

Report on an announced inspection of

HMP Low Newton

31 October – 4 November 2011

by HM Chief Inspector of Prisons

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Introduction

This inspection confirmed that Low Newton continued to operate effectively, essentially as a community prison for women mostly from the North East of England. Outcomes for women were good or reasonably good against each of our healthy prison tests.

As with all inspections, there was also room for improvement in each of the areas. Reception arrangements were good and supportive but almost half of new arrivals were dependent on drugs and alcohol and there was a need to ensure appropriate first night prescribing arrangements for those who needed opiate substitution treatment. Some good new services had been introduced for women with alcohol problems but this was still insufficient to meet the high level of need.

For most women the prison was a safe environment but many more than previously said they had felt unsafe at some time during their stay. The level of illegal drug use was commendably low but there were indicators that some women were pressurised for prescription drugs. Some vulnerable women found the communal dining area intimidating. A promising new violence reduction strategy had just been introduced to address some of these issues but it needed to be embedded among all staff rather than just specialists. It was good to see that incidents of self-harm had reduced. Some good support was provided to women at risk of self-harm, including group work, but there had been a reduction in individual counselling services.

Relationships between staff and prisoners were mostly polite and friendly but there was a need to develop personal officer work to focus more effectively on women's resettlement. There were too many male staff for a women's prison which sometimes meant that there were no women officers on wings at night. Drawing from a largely white population in the North East of England there were relatively few women from black and minority ethnic backgrounds, so it was therefore all the more important that equality and diversity was effectively promoted and their specific needs were identified and met.

There were activity places for most women. While some prison jobs were mundane others offered good training opportunities to enhance future employability. Few women spent their time locked in their cells but there was only limited opportunity to spend time in the open air. Resettlement work was good and all sentenced women were able to benefit from some form of offender management. A range of useful interventions were provided to help women to reduce their risk of reoffending. Services to help women reintegrate were mostly good, including some well developed family work, but better promotion of the support available for women who had been sex workers or victims of domestic violence was needed.

Low Newton continues to be an effective local women's prison for the North East. As ever, this report outlines a number of areas for improvement, but overall the prison provides a reasonably safe and respectful environment in which a purposeful regime is maintained and where individual women are encouraged to progress towards sustainable resettlement.

Nick Hardwick
HM Chief Inspector of Prisons

January 2012

Fact page

Task of the establishment

HMP & YOI Low Newton is a closed women's prison holding convicted and unconvicted adult prisoners and young offenders. It serves the courts from the Scottish borders to North Yorkshire and across Cumbria. The establishment also contains an integrated DSPD unit and holds restricted status women.

Prison status

Public sector

Region/Department

North East

Number held

278

Certified normal accommodation

314

Operational capacity

336

Date of last full inspection

3-7 April 2006

Brief history

Low Newton is on the outskirts of Durham city and was built in 1965 as a small remand centre for males and females. Additional accommodation was added in 1975. In 1976, the prison became a young offender institute for males with a small self-contained wing holding remand females. The prison was re-rolled fully to a women's prison in 1998.

Short description of residential units

- A and B wings: single cells.
- C and D wings: single cells with some used for two women.
- E wing: first night, induction and detoxification units with single and purpose-built double cells.
- F wing: for women serving life and long-term sentences. Thirty-nine cells each with en-suite toilet and shower and there is a single bathroom.
- G wing: a modern unit accommodating the lowest-risk prisoners, with 40 single rooms. Women have free access to the toilet and shower areas.
- I wing: accommodates 40 women serving predominantly long sentences in 32 single and four purpose-built double cells, all with en-suite showers and toilets. There is also a bathroom.

Escort contractor

GEO/Amey

Health service commissioner and providers

Care UK

Learning and skills providers

The Manchester College

Healthy prison summary

Introduction

- HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

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

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

- HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

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

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

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

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

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

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

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

Safety

- HP5 Reception was welcoming and there were appropriate first night and induction arrangements. New anti-social behaviour procedures looked promising. There was good support for women at risk of suicide and self-harm. Security arrangements were proportionate. Use of force and segregation was well monitored and the levels were not high. Some adjudications were poorly conducted. Clinical management for substance users was mostly good but there had been prescribing delays at weekends. The positive mandatory drug test rate was relatively low but there were problems with misuse of prescription drugs. Outcomes for women prisoners were reasonably good against this healthy prison test.
- HP6 Few women had very long journeys to Low Newton and there were not many late arrivals but some women spent long days at court. Some travelled on vans with male prisoners. Initial problems with the introduction of a new escort contract had now mostly been addressed.
- HP7 Reception was clean and bright. Women were very positive about their treatment by reception staff, who were friendly and welcoming and quickly put new arrivals at ease. Reception interviews were not always conducted in private, although there were facilities to do so.
- HP8 Most women said they felt safe on their first night. An officer ensured new arrivals' immediate needs were identified and met and provided essential first night information, including a brief tour of the wing. Insiders provided some peer support but were not used as well as they could have been. Women received an individual induction briefing from an officer the day after they arrived, backed up by a formal multi-agency induction day once a week. Those without activities were often locked in their cells during the induction period.
- HP9 In our survey, 45% of prisoners, similar to the comparator¹, said they had felt unsafe at some time in the prison. This reduced to 16% who said they actually felt unsafe at the time the survey was conducted. Problems with relationships between women and bullying for medication and possessions were the most common reasons for investigations into anti-social behaviour. The prison was a generally relaxed environment but there were some areas such as the health care waiting room and the communal dining room where women

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 Towel et al (eds), *Dictionary of Forensic Psychology*.)

felt less safe. Alternative arrangements were made for a small number of vulnerable women who found the dining room too intimidating but not all were well monitored. The prison was generally safe and a new violence reduction strategy based on a multidisciplinary approach, better investigations and more effective peer support and work with perpetrators looked promising but it was not yet possible to judge their effectiveness.

- HP10 Recorded levels of self-harm had decreased in recent years and there were good investigations into serious incidents. It was positive in a high risk population that the last self-inflicted death had been seven years ago. Assessment, care in custody and teamwork (ACCT) procedures were generally good. Many assessments were insightful and care plans had clear targets, although not all reviews were multidisciplinary. ACCT monitoring documents showed some good ongoing care. There was limited access to individual counselling but interventions to support women were available through the mental health service. Women were able to see a Listener (peer supporter, trained to support those in self-harm crisis) but there were only two of them, which placed too much burden on the individual women involved. There was appropriate and well monitored use of safer cells and it was positive that protective clothing had not been used for two years. There were good community support plans for women being released who were at risk of self-harm.
- HP11 Security systems were well managed. Despite misconceptions by some staff and departments in the prison, most security arrangements were managed proportionately, although there appeared scope to relax some of the restrictions on movements within the prison. Few women were placed on closed visits and all for appropriate reasons.
- HP12 The segregation unit was an austere environment with a basic but adequate regime. Segregation was relatively little used, mostly for very disruptive women or those strongly suspected of carrying drugs and then for only short periods. A number of the adjudication records we sampled suggested there was too often insufficient enquiry at hearings to support guilty verdicts and there was a need for more critical quality assurance. Use of force levels were not high. Records of use evidenced appropriate interventions with a very good focus on de-escalation.
- HP13 Half of all new arrivals were admitted to the substance misuse unit. Clinical management was flexible and appropriate but there had been some delays in treatment at weekends. Women received a good level of care but joint work with the mental health team was ad hoc and there was no dual diagnosis service. Mandatory drug test results indicated a relatively low level of illegal drug availability but there were other indications of use of both diverted medication and some illicit drugs. Women were not sufficiently well supervised after the point of administration of medicines. A detailed supply reduction action plan had been developed and there was appropriate information sharing between security and drug treatment services.

Respect

- HP14 Relationships between staff and prisoners were generally positive, as was personal officer work. The prison was clean and well maintained and accommodation standards were mostly good. Food and shop arrangements were satisfactory. Despite a limited diversity policy, outcomes for minority groups were generally good, particularly for women with disabilities. Women were positive about the work of chaplains but not all had free access to services. Responses to applications were not all logged. Some replies to complaints did not fully cover the points raised. There were appropriate legal and bail services. Health

services were mostly good. Outcomes for women prisoners were reasonably good against this healthy prison test.

- HP15 Relationships between staff and prisoners were generally positive, with friendly interactions. More than the comparator in our survey said most staff treated them with respect and most said they had a member of staff they could turn to for help. Some women said a minority of officers were disrespectful and in our survey more than the comparator said they had been victimised by a member of staff, mostly in the form of insulting remarks. Most staff referred to adult women as girls.
- HP16 In our survey, more than the comparator said they had a personal officer and most found them helpful. Personal officers wrote regularly in case notes but generally confined comments to observations about behaviour with few meaningful entries about family or resettlement issues. Some showed that personal officers actively helped women resolve practical problems.
- HP17 The prison was clean and well maintained with generally good standards of accommodation, although some double cells were cramped and there was some offensive graffiti on bedsteads. Women were generally positive about their living conditions and had good access to baths and showers and laundries. There was appropriate provision of clothing, although there was confusion about arrangements for exchanging clothes from stored property. Young adult women were now fully integrated with older women throughout the prison. The allocation of young adult women to F wing, where the highest risk women were held, was subject to appropriate individual risk assessments but there was also a need to ensure that it was always in their own best interests.
- HP18 In our survey, 30%, similar to the comparator, said the food was good but it was not clear how the cultural preferences of minority groups were taken into account. It was positive that women were able to eat together in the dining room, although timings meant that some meals were very rushed. At weekends, there were long gaps between hot meals. Women on F wing appreciated the opportunity to self-cater. Shop arrangements were satisfactory but access to catalogues was inconsistent.
- HP19 The diversity policy focused too much on legal obligations rather than explaining how the needs of different groups would be met and formal consultation arrangements with minority groups were not well developed. Systems for identifying women with disabilities were good, backed up by supportive care plans and some good adaptations. There were no formal structures to support gay and bisexual prisoners. Although women reported a generally supportive and understanding environment, lesbian and bisexual women were less positive than others about their treatment by staff.
- HP20 There were few black and minority ethnic women and only low numbers of racist incidents reports, which were adequately investigated. The prison had assured itself that low reporting did not reflect a lack of confidence in the system. Although there was good promotion of equality and diversity in education, more active promotion in the wider prison was needed, through more regular consultation with black and minority ethnic women.
- HP21 There were only 11 foreign national women. Appropriate contact was maintained with the UK Border Agency about their immigration position but there was no independent specialist immigration advice service. Telephone interpreters were used as necessary and there were good arrangements for foreign national women and others whose close families were abroad to make a free telephone call to them each month.

- HP22 Women in groups were very positive about faith provision and the support they received from the chaplaincy. After some previous disruptive behaviour in the chapel, women had to sign up in advance to attend religious services, which had resulted in a very large drop in numbers attending. New arrivals on E wing were not allowed to attend the main communal services and appropriate alternative provision had not been provided.
- HP23 Women prisoners complained that they often did not get responses to applications and wing logs contained many blank spaces where responses should have been recorded. Most replies to complaints were timely. Few women in our survey thought complaints were dealt with fairly. Although many of the replies we examined were satisfactory, a number were inadequate and had not been identified by the quality assurance arrangements.
- HP24 There was satisfactory legal service provision. Bail services saw all new arrivals and were able to support women with further bail applications.
- HP25 Women in our survey were positive about nearly all aspects of health care. Some women had justifiable complaints about certain aspects of the service, including the poor health care waiting room and long waits for the optician and podiatrist. The range of primary physical health care services was excellent and included specific women's services and appropriate nurse-led clinics. There were no waits to see the dentist. Medicines management was mostly satisfactory but women were given night sedation too early at 6.30pm and there was some secondary dispensing. There were no formal admission criteria for the in-patient unit. Most women patients had serious mental health problems but the unit was not staffed by nurses with appropriate mental health skills. A relatively high proportion of women in our survey reported emotional and mental health issues. Some wide ranging services were provided but mostly in groups. It was not clear that there was sufficient individual mental health counselling and the mental health trust was unable to provide accurate case loads or waiting lists for services.

Purposeful activity

HP26 Time out of cell was very good and there were sufficient activities to keep women purposefully occupied. Although some jobs were mundane, others offered reasonable training opportunities. Education provision was good and women were positive about their participation in education and training. There was adequate access to the library and to the gym but participation rates for both were relatively low. Outcomes for women prisoners were good against this healthy prison test.

- HP27 Overall time out of cell on weekdays was mostly very good, with almost 10 hours out of cell. At a check during an activity period, we found only about 10% of women locked in their cells. At weekends, women had a reasonable seven hours out of cell but there were few activities to occupy them. It was not usually possible to spend an hour in the open air each day. Scheduled exercise periods were early and clashed with breakfast, other domestic tasks and medications.
- HP28 There was an appropriate learning and skills strategy, which took account of skills needs in resettlement areas. There were sufficient activity places, although attendance patterns were often erratic and there were too many interruptions. Equality and diversity were well promoted in education and training and safeguarding arrangements were good. A new allocation process to activities operated fairly and learning and skills opportunities were generally well promoted. Good use was made of learner feedback to improve the provision

but the self- assessment and the quality assurance arrangements did not fully cover all aspects of the learning and skills provision. Data were not always effectively used for evaluative purposes. Information, advice and guidance was well planned and where possible linked to sentence planning targets. The activities day was very short, with afternoon sessions only two hours.

- HP29 The education provision was well managed and all prisoners had a thorough assessment of literacy and numeracy needs at induction. Facilities were good and lessons were well planned and delivered. There were good achievements on most education courses. In vocational training, unit achievement was mostly good and longer stay prisoners were able to gain full qualifications. While there were opportunities for progression in some subjects, in many areas there were not enough above level 1. Individual learning plans were used very effectively, although not all targets were sufficiently specific. Support for learners was good. There was some very effective use of peer mentors.
- HP30 Some relevant work was provided to match the needs of the employment market, with links to vocational qualifications in horticulture, catering and industrial cleaning. A waste management qualification was just about to start. However, sewing, wing laundry and orderly jobs had no qualifications or training. Some of the work provided was repetitive and mundane and did not allow development of higher level skills to prepare women effectively for employment. There were few kitchen workers and a high turnover of workers in the kitchen. Skills for Life support was offered during work activities, although there were no dedicated facilities in work areas. Useful personal, employability and social skill targets were set that effectively measured and monitored improvements and skills gained at work that helped build women's self-esteem and confidence.
- HP31 The library was spacious and welcoming. Although access was reasonable, less than a third of women attended once a week. Library staff worked well with other agencies to offer activities that promoted literacy but too few tutors used the library effectively to support learning. The library stock was adequate and included legal materials and those needed to reflect the learning and skills provision. There was reasonable space for private study but little access to computer-based resources.
- HP32 Gym staff were well trained and qualified but resources were stretched. At 30%, participation was low and access to recreational PE was limited particularly for full-time workers. There was no evening or weekend gym. There was a good range of vocational provision with high retention and success rates. Indoor facilities were satisfactory but there were no suitable outdoor sports facilities. There were adequate links with health care but no sessions for specific groups such as older women or those with mobility difficulties. Individual sessions and coaching were given.

Resettlement

- HP33 There was an appropriate reducing reoffending strategy. Offender management work was good and the offender management model extended to all sentenced women. Women with indeterminate sentences were effectively managed. Public protection arrangements were good. Some helpful resettlement pathway work took place but services under the additional pathways for women needed better promotion. There was a useful range of interventions, including the Primrose unit for women with severe personality disorders and some helpful individual psychology work. Services to support contact with children and families were good. There had been some good development of alcohol services for which

there was a high level of need. Outcomes for women prisoners were good against this healthy prison test.

