to indeterminate sentences for public protection, the largest group of indeterminate-sentenced (ISP) women prisoners in the country. The reducing reoffending strategy did not mention how it would meet the specific needs of this group. The published ISP strategy, dated April 2010, included the detail of the ISP management team and the various policies for escorted absence, ISP boards and sentence planning. The ISP management team was part of the OMU and was led by the head of reducing reoffending, supported by a senior officer and lifer clerk.
- 9.33 Each new arrival was seen by the senior officer to explain the services available, discuss any relevant issues and answer questions. All prisoners were allocated a personal officer and an offender supervisor. All had annual multidisciplinary sentence planning boards. Officers had good knowledge of the women, many of whom spoke highly of the support received from their personal officer and offender supervisor, although some complained of a lack of support and

opportunities for progression. No published information was given to lifers but regular surgeries were held by the senior officer on different wings. Meetings were also held with the ISP governor and senior officer quarterly.

- 9.34 Three family days were held for lifers each year. These could include family members other than children, although this depended on the numbers wanting to attend.
- 9.35 As in 2006 and 2008, there was no permanent psychology provision for life-sentenced women at the prison, which would have allowed a fully multidisciplinary lifer team.
- 9.36 Lifers lived on all wings and eight lifers could live on E and F wings, the resettlement unit. There was no designated accommodation for lifers and some found living with women serving shorter sentences unsettling.

Recommendations

- 9.37 There should be sufficient psychology resources to meet the needs of life-sentenced prisoners.
- 9.38 Designated accommodation should be provided for women serving long sentences.

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

- 9.39 All women were assessed for housing and finance benefit and debt needs at induction and appropriate support was available. Careers information and advice provided through Tribal was satisfactory. Prisoners gained good employment skills in some work areas and there were appropriate links with employers. The level 2 preparation for employment course was well run and all prisoners could attend a business start-up course and a level 1 course in financial budgeting. Links were in place to help provide support to prisoners seeking employment on release. Women leaving the prison had little planned support in linking with community health services.

Accommodation

- 9.40 The accommodation needs of all women were assessed during induction, alongside an assessment of need for all the resettlement pathways. Referrals for all areas were sent to the appropriate recipient by the voluntary sector coordinator, a senior officer who was also the pathway lead for accommodation and finance benefit and debt.

- 9.41 Three housing peer supporters saw all women individually during induction. Prisoners could drop into the housing office during the working day for advice and could get a range of relevant information leaflets. Peer supporters helped with all housing issues and liaised with current and prospective landlords and social housing agencies on prisoners' behalf. They held a stock of applications for numerous local and national housing providers and advised about storage of property, applying for council waiting lists and hostel referrals. Peer workers liaised with offender supervisors as necessary. During November 2010, the peer workers were actively supporting 103 prisoners. However, they did not have access to the internet or easy access to telephones. They had to rely on prison staff to use email and any telephone numbers they needed to use had to be added to the telephone number list.
- 9.42 The peer workers adhered to a set of published guidelines and were trained and supported by a Shelter housing worker, who saw prisoners one day a week to deal with more complex issues. The funding for the Shelter worker was due to end in March 2011 and a replacement service had not been identified.
- 9.43 A representative from Women in Prison, a voluntary agency, ran a monthly resettlement surgery, which included advocacy, one-to-one support and signposting for a wide range of support services, covering areas such as accommodation, education, finance and domestic violence. Women could also get a range of information from the St Giles call centre (see section on strategic management of resettlement).
- 9.44 Women in need of accommodation were not eligible for permanent council housing until they were released so much housing was temporary, provided through homeless persons teams or supported accommodation. In the previous six months, 66% of those released had gone to permanent housing, 13% to temporary and supported housing and 7.5% had left with 'no fixed abode'.
- 9.45 Women returning to the south west area could be linked in with the accommodation gateway scheme managed by probation, which could source accommodation for women returning to the community. Offender supervisors said it was difficult to find approved hostel accommodation for women as only two of the 12 approved hostels in south east England were for women.

Recommendations

- 9.46 Housing peer workers should be able to use telephones and the internet for their work.
- 9.47 A specialist housing advice provider should continue to offer a service to women after March 2011.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.48 Careers information and advice was available through the service provided by Tribal. This also helped some women write CVs and job applications. JobCentre Plus had good links with the prison and provided a useful weekly service for women wanting to get a job on release. The prison had started to establish some good links with employers to offer real opportunities for employment and some good employability skills were gained through some of the prison work and training. Some distance learning courses helped to support employment, such as project management and law. All prisoners were offered the opportunity to complete the well run level

2 preparation for employment course before release and said this gave them a useful insight into their rights and responsibilities.

Mental and physical health

- 9.49 Health care staff relied on women to tell them when they were due for release or transfer so not all women were seen before discharge. Women were given up to five days of medication and information about registering with a GP.
- 9.50 There had been some problems with women subject to the care programme approach being discharged and local community mental health teams being slow to accept referrals.
- 9.51 While this was a generally young population, there was no palliative care policy and no evidence of links with local services.

Recommendation

- 9.52 Health services should be fully integrated into discharge arrangements to help ensure women's health needs are taken into account on release.

Housekeeping point

- 9.53 Working links between health services and local palliative care services should be developed.

Finance, benefit and debt

- 9.54 Finance needs were assessed at induction. A senior officer was the lead for the pathway and attended quarterly pathway meetings. She had received money advice training through NACRO and ran a finance surgery every three to four weeks. This had not been advertised but word of mouth had resulted in over 80 referrals, not all of which had been responded to. A worker from the local Citizens Advice was due to offer a debt advice service to prisoners from January 2011. Two JobCentre Plus workers available to prisoners two days a week could advise on loans and grants and arrange benefit appointments for prisoners on release. A money management course was run through education and a national debt telephone line was available free of charge. A representative from Women in Prison could support prisoners in getting help with financial issues (see section on accommodation) as could the St Giles call centre (see section on strategic management of resettlement). Only prisoners in paid work could open bank accounts.

Recommendation

- 9.55 All prisoners should be helped to open a bank account before release.

Drugs and alcohol

- 9.56 The drug strategy was well coordinated but the policy document lacked action plans informed by a comprehensive needs analysis. Women could easily access a range of CARAT interventions. The 12-step RAPt programme had become more of a national resource but

attracting sufficient numbers continued to be an issue. Neither CARAT services nor the RAPt programme were open to women whose primary problem was alcohol.

- 9.57 In her role as establishment drug coordinator (EDC), the care pathways coordinator chaired bi-monthly drug strategy meetings, which were attended by all relevant departments and service providers. A designated civilian drug strategy manager coordinated services well and linked in with local community planning bodies. The drug strategy policy had been revised in April 2010 but had not been updated in light of the IDTS. The document lacked action plans and annual performance measures. In 2009, a CARAT and a resettlement needs analysis had been conducted but neither appeared to have informed the drug strategy. A separate alcohol policy focused on testing only.
- 9.58 CARAT services were provided by a manager and two workers from RAPt as well as two CARAT/IDTS officers. The team was cohesive, with appropriate supervision arrangements and training opportunities, and the service was well integrated. All new arrivals were seen within the first three days. The team offered weekly induction input and the service was easily accessible. It had a target of 20 yearly triage assessments, which had already been exceeded. The open caseload stood at 82 in December 2010, with another 50 files suspended. File checks showed that regular care plan reviews took place and these were of good quality.
- 9.59 Women could undertake structured one-to-one work and an average of four short IDTS group work modules were running each month. Most women had already completed these at local prisons and longer interventions around motivation to change and relapse prevention were lacking. Women were generally positive about the support they received but there was no formal service user consultation. The CARAT team's remit excluded work with primary alcohol users. Over the previous six months, 15 women with alcohol-only problems had presented to the service but workers could not offer ongoing one-to-one support.
- 9.60 A wide range of joint working protocols had been developed and the service was well integrated with the clinical IDTS team. Care plans were shared with the OMU and workers contributed to sentence, transfer and release planning. However, CARAT staff were not invited to assessment, care in custody and teamwork reviews.
- 9.61 The two CARAT/IDTS officers were responsible for compact-based drug testing, available to women independent of location. The required 90 compacts were in operation and testing happened once a month. There were two designated testing suites.
- 9.62 Women requiring intensive rehabilitation could attend the 12-step RAPt programme, the only one in a women's prison. In December 2010, 34 women had started and 21 had completed the 16-week rolling programme against an annual target of 60 starts and 39 completions. Eligibility criteria excluded women whose sole problem was alcohol and, although it was used more as a national resource (since April, 15 women had transferred to Send specifically to undertake the programme), there continued to be problems with attracting sufficient numbers. During the inspection, the 20-bed unit housed two women who had been assessed and were waiting to begin the programme, three who were in the 'seeking safety' pre-programme phase, six who were undertaking the 12-week primary treatment phase and two who were undertaking relapse prevention lasting a month. Due to population pressures, there were also five 'lodgers' on the unit and this number was sometimes higher. This disrupted the therapeutic regime.
- 9.63 The programme was well managed by an experienced treatment manager and four counsellors. The unit benefited from consistent officer cover and the senior officer attended community meetings. While facilities such as group rooms were adequate, the unit had not been redecorated in a long time and looked shabby. Women who completed the programme

benefited from good aftercare. They lived on the enhanced units but could continue with one-to-one counselling sessions, group support and Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous meetings. 'Graduates' could become peer supporters and help those in primary treatment with literacy and other issues. They described the unit as a safe haven.

- 9.64 The RAPt treatment team worked closely with the CARAT service. CARAT workers attended post-programme reviews and arranged funding for those women who wanted to access residential rehabilitation in the community. Of 50 women who had completed the RAPt programme between May 2009 and June 2010, 18 had successfully entered community rehabilitation.
- 9.65 The CARAT team linked in with over 50 drug intervention programmes (DIPs) to ensure women received post-release support. With the exception of local DIP teams, contact was mostly made by telephone. All women received overdose prevention information before leaving the prison.

Recommendations

- 9.66 Provision for women with alcohol problems should be increased through the extension of the CARAT service and the RAPt programme to include women with primary alcohol problems.
- 9.67 The CARAT service should provide longer group work modules focusing on motivation to change and relapse prevention.

Housekeeping point

- 9.68 The CARAT service should develop a mechanism for service user feedback.

Good practice

- 9.69 *Substance misuse service providers (the IDTS clinical team, CARAT service and RAPt programme team) worked in a joined up and integrated way to support women throughout their treatment journey.*

Children and families of offenders

- 9.70 There was a good visitors' centre but visits did not start on time and not all women could have a weekly visit. Women prisoners had to wear a sash in the visits room despite the security arrangements for visitors. Insufficient family days were run to allow all women to maintain regular contact with their families. Existing family support work and the children and families pathway was underdeveloped

- 9.71 Our survey indicated that half of the women had children under the age of 18 but fewer than the comparator said they had been helped to maintain contact with family and friends. According to the 2009 prison needs analysis, two-thirds of prisoners had children. Half of the women in the analysis said they had been the primary carer before imprisonment but only 35% expected to be the primary carer on release. A quarter of prisoners' children were in local

authority care. Thirty per cent of prisoners said they had problems with visits, citing distance and cost as the main problems followed by difficulties in booking visits.

- 9.72 None of this information had been used to inform the 2010/11 pathways action plan, whose only target to develop services for children and families was 'to draw up last contact visit policy'. This had a target date of October 2010 but had not been completed. The pathway had a named lead and pathway meetings took place regularly but meetings did not include voluntary sector representatives, such as staff from Send Family Link (SFL). There was no full-time experienced family support worker to help women maintain contact with children and families or to help them re-establish links. The part-time SFL visitors' centre manager carried out some family work with a limited number of prisoners. In a recent six-month period, she had undertaken some liaison between women prisoners and social services and had assisted 36 women with contact. This work was not included in the prisoner information booklet or generally known to most prisoners or staff.
- 9.73 Women were told about their entitlement to visits during induction and were asked if they wanted a visitor information pack sent to their visitors and if they wanted to see a member of the SFL team. Information about visits was also included in the prisoner information booklet, although this incorrectly stated that visits started at 2pm. Visits took place on Thursday afternoons and at weekends. There were no evening visits.
- 9.74 Not all women could have a weekly visit. Women on the enhanced incentives and earned privileges level received two visiting orders and two privilege visiting orders a month, those on standard two and one respectively and those on basic only two visiting orders. Privilege visiting orders could only be used on Thursdays.
- 9.75 All visits had to be booked using the telephone booking line, which was only accessible at certain times and not open at lunchtimes, during the evenings or at weekends. Some visitors complained that it was difficult to get through. The line was staffed by just one person who was also the switchboard operator for the prison. We tried the line one morning and got through on our first attempt. Callers could not leave a message if the line was busy.
- 9.76 A minibus service for visitors ran to and from Woking station. Parking was very difficult for visitors on Thursdays and no specific parking was made available for them. All visitors booked in at the visitors' centre managed by SFL. The centre was spacious, bright and comfortable, with good facilities including refreshments and a play area. SFL staff were welcoming, identified first time visitors and provided support and information. There was no comment book available for visitors in the centre when we visited but we were told there was one. There were no other opportunities for visitors to feed back their experiences.
- 9.77 Visitors were called into the prison in groups in order of their arrival. All visitors said they were well received by staff at the visitors' centre and prison but complained that they did not get their full visits entitlement. Visits did not start at the advertised time and some visitors arrived in the visits room up to 30 minutes after the advertised start despite having arrived at the visitors' centre in good time. There was nowhere safe to lay a baby while the carer was searched so search staff held the baby themselves, which was inappropriate. All women prisoners had to wear a coloured sash to identify them, despite the fact that visitors had to have their photographs taken and wear a coloured wrist band.
- 9.78 The visits room was comfortable and relaxed but noisy when busy. Anyone using the closed visits booth was clearly visible to those in the visits hall. A limited range of refreshments was available and the play area was supervised by SFL at all sessions. Women could not play with their children in the play area.