- HP34 The reducing reoffending strategy was based on a population needs analysis, with identified leads for each pathway and a targeted action plan to drive forward services. The reducing reoffending committee met regularly to oversee the direction of the strategy.
- HP35 In our survey, a high 73% of women said they had a sentence plan and nearly all said they were able to meet some or all of their targets at the prison. There were 62 women formally in-scope for offender management but all sentenced women were managed under the offender management model irrespective of sentence length. They were seen regularly by their offender supervisors and managed effectively. The quality of plans was good with appropriate individualised targets. Offender assessments were up to date and multidisciplinary sentence plan boards were held for women who were in-scope.
- HP36 There were suitable processes to identify and monitor women prisoners subject to public protection arrangements. Public protection information was appropriately shared and cases were well managed.
- HP37 There were 16 lifers and 20 women sentenced to indeterminate sentences for public protection who were managed by probation officer offender supervisors. Remanded women facing a life sentence were identified and allocated an offender supervisor for support. Parole reports were up to date and suitable women were able to progress from Low Newton to open conditions. There were twice yearly family days for lifers but no specific events about the life sentence system.
- HP38 Housing needs were identified at an interview with a Shelter worker within four days of arrival and there were links with local and national housing providers. About 6% of women had left the prison with no fixed address in the year to date. Some had been in the prison too short a time to allow any appropriate intervention and the figure was not high compared to the relatively high 37% of women who reported housing problems when they arrived. Issues of debt, many of which involved rent arrears, were also dealt with by the Shelter worker. A JobCentre Plus worker provided benefit, employment and training advice. A money management course was run but there were no opportunities for women to open bank accounts.
- HP39 Data showed that releases into education, training or employment had declined in recent years. However, some useful preparation for work programmes were run, including using employers to provide practical interview experience. Individual learning plans were well used to set short and long term targets linked to resettlement but needed to link more effectively with sentence planning.
- HP40 Work under the additional resettlement pathways covering women who had been victims of domestic violence and sex workers was not well promoted. Wing staff had little awareness of where they would find help or refer women under these pathways. The Freedom domestic violence programme was run four times a year and rape counsellors were able to support women in the prison but no information was provided at induction and referrals depended on assessments by individual offender supervisors. Individual work for those involved in sex work was provided by a psychologist but only five women had been referred to date in 2011.
- HP41 The visitors' centre was welcoming and well managed. Visitors said it was easy to book visits. A family support worker saw all new arrivals and provided appropriate help and

advocacy for prisoners and their families, including liaison with social services departments. There was good provision of weekly and monthly children's visits and quarterly family days open to wider family members.

- HP42 The main accredited interventions were the P-ASRO drugs programme and the thinking skills programme, which together met the needs of many women. Waiting lists were not too long and were properly prioritised. Psychologists and offender supervisors had identified a need for anger management and arson courses but neither had been able to run because of a shortage of staff. Individual psychology sessions were provided as necessary, including for women convicted of sex offences. The Primrose national programme for women with severe personality disorders treated up to 12 women. The programme provided helpful intensive interventions for this small group and a research evaluation of the programme had just begun.
- HP43 The substance misuse strategy was well managed with both a drug and an alcohol misuse policy. An integrated drug treatment system (IDTS) needs analysis had been conducted in 2010 but a comprehensive local drug and alcohol needs assessment had not been completed. Women could access good quality interventions such as counselling, assessment, referral, advice and throughcare (CARAT) one-to-one work, IDTS group work modules and the P-ASRO programme. A useful and much needed alcohol programme had recently been introduced but there was a need to develop services further to meet the high level of demand. The CARAT remit still excluded ongoing one-to-one work with women with alcohol-only problems but they could now access brief interventions provided by the CARAT team.

Main concerns and recommendations

- HP44 **Concern:** A recent change in opiate substitute prescribing practice had resulted in some delays in treatment, with the potential to increase risk for newly arrived women dependent on drugs.

Recommendation: First night opiate substitute prescribing should be available consistently with prescribing regimes in line with national guidance.

- HP45 **Concern:** In our survey, 45% of women said they had felt unsafe in the prison at some time, substantially more than the 29% at the time of the last full inspection. This figure was reflected in the prison's own safety survey. A new violence reduction strategy aimed to address this but not all vulnerabilities had been covered and the process was seen too much as the responsibility of the safer custody and psychology teams rather than being fully understood and implemented by all staff.

Recommendation: The violence reduction strategy should include action points to improve perceptions of safety in areas of the prison where women indicated they felt more vulnerable and new procedures to challenge unacceptable behaviour should be fully embedded, understood and implemented by all staff.

- HP46 **Concern:** The diversity policy did not explain how the diverse needs of women at Low Newton would be met and there was very little consultation with minority groups to ensure that their legitimate different needs were identified and met.

Recommendation: The diversity strategy should set out how the needs of different women will be identified and met, including through monitoring outcomes and

through effective consultation with women prisoners for each of the diversity strands.

HP47 **Concern:** Significantly more women at Low Newton than the comparator with other women's prisons indicated that they had an alcohol problem but there were insufficient services in the prison to help tackle this issue and the CARAT remit excluded ongoing work with women whose primary problem was alcohol rather than drugs.

Recommendation: Sufficient interventions to help women tackle problems with alcohol should be introduced, including extending the remit of CARAT services for ongoing work with primary alcohol users.

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 Few women had long journeys but some had long days at court. The recent change in escort contractor had caused some initial problems with late arrival and departure but the situation was improving.
- 1.2 Few women had long journeys to Low Newton but some were still transported in the same vans as male prisoners. Most arrived by 7pm but some experienced long delays at court, such as two women booked to return to Low Newton at 9.55am and 10.45am who did not arrive until 6.15pm and 7.25pm respectively. Most women knew where they were going when they left court or the sending establishment but few had been given written information about Low Newton. Those transferring to other establishments received at least 24 hours notice.
- 1.3 The escort contractor had changed at the end of August 2011. There were now fewer vans and there had been some problems with women arriving late from court and leaving late to court. Prison and escort contractor managers met regularly to discuss and address specific issues and staff said the situation was improving.
- 1.4 Reasonable use was made of the video facility for court appearances.

Recommendations

- 1.5 Men and women prisoners should be transported separately.
- 1.6 Women should be held in court cells for the minimum possible time.

Housekeeping point

- 1.7 Prisoners should be given information at court about what to expect on arrival at Low Newton.

First days in custody

Expected outcomes:

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

- 1.8 Reception was clean, safe and relaxed but interviews did not always take place in private. Prisoners were given comprehensive first night and induction information but support from prisoner Insiders was inconsistent. Sometimes the only officer on night duty was a man. Women were locked in their cells when not attending induction.

Reception

- 1.9 Reception was clean, safe and relaxed and holding rooms were easily monitored. Women did not stay there long. Staff were welcoming and put the women at ease. In our survey, more women than the comparator said they had been well treated in reception. There were private interview facilities but interviews tended to take place at the reception desk in the sight and hearing of other staff. Women were asked how they were feeling and about their personal circumstances, any substance use and self-harm issues and the whereabouts and care of any children. A cell-sharing risk assessment was completed.
- 1.10 Women were given night wear, underwear, toiletries and a breakfast pack. There was a stock of donated clothing for those who did not have enough of their own. Women were also offered a smoker's or non-smoker's reception pack. Depending on what day they arrived, this had to last up to 10 days until they received their first shop order (see section on prison shop). Women were offered a free five-minute telephone call and a shower. New arrivals were given an information booklet. No Listeners (peer supporters trained to assist those in self-harm crisis) were based in reception and they were not introduced to women on their first night.

Recommendation

- 1.11 **The reception interview should be completed in private.**

First night

- 1.12 There was a comprehensive first night strategy and in our survey more women than the comparator said they had felt safe on their first night. The first and induction wing was self-contained with its own dining room and association room where a range of information was displayed. An officer showed new arrivals to clean and properly prepared cells, gave them essential information about the first night, showed them round the wing and answered any questions. Information was available in English and a range of other languages on a DVD that women could watch in their cell. It was however, only occasionally used for women who did not speak English and seemed underused.
- 1.13 Two prisoner Insiders were based on the wing but were not routinely introduced to new arrivals and their role was unclear. They said they waited for women to approach them for help and information rather than proactively explaining their role. Staff on the first night wing also worked in reception so women had some continuity and spoke highly about the help and support they received. There was often only a male officer on duty on the wing overnight, which was unsuitable.
- 1.14 Women needing detoxification or stabilisation went to the detoxification landing on the same wing.

Recommendations

- 1.15 **Insiders on the first night and induction wing should actively engage with new arrivals.**

- 1.16 Only female officers should provide night cover on the first night and induction wing.

Induction

- 1.17 All new arrivals were expected to attend induction unless they had done so within the previous six months. Women on the detoxification landing started induction on the fifth day of their detoxification/stabilisation or sooner if they felt well enough.
- 1.18 The day after their arrival, women were given comprehensive information about regimes and services by their personal officer if available or another wing officer. They were also seen individually during induction by a chaplain, a drugs worker, an offender supervisor and the family support worker. On Tuesday mornings and all day on Wednesdays, they went to a large association room to get information from gym, library, safer custody and visits staff. Information about the community chaplaincy and the Independent Monitoring Board was also provided. A Listener also explained her role. The room was comfortable and presentations were relaxed. Information leaflets were given out but not all women understood or were able to read these. Women were given an education induction and key skills assessment the following week.
- 1.19 Women without activity were locked in their cells when not attending induction.

Housekeeping point

- 1.20 Women should be unlocked on the first night and induction wing.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 The prison was clean and well maintained. Some single cells used for two women were cramped. Women could wash their clothes and bedding at least weekly and had good access to cleaning materials. There were too few telephones and some were sited in noisy areas. Mail arrangements generally worked well.
- 2.2 There were eight wings meeting a range of different needs (see fact page). Young adults were fully integrated with adults across the prison in designated single cells, which generally appeared to work satisfactorily. The allocation of young adult women to F wing, which held the highest risk prisoners serving life and long-term sentences, was subject to appropriate individual risk assessment but it was not always clear that the deciding factor was that the allocation was in the young woman's own best interests.
- 2.3 All cells were reasonably equipped but only women in double cells had lockable cupboards. Single cells on C and D wings used for two women were cramped and women on these wings had to eat breakfast in their cells. Some cells on E wing had inadequate wooden privacy screens. Many cells had badly fitting windows and there was some unacceptable graffiti on bedsteads. There were two fully adapted cells to accommodate women with disabilities and others where adaptations had been provided. Women on G wing were not locked in their rooms at night and had free access to toilets and showers. All cells on I wing had integrated showers and toilets.
- 2.4 The standard facilities varied according to wing. The association room shared by A and B wings was poorly equipped while that for C and D wings was adequately furnished. E wing's association area included an outdoor exercise yard but the separate small association room for women undergoing detoxification or stabilisation was inadequate. F wing had a comfortable association room and fully equipped kitchen where women cooked for themselves. There was a small exercise room with cardiovascular equipment and a small outdoor exercise area with seating. One of the two association rooms on G wing had limited catering facilities and women there had unrestricted access to a small exercise area during evening association.
- 2.5 Prisoners could receive emails from family and friends through a central prison service. Outgoing mail was posted and incoming mail was delivered within 24 hours. Five per cent of mail was subject to routine monitoring. Staff knew who was subject to targeted censorship but had not received specific training in public/child protection and harassment issues. Foreign national women could exchange two ordinary letters for one airmail letter and mothers could have additional free letters to maintain contact with their children.
- 2.6 There were telephones on each wing but only one each on A and B wings for maximum populations of 29 and 31 respectively. All telephones had hoods or were in booths but some were sited in noisy areas. Not all had a notice advising women that their calls may be monitored.

Hygiene, clothing and possessions

- 2.7 All bath and toilet areas were very clean and 97% of women in our survey said they could shower every day. Women were allowed to have sufficient personal hygiene items and free supplies of toiletries and sanitary products were readily available. There were good standards of cleanliness throughout the prison and women had good access to cleaning materials. Wing cleaners helped less mobile women to clean their cells. Women complained that they could not have their own nail clippers or tweezers and that those available in wing offices to share were not sterilised after use.
- 2.8 All prisoners wore their own clothes and work clothes were provided when required. Appropriate clothing for special use, such as for funerals and court hearings, was available for loan. Duvets and curtains were provided in all cells and women could have their own so long as these complied with fire regulations. Laundry facilities were good and women could have personal items washed regularly. Sheets were exchanged every week and women's own bedding could be washed weekly. Washing powder was provided.
- 2.9 Property was stored safely in reception. However, few women in our survey said they could normally access their property and applications were not always answered (see section on applications and complaints). Few women were aware of the recently-introduced procedure for a monthly clothing exchange. Plastic carrier bags provided for women who were leaving could hold only a few items.

Recommendations

- 2.10 All cells should be of an appropriate standard, with adequately screened toilets and functioning windows, and be graffiti free and suitably equipped, including with lockable cupboards.
- 2.11 Allocation of young adult women to F wing should ensure that the placement is primarily in their best interests as well as subject to risk assessment.
- 2.12 There should be at least one telephone for every 20 women on each wing.
- 2.13 Staff working in the censors department should be trained in public/child protection and harassment issues.

Housekeeping points

- 2.14 The association room on the detoxification unit should be improved.
- 2.15 Subject to risk assessment, women should be allowed nail clippers and tweezers and any such items that are shared should be sterilised after use.
- 2.16 Prisoners should be able to access their stored property within a week of making an application.

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.

- 2.17 Relationships between staff and prisoners were generally positive with friendly interactions. More than the comparator in our survey said most staff treated them with respect and most said they had a member of staff they could turn to for help. Some women said a minority of officers were disrespectful and more than the comparator said they had been victimised by a member of staff, mostly in the form of insulting remarks. A small number of P-Nomis case note entries were subjective and judgemental. There were too many male staff and too few officers had received training to work with women prisoners.
- 2.18 Women prisoners in groups were mostly positive about their relationships with officers on the wings and recent arrivals on E wing were particularly complimentary about how helpful the staff were on that wing. Some women said the quality of relationships with staff depended on 'how well your face fits' and that some male staff in particular made unnecessary jokes at their expense. In our survey, more than the comparator said most staff treated them with respect and most women, although fewer than in 2008, said they had a member of staff they could turn to help if they had a problem.
- 2.19 There were too many male staff for a women's prison and six of the nine operational managers, including the governor in charge, were men. Of the 138 officers, 80 (58%) were female and 58 (42%) male. Most operational support grades were men. This meant that only male staff were on duty on some wings at night. A total of 102 staff had completed the Prison Service's women's awareness staff programme (WASP) for staff working with women prisoners but only one of these was a senior officer and only 15 were officers. Only six of the 58 male officers had completed the WASP training.
- 2.20 Few officers' entries in case notes indicated much awareness or understanding of the specific individual circumstances of the women prisoners, about a half of whom were mothers, which possibly reflected the lack of training. A small number of case notes contained judgemental and subjective comments that were not indicative of a professional approach. Almost all staff referred to adult women as 'girls'. Interactions we observed between staff and prisoners were mostly positive and friendly but we were surprised that some wing staff used surnames only when talking to inspectors about women in their care.
- 2.21 Regular monthly consultation meetings with prisoner representatives were held and it was good to see that senior managers, including the governor, usually attended. Most matters raised by prisoner representatives were minor domestic issues, although some seemed to take a long time to resolve.

Recommendations

- 2.22 Efforts should be made to increase the proportion of women prison officers to 70%.
- 2.23 Officer grades should be prioritised to undertake the women's awareness staff programme.

Personal officers

Expected outcomes:

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

- 2.24 In our survey, many more women than the comparator said they had a personal officer and most found them helpful. Personal officers wrote regular entries in case notes. Most were just observations about behaviour but some referred to family or resettlement issues. A number showed that personal officers actively helped women resolve practical problems.
- 2.25 In our survey, 89% of prisoners, more than the comparator and more than in 2008, said they had a personal officer and most said they found their personal officers helpful. Nearly all the women we spoke to in groups said they knew their personal officers. The groups were generally positive about the support they received from personal officers, although some said their personal officers had only recently become more attentive.
- 2.26 The personal officer scheme was set out in a detailed and comprehensive written personal officer scheme. This explained the role of the personal officer, including in relation to diversity issues, sentence planning and resettlement, the incentives and earned privileges scheme and discipline. Although only race was covered in the diversity section, other parts of the guidance referred to considering the needs of women with special needs/disabilities. Some useful examples of what were described as good quality personal officer entries were included in the guidance but a number related mainly just to behavioural issues.
- 2.27 Personal officers were expected to make an entry in P-Nomis case notes recording that they had introduced themselves to their prisoners and thereafter weekly quality entries. In a sample of 10% of recent P-Nomis entries, nearly all contained regular entries and personal officer introductions where relevant. Some personal officer entries were very good and detailed and a number indicated that personal officers were willing to help with practical problems such as sorting out issues with pay or visiting orders. However, most were accounts of behaviour or just reported the activity a woman was involved in. Only a minority referred to sentence planning targets or family issues and many of those simply reported events such as visits or telephone calls with no indication of how they impacted on the prisoners. There were some good exceptions to this, including a referral to the family support worker to help a woman who was having problems with contact with her son and one or two references to resettlement objectives including housing.

Housekeeping point

- 2.28 Personal officer case note entries should refer to resettlement objectives and family issues as well as behaviour.

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 The prison was a generally relaxed and safe environment. New anti-social behaviour procedures took account of identified concerns and appeared promising but it was too early to judge their effectiveness. Not all women who felt vulnerable were closely monitored and supported.
- 3.2 Safer custody policy and strategy was led by the safer prisons operational manager, with the daily operation managed by a senior officer supported by an administrative officer. A prison officer was also detailed most days to allow residential officers to complete safer custody duties. The psychology department was active in safer custody work and had been largely responsible for the development of a new violence reduction strategy, delivering training, conducting surveys and providing ongoing consultancy. The prison was generally safe and was taking action to improve safety, including taking account of findings from its own safety survey, where 41% of women said they had been threatened with violence and had property stolen.
- 3.3 The violence reduction team met monthly. The security department had not attended for six months and some concern had been expressed about the lack of information shared. Attendance by health care and chaplaincy was also poor (see also section on self-harm and suicide). A monthly safer prisons report prepared by the psychology department included data on a range of indicators of violence from a number of sources and identified that a small number of women were often involved. Those who were frequently victimised were also identified. The number of unexplained injuries was not reported, although we were told there were very few. There had been no annual collation of the data and the reports did not present enough simple comparative data to monitor the efficacy of the strategy and analyse trends over time. Many of the incidents were relatively minor and few women were monitored under the violence reduction strategy, although this had begun to increase with the introduction of new procedures.
- 3.4 The violence reduction policy included a comprehensive section on cell-sharing risk assessments. The prison had no on-site access to the police national computer to confirm previous convictions and information was obtained from HMP Durham weekly to inform assessments. Prisoners were not expected to share a cell until this process had been completed.
- 3.5 A new violence reduction strategy had just been introduced the previous month. This included procedures for addressing anti-social behaviour through verbal and written warnings and new ways of responding to bullying behaviour. The new approach included more detailed investigations into allegations. Actions to respond to bullying and violence were decided by a multidisciplinary team. More effective peer support and individual work with perpetrators using trained staff had also been introduced. The aim was to replace the previous largely punitive approach with a more constructive one, encouraging women to understand the impact of their behaviour on others and reduce its re-occurrence.

- 3.6 Four women prisoner 'welfare representatives' had received some basic 'first aid' mental health training. Their role was to mentor victims, liaise between prisoners and staff and encourage women to speak to staff about bullying, which had been identified as an issue. The welfare representatives participated in induction and their role was well publicised. They met safer custody staff weekly. Although not yet represented at safer custody meetings, this was planned.
- 3.7 Women were given an information guide on arrival about bullying and how to get help. Women could call the safer custody office directly from landing telephones and this service was also publicised to visitors. Safer custody notice boards identified key staff and prisoner representatives and advised women how to report incidents.
- 3.8 A small number of vulnerable women found the dining room intimidating, often due to high media profile of their cases and other prisoners' reactions to their crimes. These women were given meals on their units but this was not always well monitored. We found two women who were no longer provided with meals on the unit but who were still too afraid to use the dining room and relied on food bought weekly from the prison shop and through supplies from friends. There was no monitoring to identify women who did not regularly collect their meals. The dining room was large, noisy and difficult to supervise and in the prison's own safety survey, 37% of women identified it as the area they felt most unsafe.
- 3.9 Another area where women felt less safe was the health care waiting room, which was cramped, had no alarm and was poorly supervised. We were told of plans to install closed-circuit television. In the prison's last survey completed in May 2010, 41% of the 174 women who completed it said they had been threatened with violence and 41% said they had had property stolen. The findings indicated little faith in existing procedures and were being used to inform the latest strategy.
- 3.10 The safer custody manager quality checked procedures and reported findings to the violence reduction meeting. Cases we looked at carried out under the new arrangements were well managed. Thorough investigations were completed, with supporting statements from witnesses and victims. Problems in relationships between women and bullying for medication and possessions were the most common reasons for investigation.
- 3.11 In cases where bullying was believed to be a factor, a 'challenging behaviour workbook' was opened to review and monitor behaviour and a multidisciplinary team was convened to develop a management plan. These meetings had been chaired by the safer custody manager or a psychologist and greater involvement and ownership by wing managers was now being encouraged. Staff from a range of areas had been involved and clear targets were set and ongoing monitoring completed. This approach had led to greater challenge and identification of underlying issues. Outcomes had included referrals to the CARAT team, a change of activity or cell location, a review of incentives and earned privileges level, monitoring of in-cell possessions and canteen and some restrictions placed on association.
- 3.12 Ten staff from a range of disciplines had been trained to act as staff welfare officers, who completed individual work with perpetrators or victims. Workbooks describing different scenarios for discussion had been developed as a focus of the work and prisoners' progress was reviewed fortnightly. Individual support plans aimed at developing assertiveness were offered to victims and reviewed weekly. Only one had been opened under the new strategy. Staff had received short briefings about the new approach and information notices and leaflets had been produced. The new approach looked promising but it was too early to assess its effectiveness.

Recommendations

- 3.13 Women who feel vulnerable because of their offence should be identified, including through checks on meal collecting, and provided with appropriate support to ensure they feel safe.
- 3.14 The safer prisons report should analyse data for trends to help indicate the efficacy of the strategy.

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.

- 3.15 Staff cared for many women at high risk of self-harm. Procedures were generally sound and good efforts were made to improve levels of safety. Many women benefited from some supportive services but access to individual counselling was limited. There were insufficient Listeners (peer supporters).
- 3.16 The safer prisons meeting met monthly following the violence reduction meeting and, as with that meeting, attendance by some key departments, including health care, the chaplaincy and reception, needed improvement. Listeners were present at most meetings. The suicide and self-harm prevention policy document was reviewed annually and a continuous improvement plan was reviewed monthly.
- 3.17 Despite the high-risk population, the last recorded self-inflicted death had been seven years previously. The investigation into a death in November 2010 had not been completed and the prison had not received a draft report.
- 3.18 Good investigations were completed by the safer custody manager following incidents of serious self-harm and four had been completed in the previous 12 months. Recommendations from these were included in a continuous improvement plan. Identifying learning points was a standing agenda item at the monthly meetings and in one case led to staff being reminded of the need to open an ACCT or hold a review after an act of self-harm.
- 3.19 The psychology department produced a monthly safer prisons report about levels of self-harm and the operation of ACCT procedures. The reports suggested an overall reduction in incidents of self-harm over recent years but did not record the number of women involved. As with violence reduction, more analysis of trends data was needed (see section on bullying and violence reduction).
- 3.20 Good support was provided for new arrivals at risk of suicide and self-harm. There was good communication with courts and professional and family visitors were encouraged to alert staff about any concerns following their visit. It was rare for any women identified as at risk of self-harm to arrive from another prison without notification. The clinical management of women dependent on drugs was flexible and appropriate in most cases but one woman on an ACCT had recently

seriously self-harmed while withdrawing following delays in treatment (see section on substance use). Women charged or convicted of serious offences were initially cared for in health care. Staff on the first night and induction wing had received mental health 'first aid' training. Women were screened by a nurse in reception and given written information about the help available. A database was also kept of events or circumstances that might trigger risks, such as anniversaries of significant events, and staff were alerted as necessary.

- 3.21 On average, 27 ACCTs were opened each month. Fifteen were opened on one day of the inspection. ACCT procedures were generally good. Many documents were opened due to initial concerns and closed promptly following assessment. Many assessments were detailed and insightful. Care plans had clear targets, although many women did not have a consistent case manager. Few care plans involved families. Not all reviews were multidisciplinary and did not always include staff working closely with the prisoner. Reviews on F wing were noticeably better in this respect than others. Ongoing monitoring documents showed some good care. Reviews following the closure of an ACCT document were completed. The safer custody manager completed thorough quality checks of ACCT procedures and reported findings back to the safer prisons meetings. ACCT refresher training was scheduled every month and 45 staff had received training in the previous six months. Two senior officers required ACCT case manager refresher training.
- 3.22 There were good community support plans for women being released where risks of self-harm had been identified. These included points of contact in local mental health teams and other useful contact numbers
- 3.23 A three-year partnership project, known as the Knowledge Transfer Partnership, involving the prison, the north east offender health commissioning board and Durham University aimed to reduce levels of self-harm and improve outcomes for women. This had developed resources for women and training for staff and prisoners. A 'wellness planning pack' designed to help women express their emotions and improve their mental health was available to all women. Over 200 packs had been issued but there had been little feedback from women about how useful these had been. Through the project, 109 staff (27% from discipline grades) in the last 12 months had received training about self-harm from a woman prisoner's perspective. A smaller group of selected staff and prisoner peer supporters had received training in 'mental health first aid'. Funding for a sensory room had also been secured and this was expected to be in place in coming months. The project had yet to be evaluated.
- 3.24 Mental health services were delivered through what was known as the trauma service, which had three tiers and provided some help to women at risk of self-harm. Tier 1 was aimed at low level needs and 97 women had been supported in groups. Tier 2 aimed to provide women with specific skills to help them cope with their trauma and 28 women had been helped. Tier 3 was aimed at women severely affected by their previous experiences and had been accessed by three women. In our survey, more women with emotional or mental health issues than the comparator said these were being addressed. Individual counselling was more limited. Women had access to a rape crisis counsellor but funding for counselling from Sunderland Mind had been withdrawn.
- 3.25 It had been difficult to retain a viable group of Listeners. There had previously been as many as seven but there had been only two for several weeks, with some women identified for training. The scheme had been suspended on occasions. Listeners said current demand for the service was manageable but it risked placing too great a burden on the individual women involved. Withdrawal of medication following reception, bullying for medication and loneliness were common reasons women asked to see Listeners. Listeners met local Samaritans fortnightly and had good support from safer custody staff.

- 3.26 The Listeners had good cooperation from staff and women were able to see them during the night and at other times when they were locked up. A comfortably furnished Listener suite on D wing had not been used for about two years even though some women were in double cells so use of the suite would have been appropriate. No Listeners were based in reception. Listeners contributed to induction but this meant some could wait a week before meeting a Listener. Women could call the Samaritans from landing telephones free of charge and portable telephones were also available on each wing.
- 3.27 The use of six safer cells including two in the health care centre was monitored and they had been used on average four times each month, often for the same women and usually for less than 24 hours. Protective clothing had not been used for two years. So far in 2011, two women had been placed on constant observations in health care, one for several weeks before her transfer to hospital. We were told that efforts would be made to provide a woman to conduct the watch if women raised a concern about a man doing so.
- 3.28 Thirty-eight staff were trained first aiders but there was no system to ensure that there were sufficient first aiders working at night. All uniformed staff and a number of other staff had been issued with a ligature knife. Around 90 staff had completed basic training in the use of a resuscitation mask. Heartstart training was delivered to some prisoners through gym staff. When asked about entering cells at night in a clear life-threatening emergency, most night staff we spoke to expressed reluctance to do so.

Recommendations

- 3.29 Representatives from all relevant departments should regularly attend the violence reduction and safer prisons meetings.
- 3.30 Assessment, care in custody and teamwork reviews should be multidisciplinary and, where appropriate, involve families in care planning.
- 3.31 Sufficient Listeners should be recruited to ensure a regular and viable scheme can be maintained.
- 3.32 The rota for night staff working nights should include 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.

3.33 There was good access to application and complaint forms but women did not always receive replies to applications. Quality checks of complaints did not address the poor standard of some replies.

3.34 Information about making an application or complaint was available next to complaint boxes and included in the prisoner information booklet but contact details for the Prisons and Probation Ombudsman and the Independent Monitoring Board were not publicised on all wings. Women

prisoners said staff helped them with many problems so they did not often need to use the complaints process.

- 3.35 Application forms were available on all wings and completed forms were handed to the wing office and logged. Some did not receive a response and there were blank spaces in wing logs where responses should have been recorded.
- 3.36 Access to complaint forms was good and envelopes for confidential access were provided. The subject of complaints and trends were well analysed. Most of the replies we examined were satisfactory but a number were inadequate and management quality assurance checks had failed to identify these.

Recommendation

- 3.37 **Quality assurance arrangements should identify and address replies to complaints that do not adequately respond to the matters raised.**

Housekeeping point

- 3.38 Applications should be tracked throughout the process to ensure that prisoners always receive a written response.

Legal rights

Expected outcomes:

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

- 3.39 Women prisoners' needs for legal services were identified on arrival and quickly followed up by trained legal service and bail officers.
- 3.40 The bail officer, a seconded probation service officer, saw all new arrivals every weekday morning and supported women with further bail applications. Cover was provided in her absence by two offender supervisors. Between May and October 2011, there had been 16 applications for bail, six of which had been successful.
- 3.41 Prisoners were asked by reception officers if they wished to appeal or if they wanted to see a legal service officer. There were four trained legal services officers, three of whom were based on the first night and induction wing. Legal services officers were detailed to work daily apart from Sundays. These officers also facilitated video link services.
- 3.42 Prisoners could talk to their solicitors in private by telephone, by video link or in one of three private booths in the visits room. A selection of legal reference books was available in the library.

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.

- 3.43 The small chaplaincy team was highly regarded by women. Recent changes meant that women wanting to attend religious services had to sign up and few now did so. New arrivals were not always able to attend services.
- 3.44 The small chaplaincy team was highly regarded by women prisoners. The part-time chaplain was about to become the full-time coordinator, supported by a part-time Free Church chaplain, a sessional Muslim chaplain and two sessional Salvation Army chaplains. Efforts were being made to recruit a Roman Catholic chaplain, with the priest at HMP Frankland holding mass on Saturdays and visiting on request in the interim. A Pagan prisoner had recently arrived and arrangements had been made for a Pagan chaplain to visit regularly. There had been no Sikh or Hindu women at the prison for some time but there were arrangements for relevant chaplains from the local community to attend when required.
- 3.45 Following a number of incidents earlier in the year, women who wanted to attend a service now had to sign up in advance. The number of women attending Roman Catholic and Church of England services had since steadily declined from an average of 25 to just four. Women on the first night and induction wing were not allowed to attend services with other prisoners as new arrivals were considered the most common source of drugs entering the prison. Alternative services were expected to be held but the Church of England chaplain had only twice been able to provide an additional service.
- 3.46 A number of faith-based classes were held. A weekly bible study group had evolved into a rolling Alpha course, the education department's Reflex team ran a pre-Alpha course and a youth bible study group and meditation classes were held bi-weekly.

Recommendation

- 3.47 All women prisoners should have free access to religious services.

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.

- 3.48 Women in need of stabilisation or detoxification were admitted to a designated unit. Clinical management was appropriate but a recent change in prescribing practice meant treatment was delayed at weekends. There was no dual diagnosis service. More than the comparator said that

drugs were easily available but this was not indicated by drug testing figures. Some prescribed medication was misused.