- 9.79 SFL staff ran a number of family days throughout the year for different groups of prisoners: four days for general prisoners, four for the therapeutic community, one for prisoners on the RAPt programme and one for foreign national prisoners. Three family days were run for lifers/IPP prisoners. Family days ran from 9.30am on Sundays during school terms and from 10am on Tuesdays during school holidays. Some visitors with long distances to travel said these times made attendance difficult, particularly on Sundays. The child's carer attended family days and lunch was provided. Prisoners were not allowed to take pictures painted by their children on the family days back to their wings.
- 9.80 Family days were often over subscribed. Priority was given to women's own children aged 16 and under. Women were not able to use the days to keep in touch with grandchildren, even if they had been the primary carer. Therapeutic community graduates found the much higher demand for spaces on the main wings meant they could not get places on family days. Recently, 105 women had applied to attend one of the four family days for general prisoners and 10 had been refused a place. Women subject to disciplinary restrictions and closed visits were excluded.
- 9.81 Release on temporary licence had been used to allow some women town visits and overnight stays with their family. Visitors could arrange to meet prisoners privately should there be significant news to communicate or if it was a final contact with a child.
- 9.82 A parenting programme was run in the education department but not formally linked to the children and families pathway. No relationship counselling was provided and no accredited programmes relating to relationships were run. There were no incoming calls from children or to deal with arrangements for them. The Story Book Mum scheme, previously run by the library staff, was no longer available.

Recommendations

- 9.83 **The children and families pathway action plan should be based on an up to date needs analysis and should aim to develop a range of services to help promote creative, positive contact between prisoners, children and families.**
- 9.84 **Family days should meet demand and should be open to other family members beyond prisoners' own children.**
- 9.85 **All prisoners should be able to have at least one visit a week.**
- 9.86 **Visits should start at the advertised time.**
- 9.87 **Women prisoners should not have to wear a coloured bib in the visits room.**

Housekeeping points

- 9.88 Visitors should be able to book their next visit while at the prison.
- 9.89 There should be a facility where a carer can lay a baby while they are being searched.
- 9.90 Prisoners should be able to play with children in the play area.
- 9.91 Visitors should be able to provide feedback on their visits experience.

Attitudes, thinking and behaviour

- 9.92 A good range of interventions was provided but there was a waiting list for the victim awareness programme and there were no alcohol or anger management programmes.
- 9.93 The therapeutic community and the RAPT programme provided good opportunities for some women in need of intensive interventions. Suitable prisoners could attend the Open College Network accredited Sycamore Tree course, a restorative justice and victim awareness group work programme. Three courses were run a year involving 20 women on each course. The need for victim awareness work was evidenced in sentence plans but there was a waiting list of 80.
- 9.94 The thinking skills programme (TSP) was also delivered. Three programmes with a total target of 27 completions were run annually, involving prisoners from Send and HMP Downview. In the two courses already run, 19 out of 20 women had completed. Two Send prisoners were on the waiting list. The programme had yet to be assessed. The TSP was sometimes identified for women whose OASys scores meant they were ineligible, which was frustrating for those involved.
- 9.95 Prisoners were referred to education and Toe-by-Toe peer mentors for help with literacy when necessary and some one-to-one motivational work was carried out by offender supervisors in preparation for programmes.
- 9.96 Existing courses generally met the needs of many women but offender supervisors highlighted some need for alcohol and anger management programmes. In the 2009 needs analysis, prisoners had identified the need for anger management and domestic violence support and a domestic violence support group had been introduced. Offender supervisors also mentioned the lack of psychology and psychotherapy resources.

Recommendation

- 9.97 A full needs analysis based on OASys data should be carried out to ensure that suitable interventions are run to meet prisoners' identified needs.

Support for women who have been abused, raped or have experienced domestic violence/ Support for women who have been involved in prostitution

- 9.98 Suitable services were provided for the two gender-specific pathways.
- 9.99 In the 2009 needs analysis, 71% of women said they had suffered domestic violence and 27% said there were barriers preventing them from asking for help. Twelve per cent said they had worked in the sex industry to pay bills, buy drugs, support family and 'pay for luxuries'. Women were asked on induction if they needed services connected with both pathways and referrals were made to the pathway lead as necessary.
- 9.100 A six-week domestic violence survivors' course was run for 16 women four times a year by a worker from SW Surrey domestic abuse outreach service. The course leader provided one-to-one counselling for those on the course and supported women who did not have time to

complete it. Local women's refuges updated the prison on the availability of spaces in refuges for women being released and women could be referred to appropriate support agencies locally and nationally. At their discharge board, all women were given a leaflet on where to get help with domestic violence.

- 9.101 A rape counsellor was accessible through health care and a two-day course run by a worker from the NHS harm reduction team for women aimed to promote safety for women involved in sex work. Sexual health information was available through health care and the prison was in contact with agencies nationally that helped women returning to sex work or who wanted to leave. Women intent on returning to the sex industry were given 'ugly mugs' information produced by the NHS about perpetrators of violence against sex workers and a pocket book detailing the support agencies available in the community. Twenty-three members of staff had attended the sex workers in custody and community (SWICC) training but no senior managers had completed it.
- 9.102 A representative from Women in Prison offered support and advice and peer workers in the St Giles call centre offered information.

Therapeutic community

- 9.103 The therapeutic community (TC) continued to provide an excellent opportunity for women to take part in intensive therapy. It had historically been difficult to recruit sufficient women but there were 21 at the time of the inspection, which made the TC more stable. Strategic planning aimed to better link the TC with the offender management model.
- 9.104 The democratic therapeutic community for women had originally been started at Winchester but had moved to Send in 2004 following a change of role at Winchester. Since the beginning, the TC had found it difficult to fill all 40 planned places and there had been a lack of national support. At the time of the last full inspection in 2006, there had been only 10 women involved in the TC. Recruitment had been a problem in subsequent years but the current population was 21. There was a clear strategic focus to increase the numbers, mainly through better links with the offender management process and structured links with other women's prisons. The director of therapy also regularly attended allocation meetings run by the Prison Service women and young people's group. There had continued to be close scrutiny of the resources involved in the TC and some continuing uncertainty about its future had in itself affected recruitment of both staff and prisoners. The director of offender management for the South East region had requested a feasibility study into the possibility of the women's TC operating in a separate unit at Grendon, which had added to the uncertainty. We were surprised that this was being considered as such a suggestion had previously been discounted partly because of the risk that the distinct needs of women in therapy would be lost in the wider context of Grendon.
- 9.105 As a democratic prison TC, the therapy was recognised as an accredited regime and subject to regular independent audit to ensure its continuing compliance with the requirements of the Correctional Services Accreditation Panel. The most recent audit for 2009/10 had confirmed that the TC operated to a high standard in its delivery of therapy.
- 9.106 There were three small therapy groups, which came together for whole community meetings. There were clear referral criteria for staff and information leaflets for offender managers and women setting out what the TC entailed. Women were now required to commit to 18 months or

more of therapy rather than the previous 12 months. This appeared appropriate and all of the current residents were indeterminate sentenced prisoners. New entrants had a structured and supportive assessment period, usually for a month, in a small beginners group assisted by a mentor before being allocated to one of the three small groups. Women signed an expectations and compact document that required them to give consent to disclosure of medical information. As part of their commitment to therapy for at least 18 months, they were also required to forego applications for parole or home detention curfew for the 18 months after their acceptance in the TC. While the need to get informed commitment to the therapeutic process was understandable and pragmatic, this requirement was inappropriate. In practice, the director of therapy accepted that women could not be prevented from applying for parole when eligible.

- 9.107 Accommodation was generally satisfactory for the three small groups, with a suitable large room for whole community meetings, but facilities would be stretched should the numbers increase in line with the strategic plan. The TC was still hampered by the disconnect between the residential accommodation and the therapy rooms, which ideally would all be in one space with residential staff who were all part of the democratic TC. TC trained officers were not ring-fenced for TC work and were sometime redeployed to operational duties elsewhere in the prison. This had the benefit of dispelling the myth that the TC was over-privileged in terms of resources but there was still a reported lack of understanding about the work of the TC in other parts of the prison.
- 9.108 As elsewhere in the prison, all women in the TC had personal officers who were expected to fulfil the normal range of duties. Theoretically, other standard prison procedures applied but in practice issues such as victimisation and bullying were dealt with within the community and this appeared appropriate and effective. Similarly, it was part of the compact that women would bring all incidents and thoughts of self-harm to the therapy group for understanding and exploration. However, it had recently been agreed that women in the TC should also have access to the confidential Listener service. Any positive drug test resulted in a discussion and vote in a community meeting about whether to exclude. This was the usual way of making decisions to exclude but occasionally structured managerial decisions were taken, which were then explained at the community meetings.
- 9.109 Although there had previously been black and minority ethnic women in the TC, there were none at the time of the inspection. While the numbers were small and one or two women could affect the position, there were no apparent active efforts to make the TC more culturally representative of the women's population as a whole. TC prisoners had the usual access to the racist incident reports forms and to general applications and complaints.
- 9.110 There was no formal mechanism to inform families about the TC process and the expectation was that women themselves would explain what their therapy meant to their families. Family days were held and, while there was no structured presentation on the work of the TC, staff from the TC were present to answer questions.
- 9.111 Therapy groups were held in the mornings and TC prisoners participated in the range of prison activities in the afternoons. Although this helped integration with the rest of the prison, some women resented the fact that TC women sometimes did not turn up for activities if they had had a particularly difficult therapy session and believed the TC women were given special treatment. As elsewhere in the prison, women from the TC were able to attend chaplaincy services and activities. A nominated member of staff was responsible for ensuring appropriate liaison with the security department.

- 9.112 Therapy was clearly seen as part of the offender management process, with appropriate links to sentence planning. Every member of the TC had an allocated offender supervisor and outcomes from therapy directly contributed to OASys so that there was a shared assessment of risk. The need for some women to participate in other interventions was recognised.
- 9.113 Women who had completed therapy usually moved to J wing or sometime to E and F wings. A TC graduate group had recently started to support women who were now living elsewhere in the prison. As part of national provision for prisoners with personality disorders, the prison had been selected as a pilot site for a PIPE (psychologically-informed planned environment). This was being labelled as progression unit at Send and there was the possibility of the project being used both as a step down from the TC and as a preparation for it. The feasibility of housing the TC and the PIPE project together was being considered.

Recommendation

- 9.114 **An entirely separate therapeutic community for women should be maintained to ensure that the different life experiences and specific needs of women are fully understood and met within a fully supportive therapeutic setting.**

Housekeeping points

- 9.115 The formal requirement to forgo parole within 18 months should be removed from the therapeutic community compact.
- 9.116 Information about the work of Send therapeutic community should be sent routinely to the families of all new entrants, with their consent.
- 9.117 Efforts should be made to ensure the diversity of the therapeutic community population reflects the wider client group.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

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- 10.1 In consultation with prisoners, staff and all relevant stakeholders, the prison should develop a revised violence reduction strategy aimed at reducing the level of threats and intimidation experienced by women at Send and tackling the underlying causes. (HP44)
 - 10.2 A prisoner council, chaired by a senior governor, should be formed to consult women prisoners effectively and build confidence that their views are taken seriously and acted upon as appropriate. (HP45)
 - 10.3 A wider range of education and training courses should be provided and at higher levels to improve women's progression opportunities. (HP46)
 - 10.4 A revised reducing reoffending strategy should be introduced based on an up-to-date and effective analysis of need and which sets out how the specific resettlement needs of particular groups of women prisoners will be met. (HP47)

Recommendations

To NOMS

Courts, escorts and transfers

-
- 10.5 Women prisoners should be offered a toilet break at least every 2.5 hours. (1.3)
 - 10.6 Unless a risk assessment indicates otherwise, all women should be given at least 24 hours notice of planned transfers and be able to telephone family, friends or legal advisers. (1.4)

Resettlement pathways

-
- 10.7 Provision for women with alcohol problems should be increased through the extension of the CARAT service and the RAPt programme to include women with primary alcohol problems. (9.66)

Therapeutic community

-
- 10.8 An entirely separate therapeutic community for women should be maintained to ensure that the different life experiences and specific needs of women are fully understood and met within a fully supportive therapeutic setting. (9.114)

First days in custody

- 10.9 Women should have their immediate needs and vulnerabilities identified and assessed at a private meeting with an officer before they are locked up on their first night. (1.12)
- 10.10 All new arrivals should spend their first night on the first night unit. (1.13)

Residential units

- 10.11 Women should be able to get their stored property within a week of application. (2.11)
- 10.12 Sufficient working phones should be provided in booths on each wing. (2.12)

Staff-prisoner relationships

- 10.13 The governor of Send and Downview should ensure that all staff are fully aware of expected professional standards in dealing with women and that any managerial concerns or complaints about staff are effectively investigated and monitored at a senior level. (2.22)

Bullying and violence reduction

- 10.14 Senior managers should complete quality assurance checks of the investigations into alleged incidents of bullying to ensure that these are thorough and that appropriate action is taken to challenge bullies and protect and support victims. (3.7)

Self-harm and suicide

- 10.15 Assessment, care in custody and teamwork care plans (care maps) should identify the prisoner's needs and concerns, indicate how and when these will be addressed and the person responsible and should be updated after each review. (3.17)
- 10.16 An appropriate environment should be provided for women under constant supervision, who where appropriate should be encouraged and enabled to take part in activities. (3.18)
- 10.17 The action plan for emerging findings for the most recent death in custody should ensure that the proposed actions promptly and fully address the concerns raised, including the provision of defibrillators and sufficient first aid-trained staff. (3.19)

Applications and complaints

- 10.18 All replies to applications should be recorded in the wing applications log books. (3.26)
- 10.19 Senior managers should ensure that women prisoners receive respectful and legible responses to complaints that address the issues raised and the reason for the decision. (3.27)