Clinical management

- 3.49 In our survey, 54% of women said they had arrived with a drug problem and 42% reported alcohol problems. Half of all new arrivals needed to be admitted to the substance misuse unit for stabilisation or detoxification. Women were screened at reception, seen by a GP and admitted to the unit on E wing. Treatment usually started on the first night but a recent change in prescribing practice meant one woman who arrived on Friday evening did not receive her first dose of methadone until the following Monday when her community prescription was confirmed. By this time, the woman was in withdrawal and an ACCT had been opened because of her risk.
- 3.50 Of 534 women treated in a recent six-month period, 90 had undergone alcohol detoxification and 435 had been prescribed methadone (60% on a maintenance and 40% on a reduction basis). Another nine continued buprenorphine (Subutex) treatment. Diazepam detoxification was also required in 184 cases. Treatment regimes were flexible and regular reviews took place conducted jointly with the GP, a substance misuse nurse and a counselling, assessment, referral, advice and throughcare (CARAT) worker. A specialist clinical substance misuse team and an experienced clinical lead provided a high level of monitoring, observation and support to the women in their care. E wing offered 22 spaces but was rarely full. Once stabilised, women preferred to move to the main prison where they had daily contact with the substance misuse nurses.
- 3.51 Designated facilities for controlled drug administration were located on E wing and in the main prison and supervision arrangements to prevent controlled drugs being diverted were appropriate. During the inspection, 73 women were prescribed methadone and one buprenorphine, which was given at a separate time.
- 3.52 There was good integrated working between the clinical and CARAT services. Both teams were based on E wing, care plans were shared and they co-facilitated integrated drug treatment system group work modules. However, care coordination between substance misuse and mental health services was ad hoc. Although we were told that 50% of women had substance and mental health-related problems, there was no dual diagnosis service and no dual diagnosis protocol had been developed.

Recommendation

- 3.53 **Joint working between substance misuse and mental health teams should be developed and a dual diagnosis service should be introduced for women with both substance and mental health-related problems.**

Drug testing

- 3.54 The year-to-date random mandatory drug testing (MDT) positive rate stood at 5.58% against a target of 9%. During the previous six months, 18 suspicion tests had been conducted resulting in a low 33% positive rate. However, the MDT programme was appropriately staffed and managed and the security department acted promptly when intelligence was received. In our survey, 34% of women said it was easy to get illegal drugs and 17% said they had developed a drug problem while at the prison. Test results, finds and interviews with women and staff indicated illicit diazepam, Subutex and diverted medication as the main drugs of use. Some medication, such as zopiclone (often prescribed to women for mental health reasons), did not register under MDT. The prison had

developed a detailed supply reduction action plan, there was good communication between the security department and drug treatment providers and drug-related security information reports were shared with health services.

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 The overarching diversity policy covered the main diversity strands but lacked detail about how they would be managed at a local level. There was little routine consultation with women about diversity. The range of data routinely monitored was not wide enough to ensure equality of outcomes. Almost all staff had received some diversity training.
- 4.2 A recently revised overarching diversity policy covered all main strands but the focus was primarily on definitions and legal obligations, with no reference to how the needs of individual groups would be identified and addressed at a local level.
- 4.3 The diversity and race equality action team (DREAT) met monthly chaired by the governor. Functional representation was low and inconsistent. Of the 14 managers expected to attend, no more than eight had done so over the previous three meetings. Prisoner diversity representatives attended all meetings. Apart from religion, all main strands were a standing agenda item and issues raised by managers and prisoner representatives under each were fed into an ongoing diversity and race equality action plan. However, apart from a recently established older women's group, there was little consultation with women about diversity issues, which meant the DREAT could not be sure that all relevant issues were identified. Ethnic monitoring data were reviewed each month but other aspects of diversity such as age, nationality, disability, sexuality and religion were not routinely monitored to check whether there were barriers to equality of outcomes.
- 4.4 A full-time diversity manager led on work for all strands. She was supported by a small team of prisoner representatives but there had never been enough to have one on each wing to ensure that all women had a 'voice' at the DREAT meeting. All prisoner representatives had received diversity training and they contributed to induction. The 'challenge it, change it' diversity training had been delivered to all directly employed staff and almost 90% of other staff.

Race equality

- 4.5 The small number of black and minority ethnic women were generally positive about their treatment. The few reported racist incidents were appropriately dealt with. Celebration of racial, ethnic and cultural diversity was underdeveloped.
- 4.6 There were only 12 black or minority ethnic women, too few for a comparator survey. Women in our black and minority ethnic group were generally positive about their treatment but said many staff lacked cultural awareness. Ethnic monitoring data were routinely monitored by the DREAT but only in areas mandatorily required. No area had experienced a sustained trend in the year to date. The DREAT team, including prisoner representatives, was well promoted on each wing, with prominent displays that included photographs of DREAT members and information on how to submit a diversity incident report form (DIRF).

Managing racist incidents

- 4.7 Racist incident report forms had been replaced by DIRFs in April 2011. There were few reports of racist incidents, with just five submitted in the year to date. All were relatively minor and had been appropriately investigated. Follow-up actions were in line with findings. It was positive that, rather than attributing the low number of DIRFs to the small number of black and minority ethnic women, the DREAT had undertaken further promotion of the DIRF procedure to ensure that incidents were reported when necessary and women had confidence in the system. There was no external validation of the DIRF process. Apart from existing disciplinary procedures, there were no formal interventions for perpetrators or victims of racist behaviour, although there were plans to include them in the new anti-bullying arrangements.

Race equality duty

- 4.8 Black history month had been celebrated through displays but without involvement of external community groups or individual guests, only partly explained by the lack of cultural diversity in the immediate area. Women in our black and minority ethnic group said they had not felt engaged with it. A current programme to raise awareness of different countries was also based just on displays and the countries chosen did not reflect the nationalities of the women in the prison. However, promotion of cultural diversity in education was good.
- 4.9 Women currently or previously convicted of a racially aggravated offence were identified in reception and in the custody office. The diversity manager was informed and a central database was updated on the open access hard drive, although none of the staff we asked knew if any such women were held on their wing.

Recommendation

- 4.10 Following consultation with black and minority ethnic women, events should be held to celebrate racial, ethnic and cultural diversity and efforts should be made to involve external organisations.

Housekeeping point

- 4.11 All staff should be aware of women currently or previously convicted of a racially aggravated offence who are located on their wings.

Religion

- 4.12 Religious provision for prisoners was broadly outlined in the local diversity policy. Religious diversity was not a standing agenda item at the DREAT meeting so issues appeared unaddressed.

- 4.13 The local diversity policy identified religion as a diversity strand but only in very broad terms. The chaplaincy regularly attended the DREAT meeting but although religion was a standing agenda item, it did not appear that religious diversity was discussed to ensure the needs of religious minorities were not overlooked.

Housekeeping point

- 4.14 Religious diversity should be discussed at each diversity and race equality action team meeting.

Foreign nationals

- 4.15 Support for the small number of foreign national women was good. There were appropriate arrangements for women to meet with UK Border Agency officials when necessary but no independent immigration advice. Telephone interpreting services were used when necessary and there were good arrangements for women to contact family and friends abroad.
- 4.16 There were 11 foreign national women, only one of whom did not speak English well. They reported good support from the diversity manager, who kept up-to-date records of their individual situations. The UK Border Agency representatives attended as necessary, usually on request when there had been changes in women's circumstances. The small numbers made it unfeasible to provide a regular independent immigration advice service.
- 4.17 The importance of using professional telephone interpreting services had been reinforced to staff and 14 easy-to-use dedicated handsets had been purchased. Invoices indicated that telephone interpreters were used routinely to communicate with the one Vietnamese woman who did not speak or understand English well.
- 4.18 Foreign national women were given a free monthly 10-minute telephone call to family or friends abroad without having to forfeit visiting rights. This good provision was also extended to British women whose closest relatives were based abroad.

Recommendation

- 4.19 Foreign national women should have access to independent immigration advice.

Disability and older prisoners

- 4.20 Very good provision was made for the care of women with disabilities. Consultation with older women had recently begun but the agreed regime for older women not in work was not consistently applied. Carer arrangements were not formalised.
- 4.21 Identification of women with disabilities was excellent and unusually the number of such women on the prison's central database exceeded the proportion of women in our survey who identified themselves as having a disability. This appeared to be based primarily on good awareness among reception staff and good communication between the health care department and the diversity manager. Once identified, women were interviewed by the diversity manager and, if necessary, a care plan and/or personal emergency evacuation plan were drawn up. A weekly multidisciplinary team meeting reviewed care plans. Individual adaptations ranged from adapted shelves to specialised beds and infra-red call bell systems. There was no formal carers policy but the diversity

manager had appointed prisoner carers for two women. These carers received bonus payments but another carer who had been asked to take this role by wing staff did not.

- 4.22 Routine consultation with older women had recently started, with a monthly group open to all women over the age of 50. Women over 60 were not required to work and the local policy appropriately allowed for such women to remain unlocked during the day. However, we found one 67 year old woman who wing staff locked up during the day who was unaware of the policy. Retirement pay was low, at £6 a week, well below the lowest wage available to employed women and too little for women without outside support to get by on.

Recommendation

- 4.23 Pay for women over the age of 60 who choose not to work, or those with disabilities preventing them from working, should be no less than the minimum available to an employed woman.

Housekeeping points

- 4.24 All retired women should be unlocked during the core day in line with the prison's policy on retired women.
- 4.25 A formal carer system should be introduced.

Sexual orientation and gender

- 4.26 There were no formal support services for lesbian and bisexual women. Women were mostly positive about the supportive and equitable treatment they received but there were indications in our survey that not all lesbian and bisexual women felt as well supported by staff as other women.

- 4.27 In our survey, almost half of women said they were gay or bisexual. There were no formal support mechanisms, with no focus or support groups and no details of external support networks advertised to prisoners. While gay and bisexual women were generally positive about their treatment, in our survey, fewer lesbian and bisexual women than heterosexual women said most staff treated them with respect or that they had a member of staff they could turn to for support. More said they had felt threatened or intimidated by a member of staff but without diversity focus groups there was no forum where these perceptions could be examined.

Housekeeping point

- 4.28 Details of external support networks for gay or bisexual prisoners should be promoted to women.

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 Health services were well established and little affected by a change of provider in April 2011, although a recent health needs assessment was inadequate. In our survey, women were positive about health services and more than the comparator rated the overall quality of services as good or very good. There was an excellent range of primary health care services, including women's health services, and appropriate nurse-led clinics. Most waiting lists were reasonable. Medicines management was sound, although some night sedation was given too early. There was some lack of clarity about management of the in-patient unit and no specific admission criteria. A high proportion of women in our survey reported emotional/mental health issues and a stepped model of care was provided to many women by the mental health team but there was little individual mental health counselling. Mental health services lacked appropriate governance arrangements.

General

- 5.2 Health services were commissioned by the North East Offender Health Commissioning Unit, NHS County Durham and Darlington. Services had been tendered in early 2011 and Care UK had been awarded the contract in April 2011. In turn, Care UK commissioned GP services from a local practice and mental health services from Tees, Esk & Wear Valley NHS Trust [TEWV]. The information in a recent health needs assessment was poor and inaccurate. This had been noted by the commissioners and another assessment was being arranged.
- 5.3 The health care department comprised a doctor's surgery and two medicines dispensing rooms in the centre of the prison and in-patients, administrative areas and some primary care clinics away from the main part of the prison. Most areas were consistent with the promotion of health and well being and had appropriate infection control facilities but the waiting room was small and smelly and women often had to stand as there was not enough seating. Women said they felt unsafe and uncomfortable in the room.

Recommendation

- 5.4 A suitable and appropriately supervised waiting room should be provided with sufficient seating for the number of women waiting.

Clinical governance

- 5.5 Clinical governance arrangements were relatively clear for the main providers, although there were no formal information sharing arrangements or policy in place since the division of providers in April 2011. Governance and management arrangements for the GP services were less robust. The clinical governance group had been re-established by the new provider and a range of reports were

provided to inform the group, partnership board and commissioners of trends. These included the prison health and performance quality indicators, clinical trends dashboard, regular detailed reports on primary care and mental health and a consolidated deaths-in-custody recommendations action plan.

- 5.6 Staffing levels were sufficient for the range of services provided, although the provision of only one registered nurse for the whole site at night, including the in-patient unit and the integrated drug treatment system (IDTS) unit, was a concern. There was relevant ongoing training and development and staff were able to maintain their professional registration. Some training was available electronically.
- 5.7 Resuscitation equipment including automated external defibrillators was kept in the health centre and at strategic points around the prison. An emergency childbirth kit was kept in the treatment room. All equipment was checked weekly. There were formal arrangements with the local primary care trust for the loan of occupational therapy equipment and staff had maintained contact with a range of specialist nurses in the community, including a continence adviser.
- 5.8 Clinical records were all maintained on SystmOne, which was used by all visiting health professionals. Entries were good and use was made of templates in line with NICE guidance.
- 5.9 Health matters were discussed at the prison forum attended by a member of the health team. Patient satisfaction surveys were also sent out regularly and tailored to focus on particular aspects of service. One of the GPs had used evidence from a recent survey in his appraisal process. When possible, staff aimed to respond to complaints through the PALS telephone line. Written complaints were submitted through the prison complaints system and those we looked at had clear respectful responses.
- 5.10 Health care staff were still familiarising themselves with an extensive range of Care UK policies and procedures, introduced in April 2011.

Recommendation

- 5.11 **There should be formal information sharing arrangements between all health providers, with clear lines of responsibility for care delivery.**

Primary care

- 5.12 In our survey, more women than the comparator rated the overall quality of health services as good or very good. New arrivals were seen in reception and underwent an initial reception screen followed within a few days by a comprehensive secondary health screen. Administrative staff tried hard to identify every woman's community GP and monitored compliance with screening appointments. Health service staff provided part of the general induction programme and women were given a comprehensive booklet about health services.
- 5.13 Women could telephone a PALS line to make appointment and with questions about ongoing appointments or treatment. Administrative staff answering the calls were polite and helpful but women complained that the telephone was not always answered. The telephone was supposed to be staffed at all times but prisoner consultation meetings indicated that there had been problems at lunch times and during leave periods.

- 5.14 There were GP sessions every day and women could see a female GP, although they might have to wait a little longer for appointments. Urgent cases could be seen on the same or following day. The GP out-of-hours cover was provided by the local Durham on-call service. Nurse-led clinics included those for the management of life-long conditions but were run when staff were available rather than to a set timetable. Waiting lists for the podiatrist and the optician were too long. Nearly 8% of women were over 50 but there was no lead nurse for older people. All women over 40 were invited to a NHS 'life check' in line with Department of Health guidelines. Women over 50 were automatically referred to the local mammography service. Smoking cessation services were available but the waiting list was long due to a lack of trained staff to deliver the course. This was being rectified.
- 5.15 A range of women's health clinics were run in a pleasant and confidential suite. Three nurses were trained to undertake cervical smears and women were encouraged to have a smear. Consultant gynaecologists attended once a fortnight to perform colposcopies and ultrasound scans if needed and there was a weekly contraception and sexual health clinic. A genitourinary medicine consultant ran a weekly clinic, as did a nurse specialist for blood-borne viruses. Dental dams (barrier protection) were available on the wings.
- 5.16 A midwife from the local maternity unit visited weekly for both ante and post natal care. Despite the need, there was no midwife with specialist knowledge in drug addiction and pregnancy. Pregnant women were booked to deliver at the local maternity unit under the care of a consultant obstetrician. There were three pregnant women and the midwife had arranged contingency birth plans and post-natal plans for them. Women kept their own maternity notes in line with community practice.

Recommendation

- 5.17 There should be a lead nurse for older women.

Good practice

- 5.18 *The NHS 'life check' in line with Department of Health guidelines for women over 40 years of age was a good initiative that should be followed by other establishments.*

Pharmacy

- 5.19 An onsite pharmacy on Elvet wing was adjacent to a treatment room used for IDTS. Additional treatment rooms on the main corridor were used for the administration of medication and all were kept in good order. Medicines were stored and transported correctly and securely. Methasoft equipment for the supply of methadone was regularly cleaned and calibrated. Date checks were done regularly and unwanted medicines were promptly returned to the pharmacy for disposal. Controlled drugs were obtained through signed orders using a duplicate book. Records were kept using a combination of paper and electronic controlled drug registers.
- 5.20 New pharmacy-standard operating procedures were being implemented following the change in health care provider. These had been ratified by the medicines and therapeutics committee and pharmacy staff were signing them off. Pharmacy-related incidents were recorded and available for review by the pharmacist. The pharmacist post was being covered by locum staff. The pharmacy technician and dispenser handed out in possession medication once a day. Women prisoners could

request to see a pharmacist and seek pharmacy advice through the PALS telephone line but there were no pharmacist-led clinics or medication reviews.

- 5.21 Nearly all medication was supplied as named patient and a high proportion was administered under supervision, although some women received their medications as either weekly or monthly in possession. In our survey, 77% of women said they were taking medications, of which only 40% were able to keep it in their own possession. In possession risk assessments were used. Some medications such as zopiclone that were liable to abuse were held in possession and diversion of such medicines was a concern. Spot checks on in possession medication were undertaken but there remained a problem with trading of medication. Medicine treatment times were well supervised at the point of administration but too many officers stayed near the treatment hatches and there was a lack of supervision along the corridors where women made their way to and from the treatment rooms.
- 5.22 Prescriptions for in possession medication and IDTS were written on separate forms. Prescriptions were accurately written and charts were generally correctly completed. Administration of supervised medication by nursing staff took place four times a day. The latest treatment time was around 6.30pm, which was too early for night time medication. On occasion, nursing staff placed dispensed medication into unlabelled Henley bags and took it to women in their cells, which amounted to secondary dispensing and was poor practice. Patients could request repeat medication. There was no special sick procedure for the supply of over-the-counter remedies. Basic analgesia could be given out by nursing staff at treatment times but this was underutilised. There were several nurse prescribers but a range of Care UK patient group directions was under review allowing nursing staff to administer more potent medication in the absence of a doctor.

Recommendations

- 5.23 Prescribing medication identified as high risk or liable to abuse should be reviewed.
- 5.24 Night medication should be given at an appropriate time to ensure patients get the best treatment possible.
- 5.25 Women should be effectively supervised to and from the treatment hatches to reduce the possibility of medication trading.

Housekeeping point

- 5.26 Secondary dispensing should cease.

Dentistry

- 5.27 The dental suite's separate decontamination room was about to be completed to meet relevant infection control guidelines. Dental services were sufficient so everyone could be seen promptly for a full range of dental services. There was no waiting list as extra sessions had been introduced to reduce a previous backlog. Oral health promotion was delivered only at the chair, there were no separate hygienist sessions and there were no annual appointments in line with practice in the community for women held for long periods. Appointments were booked by administrative staff and women were notified the day before. The dentist and dental nurses did not draw keys, which impeded their ability to see people promptly.

Housekeeping point

- 5.28 Annual dental appointments should be made for women held at the prison for long periods of time.

Secondary care

- 5.29 The prison benefited from telemedicine and a number of health professionals who attended to provide services in women's health. This meant women did not have to go to outside hospitals for these appointments. For those who did attend secondary care appointments at local hospitals, including maternity services, the arrangements were good and appointments were rarely cancelled.

In-patients

- 5.30 There were 11 in-patient cells, four of which were part of the prison's certified normal accommodation. There was also an association room with comfortable seating and a television. The association room was used for interviews with individual patients and some group sessions in the evenings, although these were often disturbed by staff walking through to reach the large administrative area beyond. The in-patient unit was a designated non-smoking environment but staff took a pragmatic approach and assessed each patient's individual needs. In-patients could attend activities such as education and work.
- 5.31 There were no specific admission criteria for the unit. Four patients were in the unit, three of whom had been admitted by TEWV. They were cared for by Care UK staff, not all of whom had the relevant knowledge, skills or competencies to carry out the care devised. Staff working in the unit were not clear about which organisation was responsible for patient care.

Mental health

- 5.32 Mental health services were provided by TEWV NHS Trust. The team was mainly available only during normal office hours, although one occupational therapist provided group work to the in-patient unit in the evenings. TEWV also provided consultant input to the Primrose unit.
- 5.33 The team took referrals from a variety of sources, including self referrals. They aimed to see all referrals within two working days for an initial assessment. Services were based on a pilot project that provided a tiered service, of which tiers 1 and 2 were in place. Both tiers involved group work and one-to-one sessions as well as services such as acupuncture (see paragraph 3.24). Tier 1 focused on the management of stress. A consultant psychiatrist provided two sessions a week and visiting forensic community psychiatric nurses also attended. Following the initial assessment, women were considered by a panel to determine which groups would best meet their needs.
- 5.34 In our survey, 62% of women said they had emotional well being or mental health issues and 48% of these said they were receiving help from the mental health in-reach team. Governance and management arrangements were poor, so it was difficult to determine actual staff caseloads and waiting lists for the support groups or whether resources were being used effectively. The pilot was due to be evaluated in March 2012 but it was unclear what steps would be taken to support women if the current services did not continue.

- 5.35 Previous counselling services provided by MIND were no longer provided and women described this as a gap. There was a rape counselling service available through the psychology department but the in-reach team was not aware of it. A mental health 'drop in' clinic was provided in the education department once a week, so it was not accessible to all as most women attended the department part-time.
- 5.36 There were no dual diagnosis services, although such services were required as part of the TEVV contract with Care UK (see section on substance use).
- 5.37 Women who required transfer to a secure mental health bed were usually transferred relatively quickly, although not all within 14 days of assessment. Those requiring a bed in a high security hospital waited the longest.
- 5.38 A range of prison staff had received mental health awareness training.

Recommendation

- 5.39 **There should be robust governance and management arrangements to ensure that a full range of mental health services, including counselling services, are available promptly to all those who need them.**

Section 6: Activities

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.

- 6.1 Time out of cell on weekdays was mostly very good with almost 10 hours out of cell. At weekends, women had a reasonable seven hours out of cell but there was little to occupy them. It was not usually possible to spend an hour in the open air each day. Scheduled exercise periods were early and clashed with breakfast, other domestic tasks and medications.
- 6.2 On weekdays the regime allowed for about 10 hours out of cell. We carried out a roll check at 10.30am on one day and found only about 10% of women locked in their cells. Time out of cell had reduced at weekends but was a reasonable seven hours. Prisoners were allowed to go out for exercise daily following morning unlock but this was too early and clashed with breakfast, medications and other domestic tasks. For much of the year, it did not allow women to benefit from sunlight. Most of the exercise yards were small, with a few seats, and those serving A, B, C and D wings were particularly stark. Association was regular and rarely cancelled but women on A, B, C, and D wings complained that they could not always use their association room. Most of the association rooms were well equipped but the shared facility for A and B wings was very basic. Interaction between staff and prisoners during association was reasonably good but some staff tended to congregate in wing offices.

Recommendation

- 6.3 All women prisoners should have the opportunity to spend at least one hour in the open air every day.

Housekeeping point

- 6.4 All prisoners should have the use of properly equipped areas for association.

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.

- 6.5 There were enough activity places and an appropriate learning and skills strategy, with good leadership and management of learning and skills. There was a fair and equitable allocation process but attendance was erratic and the activities day was very short. Self-assessment and quality assurance arrangements did not cover all aspects of learning and skills. Information, advice and guidance was well planned. Education was well managed, facilities were good and lessons were well planned and delivered. Individual learning plans were used effectively. The prison provided some relevant work and vocational qualifications to match the needs of the employment market but not all jobs helped prepare women for employment on release. The library was spacious and welcoming but a relatively low number of women attended.

Leadership and management

- 6.6 An acting head of learning and skills was responsible for education, work, vocational training and the kitchen, library and prison regimes. Leadership and management of learning and skills were good with an appropriate strategy that effectively supported resettlement. Provision was based on an appropriate use of local market information and analysis of skills needs in relevant resettlement areas. Operational management of the education provision was particularly effective. The prison made good use of its internal partnership working to support and meet prisoners' needs. All activities included appropriate access to literacy and numeracy support.
- 6.7 The prison offered ample places to occupy the population. A recently implemented allocation process was fair, equitable and included appropriate links to sentence planning. Women prisoners were allocated to activities quickly following induction and there were good review arrangements. Waiting lists were effectively managed. Unemployment rates were very low but attendance patterns on many courses were erratic and sessions were often interrupted by other regime activities. The activities day was very short.
- 6.8 The range of learning and skills provision was satisfactory, although opportunities to gain accreditation in some work areas were limited. Safeguarding arrangements were good. Tutors gave safeguarding a suitably high priority when planning and delivering sessions and learners felt safe. Equality of opportunity was well promoted and a good range of activities helped extend learners' appreciation of diversity. The self-assessment process and quality assurance arrangements were satisfactory but did not include all areas of learning and skills. The prison did not make enough use of data to evaluate the quality of provision.

Recommendations

- 6.9 Attendance patterns at courses should be improved and regime interruptions avoided.
- 6.10 Opportunities to gain accreditation in work areas should be increased.
- 6.11 Comprehensive quality assurance and improvements arrangements should be implemented, including more effective use of data.

Induction

- 6.12 The induction process, delivered over five days, was thorough and effectively integrated with the information, advice and guidance service provided by A4e. Induction was well structured and paced, offering a good balance of activities, and took account of individual learning styles. The importance of the individual learning plan and the learners' responsibility to maintain this were well

emphasised. Women with a specific learning need were assessed by education staff and support arrangements were made.

- 6.13 A4e staff used initial assessment scores when planning activities during the detailed information and advice session. Although staff reported that risk assessments and sentence planning targets were normally available to inform advice sessions, this was not always the case. The individual interview booths in the 'Pitstop' area were located in a work area and corridor used by other prisoners, learners and staff. This was not sufficiently quiet and confidential.

Recommendation

- 6.14 **Appropriate accommodation for individual information, advice and guidance interviews should be provided.**

Work

- 6.15 There were approximately 155 full-time equivalent work places, of which 58% were occupied. Work, with accredited qualifications at levels 1 and some at level 2, was available in recycling, horticulture, kitchens and industrial cleaning. All wing cleaners were required to achieve a level 1 certificate in cleaning and kitchen workers a level 1 food safety award before starting work. Other work included mentor roles, waste management, sewing bags for a national charity, tea packing, wing laundry, servery and orderly jobs.
- 6.16 Work such as tea packing and sewing was repetitive, mundane and developed few useful skills. Tea packing took place in a room off a communal guidance area and sewing machines were situated alongside one wall of this area. Insufficient health and hygiene standards were applied in tea packing and the sewing machines were noisy and disrupted other activities.
- 6.17 Core weekday working sessions were for just 2.5 hours in the morning and two hours in the afternoon. The only job to offer realistic working hours was in the kitchen where prisoners worked about eight hours a day with one day off a week. However, there was a problem with uptake and retention of kitchen workers that had not been adequately addressed.

Recommendations

- 6.18 **Tea packing and sewing work should be housed in more appropriate accommodation.**
- 6.19 **The low uptake and retention of prisoners in the kitchen should be investigated and addressed.**

Vocational training

- 6.20 There were 75 vocational training places. The range of accredited training was good and most programmes offered a progression route. The Manchester College offered full and part-time hairdressing programmes at levels 1 and 2, beauty therapy level 2, food preparation and cooking level 1, business administration and call centre operations at level 1, and retail at level 2. The prison offered awards in the British Institute of Cleaning Science (BICS) at levels 1 and 2, a level 1 award in practical horticultural skills and NVQ catering level 2. A waste management qualification was planned. Taster programmes were available in most vocational areas to encourage women to try new vocational skills.

- 6.21 Achievement of unit credits was good on the majority of courses. Longer term learners could accrue units and achieve a full qualification. Shorter stay learners could build unit credits towards completion of a qualification at another prison or through continued training on release. Learners developed good skills and the standard of written work was good. Portfolios of evidence were well organised. Attendance in sessions was satisfactory but regime interruptions severely delayed progress for some learners and disrupted class sessions.
- 6.22 Learners could join programmes at any time and tutors met individual needs well. Courses and teaching sessions were well planned and effectively catered for the variety of abilities and needs in groups. Tutors used a variety of interesting activities to keep learners motivated. Learners developed good skills. Behaviour in sessions was good and tutors skilfully and sensitively managed poor behaviour in a non-confrontational way.
- 6.23 Individual learning plans were particularly well used to set short and long term vocational, personal and employability targets. Learners were very well involved in setting and reviewing their targets, which helped them progress well through their programme and built their confidence and self-esteem as they recognised their achievements.

Education

- 6.24 Management of the education area was very effective. Communications were good, as were accommodation and facilities for teaching and learning. Classrooms were bright and welcoming and provided good resources including access to information and learning technology (ILT). However, some ILT resources were awaiting installation or repair and not all staff were fully trained to use them.
- 6.25 Sufficient education places were available, with 51 full-time learner equivalents. Twenty-five per cent of the women were involved in education. Provision was available in skills for life subjects, including English for speakers of other languages, which had been recently reintroduced, ICT, art and crafts, cookery, money management, business enterprise, and preparation for employment. A small number of learners worked on higher level Open University or other distance learning provision.
- 6.26 The programme range had recently been extended and was satisfactory overall but some subject areas were narrow with no opportunity to progress above level 1. Learners serving longer sentences had insufficient provision to continue learning and some had completed every available programme. Although a number of women expressed a personal goal to become better mothers following release, no parenting or family learning programmes had been available for a few years following concerns about risk assessment and inappropriate allocations.
- 6.27 Achievement of qualifications was very high in skills for life and personal and social development programmes, at well over 90% for both areas. Many learners made good progress through the levels available and to other courses. In skills for life numeracy, 23% of learners progressed by two levels. One woman who had arrived with no qualifications had achieved a number of qualifications up to level 3 and progressed to Open University study. Standards of work seen in sessions were mostly good. Learners took great pride in their work and the qualifications they achieved. As in vocational training, frequent regime interruptions adversely affected full attendance and punctuality and slowed individual progress. Learners often arrived late, were taken out during their class or left early, sometimes for trivial reasons such as to go to the hairdresser.
- 6.28 Teaching and learning were consistently well managed and planned to meet the needs of individual learners. Tutors made effective use of a good range of teaching strategies, including ILT where

available, to interest and motivate learners. In the best teaching observed, thematic approaches were used successfully to develop particular skills and raise awareness about different cultures and faiths. Learners concentrated fully and participated actively in learning, contributing to discussion enthusiastically and enjoying their learning sessions. Tutors used focused questioning to check understanding and ensure that everyone participated. As with vocational training, individual learning plans were very well used to provide a record of progress and achievement. Targets included vocational, personal and employability skills, most of which were very clear, specific and understood by learners but some were too vague.

- 6.29 Tutors provided good in class support, supplemented, where available by highly effective prisoner learning mentors. However, only five mentors were currently operating, too few to meet the prison's aim of using peer mentors across the range of functions. Three peripatetic tutors worked on the wings or in workplaces, successfully supporting 66 learners with additional learning needs in literacy or numeracy. Where learners' specific learning difficulties were diagnosed, the college provider had three staff qualified to support them, enabling them to be included in education classes.

Recommendations

- 6.30 More opportunities for learning above level 1 should be provided.
- 6.31 Additional peer mentors should be introduced to support women in their learning.
- 6.32 Parenting and family learning programmes should be provided.

Housekeeping point

- 6.33 The prison should install and/or repair information and learning technology resources and provide appropriate staff training in their use.

Library

- 6.34 Durham County Council provided the library service, which was staffed by three part-time librarians for 20 hours a week. The main library was spacious, welcoming and well maintained. It was available during the core day from Monday to Thursday morning and afternoon and on Friday mornings. All sessions were managed by a librarian except those on Wednesday, which were run by two prisoner orderlies. All prisoners had allotted sessions, with a Thursday evening session by application for those who had been unable to attend.
- 6.35 All prisoners received an appropriate induction to the library and a high proportion were members but use of the library was low. In our survey, only 31% of prisoners said they used the library at least once a week. Some suggested that escort arrangements and length of library sessions could be a barrier. A satisfactory range of CDs, DVDs, periodicals and newspapers were available. The variety of easy read texts was narrow but adequate but too few tutors effectively used the library to support learning. There were few talking books but demand was limited. A suitable range of up-to-date legal books and Prison Service Orders (PSOs) were available and women could get personal copies of PSOs on request. There were satisfactory arrangements to meet the needs of women for whom English was not their first language. The range of library materials to support learning and skills provision was adequate. The inter-library loan service was well used. Women's access to computer-based resources and associated texts was very limited. Library staff worked well with

other agencies to offer activities that promoted literacy. These included the Toe by Toe reading scheme, reading groups and creative writing workshops.