Legal rights

- 10.20 Legal visits should take place in suitable privacy. (3.34)

Faith and religious activity

- 10.21 Pentecostal and Hindu ministers should regularly attend the prison. (3.39)

Substance use

- 10.22 A dual diagnosis lead should be identified and designated dual diagnosis services should be developed for women with mental health and substance-related problems supported by joint work between mental health and CARAT services. (3.47)
- 10.23 Nurses should undertake training to allow naltrexone treatment to start before release. (3.48)

Race equality

- 10.24 Regular prisoner consultative meetings should be held for all diversity strands, including for black and minority ethnic prisoners. (4.20)
- 10.25 Ethnic monitoring should extend to cover areas of concern to prisoners, including employment and other activities. Any areas out of range should be fully discussed at the race equality and diversity action team meeting and actions taken when necessary. (4.21)
- 10.26 Racist incident reports should be thoroughly investigated and subject to critical external and management scrutiny. Written reports should clearly explain the reason behind the findings. (4.22)

Religion

- 10.27 Equality of treatment should be monitored and analysed by religion and appropriate actions taken to correct any inequalities. (4.29)

Foreign nationals

- 10.28 Professional telephone interpreters should be used for women prisoners who have little understanding of English when issues of accuracy or confidentiality arise and to ensure they are aware of basic prison procedures. (4.36)
- 10.29 Foreign national women should receive a free five-minute telephone call every month regardless of whether they have received a visit. (4.37)
- 10.30 Women should have access to accredited independent immigration advice and support agencies. (4.38)

Disability and older prisoners

- 10.31 Women prisoners with disabilities and older women who need additional support should have their individual needs assessed and relevant care plans drawn up and suitable adaptations provided to meet their needs. (4.47)

Health services

- 10.32 A full health needs assessment including mental health provision should be undertaken to help ensure the delivery of a safe, decent and comprehensive health service that matches services in the community and meets the particular needs of women prisoners at Send. (5.6)
- 10.33 All clinical incidents, near misses and serious untoward incidents should be recorded and learning incorporated into clinical training. (5.14)
- 10.34 All health care staff should have a minimum of annual resuscitation skills training. (5.15)
- 10.35 There should be a formal secondary health assessment within 72 hours of arrival to ensure health concerns are identified early and dealt with appropriately. (5.23)
- 10.36 There should be an appropriate in possession risk scoring tool that is consistently available to prescribers with the clinical record. (5.32)
- 10.37 Women should receive night sedation at bed time. (5.33)
- 10.38 There should be complete dental records, including charting of teeth, as advised by the Dental Good Practice Guidelines (Faculty of General Dental Practice [UK]). (5.43)
- 10.39 Women should not be held in restraints for external hospital appointments unless there is a clear individual risk assessment that identifies a real security risk. Where intimate examinations or procedures are to be undertaken and/or the woman needs to undress, the right to privacy and dignity should be properly respected at all times. (5.48)
- 10.40 A clear system should be introduced to ensure prompt and appropriate referrals from reception screenings to the mental health team. (5.55)
- 10.41 All staff with direct contact with women should have mental health awareness training. (5.56)

Learning and skills and work activities

- 10.42 Sufficient, appropriately qualified staff should be provided to cover absences for classes and to improve the range of vocational courses. (6.6)
- 10.43 Arrangements for observations of teaching and learning should be improved in education and introduced across the learning and skills provision. (6.7)
- 10.44 The number of vocational training opportunities should be increased. (6.13)
- 10.45 Prisoners on personal study courses should have better access to computers. (6.16)

Time out of cell

- 10.46 An agreed core day should be displayed and followed on each wing. (6.30)
- 10.47 All women prisoners should be able to have one hour in the open air every day. (6.31)

Security and rules

- 10.48 Closed visits should not be implemented following a single drug dog indication unless there is additional supporting intelligence. (7.7)
- 10.49 Individual security risk assessments should be carried out to ensure that women prisoners are not unnecessarily prevented from participation in specific activities. (7.8)

Discipline

- 10.50 Use of force data should routinely be formally analysed for trends and records scrutinised by a senior manager to ensure that force is used only when necessary. (7.17)

Catering

- 10.51 Breakfast should be served on the morning it is eaten. (8.9)
- 10.52 Women prisoners should have the opportunity to cook meals for themselves. (8.10)

Prison shop

- 10.53 Women prisoners should be able to make a shop order within 24 hours of arrival. (8.19)
- 10.54 Black and minority ethnic women should have weekly access to a good range of specialised products through either the shop or the specialist catalogues. (8.20)

Offender management and planning

- 10.55 Objectives in sentence plans should be outcome-focused and sequenced appropriately to the specific needs of the individual woman prisoner. (9.21)
- 10.56 All women prisoners should have agreed regular contact with their allocated offender supervisor. (9.22)
- 10.57 Risk management plans should accurately describe how the objectives of the sentence plan and other activities address the risk of harm to others and protect actual and potential victims. (9.30)
- 10.58 There should be sufficient psychology resources to meet the needs of life-sentenced prisoners. (9.37)
- 10.59 Designated accommodation should be provided for women serving long sentences. (9.38)

Resettlement pathways

- 10.60 Housing peer workers should be able to use telephones and the internet for their work. (9.46)
- 10.61 A specialist housing advice provider should continue to offer a service to women after March 2011. (9.47)
- 10.62 Health services should be fully integrated into discharge arrangements to help ensure women's health needs are taken into account on release. (9.52)
- 10.63 All prisoners should be helped to open a bank account before release. (9.55)
- 10.64 The CARAT service should provide longer group work modules focusing on motivation to change and relapse prevention. (9.67)
- 10.65 The children and families pathway action plan should be based on an up to date needs analysis and should aim to develop a range of services to help promote creative, positive contact between prisoners, children and families. (9.83)
- 10.66 Family days should meet demand and should be open to other family members beyond prisoners' own children. (9.84)
- 10.67 All prisoners should be able to have at least one visit a week. (9.85)
- 10.68 Visits should start at the advertised time. (9.86)
- 10.69 Women prisoners should not have to wear a coloured bib in the visits room. (9.87)
- 10.70 A full needs analysis based on OASys data should be carried out to ensure that suitable interventions are run to meet prisoners' identified needs. (9.97)

Housekeeping points

First days in custody

- 10.71 All women should be offered a free telephone call in private on the day of their arrival and this should be documented. (1.14)
- 10.72 Prisoners arriving after the evening meal has been served in the dining room should be given a hot meal in reception. (1.15)
- 10.73 Induction should begin on the first full working day after reception. (1.17)

Residential units

- 10.74 Association rooms should be freely available to prisoners and suitably equipped. (2.13)
- 10.75 The procedure for all women, including foreign national women, to exchange unused visiting orders for telephone credit should be clarified and advertised. (2.14)

10.76 Appropriate arrangements for washing underwear should be introduced. (2.15)

Staff-prisoner relationships

10.77 The poorer perceptions of gay and bisexual prisoners about treatment by staff should be discussed with them at their regular diversity meeting. (2.23)

Bullying and violence reduction

10.78 The safer custody committee should collate, analyse and monitor all indicators of violence, bullying and intimidation to identify any patterns or trends, including results of safer custody surveys. (3.8)

10.79 Responses to exit surveys should be analysed at least twice a year and key findings discussed by the safer custody committee and used to inform the violence reduction strategy and safer community action plan. (3.9)

Applications and complaints

10.80 Outcomes of complaints about health care should be recorded to enable accurate monitoring. (3.28)

Race equality

10.81 The catering manager, librarian and external community representatives should attend the race equality and diversity action team meetings. (4.23)

10.82 Victims of racist incidents should be offered support from a member of staff other than the person investigating the incident. (4.24)

10.83 Notices advising foreign nationals that racist incident report forms and diversity inequality incident reporting forms are available in a range of languages should themselves be published in different languages. (4.25)

10.84 There should be more displays to reflect the racial and ethnic diversity of the population. (4.26)

Foreign nationals

10.85 Foreign national women who cannot read English should be allowed to keep a translated copy of the induction booklet. (4.39)

10.86 The list of immigration lawyers given to foreign nationals should be updated regularly and the lawyers contacted to confirm they are willing to attend the prison. (4.40)

Disability and older prisoners

10.87 Personal emergency evacuation plans should be held in wing offices and easily retrievable. (4.48)

10.88 Prisoner carers should have job descriptions and adequate training for their role. (4.49)

Health services

- 10.89 All patient documents, including information-sharing consent forms and in possession risk assessments, should be scanned into individual SystmOne records as soon as possible. (5.16)
- 10.90 The arrangements for link nurses for chronic conditions should be updated. (5.24)
- 10.91 All cupboards used to store medication should be locked and made of metal. (5.34)
- 10.92 Fridges temperatures should be maintained within acceptable ranges to ensure the integrity of temperature-sensitive medicines. (5.35)
- 10.93 There should be an audit trail for the controlled drugs cupboard keys. (5.36)
- 10.94 Patient-returned medication should not be stored alongside current medication. (5.37)
- 10.95 A system should be introduced to ensure that the dental compressor is functional in all weathers. (5.44)

Physical education and health promotion

- 10.96 More outdoor PE activities should be provided. (6.24)

Discipline

- 10.97 Adjudication data should be collated and routinely analysed for emerging patterns and trends and appropriate action taken where necessary. (7.13)

Incentives and earned privileges

- 10.98 Data relating to incentives and earned privileges, such as numbers on each level by location, ethnicity, age and disability, should routinely be formally monitored for patterns and trends to ensure equality of treatment across the prison. (7.24)

Catering

- 10.99 Serveries should be effectively supervised and food temperature checks taken. (8.11)
- 10.100 Second helpings of food should be allowed. (8.12)

Prison shop

- 10.101 Minutes of consultation meetings should clearly record actions taken and the outcome. (8.21)
- 10.102 Charges should not be made for bags for catalogue orders and print-outs of finances. (8.22)

Strategic management of resettlement

10.103 Voluntary sector representatives should be involved in pathway development and attend the reducing reoffending strategy committee. (9.8)

Offender management and planning

10.104 All members of the safeguarding children and public protection committee should be represented at meetings. (9.31)

Resettlement pathways

10.105 Working links between health services and local palliative care services should be developed. (9.53)

10.106 The CARAT service should develop a mechanism for service user feedback. (9.68)

10.107 Visitors should be able to book their next visit while at the prison. (9.88)

10.108 There should be a facility where a carer can lay a baby while they are being searched. (9.89)

10.109 Prisoners should be able to play with children in the play area. (9.90)

10.110 Visitors should be able to provide feedback on their visits experience. (9.91)

Therapeutic community

10.111 The formal requirement to forgo parole within 18 months should be removed from the therapeutic community compact. (9.115)

10.112 Information about the work of Send therapeutic community should be sent routinely to the families of all new entrants, with their consent. (9.116)

10.113 Efforts should be made to ensure the diversity of the therapeutic community population reflects the wider client group. (9.117)

Good practice

Health services

10.114 User focus groups, actively supported by the PALS prisoner representative, enabled women's concerns to be heard and action taken to improve the quality of health services. (5.17)

Resettlement pathways

10.115 Substance misuse service providers (the IDTS clinical team, CARAT service and RAPT programme team) worked in a joined up and integrated way to support women throughout their treatment journey. (9.69)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector of Prisons
Michael Loughlin	Team leader
Martin Owens	Inspector
Paul Fenning	Inspector
Joss Crosbie	Inspector
Lucy Young	Inspector
Sandra Fieldhouse	Inspector (on induction)
Beverley Alden	Inspector (on induction)
Nicola Rabjohns	Health care inspector
Sigrid Engelen	Drugs inspector
Peter Gibbs	Pharmacy inspector
Christine Windle	Dental inspector
Tony Rolley	Probation inspector
Neil Edwards	Ofsted lead inspector
Rosy Belton	Ofsted inspector
Anne Pike	Ofsted inspector
Alastair Pearson	Ofsted inspector

Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	274	98.5
Recall		
Convicted unsentenced	3	1.07
Remand		
Civil prisoners		
Detainees		
Other	1	0.3
Total	278	100

Sentence	21 and over	%
Unsentenced		
Less than 6 months	1	0.3
6 months to less than 12 months	3	1.07
12 months to less than 2 years	20	7.1
2 years to less than 4 years	28	10.07
4 years to less than 10 years	90	32.3
10 years and over (not life)	25	8.9
ISPP	30	10.7
Life	51	18.3
No Sentence	1	0.3
Total	278	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years		
21 years to 29 years	85	30.5
30 years to 39 years	89	32.01

40 years to 49 years	63	22.6
50 years to 59 years	30	10.7
60 years to 69 years	9	3.2
70 plus years	2	0.71
Please state maximum age	73	
Total	278	100

Nationality	21 and over	%
British	253	91
Foreign nationals	25	8.9
Total	278	100

Security Category	21 and over	%
Uncategorised unsentenced		
Uncategorised sentenced		
Cat A		
Cat B		
Cat C		
Cat D		
Fem closed	252	90.6
Fem open	21	7.5
Fem semi	1	0.3
Total	278	100

Ethnicity	21 and over	%
White		
British	189	67.9
Irish	2	0.71
Other white	14	5.03
	205	73.7

Mixed		
White and black Caribbean	2	0.71
White and black African	1	0.3
White and Asian		
Other mixed	3	1.07
Asian or Asian British	6	2.1
Indian	5	1.79
Pakistani	4	1.4
Bangladeshi		
Other Asian	7	2.5
Black or black British		
Caribbean	27	9.7
African	12	4.3
Other black	6	2.1
Chinese or other ethnic group		
Chinese	3	1.07
Other ethnic group	3	1.07
Not stated		
Total	278	

Religion	21 and over	%
Baptist	1	0.3
Church of England	90	32
Roman Catholic	47	16.9
Other Christian denominations	33	11.8
Muslim	16	5.7
Sikh	3	1.07
Hindu	1	0.3
Buddhist	10	3.5
Jewish	1	0.3

Other	5	1.7
No religion	66	23.7
Not stated	5	1.7
Total	278	100

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month		
1 month to 3 months	42	15.2
3 months to 6 months	50	18.1
6 months to 1 year	55	19.9
1 year to 2 years	78	28.2
2 years to 4 years	29	10.5
4 years or more	4	0.7
Total	278	100

Main offence	21 and over	%
Violence against the person	40	14.3
Sexual offences	11	3.9
Burglary	9	3.2
Robbery	24	8.6
Theft and handling	14	5.6
Fraud and forgery	5	1.7
Drugs offences	88	31.6
Other offences	85	30.5
Civil offences		
Offence not recorded/holding warrant	2	0.7
Total	278	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 15 November, the prisoner population at HMP Send was 278. The sample size was 153. Overall, this represented 55% of the prisoner population.

Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Five respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time
- 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, 130 respondents completed and returned their questionnaires. This represented 47% of the prison population. The response rate was 85%. In addition to the five respondents who refused to complete a questionnaire, 15 questionnaires were not returned and three was returned blank.

Comparisons

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

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation 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 2010 against comparator figures for all prisoners surveyed in women's prisons. This comparator is based on all responses from prisoner surveys carried out in 13 women's prisons since 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Send in 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at a women's training prison, the only prison with a comparable function to HMP Send.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2010 survey between the responses of heterosexual prisoners and those of a different sexual orientation.
- The current offender management survey responses against comparator figures for all women's prisons and the overall comparator

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.

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

Summary

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

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

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

Survey

Section 1: About you

Q1.2	How old are you?	
	Under 21	0 (0%)
	21 - 29	43 (33%)
	30 - 39	48 (37%)
	40 - 49	27 (21%)
	50 - 59	9 (7%)
	60 - 69	2 (2%)
	70 and over	1 (1%)
Q1.3	Are you sentenced?	
	Yes	126 (97%)
	Yes - on recall	4 (3%)
	No - awaiting trial	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	Less than 6 months	0 (0%)
	6 months to less than 1 year	5 (4%)
	1 year to less than 2 years	12 (9%)
	2 years to less than 4 years	23 (18%)
	4 years to less than 10 years	39 (30%)
	10 years or more	13 (10%)
	IPP (Indeterminate Sentence for Public Protection)	13 (10%)
	Life	25 (19%)
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.)	
	Not sentenced	0 (0%)
	6 months or less	35 (34%)
	More than 6 months	68 (66%)
Q1.6	How long have you been in this prison?	
	Less than 1 month	2 (2%)
	1 to less than 3 months	11 (9%)
	3 to less than 6 months	16 (13%)
	6 to less than 12 months	27 (21%)
	12 months to less than 2 years	25 (20%)
	2 to less than 4 years	24 (19%)
	4 years or more	21 (17%)
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?	
	Yes	13 (10%)
	No	114 (90%)
Q1.8	Is English your first language?	
	Yes	107 (88%)
	No	15 (12%)

Q1.9	What is your ethnic origin?				
	White - British.....	87 (68%)	Asian or Asian British - Bangladeshi	2 (2%)	
	White - Irish.....	2 (2%)	Asian or Asian British - other	3 (2%)	
	White - other.....	2 (2%)	Mixed heritage - white and black Caribbean	2 (2%)	
	Black or black British - Caribbean	6 (5%)	Mixed heritage - white and black African.....	1 (1%)	
	Black or black British - African.....	8 (6%)	Mixed heritage - white and Asian	1 (1%)	
	Black or black British - other.....	4 (3%)	Mixed heritage - other.....	3 (2%)	
	Asian or Asian British - Indian	2 (2%)	Chinese	1 (1%)	
	Asian or Asian British - Pakistani	2 (2%)	Other ethnic group.....	2 (2%)	
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?				
	Yes.....			7 (6%)	
	No.....			117 (94%)	
Q1.11	What is your religion?				
	None.....	28 (22%)	Hindu	1 (1%)	
	Church of England	46 (36%)	Jewish	0 (0%)	
	Catholic	17 (13%)	Muslim	9 (7%)	
	Protestant.....	2 (2%)	Sikh	0 (0%)	
	Other Christian denomination.....	15 (12%)	Other	4 (3%)	
	Buddhist.....	5 (4%)			
Q1.12	How would you describe your sexual orientation?				
	Heterosexual/straight			92 (72%)	
	Homosexual/gay			14 (11%)	
	Bisexual.....			19 (15%)	
	Other			2 (2%)	
Q1.13	Do you consider yourself to have a disability?				
	Yes.....			26 (20%)	
	No.....			101 (80%)	
Q1.14	How many times have you been in prison before?				
	0	1	2 to 5	More than 5	
	79 (61%)	16 (12%)	23 (18%)	11 (9%)	
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?				
	1	2 to 5	More than 5		
	15 (12%)	107 (84%)	5 (4%)		
Q1.16	Do you have any children under the age of 18?				
	Yes.....			66 (51%)	
	No.....			63 (49%)	

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:							
		Very good	Good	Neither	Bad	Very bad	Don't remember	N/A
	The cleanliness of the van?	15 (12%)	49 (39%)	17 (13%)	28 (22%)	11 (9%)	3 (2%)	4 (3%)
	Your personal safety during the journey?	19 (15%)	52 (42%)	21 (17%)	18 (15%)	11 (9%)	0 (0%)	2 (2%)

The comfort of the van?	8 (6%)	16 (13%)	7 (6%)	39 (31%)	54 (43%)	0 (0%)	2 (2%)
The attention paid to your health needs?	9 (7%)	21 (17%)	33 (27%)	29 (24%)	15 (12%)	3 (2%)	11 (9%)
The frequency of toilet breaks?	2 (2%)	6 (5%)	21 (17%)	26 (21%)	41 (33%)	7 (6%)	23 (18%)

Q2.2 How long did you spend in the van?

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
8 (6%)	45 (35%)	63 (50%)	8 (6%)	3 (2%)

Q2.3 How did you feel you were treated by the escort staff?

Very well	Well	Neither	Badly	Very badly	Don't remember
23 (18%)	68 (54%)	21 (17%)	12 (9%)	3 (2%)	0 (0%)

Q2.4 Please answer the following questions about when you first arrived here:

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	116 (90%)	13 (10%)	0 (0%)
Before you arrived here did you receive any written information about what would happen to you?	28 (22%)	97 (77%)	1 (1%)
When you first arrived here did your property arrive at the same time as you?	111 (89%)	14 (11%)	0 (0%)

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 to you.)

Didn't ask about any of these	36 (29%)	Money worries	20 (16%)
Loss of property	17 (14%)	Feeling depressed or suicidal.....	62 (50%)
Housing problems	27 (22%)	Health problems	67 (54%)
Contacting employers	14 (11%)	Needing protection from other prisoners	19 (15%)
Contacting family.....	52 (42%)	Accessing phone numbers	33 (27%)
Ensuring dependants were being looked after	25 (20%)	Other	7 (6%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems.....	34 (29%)	Money worries	28 (24%)
Loss of property	21 (18%)	Feeling depressed or suicidal.....	37 (31%)
Housing problems	34 (29%)	Health problems	44 (37%)
Contacting employers	9 (8%)	Needing protection from other prisoners	10 (8%)
Contacting family.....	37 (31%)	Accessing phone numbers	31 (26%)
Ensuring dependants were looked after	7 (6%)	Other	5 (4%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	107 (84%)	17 (13%)	3 (2%)
When you were searched, was this carried out in a respectful way?	96 (78%)	18 (15%)	9 (7%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
23 (18%)	66 (52%)	21 (17%)	12 (9%)	5 (4%)	0 (0%)

Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)	
	Information about what was going to happen to you	56 (46%)
	Information about what support was available for people feeling depressed or suicidal	70 (58%)
	Information about how to make routine requests	48 (40%)
	Information about your entitlement to visits	43 (36%)
	Information about health services	59 (49%)
	Information about the chaplaincy	55 (45%)
	Not offered anything.....	31 (26%)
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	A smokers/non-smokers pack	115 (92%)
	The opportunity to have a shower	58 (46%)
	The opportunity to make a free telephone call	44 (35%)
	Something to eat	90 (72%)
	Did not receive anything.....	5 (4%)
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 to you.)	
	Chaplain or religious leader.....	29 (24%)
	Someone from health services.....	89 (74%)
	A Listener/Samaritans	49 (40%)
	Did not meet any of these people.....	21 (17%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	6 (5%)
	No.....	117 (95%)
Q3.9	Did you feel safe on your first night here?	
	Yes	93 (75%)
	No.....	27 (22%)
	Don't remember.....	4 (3%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course.....	7 (6%)
	Within the first week	102 (82%)
	More than a week.....	12 (10%)
	Don't remember.....	3 (2%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	7 (6%)
	Yes	70 (58%)
	No.....	34 (28%)
	Don't remember.....	10 (8%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	14 (11%)	47 (39%)	21 (17%)	24 (20%)	7 (6%)	9 (7%)
	Attend legal visits?	8 (7%)	52 (45%)	15 (13%)	12 (10%)	2 (2%)	27 (23%)
	Obtain bail information?	2 (2%)	12 (12%)	10 (10%)	9 (9%)	4 (4%)	66 (64%)

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 15 (12%)
 Yes 60 (48%)
 No..... 49 (40%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	72 (58%)	20 (16%)	3 (2%)	30 (24%)
Are you normally able to have a shower every day?	121 (97%)	3 (2%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	98 (78%)	7 (6%)	0 (0%)	20 (16%)
Do you normally get cell cleaning materials every week?	83 (67%)	40 (32%)	0 (0%)	1 (1%)
Is your cell call bell normally answered within five minutes?	44 (36%)	21 (17%)	15 (12%)	43 (35%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	83 (69%)	36 (30%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	37 (30%)	62 (50%)	20 (16%)	5 (4%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
4 (3%)	27 (21%)	24 (19%)	36 (29%)	35 (28%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
 Have not bought anything yet..... 1 (1%)
 Yes..... 35 (28%)
 No..... 88 (71%)

Q4.6 Is it easy or difficult to get either:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	55 (44%)	54 (43%)	4 (3%)	5 (4%)	2 (2%)	5 (4%)
An application form	61 (50%)	53 (43%)	5 (4%)	4 (3%)	0 (0%)	0 (0%)

Q4.7 Have you made an application?
 Yes..... 122 (98%)
 No..... 2 (2%)

**Q4.8 Please answer the following questions concerning applications:
 (If you have not made an application please tick the 'not made one' option.)**

	Not made one	Yes	No
Do you feel applications are dealt with fairly?	2 (2%)	81 (68%)	36 (30%)
Do you feel applications are dealt with promptly (within seven days)?	2 (2%)	65 (58%)	45 (40%)

Q4.9 Have you made a complaint?
 Yes..... 81 (65%)
 No..... 43 (35%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)			Not made one	Yes	No
	Do you feel complaints are dealt with fairly?	43 (36%)	23 (19%)	52 (44%)		
	Do you feel complaints are dealt with promptly (within seven days)?	43 (37%)	32 (27%)	42 (36%)		
	Were you given information about how to make an appeal?	32 (28%)	32 (28%)	50 (44%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint			43 (35%)		
	Yes			20 (16%)		
	No.....			61 (49%)		
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	Don't know who they are	Very easy	Easy	Neither	Difficult	Very difficult
	9 (7%)	7 (6%)	45 (37%)	45 (37%)	15 (12%)	1 (1%)
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is			0 (0%)		
	Enhanced			99 (79%)		
	Standard.....			25 (20%)		
	Basic			0 (0%)		
	Don't know			1 (1%)		
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is			0 (0%)		
	Yes			77 (63%)		
	No			34 (28%)		
	Don't know			12 (10%)		
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is			0 (0%)		
	Yes			55 (46%)		
	No.....			56 (47%)		
	Don't know			9 (8%)		
Q4.16	Please answer the following questions about this prison:					
	In the last six months have any members of staff physically restrained you (C&R)?	Yes	No			
		2 (2%)	122 (98%)			
	In the last six months have you spent a night in the segregation/care and separation unit?	Yes	No			
		3 (2%)	122 (98%)			
Q4.17	Please answer the following questions about your religious beliefs:					
	Do you feel your religious beliefs are respected?	Yes	No	Don't know/N/A		
		77 (63%)	14 (11%)	32 (26%)		
	Are you able to speak to a religious leader of your faith in private if you want to?	Yes	No	Don't know/N/A		
		82 (67%)	8 (7%)	32 (26%)		
Q4.18	Can you speak to a Listener at any time if you want to?					
	Yes	No	Don't know			
	108 (86%)	1 (1%)	17 (13%)			

Q4.19 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?	101 (81%)	24 (19%)
Do most staff treat you with respect?	87 (72%)	34 (28%)

Section 5: Safety

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

Yes.....	47 (38%)
No.....	76 (62%)

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

Yes.....	17 (14%)
No.....	104 (86%)

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

Never felt unsafe.....	76 (64%)	At mealtimes.....	23 (19%)
Everywhere.....	7 (6%)	At health services.....	9 (8%)
Segregation unit.....	0 (0%)	Visit's area.....	3 (3%)
Association areas.....	16 (14%)	In wing showers.....	0 (0%)
Reception area.....	1 (1%)	In gym showers.....	0 (0%)
At the gym.....	6 (5%)	In corridors/stairwells.....	11 (9%)
In an exercise yard.....	8 (7%)	On your landing/wing.....	16 (14%)
At work.....	12 (10%)	In your cell.....	5 (4%)
During movement.....	14 (12%)	At religious services.....	0 (0%)
At education.....	4 (3%)		