Recommendation

- 6.36 Women should have adequate access to computer-based resources in the library.

Housekeeping points

- 6.37 Tutors should use the library more effectively to support learning.
- 6.38 Possible barriers to use of the library should be investigated to help improve use.

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.

- 6.39 PE was effectively managed and staff well qualified and experienced. Indoor facilities were satisfactory but there were no outdoor facilities. Access to recreational PE was limited and participation rates were relatively low. Achievement of qualifications in PE courses was good. PE staff attended communal areas and accommodation wings to provide individual health checks and advice to prisoners but there were no sessions for specific groups.
- 6.40 The PE department was staffed by a senior PE officer and three instructors. They were supported by five orderlies who were also participating in PE courses. All staff held a teaching qualification and had a good range of current professional qualifications. Indoor facilities were satisfactory, comprising a small fitness suite and a sports hall. An outside hard surface sports court had been out of use for some time. Additional cardiovascular equipment had been added in the sports hall when plans to extend the fitness suite were deemed not viable.
- 6.41 Access to recreational PE was too limited. In our survey, only 30% of women said they went to the gym twice a week. Prisoners could attend recreational gym for one hour each morning from 8am to 9am and on two weekday afternoons. The morning sessions clashed with issue of medications and outside exercise, which limited women's opportunities for recreational PE. Those who worked full-time could access the facilities for only two hours on a Friday afternoon. The gym was closed during the evening and at weekends.
- 6.42 Accredited courses ran during the day from Monday to Friday morning. The range of qualifications was good and available from entry level to level 3. Eleven full-time and seven part-time learners were following a range of courses. Achievement of qualifications was particularly good. Prisoners attending recreational gym could participate in practical courses with learners, such as during aerobic sessions.
- 6.43 Links with health care were satisfactory. Health care referred prisoners for remedial gym but no specific classes were run for different groups, such as for older women, and PE staff provided individual coaching. PE staff attended communal areas and accommodation wings weekly to

provide individual fitness assessment and advice but PE courses and recreational PE were inconsistently promoted on the wings.

- 6.44 Showers were in good working order but women showered on their wings to extend the amount of time they had in the gym. Gym kit was provided.

Recommendation

- 6.45 **Opportunities to participate in PE should be extended to include better access to recreational PE, sessions for specific groups and facilities for exercise in the open air.**

Housekeeping point

- 6.46 PE should be better promoted on the wings.

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 leading to comprehensive analysis. Security arrangements were largely proportionate but there was scope for relaxing the arrangements for movements around the prison.
- 7.2 Physical security was sound. Good staff-prisoner relationships and a significant time out of cell for women purposefully occupied contributed to sound dynamic security, with security information report submissions for the year to date totalling 2561. This intelligence was used effectively, with a comprehensive monthly intelligence report providing detailed trend analysis. Security arrangements were mostly proportionate. Few prisoners were placed on a continuous period of closed visits and when they were it was for reasons linked directly to illicit or inappropriate activity in the visits hall. Visitors were placed under closed visits following an indication from a drug dog only if there was supporting intelligence to justify such a decision.
- 7.3 Security arrangements did not unnecessarily impinge on women's participation in regime activities. The security department 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, which would take this into account when considering each activity application. Importantly, the learning and skills department rather than security made the final decision.
- 7.4 We heard a number of accounts from individual members of staff from different departments that the introduction of restricted status women had led to too many security restrictions on activities but we found no evidence to support these views. Movements around the prison were restricted as women were escorted to most activities, which meant long waits in places such as health care and the library even though women had finished appointments within minutes. Most movements were within the secure corridor and there appeared to be scope for relaxing direct supervision of movements around the prison.
- 7.5 A comprehensive list of rules was provided in the induction booklet and wing rules were displayed on notice boards.

Recommendation

- 7.6 A less restricted policy for prisoner movements should be introduced.

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.

- 7.7 The level of adjudication was not high but too many records indicated insufficient enquiry at hearings. Use of force had fallen and there was a good focus on de-escalation. The segregation unit was an austere environment with a basic but adequate regime as it was relatively little used and most women spent little time there.

Disciplinary procedures

- 7.8 The level of adjudications was not high, with an average of about 14 a week. Efforts had been made to make the adjudication environment less intimidating and formal, such as introducing soft chairs.
- 7.9 Too many of the records of adjudications we examined were of a poor standard. There was often insufficient enquiry to support the eventual finding and in some cases the finding contradicted the evidence. Adjudicators frequently noted that they found women guilty 'by their own admission', despite the recorded evidence showing women denied guilt. In one case, the adjudicator found a woman guilty solely on the basis of an officer's evidence as the adjudicator was 'satisfied she has given a clear picture of events' even though it had been established that half of the officer's original evidence was incorrect.
- 7.10 Punishments were consistent and, assuming the finding of guilt was justified, fair. Cellular confinement was used only infrequently.
- 7.11 The deputy governor carried out a 10% quality assurance check but had not identified the deficiencies we noted. An adjudication standardisation meeting was held bi-monthly at which some good data collation was used. Trends were analysed, although just by comparing the current quarter to the previous one rather than over a longer period. Minutes from the meeting did not indicate subsequent discussion or follow up actions.

Recommendation

- 7.12 Stringent quality assurance measures should be implemented to ensure that all adjudicators are carrying out consistently competent and fair adjudications.

Housekeeping point

- 7.13 Identified trends from adjudication data should be investigated and action taken when necessary.

Use of force

- 7.14 Fifty-eight incidents had resulted in the use of force by staff in the year to date. Most were minor incidents, such as to split up altercations between women. A control and restraint coordinating

committee met quarterly but focused on the technical side of use of force, such as training and development, rather than whether force was justified as a last resort.

- 7.15 Some basic analysis of use of force was carried out in the quarterly segregation monitoring and review group meeting but based only on the previous quarter so of no use to identify trends. The number of times each member of staff was involved in an incident was monitored but the point of such an exercise seemed not to be understood; any member of staff identified as having been involved in multiple incidents was explained away simply by stating they were all separate incidents.
- 7.16 Minutes of the control and restraint committee recorded one manager describing use of force records submitted by staff as 'diabolical' but most we saw were of a reasonable standard, provided a clear account of the incident and demonstrated attempts to de-escalate at every opportunity. In two recordings of planned incidents we viewed, there was a clear emphasis on de-escalation. The head of security reviewed most records submitted by staff but no other manager appeared to do so in his absence. A few we saw merited further enquiry, including a woman who had been strip searched on relocation to the health care centre where the reasons had not been documented and the accounts did not support such an intrusive intervention.
- 7.17 There was no designated special unfurnished accommodation and staff saw no need for such a resource, which was positive in light of some of the challenging behaviour staff in the segregation unit had had to deal with.

Recommendation

- 7.18 **Use of force data should routinely be analysed by senior managers for trends over time and all records scrutinised to ensure that force is used only when necessary and all actions carried out by staff during the incident are justified.**

Segregation unit

- 7.19 The segregation unit, known locally as the care and separation unit, had been used 43 times in the year to date and a number of women had been held there on more than one occasion. Most women remained for very short periods. The few who remained for longer than two weeks had been waiting for places in secure hospitals. Records evidenced that all use was justified and largely for managing difficult and volatile behaviour.
- 7.20 The unit was small and austere, with very basic cells that were cold as windows could not be secured adequately. The regime was basic but provided minimum entitlements of showers and telephone calls. There were no women in the unit during the inspection but staff descriptions of their dealings with women previously suggested that they were caring and supportive.
- 7.21 Segregation reviews were infrequent due to the short periods most women remained in the unit. Records of those that were held indicated appropriate multidisciplinary attendance, with care plans instigated as necessary. Segregation staff reported good support from the mental health in-reach team when required.

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.

- 7.22 The incentives and earned privileges scheme offered some reasonable incentives but many relied on prisoners having personal funds to take advantage of them. Reviews to consider promotions or demotions considered information from a range of departments to support their decisions. There were regular management checks of the scheme, which operated consistently across the prison.
- 7.23 The incentives and earned privileges (IEP) policy was being reviewed and ideas for incentives had been discussed at the prisoner consultative committee. The policy set out the operation of review boards and the criteria for movement between the levels.
- 7.24 Women were given written information about the IEP scheme on reception and at induction. Those transferring from another prison retained their existing privilege level. A compact outlined the expected behaviour standards and new prisoners could apply for enhanced status after two months. Over the previous six months, an average of 1% of women had been placed on the basic regime, 72% on standard and 27% on enhanced.
- 7.25 The criteria for being considered for enhanced included a two-month period absent of warnings and compliance with all wing rules, regulations and sentence planning targets. The incentives included an additional visiting order, access to more personal cash and the opportunity to buy toiletries and make-up from a branded catalogue. Some trusted jobs were open only to enhanced prisoners. Additional items were available from the facilities list for enhanced prisoners, including personal bedding and free hairdressing appointments. Most incentives could only be realised if a prisoner had funds to purchase them. Different rates of pay dependent on incentives level were applied to the same job rather than a standard bonus being paid to enhanced prisoners, which was unfair.
- 7.26 Many women we spoke to appeared satisfied to remain on the standard level. There was little evidence in case management notes of wing staff actively promoting the benefits of the scheme to women. Reviews were held mainly when women applied. Two formal written warnings within 28 days or finding of guilt of a serious offence also led to a review. Boards were led by a senior officer usually with an officer present. Prisoners attended most reviews and some submitted written contributions. The board considered comments from residential officers, the prisoner's activity area, the offender management unit and security department. The process generally seemed fair.
- 7.27 Few were placed on the basic regime. Where women were demoted, reference was made to previous warnings and negative comments to evidence a pattern of behaviour. The policy emphasised the use of warnings to reinforce the restrictions on smoking and some staff were particularly zealous when issuing warnings for smoking, which resulted in a small number of women being placed on basic quickly for this reason. Women were rarely on basic for longer than 14 days. Reviews were held weekly and the targets set were generic, such as 'be polite and respectful to those around you'. Prisoners on basic could still attend work, were allowed minimum visiting entitlements but had meals delivered in lunch boxes rather than visiting the dining room. They were given time out of their cell daily to complete domestic tasks and to make a telephone call but no evening association was allowed. Televisions were removed and a radio provided. Women who were participating in the IDTS were initially allowed to retain their televisions.

- 7.28 The three residential managers quality checked 20% of all boards for their wings. The scheme appeared to operate consistently across the prison.

Recommendation

- 7.29 Enhanced prisoners should receive a standard bonus payment as an incentive rather than being paid higher rates of pay than other prisoners for doing the same job.

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 The kitchen and serveries were clean and food was appropriately prepared and stored. There was regular consultation about food but none specifically for minority ethnic women. At weekends there were long gaps between hot meals. Most women ate together in the dining room. Some women were able to cook for themselves.
- 8.2 The kitchen was clean, food was appropriately stored and prepared and equipment was well maintained. Although work was available for 15 to 20 prisoners in the kitchen, only 10 were employed full or part-time (see also section on work). Staff and prisoners working in the kitchen and servery on E wing had been health screened and received appropriate training. Kitchen and servery workers were appropriately dressed.
- 8.3 In our survey, similar to the comparator said the food was good. Prisoners could raise issues about catering at monthly consultative meetings attended by the catering manager and wing representatives. Bi-annual surveys and wing focus groups were conducted and suggestions for change were actioned. There was no mechanism to identify the cultural preferences of black and minority ethnic women. Food comment books were available in the main dining room and on E wing but there was no evidence to show these were regularly checked.
- 8.4 The menu was on a four-week cycle. Women could choose from five hot and cold options at lunch and evening meals, except on Tuesday lunchtime and Friday and weekend evening meals when the only choice was cold sandwiches. Options always included at least one halal, vegetarian and vegan dish. The only hot meal at weekends was brunch, served daily at 10.30am. This meant there was a 24-hour gap between brunch on Saturday and the next hot meal on Sunday and a longer gap of over 26 hours between Sunday brunch and Monday lunch.
- 8.5 Other diets were catered for as necessary. Healthy options were not identified and the menu did not provide five portions of fruit or vegetables each day. Fruit was freely available at lunch but women had to choose between fruit and a pudding in the evenings. A nutritionist had previously reviewed the menus but this had not been done for over a year.
- 8.6 Women on F wing could self-cater in a fully equipped kitchen, managed through a booking process. None of the women used the fridges and freezers provided, preferring to keep perishable food in their own cells. Women on G and I wings had limited self-catering facilities consisting of a microwave, toaster, toasted sandwich maker and fridge. Women on F and I wing could buy chilled items from the prison shop but women on G wing could not. Minutes of prisoner consultation meetings recorded that this was due to health and safety concerns but did not fully explain what these were.
- 8.7 Breakfast packs consisting of cereal and milk were given out the day before use but women on F, G and I wings could also make toast at breakfast. All other prisoners, with the exception of E wing, ate lunch and the evening meals in a large dining room attached to the main kitchen. Meals were

served at appropriate times but only one hour was available for all meals to be served, eaten and cleared away. Access to the dining room was on a rotational wing basis and prisoners from the last wing to arrive had little time left to eat their meal. The food for E wing was moved from the kitchen in heated trolleys and served from a clean well-maintained servery. Prisoners ate in a small dining area. Food temperatures were taken and food was served at an appropriate temperature. Prisoners had to eat in their cells at breakfast, Tuesday lunch and Friday and weekend evenings.

Recommendations

- 8.8 The gap between hot meals at weekends should be reduced.
- 8.9 Women prisoners should be able to have five portions of fruit or vegetables a day and menus should be reviewed periodically by a nutritionist to ensure they are healthy, varied and balanced.

Housekeeping points

- 8.10 Black and minority ethnic women should be specifically consulted about food.
- 8.11 Catering staff should regularly check, comment and sign all food comments books.
- 8.12 Breakfast should be served on the morning it is eaten.
- 8.13 Prisoners with access to the same cooking facilities should have equality of access to chilled items on the canteen list.
- 8.14 Women cooking their own meals should be encouraged to use fridges and freezers for perishable food.

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.

- 8.15 New arrivals could wait up to 10 days to receive their first shop order. Consultation processes did not include identifying the specific needs of minority ethnic women. Access to catalogues was inconsistent and some were restricted to enhanced prisoners. A recently introduced handling fee for catalogue orders was an unfair additional cost for women prisoners with few resources.
- 8.16 In our survey, only 9% of women said they had been able to use the prison shop within 24 hours of arrival. Smokers and non-smokers reception packs were available but these might have to last some time until receipt of the first shop order. A woman arriving on a Friday had to wait a week to submit an order and 10 days to receive it. This increased the risk of bullying or women getting into debt for cigarettes in particular.
- 8.17 The main canteen list contained 353 items and was managed by DHL through HMP Acklington. A second list containing an additional 12 items of perishable goods was only available to women on F and I wing. Prisoners found some items expensive. Prisoners were consulted monthly about the

canteen at prisoner consultative meetings but there was no specific consultation with minority ethnic groups. Black and minority ethnic women said they had little choice of make-up products and no access to suitable skin and hair care catalogues.

- 8.18** Canteen lists were issued on Saturdays for collection on Sundays and goods were delivered on Tuesdays in sealed clear bags. Ongoing problems had been experienced through the supply of tinned goods with no ring pulls but we were told that DHL had now rectified this.
- 8.19** There were a number of catalogues available but access to these was inconsistent across the wings. Some, such as the Avon catalogue, were only for enhanced prisoners, which meant not all women had access to a range of make-up products. An administration charge of 50p per order, per supplier had recently been introduced for catalogue orders but this unfairly penalised women prisoners in particular, many of whom had no external support and no option but to use catalogues for clothes and other shopping. The charge had been mandated by NOMS under PSI 53/2011, and instructed all establishments to implement the charge by end of March 2012.

Recommendations

- 8.20** The National Offender Management Service should rescind the introduction of a mandatory handling fee for catalogue orders as it unfairly penalises prisoners.
- 8.21** Women prisoners should be able to make a shop order within 24- hours of arrival.
- 8.22** Black and minority ethnic women should be consulted specifically about shop provision and have access to a suitable range of specialised products.

Housekeeping point

- 8.23** A range of appropriate catalogues for shopping should be available to women on all wings.

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 There was an up-to-date reducing reoffending strategy and action plan, based on a needs analysis. All resettlement pathways had an allocated lead and the resettlement policy committee met regularly to oversee the strategy.
- 9.2 There was a comprehensive 2011-12 reducing reoffending strategy and action plan. A prison offending behaviour needs analysis had been published in January 2010 and a North East region needs analysis had also been undertaken in 2010 focusing on sentenced women and young adult offenders. Both reports used information from a variety of sources including OASys, CNOMIS and sentence planning documents. Additional information came from the NOMS OASys data evaluation and analysis team (O-DEAT). Significant information was identified but some specific and individual need was not captured. For example, no detail was given of the numbers of women with children and whether or not they maintained contact with them. Information from the needs analysis was used to inform the reducing reoffending strategy and action plan, which had also been informed using a CNOMIS 'snapshot' of the prison population in March 2011. The action plan was regularly updated.
- 9.3 All pathways had an allocated lead who attended the quarterly resettlement policy committee (RPC) chaired by the head of resettlement. There were service level agreements with a number of voluntary and community groups who worked in partnership with the prison and the last RCM had included partnership representatives.
- 9.4 A representative from Open Gate, the community chaplaincy, gave information to all women during their induction. Trained volunteers provided a mentoring and befriending service to women to support them while in prison and on release for up to two years. Transport to the train or bus station was offered to all women on release.
- 9.5 There were no exit interviews to enable women to comment on their experiences of interventions or resettlement services and these were not specifically included at prisoner consultation meetings.

Housekeeping point

- 9.6 Women prisoners should be consulted about resettlement services to help the development of policy.

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.

- 9.7 The offender management unit was well established and managed and OASys and sentence plans were up to date. Caseloads of offender supervisors were manageable and offender supervisors had regular contact with all sentenced women and communicated effectively with offender managers. There was no custody planning for unsentenced women. Use of release on temporary licence was limited. Public protection procedures were good. Indeterminate-sentenced prisoners were well managed and supported.
- 9.8 The offender management unit (OMU) was well established and came under the remit of the head of resettlement supported by the head of offender management. The OMU was co-located with staff from a number of functions, which facilitated the exchange of information. There was sufficient administrative support. OMU staff were clear about their purpose to promote the reduction of reoffending and public protection.
- 9.9 There were seven offender supervisors consisting of two seconded probation officers, three probation service officers (PSO) and two uniformed prison officers. Uniformed offender supervisors were not cross deployed. Offender supervisors had received a range of suitable training and caseloads were manageable. The probation offender supervisors managed all high risk prisoners, lifers and those sentenced to indeterminate sentences for public protection (IPPs). One managed all women undergoing treatment in the Primrose unit. Regular team meetings contributed to an integrated approach to offender management.
- 9.10 Sixty-two women were in scope for offender management, meaning they were high or very high risk, were prolific and priority offenders (seven in total) or were serving an IPP (19 in total). Life-sentenced women were managed similarly to those in-scope. While a significant percentage of the prison's population were out of scope, the OMU managed all sentenced women irrespective of sentence length and some remanded unsentenced women who presented with a high level of need.
- 9.11 We looked at cases related to 20 in-scope prisoners, all of whom had been allocated to an offender supervisor within the required timescales. All of the cases assessed were well organised but six did not contain all relevant documentation. Recording of information was clear in 11 cases. In some cases, offender managers did not fully record information on OASys and offender supervisors were unable to make changes to documents due to OASys ownership remaining with the offender manager in the community. Case file assessments provided evidence of offender supervisors taking a very active approach in managing cases and communicating effectively with offender managers.
- 9.12 Contact between offender supervisors and in scope prisoners took place at least quarterly, often more frequently, and in all cases offender supervisors actively coordinated interventions and maintained regular contact with offender managers. Records of contact showed frequent contact with prisoners, external and internal departments as necessary and demonstrated good knowledge of the women involved.

- 9.13 In our survey, 73% of women, higher than comparator prisons, said that they had a sentence plan and 64%, lower than the comparator, said they had been involved in the development of their plan. Prisoners in all 20 cases had a current OASys and a likelihood of reoffending assessment completed on time and of sufficient quality. All had a sentence plan, 75% of which were completed within the required timescales, and 17 had plans informed by relevant assessments. Offender supervisors' contact logs were regularly updated with often detailed entries of the work undertaken with the prisoner, by the supervisor and other prison staff.
- 9.14 Staff in other departments such as psychology could access OASys and personal officers used P-NOMIS to record their contact with prisoners, which in the main focused on behavioural issues. There were no records in the OMU of educational, vocational or other learning plans but sentence plans included objectives related to education, training and employment issues and basic skills.
- 9.15 There were multidisciplinary sentence planning boards for those in scope. Boards took place regularly and offender supervisors actively sought contributions from staff in other departments. Contributions to sentence planning from offender managers were generally good for lifers, IPP and high-risk of harm cases in particular. Video conferencing was often used. Families were not invited to sentence plan meetings.
- 9.16 Twelve out of 20 cases had sentence plans that were outcome-focused. Eighteen cases included objectives to address the likelihood of reoffending and in 19 cases this included objectives to manage risk of harm. In only 12 cases did sentence plans set out a logical sequencing of objectives and activities.
- 9.17 In our survey, 92% of women said they could achieve some or all of their objectives at Low Newton and nine women were involved in an accredited offending behaviour programme, while a number of other cases were involved in or had completed a non-accredited programme. In nearly all of the cases inspected, there was evidence recorded on the OMU file of an assessment of potential diversity issues. Particular use was made of ACCT assessments and these were regularly reviewed and updated. Victim awareness work had been undertaken in five out of nine relevant cases assessed. For a further 11 cases, there was a plan in place to deliver interventions on victim awareness before release. This work was delivered both through accredited and non-accredited programmes and additionally through interventions delivered by the psychology department.
- 9.18 There was no custody planning for unconvicted and unsentenced women. All sentenced women, irrespective on length of sentence, were quickly allocated and seen by an offender supervisor. A written record was completed providing a short précis of information, including offence details and length of sentence, risk factors and OASys completion and review dates if applicable.
- 9.19 Needs were formally identified and recorded under seven of the resettlement pathways but excluded the two gender-specific pathways, although domestic violence issues were often identified in the 'children and family' pathway section. Actions taken in response to needs were recorded and women were frequently seen to check that referrals had been actioned.
- 9.20 In a recent six-month period, 123 women had been eligible for home detention curfew (HDC) and 62 of these were released. In the same period, 23 women had applied for release on temporary licence (ROTL), of whom nine had been granted for work, interviews and appointments in the community and for maintaining family ties. Use of ROTL had lapsed almost totally earlier in the year but women were encouraged to apply for this. Twenty-six women had been recalled: 23 for breach of licence and three for breach of HDC. Recalled prisoners were seen individually by an offender supervisor officer on arrival to explain the recall process and appeals procedure.

Recommendation

- 9.21 Custody plans should be introduced for women on remand or serving short sentences.

Housekeeping points

- 9.22 Family members should be involved in sentence planning where appropriate.
- 9.23 Needs assessments undertaken by offender supervisors in initial meetings with prisoners should include questions about the two gender-specific pathways.

Categorisation

- 9.24 Offender supervisors managed initial categorisation and re-categorisation procedures and women were told their initial categorisation by offender supervisors within three to four days of arrival. The categorisation status of prisoners serving less than four years was reviewed every six months and the status of those serving longer sentences was reviewed annually. Requests for information were sent and received from numerous departments in the prison to inform re-categorisation decisions. Women were able to make progressive moves, usually to HMP Askham Grange open prison, and 38 had done so in the year to date.

Public protection

- 9.25 Processes for managing public protection were sound and public protection work was integrated into the work of the OMU, coordinated by the head of resettlement and the head of offender management. All women prisoners were screened for public protection issues on arrival and the reasons for restricting contact, or applying monitoring procedures, were well documented and reviewed quarterly. The application of restrictions was explained to women individually by an offender supervisor and staff used the intranet to see who was subject to public protection procedures. There was a current local public protection policy document.
- 9.26 Monthly inter-departmental risk management meetings (IDRMM) assessed progress and discussed any concerns about the management of high risk women. Meetings included contributions from appropriate staff. Thirty-three women were subject to safeguarding children procedures and of these, 22 were subject to child contact restrictions. Ten women were subject to multi-agency public protection arrangement (MAPPA) level 2, two were level 3 and a further 88 women were MAPPA nominals. MAPPA work was operating effectively and staff contributed effectively
- 9.27 Prisoners posing a high risk of harm to others were clearly identified in OASys and in the sample 19 women were recorded as being high risk of serious harm to others. There was evidence in 14 out of 18 relevant cases to indicate that sufficient management oversight of the offender supervisor in relation to management of high risk of serious harm cases had taken place. For six out of eight relevant cases with child protection issues, the management oversight of offender supervisors was sufficient. An OASys risk of serious harm screening was sufficiently completed in 17 cases. All cases within the sample required a full risk of serious harm analysis to be undertaken and this had been done. The quality of analysis was sufficient in 16 cases. Insufficient assessments had failed to draw on all available sources of information or to take account of relevant previous behaviour. Where risk of harm was required to be reviewed, this had only been done sufficiently in six out of 11 relevant cases.

- 9.28 In 13 cases, the risk of harm issues had been communicated to all staff involved. A risk management plan was completed to a sufficient standard in only eight cases. Cases where risk management plans were insufficient related to plans being insufficiently comprehensive, not always reflecting the interventions undertaken in prison and not describing how the objectives in the sentence plan would address risk of harm issues. In order to protect the public, potential or actual changes in risk of harm factors were anticipated in 14 out of 15 relevant cases, identified swiftly in 11 out of 12 relevant cases but only acted on appropriately in six out of nine relevant cases in the overall case sample.
- 9.29 In MAPPA and public protection cases, copies of any MAPPA or IDRMM minutes were not on the OMU file but held separately in a public protection file. In all relevant cases, there was evidence of recording of public protection interventions. However, there was a lack of clarity in some cases about the specific MAPPA level at which the case was being managed. For a number of cases, it was too early in the sentence for MAPPA processes to be instigated. Offender supervisor reports were subject to oversight and countersignature and this was deemed to be active and supported staff development.
- 9.30 In the one prolific and priority offender (PPO) case inspected, the sentence plan and other evidence on the case file demonstrated an enhanced level of contact. PPO arrangements were effective and staff said they contributed to PPO initiatives across the area.

Recommendation

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

Indeterminate-sentenced prisoners

- 9.32 There were 18 life-sentenced prisoners and 20 IPPs. There was no specific strategy for the management of this group of prisoners and all were managed under the offender management model by two probation offender supervisors supported by administrative staff. Offender supervisors had received MISaR (managing indeterminate sentences and risk) training. There were sufficient psychological resources to support this prisoner group.
- 9.33 Remanded prisoners likely to receive a life sentence were allocated to an offender supervisor on arrival. All indeterminate-sentenced prisoners had an up-to-date sentence plan and parole reports were also up to date. Offender supervisor case notes evidenced regular contact with prisoners and displayed good knowledge of them. Many women were complimentary about the support received from their offender supervisor and staff generally.
- 9.34 Information leaflets were given to newly arrived/sentenced indeterminate-sentenced prisoners and there were quarterly meetings open to all women in this group. Meetings were chaired by the head of resettlement and included staff from F and I wings (where most of this group of women lived) and psychology staff.
- 9.35 Two annual family days were held for indeterminate-sentenced women but there were no meetings specifically designed to help women prepare for their eventual release and reintegration.

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

9.36 All women were assessed for housing and finance benefit and debt needs during induction and appropriate support was available. The resettlement process in education, training and employment was adequately managed and recent improvements had been introduced. A useful preparation for employment course was run and targets for progression into employment or education were generally achieved. Women were helped to register with a GP and were referred appropriately to community services when necessary. Women with mental health problems had appropriate local referrals but there was no formal care programme approach.

Accommodation

9.37 In our survey, 37% of women said they had housing problems on arrival and 49% thought they would have a problem finding accommodation on release. The 2010 prison needs analysis identified 43% of prisoners as having no fixed address and 64% who had 'some or significant' problems with the permanence of accommodation. Accommodation needs were assessed by a Shelter worker who saw all women individually within four days of arrival. He had links with a variety of local and national housing providers and advised on all housing matters. All applications received by him and any action taken was logged. Information about the accommodation service was included in the prisoners' information booklet and advertised on posters and leaflets around the prison. Women could use the Shelter prisoner telephone helpline service from wing phones at a cost of 1p a minute.

9.38 The prison had a key performance target of 85% of prisoners released to accommodation and 6% of women had been released as having no fixed address during 2011 to date. Monitoring showed that some women could not be helped due to the short time they were at the prison, some had chosen not to engage and others had exhausted all options available to them. We were told that it was becoming increasingly difficult to find suitable accommodation for women over 25 years old and that waiting lists were getting longer for many providers. Accommodation support for prisoners returning to the Teesside area was available from the 'preventing offenders accommodation loss' (POAL) worker, who assisted prisoners in both Low Newton and HMP Holme House. A worker from the Tyneside Cyrenians was available each Friday and could direct women to accommodation providers in the Newcastle area.

Education, training and employment

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

9.39 The resettlement process in learning and skills was adequately managed. A number of recent improvements had been introduced, such as significantly more time for the Pertemps employment support worker and better coordination of multi-agency involvement in the resettlement process throughout the prison sentence. It was too soon to judge the impact of these developments.

- 9.40 Women were scheduled to attend the preparation for employment programme three months before their release date, or sooner if they had very short sentences. The programme gave women prisoners work-related skills to produce letters of application, curriculum vitae and prepare for interviews. Links with the 'I'm ready for work' programme provided good links with employers, and helped build confidence and understanding about the skills and qualities employers wanted in an employee. Not all prisoners chose to benefit from the programme.
- 9.41 The prison's data showed that it had mostly met its targets for progression into employment or education for the past few years. Outcomes had declined against more challenging targets, until this year. In-year data for 2011-12 indicated a slight increase of two percentage points for progression into work at just over 11% and a significant increase of nearly 10% for progression into education, estimated as 22% in September. The prison had recently made pilot ROTL arrangements for one prisoner to attend college and recognised the need to develop this if the pilot was successful.

Mental and physical health

- 9.42 All women without a GP were helped to register with one before their discharge. A discharge letter was sent to every woman's GP when they were released. Women with specific physical health needs were referred appropriately to community services. A seven-day supply of medication was supplied and appropriate arrangements were made for those attending court. If required, methadone was routinely given before discharge and arrangements made for its continuation on release.
- 9.43 Palliative care services were good. The prison had participated in a Macmillan cancer support service mapping exercise and was seeking to become a Macmillan accredited prison to further develop its approach to palliative care. We were confident that appropriate measures would be taken for anyone with palliative care needs.
- 9.44 For women with mental health problems who were being released to the local area, referral pathways appeared reasonable but this was more difficult for those going further afield. There were no formal care programme approach arrangements in place.

Recommendation

- 9.45 The care programme approach should be introduced and used effectively.

Finance, benefit and debt

- 9.46 In our survey, 26% of women said they had money problems on arrival. The 2009 prison needs analysis identified that 70% of women had 'some or significant' financial problems and that 64% had limited financial skills. The Shelter accommodation worker was a trained general debt adviser and assessed women's finance and debt needs within four days of arrival. He was able to refer women to Citizens Advice and the national debt agency for support when necessary. A JobCentre Plus worker was available four days a week. She closed existing benefit claims and advised prisoners on benefits and loans and grants. She saw all women pre-release to arrange benefit appointments in the community. A money management course was available to prisoners through education but there was no opportunity for prisoners to open a bank account.

Recommendation

- 9.47 Women prisoners should be helped to open a bank account before release.