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

Yes.....	44 (35%)	
No.....	80 (65%)	If No, go to question 5.6

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

Insulting remarks (about you or your family or friends).....	26 (21%)	Because of your sexuality.....	4 (3%)
Physical abuse (being hit, kicked or assaulted).....	15 (12%)	Because you have a disability.....	7 (6%)
Sexual abuse.....	1 (1%)	Because of your religion/religious beliefs.....	5 (4%)
Because of your race or ethnic origin....	7 (6%)	Because of your age.....	2 (2%)
Because of drugs.....	5 (4%)	Being from a different part of the country than others.....	8 (6%)
Having your canteen/property taken.....	4 (3%)	Because of your offence/crime.....	10 (8%)
Because you were new here.....	13 (10%)	Because of gang related issues.....	2 (2%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	33 (27%)	
No.....	89 (73%)	If No, go to question 5.8

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends).....	19 (16%)	Because you have a disability.....	3 (2%)
Physical abuse (being hit, kicked or assaulted).....	3 (2%)	Because of your religion/religious beliefs.....	3 (2%)
Sexual abuse.....	1 (1%)	Because if your age.....	0 (0%)

Because of your race or ethnic origin....	6 (5%)	Being from a different part of the country than others.....	3 (2%)
Because of drugs	6 (5%)	Because of your offence/crime	10 (8%)
Because you were new here	5 (4%)	Because of gang related issues	4 (3%)
Because of your sexuality	6 (5%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?
 Not been victimised..... 63 (52%)
 Yes..... 33 (27%)
 No..... 26 (21%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes..... 51 (41%)
 No..... 72 (59%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes..... 34 (28%)
 No..... 87 (72%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

Very easy	Easy	Neither	Difficult	Very difficult	Don't know
17 (14%)	20 (16%)	10 (8%)	1 (1%)	7 (6%)	70 (56%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	5 (4%)	1 (1%)	17 (14%)	8 (6%)	57 (46%)	36 (29%)
The nurse	3 (2%)	9 (7%)	48 (39%)	19 (15%)	38 (31%)	6 (5%)
The dentist	8 (7%)	0 (0%)	5 (4%)	7 (6%)	41 (33%)	62 (50%)
The optician	21 (17%)	2 (2%)	9 (7%)	7 (6%)	35 (29%)	47 (39%)

Q6.2 Are you able to see a pharmacist?
 Yes..... 21 (18%)
 No..... 98 (82%)

Q6.3 What do you think of the quality of the health service from the following people?

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	8 (7%)	9 (7%)	38 (31%)	19 (15%)	26 (21%)	23 (19%)
The nurse	4 (3%)	4 (3%)	39 (32%)	21 (17%)	29 (24%)	24 (20%)
The dentist	21 (17%)	12 (10%)	24 (20%)	17 (14%)	25 (20%)	23 (19%)
The optician	46 (38%)	8 (7%)	20 (17%)	18 (15%)	11 (9%)	17 (14%)

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

Not been	Very good	Good	Neither	Bad	Very bad
3 (2%)	2 (2%)	14 (11%)	21 (17%)	42 (34%)	42 (34%)

Q6.5 Are you currently taking medication?
 Yes..... 94 (75%)
 No..... 31 (25%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?
 Not taking medication..... 31 (25%)
 Yes..... 72 (59%)
 No..... 20 (16%)

Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes.....	54 (44%)		
	No.....	70 (56%)		
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	Do not have any issues/not receiving any help.....	81 (68%)		
	Doctor.....	12 (10%)		
	Nurse.....	7 (6%)		
	Psychiatrist.....	9 (8%)		
	Mental health in-reach team.....	15 (13%)		
	Counsellor.....	14 (12%)		
	Other.....	9 (8%)		
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	48 (40%)	72 (60%)	
	Alcohol	28 (26%)	81 (74%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes.....	7 (6%)		
	No.....	117 (94%)		
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....	59 (47%)		
	No.....	2 (2%)		
	Did not/do not have a drug or alcohol problem.....	64 (51%)		
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes.....	61 (48%)		
	No.....	1 (1%)		
	Did not/do not have a drug or alcohol problem.....	64 (51%)		
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes.....	52 (42%)		
	No.....	8 (6%)		
	Did not have a problem/have not received help.....	65 (52%)		
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	3 (2%)	108 (86%)	14 (11%)
	Alcohol	3 (2%)	102 (84%)	16 (13%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....	20 (16%)		
	No.....	2 (2%)		
	N/A.....	104 (83%)		

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job.....	110 (89%)
	Vocational or skills training.....	36 (29%)

Education (including basic skills).....	66 (53%)
Offending behaviour programmes.....	49 (40%)
Not involved in any of these	6 (5%)

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

	Not been involved	Yes	No	Don't know
Prison job	1 (1%)	53 (49%)	39 (36%)	15 (14%)
Vocational or skills training	9 (11%)	54 (64%)	13 (15%)	8 (10%)
Education (including basic skills)	5 (5%)	74 (71%)	17 (16%)	8 (8%)
Offending behaviour programmes	9 (9%)	65 (67%)	15 (15%)	8 (8%)

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

Don't want to go	7 (6%)
Never.....	14 (11%)
Less than once a week	22 (18%)
About once a week.....	53 (43%)
More than once a week.....	27 (22%)
Don't know	0 (0%)

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
33 (27%)	20 (16%)	13 (11%)	19 (15%)	28 (23%)	8 (7%)	2 (2%)

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
11 (9%)	12 (10%)	28 (23%)	23 (19%)	42 (34%)	7 (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.)

Less than 2 hours.....	3 (2%)
2 to less than 4 hours.....	8 (7%)
4 to less than 6 hours.....	14 (12%)
6 to less than 8 hours.....	35 (29%)
8 to less than 10 hours.....	21 (17%)
10 hours or more.....	34 (28%)
Don't know	6 (5%)

Q7.7 On average, how many times do you have association each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
5 (4%)	2 (2%)	2 (2%)	14 (11%)	93 (76%)	6 (5%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association.....	10 (8%)
Never.....	14 (11%)
Rarely.....	27 (22%)
Some of the time	47 (39%)
Most of the time.....	14 (11%)
All of the time.....	10 (8%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her.....	6 (5%)
In the first week.....	63 (53%)

	More than a week.....					32 (27%)
	Don't remember.....					19 (16%)
Q8.2	How helpful do you think your personal officer is?					
	Do not have a personal officer/ still have not met him/her	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
	6 (5%)	38 (32%)	41 (34%)	14 (12%)	12 (10%)	8 (7%)
Q8.3	Do you have a sentence plan/OASys?					
	Not sentenced.....					0 (0%)
	Yes.....					107 (89%)
	No.....					13 (11%)
Q8.4	How involved were you in the development of your sentence plan?					
	Do not have a sentence plan/OASys					13 (11%)
	Very involved.....					31 (25%)
	Involved.....					36 (30%)
	Neither.....					13 (11%)
	Not very involved.....					19 (16%)
	Not at all involved.....					10 (8%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	Do not have a sentence plan/OASys					13 (11%)
	Yes.....					91 (76%)
	No.....					15 (13%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	Do not have a sentence plan/OASys					13 (11%)
	Yes.....					33 (28%)
	No.....					74 (62%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	Not sentenced.....					0 (0%)
	Yes.....					59 (50%)
	No.....					60 (50%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	Yes.....					28 (24%)
	No.....					88 (76%)
Q8.9	Have you had any problems with sending or receiving mail?					
	Yes.....					53 (43%)
	No.....					66 (54%)
	Don't know					3 (2%)
Q8.10	Have you had any problems getting access to the telephones?					
	Yes.....					19 (15%)
	No.....					104 (85%)
	Don't know					0 (0%)
Q8.11	Did you have a visit in the first week that you were here?					
	Not been here a week yet					2 (2%)

Yes.....	27 (22%)
No.....	90 (73%)
Don't remember.....	5 (4%)

Q8.12 How many visits did you receive in the last week?

Not in a week	0	1 to 2	3 to 4	5 or more
2 (2%)	77 (64%)	41 (34%)	0 (0%)	0 (0%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits.....	24 (20%)
Very well.....	19 (15%)
Well.....	41 (33%)
Neither.....	20 (16%)
Badly.....	11 (9%)
Very badly.....	2 (2%)
Don't know.....	6 (5%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes.....	57 (47%)
No.....	64 (53%)

Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)

Don't know who to contact.....	26 (25%)	Help with your finances in preparation for release.....	34 (33%)
Maintaining good relationships.....	36 (35%)	Claiming benefits on release.....	52 (51%)
Avoiding bad relationships.....	34 (33%)	Arranging a place at college/continuing education on release.....	26 (25%)
Finding a job on release.....	50 (49%)	Continuity of health services on release.....	30 (29%)
Finding accommodation on release.....	54 (53%)	Opening a bank account.....	29 (28%)

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

No problems.....	30 (27%)	Help with your finances in preparation for release.....	35 (31%)
Maintaining good relationships.....	16 (14%)	Claiming benefits on release.....	35 (31%)
Avoiding bad relationships.....	14 (12%)	Arranging a place at college/continuing education on release.....	23 (20%)
Finding a job on release.....	64 (57%)	Continuity of health services on release.....	25 (22%)
Finding accommodation on release.....	54 (48%)	Opening a bank account.....	40 (35%)

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.....	0 (0%)
Yes.....	77 (66%)
No.....	39 (34%)

Offender management survey

Section 1: About you

Q1	How old are you?	
	Under 21	0
	21 - 29	6
	30 - 39	4
	40 - 49	6
	50 - 59	3
	60 - 69	1
	70 and over.....	0
Q2	Are you a foreign national (i.e. do not hold UK citizenship)?	
	Yes	0
	No.....	19
Q3	What is your ethnic origin?	
	White - British	13
	White - Irish	2
	White - other	0
	Black or black British - Caribbean.....	2
	Black or black British - African	0
	Black or black British - other	1
	Asian or Asian British - Indian	0
	Asian or Asian British - Pakistani.....	0
	Asian or Asian British - Bangladeshi.....	0
	Asian or Asian British - other	0
	Mixed heritage - white and black Caribbean.....	2
	Mixed heritage - white and black African	0
	Mixed heritage - white and Asian.....	0
	Mixed heritage - other	0
	Chinese	0
	Other ethnic group.....	0
Q4	Do you consider yourself to have a disability?	
	Yes	5
	No.....	15
Q6	Are you on recall?	
	Yes	2
	No.....	18
Q7	If yes, have you been told why you have been recalled?	
	Yes	2
	No.....	0
Q8	What is the length of your sentence?	
	1 year to less than 2 years	1
	2 years to less than 4 years.....	1
	4 years to less than 10 years.....	8
	10 years or more	4
	IPP.....	6

Q9	Approximately, how long do you have left to serve? (If you are serving an IPP sentence, please use the date of your next review board.)	
	6 months or less	3
	More than 6 months.....	13

Section 2: Reception and induction

Q10	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Housing problems.....	7
	Contacting employers.....	0
	Contacting family	1
	Feeling depressed or suicidal.....	10
	None of the above problems	7

Q11	If you answered yes to any of the above, were you helped with that problem within the first 24 hours?		
		Yes	No
	Housing problems	0	5
	Contacting employers	0	0
	Contacting family	0	1
	Feeling depressed or suicidal	4	6

Q12	How soon after your arrival did you receive an induction?	
	Did not receive an induction	1
	Within the first week	17
	More than a week.....	2

Q13	If you have been on an induction, did it cover everything you needed to know about the prison?	
	Yes	17
	No.....	2

Q14	How soon after your arrival did you receive a 'skills for life'/education assessment?	
	Did not receive a skills for life assessment.....	3
	Within the first week	12
	More than a week.....	5

Q15	How soon after your arrival did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed of suicidal)?	
	Did not receive an interview	8
	Within the first week	9
	More than a week.....	3

Section 3: Sentence planning

Q16	Do you have a sentence plan?	
	Yes	13
	No.....	6

If you have answered no to Q16, please go to Section 4

Q17	Were you involved in the development of your sentence plan?	
	Yes	11
	No.....	1

Q18	Has your sentence plan taken into account your individual needs?	
	Yes	10
	No.....	2
Q19	Can you achieve all or some of your sentence plan targets in this prison?	
	Yes	11
	No.....	1
Q20	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Yes	3
	No.....	8
Q21	Are there plans for you to achieve all/some of your sentence plan targets while on licence in the community?	
	Yes	2
	No.....	9
Q22	Have you had any meetings to discuss your sentence plan while in custody?	
	Yes	11
	No.....	1
Q23	If yes, who has attended these meetings? (Please tick all that apply to you.)	
	Offender supervisor	10
	Prison staff from other departments	3
	Offender manager	7
	Other agencies	2
Q24	If you have had meetings, were these meetings useful to you?	
	Yes	9
	No.....	2

Section 4: Offender manager

Q25	Do you have a named offender manager (home probation officer) in the Probation Service?	
	Yes	18
	No.....	2

If you have answered no to Q25, please go to Section 5

Q26	Has your offender manager been in contact with you since you have been in custody?	
	Yes	13
	No.....	5
Q27	If yes, what type of contact have you had with your offender manager?	
	Letter	10
	Phone.....	8
	Visit.....	9
Q28	Has your offender manager changed since you have been in custody?	
	Yes	13
	No.....	5
Q29	Has your offender manager discussed your sentence plan with you?	
	Do not have a sentence plan.....	6
	Yes	9

No..... 3

Q30 Do you think you have been supported by your offender manager while in custody?

Yes 8

No..... 10

Section 5: Offender supervisor

Q31 Do you have an offender supervisor within this prison?

Yes 17

No..... 1

If you have answered no to Q31, please go to Section 6

Q32 How often have you met with your offender supervisor?

About every week 0

About every month or less..... 12

Never 1

Q33 Do you think you have been supported by your offender supervisor in this prison?

Yes 10

No..... 6

Section 6: Your time in custody

Q34 Do any of the below issues need to be considered so that you can take full part in activities in this prison? (Please tick all that apply to you.)

No issues..... 11

Religion..... 2

Race 0

Disability 4

Language..... 0

Reading/writing skills 1

Other 2

Q35 If you have answered yes to any of the above, were these difficulties dealt with?

	Yes	No
Religion	0	2
Race	0	0
Disability	2	2
Language	0	0
Reading/writing skills	0	1
Other	0	2

Q36 While in custody which of the following have you been helped with? (Please tick all that apply to you.)

Housing 2

Education/training/employment 9

Money and debt..... 3

Relationships (e.g. family/partner) 8

Lifestyle (e.g. friendships)..... 5

Drug use 8

Alcohol use 10

Emotional well-being (e.g. stress, feeling low)..... 7

Thinking skills (e.g. acting on impulse) 11

Attitude to offending 10

	Health	10
	Not had any help	1
Q37	Has anyone done any work with you on basic skills?	
	Yes	7
	No.....	6
	Don't need it	7
Q38	Has anyone done any work with you on victim awareness?	
	Yes	15
	No.....	5
Q39	If yes, how useful was the work you received on victim awareness?	
	Very useful.....	10
	Useful	3
	Neither	1
	Not very useful.....	1
	Not at all useful.....	0
Q40	Has any member of staff helped you to address your offending behaviour while in custody?	
	Yes	14
	No.....	6

Section 7: Resettlement

Q41	Has any member of staff helped you to prepare for your release while in custody?		
	Yes	7	
	No.....	13	
Q42	Do you think you will have a problem with the following on release from custody? (Please tick all that apply to you.)		
	Maintaining/avoiding relationships.....	8	
	Finding a job	14	
	Finding accommodation	13	
	Money/finances	10	
	Claiming benefits	9	
	Arranging a place at college/continuing education	6	
	Contacting external drug or alcohol agencies.....	3	
	Accessing health care services	5	
	Opening a bank account.....	8	
	None of the above problems	1	
Q43	If you have answered yes to any of the above, have you had help with any of the following while in custody?		
		Yes	No
	Maintaining/avoiding relationships	3	5
	Finding a job on release	3	10
	Finding accommodation on release	4	9
	Help with your finances in preparation for release	1	8
	Claiming benefits on release	2	7
	Arranging a place at college/continuing education on release	1	5
	Contacting external drug or alcohol agencies on release	2	1
	Continuity of health care on release	1	4
	Opening a bank account	2	5

Q44

Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in the future?

Yes 12
No..... 8

Main comparator and comparator to last time



Prisoner survey responses HMP Send 2010

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

Key to tables

		HMP Send	Womens' prison comparator	HMP Send 2010	HMP Send 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		130	1361	130	69
SECTION 1: General information					
2	Are you under 21 years of age?	0%	9%	0%	3%
3a	Are you sentenced?	100%	81%	100%	100%
3b	Are you on recall?	3%	6%	3%	0%
4a	Is your sentence less than 12 months?	4%	22%	4%	6%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	3%	10%	0%
5	Do you have six months or less to serve?	34%	44%	34%	35%
6	Have you been in this prison less than a month?	2%	23%	2%	
7	Are you a foreign national?	10%	19%	10%	23%
8	Is English your first language?	88%	87%	88%	87%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	29%	29%	29%	29%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	7%	6%	
11	Are you Muslim?	7%	7%	7%	
12	Are you homosexual/gay or bisexual?	28%	24%	28%	
13	Do you consider yourself to have a disability?	21%	16%	21%	
14	Is this your first time in prison?	61%	53%	61%	64%
15	Have you been in more than five prisons this time?	4%	3%	4%	
16	Do you have any children under the age of 18?	51%	53%	51%	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?	50%	48%	50%	39%
1b	Was your personal safety during the journey good/very good?	58%	57%	58%	62%
1c	Was the comfort of the van good/very good?	19%	15%	19%	17%
1d	Was the attention paid to your health needs good/very good?	25%	35%	25%	30%
1e	Was the frequency of toilet breaks good/very good?	6%	13%	6%	11%
2	Did you spend more than four hours in the van?	6%	6%	6%	10%
3	Were you treated well/very well by the escort staff?	72%	71%	72%	82%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	81%	90%	90%
4b	Before you arrived here did you receive any written information about what would happen to you?	22%	17%	22%	20%
4c	When you first arrived here did your property arrive at the same time as you?	89%	83%	89%	94%

Main comparator and comparator to last time

Key to tables

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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	14%	13%	14%	
1c	22%	34%	22%	
1d	11%	12%	11%	
1e	42%	65%	42%	
1f	20%	27%	20%	
1g	16%	18%	16%	
1h	50%	60%	50%	
1i	54%	62%	54%	
1j	15%	14%	15%	
1k	27%	46%	27%	
2	When you first arrived:			
2a	71%	74%	71%	64%
2b	18%	13%	18%	6%
2c	29%	25%	29%	19%
2d	8%	5%	8%	0%
2e	31%	30%	31%	11%
2f	6%	9%	6%	3%
2g	24%	23%	24%	17%
2h	31%	33%	31%	27%
2i	37%	32%	37%	24%
2j	8%	6%	8%	2%
2k	26%	29%	26%	
3a	84%	87%	84%	90%
3b	78%	82%	78%	76%
4	70%	70%	70%	87%
5	On your day of arrival, were you offered information about any of the following:			
5a	46%	51%	46%	47%
5b	58%	50%	58%	51%
5c	40%	38%	40%	32%
5d	36%	43%	36%	32%
5e	49%	48%	49%	
5f	46%	46%	46%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
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%	83%	92%	85%
6b	The opportunity to have a shower?	46%	49%	46%	48%
6c	The opportunity to make a free telephone call?	35%	72%	35%	36%
6d	Something to eat?	72%	79%	72%	68%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	24%	48%	24%	36%
7b	Someone from health services?	74%	78%	74%	84%
7c	A Listener/Samaritans?	41%	30%	41%	49%
8	Did you have access to the prison shop/canteen within the first 24 hours?	5%	21%	5%	9%
9	Did you feel safe on your first night here?	75%	72%	75%	86%
10	Have you been on an induction course?	94%	88%	94%	90%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	62%	63%	62%	66%
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?	50%	43%	50%	
1b	Attend legal visits?	52%	56%	52%	
1c	Obtain bail information?	14%	24%	14%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	36%	48%	38%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	58%	56%	58%	71%
3b	Are you normally able to have a shower every day?	97%	88%	97%	98%
3c	Do you normally receive clean sheets every week?	78%	77%	78%	96%
3d	Do you normally get cell cleaning materials every week?	67%	76%	67%	41%
3e	Is your cell call bell normally answered within five minutes?	36%	42%	36%	37%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	62%	69%	78%
3g	Can you normally get your stored property, if you need to?	30%	34%	30%	36%
4	Is the food in this prison good/very good?	25%	33%	25%	55%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	28%	47%	28%	16%
6a	Is it easy/very easy to get a complaints form?	87%	83%	87%	76%
6b	Is it easy/very easy to get an application form?	93%	87%	93%	96%
7	Have you made an application?	99%	85%	99%	88%

Main comparator and comparator to last time

Key to tables

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	69%	63%	69%	64%
8b	Do you feel applications are dealt with promptly (within seven days)?	59%	51%	59%	51%
9	Have you made a complaint?	65%	49%	65%	56%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	31%	43%	31%	54%
10b	Do you feel complaints are dealt with promptly (within seven days)?	43%	49%	43%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	26%	25%	20%
10c	Were you given information about how to make an appeal?	28%	26%	28%	32%
12	Is it easy/very easy to see the Independent Monitoring Board?	43%	41%	43%	51%
13	Are you on the enhanced (top) level of the IEP scheme?	79%	29%	79%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	52%	63%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	46%	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	5%	2%	
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	2%	6%	2%	
13a	Do you feel your religious beliefs are respected?	63%	60%	63%	58%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	67%	60%	67%	67%
14	Are you able to speak to a Listener at any time, if you want to?	86%	64%	86%	77%
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%	81%
15b	Do most staff, in this prison, treat you with respect?	72%	72%	72%	76%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	38%	39%	38%	35%
2	Do you feel unsafe in this prison at the moment?	14%	14%	14%	
4	Have you been victimised by another prisoner?	36%	27%	36%	29%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	21%	16%	21%	26%
5b	Hit, kicked or assaulted you?	12%	6%	12%	7%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	6%	4%	6%	7%
5e	Victimised you because of drugs?	4%	3%	4%	0%
5f	Taken your canteen/property?	3%	5%	3%	6%
5g	Victimised you because you were new here?	11%	7%	11%	4%
5h	Victimised you because of your sexuality?	3%	2%	3%	
5i	Victimised you because you have a disability?	6%	2%	6%	
5j	Victimised you because of your religion/religious beliefs?	4%	2%	4%	
5k	Victimised you because of your age?	2%	3%	2%	
5l	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
5m	Victimised you because of your offence/crime?	8%	5%	8%	
5n	Victimised you because of gang related issues?	2%	3%	2%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	27%	21%	27%	15%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	16%	9%	16%	9%
7b	Hit, kicked or assaulted you?	2%	2%	2%	2%
7c	Sexually abused you?	1%	1%	1%	0%
7d	Victimised you because of your race or ethnic origin?	5%	2%	5%	3%
7e	Victimised you because of drugs?	5%	3%	5%	0%
7f	Victimised you because you were new here?	4%	4%	4%	3%
7g	Victimised you because of your sexuality?	5%	2%	5%	
7h	Victimised you because you have a disability?	2%	2%	2%	
7i	Victimised you because of your religion/religious beliefs?	2%	2%	2%	
7j	Victimised you because of your age?	0%	2%	0%	
7k	Victimised you because you were from a different part of the country?	2%	3%	2%	4%
7l	Victimised you because of your offence/crime?	8%	4%	8%	
7m	Victimised you because of gang related issues?	3%	1%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	56%	49%	56%	60%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	41%	30%	41%	37%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	22%	28%	18%
11	Is it easy/very easy to get illegal drugs in this prison?	30%	24%	30%	27%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	15%	27%	15%	
1b	Is it easy/very easy to see the nurse?	46%	55%	46%	
1c	Is it easy/very easy to see the dentist?	4%	12%	4%	
1d	Is it easy/very easy to see the optician?	9%	11%	9%	
2	Are you able to see a pharmacist?	18%	41%	18%	
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?	41%	54%	41%	69%
3b	The nurse?	37%	64%	37%	49%
3c	The dentist?	36%	42%	36%	45%
3d	The optician?	38%	40%	38%	43%
4	The overall quality of health services?	13%	46%	13%	44%

Main comparator and comparator to last time

Key to tables

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Percentages which are not highlighted show there is no significant difference					
Health services continued					
5	Are you currently taking medication?	75%	68%	75%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	78%	49%	78%	
7	Do you feel you have any emotional well being/mental health issues?	44%	46%	44%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	23%	18%	23%	
8b	A doctor?	25%	42%	25%	
8c	A nurse?	14%	25%	14%	
8d	A psychiatrist?	18%	25%	18%	
8e	The Mental Health In-Reach Team?	31%	44%	31%	
8f	A counsellor?	29%	26%	29%	
9a	Did you have a drug problem when you came into this prison?	40%	33%	40%	20%
9b	Did you have an alcohol problem when you came into this prison?	26%	23%	26%	12%
10a	Have you developed a drug problem since you have been in this prison?	6%	9%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	97%	89%	97%	
12	Have you received any help or intervention while in this prison?	99%	86%	99%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	87%	82%	87%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	14%	29%	14%	20%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	16%	22%	16%	14%
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?	92%	71%	92%	77%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	89%	53%	89%	
1b	Vocational or skills training?	29%	14%	29%	
1c	Education (including basic skills)?	53%	46%	53%	
1d	Offending Behaviour Programmes?	40%	15%	40%	
2ai	Have you had a job while in this prison?	99%	79%	99%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	49%	52%	46%	
2bi	Have you been involved in vocational or skills training while in this prison?	89%	64%	89%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	72%	56%	72%	
2ci	Have you been involved in education while in this prison?	95%	86%	95%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	75%	65%	75%	
2di	Have you been involved in offending behaviour programmes while in this prison?	91%	62%	91%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	74%	55%	74%	
3	Do you go to the library at least once a week?	65%	51%	65%	53%
4	On average, do you go to the gym at least twice a week?	45%	38%	45%	36%
5	On average, do you go outside for exercise three or more times a week?	53%	44%	53%	37%
6	On average, do you spend ten or more hours out of your cell on a weekday?	28%	23%	28%	29%
7	On average, do you go on association more than five times each week?	76%	54%	76%	83%
8	Do staff normally speak to you most of the time/all of the time during association?	20%	24%	20%	24%
SECTION 8: Resettlement					
1	Do you have a personal officer?	95%	71%	95%	84%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	70%	70%	70%	71%
For those who are sentenced:					
3	Do you have a sentence plan?	89%	54%	89%	55%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	61%	72%	61%	68%
5	Can you achieve some/all of your sentence plan targets in this prison?	86%	86%	86%	
6	Are there plans for you to achieve some/all your targets in another prison?	31%	37%	31%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	50%	43%	50%	
8	Do you feel that any member of staff has helped you to prepare for release?	24%	26%	24%	
9	Have you had any problems with sending or receiving mail?	43%	35%	43%	23%
10	Have you had any problems getting access to the telephones?	16%	22%	16%	26%
11	Did you have a visit in the first week that you were here?	22%	37%	22%	22%
12	Did you receive one or more visits in the last week?	34%	38%	34%	20%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/ well)	61%	52%	61%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	47%	56%	47%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	35%	20%	35%	
15c	Avoiding bad relationships?	33%	17%	33%	
15d	Finding a job on release?	49%	40%	49%	47%
15e	Finding accommodation on release?	53%	50%	53%	70%
15f	With money/finances on release?	33%	30%	33%	37%
15g	Claiming benefits on release?	51%	48%	51%	47%
15h	Arranging a place at college/continuing education on release?	26%	33%	26%	47%
15i	Accessing health services on release?	29%	33%	29%	48%
15j	Opening a bank account on release?	28%	24%	28%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	14%	17%	14%	
16c	Avoiding bad relationships?	12%	22%	12%	
16d	Finding a job?	57%	52%	57%	
16e	Finding accommodation?	48%	41%	48%	
16f	Money/finances?	31%	39%	31%	
16g	Claiming benefits?	31%	36%	31%	
16h	Arranging a place at college/continuing education?	20%	28%	20%	
16i	Accessing health services?	22%	25%	22%	
16j	Opening a bank account?	36%	33%	36%	
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?	67%	55%	67%	80%

Functional type comparator



Prisoner survey responses HMP Send 2010

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

Key to tables

		HMP Send	Women's training prison
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		130	104
SECTION 1: General information			
2	Are you under 21 years of age?	0%	4%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	3%	9%
4a	Is your sentence less than 12 months?	4%	11%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	3%
5	Do you have six months or less to serve?	34%	40%
6	Have you been in this prison less than a month?	2%	
7	Are you a foreign national?	10%	19%
8	Is English your first language?	88%	85%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	29%	46%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	
11	Are you Muslim?	7%	7%
12	Are you homosexual/gay or bisexual?	28%	24%
13	Do you consider yourself to have a disability?	21%	8%
14	Is this your first time in prison?	61%	59%
15	Have you been in more than five prisons this time?	4%	
16	Do you have any children under the age of 18?	51%	54%
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?	50%	52%
1b	Was your personal safety during the journey good/very good?	58%	56%
1c	Was the comfort of the van good/very good?	19%	20%
1d	Was the attention paid to your health needs good/very good?	25%	33%
1e	Was the frequency of toilet breaks good/very good?	6%	16%
2	Did you spend more than four hours in the van?	6%	6%
3	Were you treated well/very well by the escort staff?	72%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	22%	15%
4c	When you first arrived here did your property arrive at the same time as you?	89%	91%

Functional type comparator

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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?	14%	
1c	Housing problems?	22%	
1d	Problems contacting employers?	11%	
1e	Problems contacting family?	42%	
1f	Problems ensuring dependants were looked after?	20%	
1g	Money problems?	16%	
1h	Problems of feeling depressed/suicidal?	50%	
1i	Health problems?	54%	
1j	Problems in needing protection from other prisoners?	15%	
1k	Problems accessing phone numbers?	27%	
2	When you first arrived:		
2a	Did you have any problems?	71%	73%
2b	Did you have any problems with loss of property?	18%	7%
2c	Did you have any housing problems?	29%	29%
2d	Did you have any problems contacting employers?	8%	5%
2e	Did you have any problems contacting family?	31%	21%
2f	Did you have any problems ensuring dependants were being looked after?	6%	7%
2g	Did you have any money worries?	24%	25%
2h	Did you have any problems with feeling depressed or suicidal?	31%	29%
2i	Did you have any health problems?	37%	23%
2j	Did you have any problems with needing protection from other prisoners?	8%	2%
2k	Did you have problems accessing phone numbers?	26%	
3a	Were you seen by a member of health services in reception?	84%	90%
3b	When you were searched in reception, was this carried out in a respectful way?	78%	78%
4	Were you treated well/very well in reception?	70%	78%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	46%	44%
5b	Support was available for people feeling depressed or suicidal?	58%	34%
5c	How to make routine requests?	40%	32%
5d	Your entitlement to visits?	36%	39%
5e	Health services?	49%	
5f	The chaplaincy?	46%	

Functional type comparator

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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%	86%
6b	The opportunity to have a shower?	46%	44%
6c	The opportunity to make a free telephone call?	35%	67%
6d	Something to eat?	72%	71%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	24%	45%
7b	Someone from health services?	74%	73%
7c	A Listener/Samaritans?	41%	28%
8	Did you have access to the prison shop/canteen within the first 24 hours?	5%	24%
9	Did you feel safe on your first night here?	75%	80%
10	Have you been on an induction course?	94%	97%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	62%	64%
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?	50%	47%
1b	Attend legal visits?	52%	58%
1c	Obtain bail information?	14%	15%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	37%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	58%	70%
3b	Are you normally able to have a shower every day?	97%	94%
3c	Do you normally receive clean sheets every week?	78%	84%
3d	Do you normally get cell cleaning materials every week?	67%	70%
3e	Is your cell call bell normally answered within five minutes?	36%	46%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	70%
3g	Can you normally get your stored property if you need to?	30%	46%
4	Is the food in this prison good/very good?	25%	42%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	28%	49%
6a	Is it easy/very easy to get a complaints form?	87%	86%
6b	Is it easy/very easy to get an application form?	93%	87%
7	Have you made an application?	99%	85%

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	69%	59%
8b	Do you feel applications are dealt with promptly (within seven days)?	59%	37%
9	Have you made a complaint?	65%	59%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	31%	40%
10b	Do you feel complaints are dealt with promptly (within seven days)?	43%	37%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	29%
10c	Were you given information about how to make an appeal?	28%	30%
12	Is it easy/very easy to see the Independent Monitoring Board?	43%	47%
13	Are you on the enhanced (top) level of the IEP scheme?	79%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	2%	
13a	Do you feel your religious beliefs are respected?	63%	57%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	67%	57%
14	Are you able to speak to a Listener at any time if you want to?	86%	61%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	81%
15b	Do most staff, in this prison, treat you with respect?	72%	79%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	38%	33%
2	Do you feel unsafe in this prison at the moment?	14%	13%
4	Have you been victimised by another prisoner?	36%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	21%	11%
5b	Hit, kicked or assaulted you?	12%	2%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	6%	5%
5e	Victimised you because of drugs?	4%	2%
5f	Taken your canteen/property?	3%	3%
5g	Victimised you because you were new here?	11%	5%
5h	Victimised you because of your sexuality?	3%	1%
5i	Victimised you because you have a disability?	6%	3%
5j	Victimised you because of your religion/religious beliefs?	4%	0%
5k	Victimised you because of your age?	2%	
5l	Victimised you because you were from a different part of the country?	6%	4%
5m	Victimised you because of your offence/crime?	8%	
5n	Victimised you because of gang related issues?	2%	

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	27%	15%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	16%	7%
7b	Hit, kicked or assaulted you?	2%	5%
7c	Sexually abused you?	1%	0%
7d	Victimised you because of your race or ethnic origin?	5%	0%
7e	Victimised you because of drugs?	5%	2%
7f	Victimised you because you were new here?	4%	2%
7g	Victimised you because of your sexuality?	5%	1%
7h	Victimised you because you have a disability?	2%	0%
7i	Victimised you because of your religion/religious beliefs?	2%	2%
7j	Victimised you because of your age?	0%	
7k	Victimised you because you were from a different part of the country?	2%	2%
7l	Victimised you because of your offence/crime?	8%	
7m	Victimised you because of gang related issues?	3%	
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	56%	54%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	41%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	15%
11	Is it easy/very easy to get illegal drugs in this prison?	30%	33%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	15%	
1b	Is it easy/very easy to see the nurse?	46%	
1c	Is it easy/very easy to see the dentist?	4%	
1d	Is it easy/very easy to see the optician?	9%	
2	Are you able to see a pharmacist?	18%	
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?	41%	47%
3b	The nurse?	37%	49%
3c	The dentist?	36%	35%
3d	The optician?	38%	37%
4	The overall quality of health services?	13%	40%

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Health services continued			
5	Are you currently taking medication?	75%	57%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	78%	73%
7	Do you feel you have any emotional well-being/mental health issues?	44%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	23%	
8b	A doctor?	25%	
8c	A nurse?	14%	
8d	A psychiatrist?	18%	
8e	The mental health in-reach team?	31%	
8f	A counsellor?	29%	
9a	Did you have a drug problem when you came into this prison?	40%	13%
9b	Did you have an alcohol problem when you came into this prison?	26%	8%
10a	Have you developed a drug problem since you have been in this prison?	6%	
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	97%	
12	Have you received any help or intervention while in this prison?	99%	
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	87%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	14%	19%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	16%	22%
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?	92%	50%

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SECTION 7: Purposeful activity		
1 Are you currently involved in any of the following activities:		
1a A prison job?	89%	
1b Vocational or skills training?	29%	
1c Education (including basic skills)?	53%	
1d Offending behaviour programmes?	40%	
2ai Have you had a job while in this prison?	99%	
For those who have had a prison job while in this prison:		
2aii Do you feel the job will help you on release?	49%	
2bi Have you been involved in vocational or skills training while in this prison?	89%	
For those who have had vocational or skills training while in this prison:		
2bii Do you feel the vocational or skills training will help you on release?	72%	
2ci Have you been involved in education while in this prison?	95%	
For those who have been involved in education while in this prison:		
2cii Do you feel the education will help you on release?	75%	
2di Have you been involved in offending behaviour programmes while in this prison?	91%	
For those who have been involved in offending behaviour programmes while in this prison:		
2dii Do you feel the offending behaviour programme(s) will help you on release?	74%	
3 Do you go to the library at least once a week?	65%	67%
4 On average, do you go to the gym at least twice a week?	45%	54%
5 On average, do you go outside for exercise three or more times a week?	53%	59%
6 On average, do you spend ten or more hours out of your cell on a weekday?	28%	15%
7 On average, do you go on association more than five times each week?	76%	47%
8 Do staff normally speak to you most of the time/all of the time during association?	20%	22%
SECTION 8: Resettlement		
1 Do you have a personal officer?	95%	57%
For those with a personal officer:		
2 Do you think your personal officer is helpful/very helpful?	70%	77%
For those who are sentenced:		
3 Do you have a sentence plan?	89%	47%
For those with a sentence plan?		
4 Were you involved/very involved in the development of your plan?	61%	78%
5 Can you achieve some/all of your sentence plan targets in this prison?	86%	89%
6 Are there plans for you to achieve some/all your targets in another prison?	31%	41%
For those who are sentenced:		
7 Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	50%	34%
8 Do you feel that any member of staff has helped you to prepare for release?	24%	29%
9 Have you had any problems with sending or receiving mail?	43%	36%
10 Have you had any problems getting access to the telephones?	16%	19%
11 Did you have a visit in the first week that you were here?	22%	34%
12 Did you receive one or more visits in the last week?	34%	45%

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	61%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	47%	
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	35%	
15c	Avoiding bad relationships?	33%	
15d	Finding a job on release?	49%	34%
15e	Finding accommodation on release?	53%	52%
15f	With money/finances on release?	33%	30%
15g	Claiming benefits on release?	51%	48%
15h	Arranging a place at college/continuing education on release?	26%	31%
15i	Accessing health services on release?	29%	36%
15j	Opening a bank account on release?	28%	34%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	14%	
16c	Avoiding bad relationships?	12%	
16d	Finding a job?	57%	63%
16e	Finding accommodation?	48%	53%
16f	Money/finances?	31%	61%
16g	Claiming benefits?	31%	45%
16h	Arranging a place at college/continuing education?	20%	43%
16i	Accessing health services?	22%	33%
16j	Opening a bank account?	36%	43%
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?	67%	63%

Diversity Analysis



Key question responses (ethnicity, nationality and religion) HMP Send 2010

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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		37	91	13	114
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	34%	1%		
1.8	Is English your first language?	67%	95%	35%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			93%	21%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	8%	0%	6%
1.11	Are you Muslim?	25%	0%	14%	6%
1.12	Do you consider yourself to have a disability?	15%	23%	14%	21%
1.13	Is this your first time in prison?	68%	60%	68%	60%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	16%	29%	0%	28%
2.3	Were you treated well/very well by the escort staff?	66%	73%	68%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	86%	91%	78%	92%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	37%	45%	24%	43%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	45%	52%	42%	50%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	48%	55%	50%	54%
3.2a	Did you have any problems when you first arrived?	76%	70%	83%	72%
3.3a	Were you seen by a member of health care staff in reception?	86%	83%	93%	83%
3.3b	When you were searched in reception, was this carried out in a respectful way?	72%	82%	86%	76%
3.4	Were you treated well/very well in reception?	62%	73%	68%	69%
3.7b	Did you have access to someone from health care within the first 24 hours?	62%	78%	78%	72%
3.9	Did you feel safe on your first night here?	63%	79%	46%	78%
3.10	Have you been on an induction course?	95%	95%	100%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	54%	39%	52%

Diversity Analysis

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	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	62%	54%	57%
4.3b	Are you normally able to have a shower every day?	97%	97%	100%	96%
4.3e	Is your cell call bell normally answered within five minutes?	28%	40%	39%	35%
4.4	Is the food in this prison good/very good?	20%	27%	22%	24%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	12%	36%	8%	30%
4.6a	Is it easy/very easy to get a complaints form?	83%	90%	100%	85%
4.6b	Is it easy/very easy to get an application form?	87%	94%	92%	93%
4.9	Have you made a complaint?	64%	67%	61%	67%
4.13	Are you on the enhanced (top) level of the IEP scheme?	78%	81%	61%	83%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	69%	32%	66%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	48%	19%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	2%	0%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	2%	0%	3%
4.17a	Do you feel your religious beliefs are respected?	68%	60%	58%	63%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	72%	66%	65%	66%
4.18	Are you able to speak to a Listener at any time if you want to?	83%	87%	78%	86%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	84%	78%	81%
4.19b	Do most staff, in this prison, treat you with respect?	70%	72%	74%	71%
5.1	Have you ever felt unsafe in this prison?	42%	38%	68%	34%
5.2	Do you feel unsafe in this prison at the moment?	23%	11%	39%	12%
5.4	Have you been victimised by another prisoner?	36%	36%	46%	34%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	2%	7%	5%
5.5i	Have you been victimised because you have a disability? (By prisoners)	5%	6%	7%	6%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	1%	0%	4%
5.6	Have you been victimised by a member of staff?	39%	23%	22%	27%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	1%	7%	4%

Diversity Analysis

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5.7h	Have you been victimised because you have a disability? (By staff)	3%	2%	0%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	0%	7%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	35%	45%	39%	42%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	43%	23%	39%	27%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	36%	22%	31%
6.1a	Is it easy/very easy to see the doctor?	8%	16%	0%	17%
6.1b	Is it easy/ very easy to see the nurse?	34%	51%	32%	48%
6.2	Are you able to see a pharmacist?	5%	21%	0%	19%
6.5	Are you currently taking medication?	56%	84%	68%	76%
6.7	Do you feel you have any emotional well-being/mental health issues?	17%	56%	32%	46%
7.1a	Are you currently working in the prison?	92%	87%	92%	88%
7.1b	Are you currently undertaking vocational or skills training?	40%	25%	35%	29%
7.1c	Are you currently in education (including basic skills)?	75%	45%	65%	52%
7.1d	Are you currently taking part in an offending behaviour programme?	43%	39%	35%	41%
7.3	Do you go to the library at least once a week?	71%	65%	54%	67%
7.4	On average, do you go to the gym at least twice a week?	56%	41%	46%	44%
7.5	On average, do you go outside for exercise three or more times a week?	44%	58%	38%	55%
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.)	9%	35%	0%	31%
7.7	On average, do you go on association more than five times each week?	67%	82%	65%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	3%	26%	0%	21%
8.1	Do you have a personal officer?	91%	97%	74%	97%
8.9	Have you had any problems sending or receiving mail?	33%	48%	39%	43%
8.10	Have you had any problems getting access to the telephones?	18%	15%	14%	16%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Send 2010

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		26	101
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	8%	11%
1.8	Is English your first language?	88%	88%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	30%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	4%
1.11	Are you Muslim?	7%	7%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	50%	64%
2.1d	Was the attention paid to your health needs good/very good?	27%	25%
2.3	Were you treated well/very well by the escort staff?	79%	70%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	83%	91%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	45%	42%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	72%	44%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	68%	51%
3.2a	Did you have any problems when you first arrived?	92%	67%
3.3a	Were you seen by a member of health care staff in reception?	67%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	61%	83%
3.4	Were you treated well/very well in reception?	63%	73%
3.7b	Did you have access to someone from health care within the first 24 hours?	59%	79%
3.9	Did you feel safe on your first night here?	72%	76%
3.10	Have you been on an induction course?	93%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	50%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	56%	59%
4.3b	Are you normally able to have a shower every day?	96%	97%
4.3e	Is your cell call bell normally answered within five minutes?	54%	32%
4.4	Is the food in this prison good/very good?	32%	23%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	27%
4.6a	Is it easy/very easy to get a complaints form?	83%	90%
4.6b	Is it easy/very easy to get an application form?	89%	95%
4.9	Have you made a complaint?	74%	64%
4.13	Are you on the enhanced (top) level of the IEP scheme?	88%	79%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	67%	62%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	46%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	1%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	1%
4.17a	Do you feel your religious beliefs are respected?	69%	61%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	66%
4.18	Are you able to speak to a Listener at any time if you want to?	96%	83%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	81%
4.19b	Do most staff in this prison treat you with respect?	75%	70%
5.1	Have you ever felt unsafe in this prison?	37%	39%
5.2	Do you feel unsafe in this prison at the moment?	21%	13%
5.4	Have you been victimised by another prisoner?	40%	33%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	4%
5.5i	Victimised you because you have a disability?	20%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
5.6	Have you been victimised by a member of staff?	20%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
5.7h	Victimised you because you have a disability?	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	50%	40%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	28%
5.11	Is it easy/very easy to get illegal drugs in this prison?	28%	30%
6.1a	Is it easy/very easy to see the doctor?	8%	16%
6.1b	Is it easy/very easy to see the nurse?	25%	52%
6.2	Are you able to see a pharmacist?	18%	17%
6.5	Are you currently taking medication?	96%	69%
6.7	Do you feel you have any emotional well-being/mental health issues?	72%	38%
7.1a	Are you currently working in the prison?	96%	87%
7.1b	Are you currently undertaking vocational or skills training?	25%	30%
7.1c	Are you currently in education (including basic skills)?	63%	51%
7.1d	Are you currently taking part in an offending behaviour programme?	41%	39%
7.3	Do you go to the library at least once a week?	59%	68%
7.4	On average, do you go to the gym at least twice a week?	29%	49%
7.5	On average, do you go outside for exercise three or more times a week?	50%	54%
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.)	18%	30%
7.7	On average, do you go on association more than five times each week?	69%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	18%
8.1	Do you have a personal officer?	92%	96%
8.9	Have you had any problems sending or receiving mail?	54%	41%
8.10	Have you had any problems getting access to the telephones?	17%	16%

Diversity Analysis - Sexual Orientation



Key questions (sexual orientation analysis) HMP Send 2010

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

Key to tables

Key to tables		Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		35	92
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	8%	11%
1.8	Is English your first language?	94%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	32%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	5%
1.11	Are you Muslim?	3%	8%
1.13	Do you consider yourself to have a disability?	15%	22%
1.14	Is this your first time in prison?	43%	69%
2.1d	Was the attention paid to your health needs good/very good?	26%	24%
2.3	Were you treated well/very well by the escort staff?	65%	73%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	92%	90%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	40%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	40%	53%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	48%	55%
3.2a	Did you have any problems when you first arrived?	71%	72%
3.3a	Were you seen by a member of health care staff in reception?	77%	86%
3.3b	When you were searched in reception, was this carried out in a respectful way?	68%	81%
3.4	Were you treated well/very well in reception?	60%	73%
3.7b	Did you have access to someone from health care within the first 24 hours?	62%	78%
3.9	Did you feel safe on your first night here?	75%	74%
3.10	Have you been on an induction course?	87%	99%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	48%

Diversity Analysis - Sexual Orientation

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	60%
4.3b	Are you normally able to have a shower every day?	91%	99%
4.3e	Is your cell call bell normally answered within five minutes?	35%	36%
4.4	Is the food in this prison good/very good?	25%	25%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	19%	33%
4.6a	Is it easy/very easy to get a complaints form?	81%	89%
4.6b	Is it easy/very easy to get an application form?	87%	94%
4.9	Have you made a complaint?	75%	62%
4.13	Are you on the enhanced (top) level of the IEP scheme?	69%	83%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	69%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	0%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	2%
4.17a	Do you feel your religious beliefs are respected?	50%	67%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	65%	68%
4.18	Are you able to speak to a Listener at any time if you want to?	84%	86%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	87%
4.19b	Do most staff, in this prison, treat you with respect?	52%	78%
5.1	Have you ever felt unsafe in this prison?	46%	37%
5.2	Do you feel unsafe in this prison at the moment?	23%	11%
5.4	Have you been victimised by another prisoner?	55%	30%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	7%
5.5h	Victimised you because of your sexuality?	13%	0%
5.5i	Victimised you because you have a disability?	9%	5%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	5%
5.6	Have you been victimised by a member of staff?	42%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	6%
5.7f	Victimised you because of your sexuality?	13%	2%
5.7h	Victimised you because you have a disability?	9%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%

Diversity Analysis - Sexual Orientation

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	42%	43%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	42%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	52%	22%
6.1a	Is it easy/very easy to see the doctor?	16%	15%
6.1b	Is it easy/ very easy to see the nurse?	39%	48%
6.2	Are you able to see a pharmacist?	16%	17%
6.5	Are you currently taking medication?	81%	72%
6.7	Do you feel you have any emotional well-being/mental health issues?	50%	41%
7.1a	Are you currently working in the prison?	87%	89%
7.1b	Are you currently undertaking vocational or skills training?	22%	33%
7.1c	Are you currently in education (including basic skills)?	38%	58%
7.1d	Are you currently taking part in an offending behaviour programme?	38%	42%
7.3	Do you go to the library at least once a week?	62%	66%
7.4	On average, do you go to the gym at least twice a week?	41%	48%
7.5	On average, do you go outside for exercise three or more times a week?	50%	56%
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.)	25%	28%
7.7	On average, do you go on association more than five times each week?	87%	74%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	22%	18%
8.1	Do you have a personal officer?	97%	94%
8.9	Have you had any problems sending or receiving mail?	41%	44%
8.10	Have you had any problems getting access to the telephones?	31%	9%



Prisoner OM survey responses HMP Send 2010

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

		HMP Send	Womens' prison comparator	HMP Send	Overall 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				
Number of completed questionnaires returned		20	67	20	890
SECTION 1: General information					
1	Are you under 21 years of age?	0%	24%	0%	11%
2	Are you a foreign national?	0%	2%	0%	10%
3	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	25%	18%	25%	25%
4	Do you consider yourself to have a disability?	25%	18%	25%	17%
5	Is this prison in your home probation area?	5%	5%	5%	23%
6	Are you on recall?	10%	19%	10%	17%
7	Were you sentenced to less than two years?	5%	13%	5%	10%
8	Do you have six months or less to serve?	19%	49%	19%	29%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here:				
9a	Housing problems?	37%	10%	37%	23%
9b	Problems contacting employers?	0%	5%	0%	8%
9c	Problems contacting family?	5%	10%	5%	18%
9d	Problems of feeling depressed/suicidal?	53%	40%	53%	20%
9e	None of the above problems?	37%	55%	37%	56%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	90%	68%	90%	79%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	90%	67%	90%	66%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	71%	40%	71%	45%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	60%	47%	60%	55%

Key to tables

	Any percent highlighted in green is significantly better	HMP Send	Womens' prison comparator	HMP Send	Overall comparator
	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				
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	68%	76%	68%	72%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	92%	78%	92%	72%
16	Has your sentence plan taken into account your individual needs?	83%	65%	83%	63%
17	Can you achieve all or some of your sentence plan targets in this prison?	92%	80%	92%	69%
18	Are there plans for you to achieve some/all your targets in another prison?	27%	33%	27%	34%
19	Are there plans for you to achieve some/all your targets while on licence in the community?	18%	51%	18%	43%
20	Have you had any meetings to discuss your sentence plan while in custody?	92%	80%	92%	81%
21	If you have had sentence planning meetings did any of the following attend:				
21a	Offender supervisor?	91%	49%	91%	65%
21b	Prison staff from other departments?	27%	28%	27%	30%
21c	Offender manager?	64%	47%	64%	57%
21d	Anyone from other agencies?	18%	30%	18%	18%
22	Were these meetings useful to you?	82%	78%	82%	67%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	90%	88%	90%	90%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	72%	78%	72%	81%
25	If you have had contact from your offender manager, what type of contact was it:				
25a	Contact by letter?	77%	44%	77%	49%
25b	Contact by phone?	62%	20%	62%	30%
25c	A visit to the prison?	69%	53%	69%	68%
26	Has your offender manager changed since you have been in custody?	72%	48%	72%	44%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	75%	74%	75%	70%
28	Do you think you have been supported by your offender manager while in prison?	44%	58%	44%	42%

Key to tables

Any percent highlighted in green is significantly better		HMP Send	Womens' prison comparator	HMP Send	Overall comparator
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					
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	94%	68%	94%	76%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every month?	92%	79%	92%	74%
31	Do you think you have been supported by your offender supervisor while in prison?	63%	60%	63%	51%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody:				
32a	No issues?	65%	75%	65%	68%
32b	Difficulties with religion?	12%	6%	12%	9%
32b	Difficulties with race?	0%	0%	0%	5%
32c	Difficulties with a disability?	24%	6%	24%	8%
32d	Difficulties with language?	0%	0%	0%	3%
32e	Difficulties with reading/writing skills?	6%	6%	6%	10%
32f	Difficulties with other issues?	12%	6%	12%	10%
33	Whist in custody have you been helped with any of the following:				
33a	Housing?	10%	25%	10%	11%
33b	Eductaion/training/employment?	45%	69%	45%	55%
33c	Money and debt?	15%	14%	15%	10%
33d	Relationships (e.g. family/partner)?	40%	20%	40%	14%
33e	Lifestyle (e.g. friendships)?	25%	19%	25%	14%
33f	Drug use?	40%	36%	40%	36%
33g	Alcohol use?	50%	33%	50%	28%
33h	Emotional well-being?	35%	34%	35%	22%
33i	Thinking skills?	55%	38%	55%	39%
33j	Attitude to offending?	50%	30%	50%	32%
33k	Health?	50%	34%	50%	36%
33l	Not had any help?	5%	9%	5%	15%
34	Has anyone done any work with you on basic skills?	54%	48%	54%	53%
35	Has anyone done any work with you on victim awareness?	75%	33%	75%	36%
36	Has any member of staff helped you to address your offending behaviour while in custody?	70%	40%	70%	38%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release while in custody?	35%	24%	35%	16%
38	Do you think you will have a problem with the following on release from custody:				
38a	Problems maintaining/avoiding good relationships?	44%	32%	44%	20%
38b	Problems finding a job?	78%	47%	78%	62%

Key to tables

		HMP Send	Womens' prison comparator	HMP Send	Overall 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				
38c	Finding accommodation?	72%	37%	72%	46%
38d	Problems with money/finances?	56%	16%	56%	37%
38e	Problems claiming benefits?	50%	16%	50%	34%
38f	Problems arranging a place at college/continuing education?	33%	21%	33%	22%
38g	Problems contacting external drug or alcohol agencies?	17%	5%	17%	11%
38h	Problems accessing health care services?	28%	16%	28%	15%
38i	Problems opening a bank account?	44%	16%	44%	30%
38j	None of the above problems?	6%	37%	6%	21%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	60%	68%	60%	67%