Drugs and alcohol

- 9.48 The drug and alcohol strategy was well managed and women could access a range of good quality interventions but the CARAT team's provision for women with alcohol-only problems was limited. A useful course for women with alcohol problems had been introduced but there was a high level of need. There was no peer mentoring scheme or a drug-free support unit.
- 9.49 A designated drug strategy manager coordinated the different strands of the drug and alcohol strategy well. Bi-monthly substance misuse strategy meetings were chaired by either the deputy governor or the head of interventions. Meetings were well attended and included representation from the local drug and alcohol action team (DAAT).
- 9.50 A detailed IDTS needs analysis had been conducted for 2010-11 but focused mainly on clinical need. A local drug and alcohol needs assessment had not yet been completed in 2011 to inform the drug and the alcohol strategy action plans and performance targets. Substance misuse awareness training for staff was not taking place, which was an omission given the high level of women with drug and/or alcohol problems.
- 9.51 All women were seen by the CARAT team within three days of arrival and given service information and harm reduction advice. The team, consisting of a manager and workers from Lifeline and directly employed staff, was well resourced but its remit excluded ongoing planned work with women whose sole problem was alcohol. Primary alcohol users could access initial assessments, the IDTS alcohol awareness session and brief interventions. In October 2011, 28 women were engaging in short-term work with CARATs.
- 9.52 In our survey, 42% of women reported alcohol problems on arrival and 31% thought they would or did not know whether they would leave with an alcohol problem. The prison had very recently piloted an eight-session non-accredited rolling alcohol course run by staff from the local community alcohol service. While this was a welcome addition to existing provision, one-to-one key working did not form part of the programme. The level of unmet need was high, with 65 women on the waiting list.
- 9.53 Women with drug or drug and alcohol problems could undertake structured work with the CARAT service and found the service easily accessible. The team's open caseload stood at 104 with another 32 files suspended. The full range of IDTS group work modules ran on E wing, the substance misuse unit. Women could attend these independent of location. Good joint working arrangements and care coordination had been developed with health, clinical substance misuse and offender management teams, as well as with programmes staff.
- 9.54 The P-ASRO for women programme was well established and open to those who were stable on methadone. Five courses were planned for 2011 and 23 women had already successfully completed P-ASRO against an annual target of 40. In addition to key work sessions, the specialist services of a rape crisis counsellor had been contracted in for women who needed this support. Women could also undertake a healthy lifestyles course alongside P-ASRO, which led to a qualification on completion.

- 9.55 While women we spoke to were generally positive about the help they received, drug and alcohol service providers had only held one service user forum during the year, there was no peer mentoring scheme, women could not access Alcoholics or Narcotics Anonymous self-help groups and there was no drug-free unit to provide additional support to those wanting to remain abstinent.
- 9.56 The CARAT team completed release plans and referred women to the relevant drug intervention programme (DIP) team. Local DIP workers saw their clients in visits and could meet women at the gate on release but access and the level of integration with CARATs was limited.

Recommendations

- 9.57 A local needs analysis should inform the drug and the alcohol strategy action plans and development targets, which should include substance misuse awareness training for prison staff.
- 9.58 Drug and alcohol service providers should increase service user involvement and increase the available support for women by developing a peer mentoring scheme and a designated drug-free unit.

Children and families of offenders

- 9.59 Visits arrangements were good, visits were easily booked by telephone and generally started on time. There was a welcoming and helpful visitors' centre and a variety of children's visits were run. A family support worker was effective in helping women maintain their family ties.
- 9.60 In our survey, only 30% of women said they had had a visit in their first week at the prison and only 27% had had one or more visit in the last week. Prisoners received visits information on arrival and could have weekly visits. Visits were easily booked by telephone but could not be booked at the prison. Visits were available on Tuesday, Thursday, Friday and weekend afternoons. There were no evening visits. The policy stated that women on the basic incentives level had only a 30-minute visit, which would be an unfair penalty on families and unnecessarily impede effective family ties. Visits usually started on time, although some delays occurred when new visitors had photographs and finger scans taken.
- 9.61 We were told that photographic identification was not necessary for visitors and this was evidenced during the inspection. However, the prisoner information booklet stated such identification was required and some visitors said they had recently been turned away by search staff because they did not have it.
- 9.62 The visitors' centre was bright and welcoming with good facilities. All first time visitors were identified by staff and the centre was well managed by North East prisoner after care society (NEPACS). Visitors could provide feedback on their experiences at regular visitor forums held in the centre. All female visitors had to wear a coloured wrist band despite having provided finger scans and photographs. Closed visits were authorised only when a significant risk was justified by security intelligence. The visits room was comfortable and bright, although seating was regimented. Refreshments and a supervised play area were available at all sessions, although women could not play with their children. Women prisoners could not use toilet facilities during visits.
- 9.63 In our survey, 41% of women said they had children under the age of 18 and 51% said they had been helped to maintain contact with their family. The prison's 2010 needs analysis reported that

76% of women had 'some or significant' problems with close family members. Most women knew they could exchange unused visiting orders for telephone credit and that free children's letters were available. Story Book Mums enabled women to record a story onto CD to be forwarded to their child. There was no opportunity for women to undertake general relationship counselling with immediate family members and no programmes aimed at improving parenting skills or relationships. There was no provision for incoming calls from children or to deal with arrangements for them but a full-time experienced family support worker (FSW) helped prisoners and visitors and saw all new arrivals individually. She advised on child protection matters and liaised with prisoners' families and social service departments to help women maintain family ties. The FSW produced quarterly reports on her work detailing work undertaken and the numbers of prisoners and children concerned.

- 9.64 Pathway meetings included the FSW, head of resettlement and representatives from NEPACS and numerous voluntary sector representatives. Decisions made were used to inform service delivery and the pathway action plan.
- 9.65 There were weekly child-parent visits from 9.30am 11.30am each Friday and monthly play-day visits for children from 10.15am to 2.30pm. Lunch was provided and suitable activities organised. Quarterly family days, similar to play days, involved children and their carer. These visits were open to all women but numbers were limited and the visits were often over subscribed. Some prisoners said distance made attendance by their children at these visits difficult and NEPACS statistics identified that 34% of visitors in September 2011 were from outside the North East.
- 9.66 All clothing had to be posted in and visitors found this expensive, as they did the cost of a postal order, which was the only way of sending money to a prisoner.
- 9.67 Only very limited use was made of release on temporary licence to support family ties.
- 9.68 An offender supervisor was the mother and baby liaison officer. He saw all pregnant women within seven days of arrival to discuss options open to them, although this timescale varied depending on circumstances. A birth plan was produced when necessary, detailing arrangements for the birth and for the immediate and continuing care of the baby. A midwife visited the prison to provide ante-natal care.

Recommendation

- 9.69 Women prisoners on the basic regime should not have the length of their visits reduced.

Housekeeping points

- 9.70 Correct information about the identification needed for visits should be clearly communicated to all prisoners, staff and NEPACS workers.
- 9.71 Women prisoners should have access to toilets during visits.
- 9.72 Visitors should be able to book their next visit at the prison during a visit.

Good practice

- 9.73 *The employment of an experienced family support worker effectively helped women separated from their children and other family members maintain and re-establish family ties.*

Attitudes, thinking and behaviour

- 9.74 Offending behaviour programmes met most needs but there were some gaps in provision. The Primrose unit provided useful interventions for high-risk women with very complex needs. Psychology staff carried out a large amount of individual work with prisoners.
- 9.75 In our survey, 23% of women said that they were currently involved in an offending behaviour programme (OBP), 79% said they had been involved in an OBP and 73% thought the experience would help them on release. Accredited programmes included the TSP, P-ASRO and interventions on the Primrose unit. Non-accredited interventions included the recent introduction of the alcohol rolling programme, the Freedom domestic abuse programme and individual psychological interventions.
- 9.76 Four courses of TSP were run annually. There was a target of 36 completions but the prison was struggling to achieve this due to staffing issues, which managers were addressing. Prisoners were suitably prioritised for the programme and waiting lists were not excessive.
- 9.77 The Primrose unit, a national treatment programme for up to 12 women with dangerous and severe personality disorders, was staffed by six clinical staff and five trained uniformed officers. The programme had run continuously with 100% occupancy since opening in 2006. Women were involved in up to three years of specialised psychologically informed interventions tailored to individual need. The women involved lived on F wing fully integrated with other lifers and long-term prisoners and took part in the treatment programme off the wing.
- 9.78 The programme included various treatment strands including life minus violence (LMV), an offending behaviour programme helping women to use non-aggressive strategies, dialectical behaviour therapy (DBT) designed to replace maladaptive behaviour with adaptive behaviours, and trauma-focused work to address trauma caused by physical, sexual and emotional abuse. Motivational work aimed to provide women with motivation to engage with treatment and work toward reducing risk and wellness recovery action plans encouraged them to develop their own care plan, including identification of triggers, early warning signs, crisis management and action planning. Women were involved in numerous activities including yoga, pilates, cookery and craft making, acupuncture and art therapy. The first prisoner had graduated in July 2010 after three years of treatment and the unit continued to treat women with very complex needs. An independent research evaluation of the programme had recently commenced.
- 9.79 Offender supervisors and psychologists agreed that existing interventions were suitable but identified a need for interventions to address anger management and arson. Both of these had been delivered in the past but current staffing levels prevented delivery.
- 9.80 Data in the regional analysis suggested 'an increase in those serving sentences for violent offences (39% of current population)' and recommended an anger management intervention. Managers had recently started to consider how the LMV programme, delivered on the Primrose unit, could be delivered and implemented across the wider prison establishment.
- 9.81 Psychologists undertook a large amount of individual work with prisoners, including clinical interventions and one-to-one work with sex offenders. I wing was in the early stages of running the 'psychologically informed physical environment' (PIPE) pilot project to help women maintain skills gained on offending behaviour programmes.

Recommendation

- 9.82 There should be sufficient programmes staff to deliver necessary interventions.

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

- 9.83 Women's experiences of domestic violence and work in the sex industry were not sufficiently well identified and no information about services was included in the information booklet or induction. Existing provision was underdeveloped and not well known to prisoners or wing staff.
- 9.84 Both gender-specific resettlement pathways had named leads who attended the resettlement committee meetings. The 2010 prison needs analysis identified 66% of women as victims of domestic violence and 11% of prisoners as having experience of 'sex work'. Women were not specifically asked about their experiences and no information about the support available was included in the information booklet or given during induction.
- 9.85 Sentenced women were all seen by an offender supervisor but, although needs were formally assessed under the seven original resettlement pathways, they were not assessed under these gender-specific pathways. However, experience of domestic violence was often identified in conversation about the quality of prisoners' relationships with their partners.
- 9.86 Two trained staff from Derwentside Domestic Abuse service delivered the Freedom domestic abuse course, a 10-week course run for up to eight women four times a year. Staff from the project provided one-to-one work with individual women as necessary, such as those whose sentence length precluded them from attending the full course. Referrals for the Freedom course originated from offender supervisors and others such as CARAT and health care staff.
- 9.87 A psychologist had undertaken the training for trainers to deliver sex workers in community and custody (SWICC) training and was also trained to deliver safer sex workshops for prisoners, although these latter courses had yet to be run. Training figures recorded that 39 staff had attended SWICC training in the last two years but only 12 were uniformed staff (two senior officers and 10 officers). The psychologist could support women individually, referred to her by offender supervisors, CARAT and health care staff but had supported only five women in the year to end October 2011. Women could receive support from a rape counsellor and sexual health information was available through health care. The psychologist provided information about support agencies in the community to women pre-release.
- 9.88 Officers we spoke to on wings were generally unaware of the limited services available. They suggested referring women who disclosed experience of domestic abuse or sex work to a variety of sources including safer custody or security staff, CARAT workers or the family support worker. Only one officer told us about the Freedom course and another said help was available from 'someone' in psychology.

Recommendation

- 9.89 Women with histories of domestic violence or sex work should be identified where possible and referred to appropriate support services, which should be well promoted to prisoners and all staff.

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 |
|-----------------------------|------------------------|
|-----------------------------|------------------------|

- 10.1 First night opiate substitute prescribing should be available consistently with prescribing regimes in line with national guidance. (HP44)
- 10.2 The violence reduction strategy should include action points to improve perceptions of safety in areas of the prison where women indicated they felt more vulnerable and new procedures to challenge unacceptable behaviour should be fully embedded, understood and implemented by all staff. (HP45)
- 10.3 The diversity strategy should set out how the needs of different women will be identified and met, including through monitoring outcomes and through effective consultation with women prisoners for each of the diversity strands. (HP46)
- 10.4 Sufficient interventions to help women tackle problems with alcohol should be introduced, including extending the remit of CARAT services for ongoing work with primary alcohol users. (HP47)

| Recommendations | To NOMS |
|------------------------|----------------|
|------------------------|----------------|

Courts, escorts and transfers

- 10.5 Men and women prisoners should be transported separately. (1.5)

Prison shop

- 10.6 The National Offender Management Service should rescind the introduction of a mandatory handling fee for catalogue orders as it unfairly penalises prisoners. (8.20)

| Recommendations | To the governor |
|------------------------|------------------------|
|------------------------|------------------------|

Courts, escorts and transfers

- 10.7 Women should be held in court cells for the minimum possible time. (1.6)

First days in custody

- 10.8 The reception interview should be completed in private. (1.11)
- 10.9 Insiders on the first night and induction wing should actively engage with new arrivals. (1.15)

- 10.10 Only female officers should provide night cover on the first night and induction wing. (1.16)

Residential units

- 10.11 All cells should be of an appropriate standard, with adequately screened toilets and functioning windows, and be graffiti free and suitably equipped, including with lockable cupboards. (2.10)
- 10.12 Allocation of young adult women to F wing should ensure that the placement is primarily in their best interests as well as subject to risk assessment. (2.11)
- 10.13 There should be at least one telephone for every 20 women on each wing. (2.12)
- 10.14 Staff working in the censors department should be trained in public/child protection and harassment issues. (2.13)

Staff-prisoner relationships

- 10.15 Efforts should be made to increase the proportion of women prison officers to 70%. (2.22)
- 10.16 Officer grades should be prioritised to undertake the women's awareness staff programme. (2.23)

Bullying and violence reduction

- 10.17 Women who feel vulnerable because of their offence should be identified, including through checks on meal collecting, and provided with appropriate support to ensure they feel safe. (3.13)
- 10.18 The safer prisons report should analyse data for trends to help indicate the efficacy of the strategy. (3.14)

Self-harm and suicide

- 10.19 Representatives from all relevant departments should regularly attend the violence reduction and safer prisons meetings. (3.29)
- 10.20 Assessment, care in custody and teamwork reviews should be multidisciplinary and, where appropriate, involve families in care planning. (3.30)
- 10.21 Sufficient Listeners should be recruited to ensure a regular and viable scheme can be maintained. (3.31)
- 10.22 The rota for night staff working nights should include first aid-trained staff. (3.32)

Applications and complaints

- 10.23 Quality assurance arrangements should identify and address replies to complaints that do not adequately respond to the matters raised. (3.37)

Faith and religious activity

- 10.24 All women prisoners should have free access to religious services. (3.47)

Substance use

- 10.25 Joint working between substance misuse and mental health teams should be developed and a dual diagnosis service should be introduced for women with both substance and mental health-related problems. (3.53)

Race equality

- 10.26 Following consultation with black and minority ethnic women, events should be held to celebrate racial, ethnic and cultural diversity and efforts should be made to involve external organisations. (4.10)

Foreign nationals

- 10.27 Foreign national women should have access to independent immigration advice. (4.19)

Disability and older prisoners

- 10.28 Pay for women over the age of 60 who choose not to work, or those with disabilities preventing them from working, should be no less than the minimum available to an employed woman. (4.23)

Health services

- 10.29 A suitable and appropriately supervised waiting room should be provided with sufficient seating for the number of women waiting. (5.4)
- 10.30 There should be formal information sharing arrangements between all health providers, with clear lines of responsibility for care delivery. (5.11)
- 10.31 There should be a lead nurse for older women. (5.17)
- 10.32 Prescribing medication identified as high risk or liable to abuse should be reviewed. (5.23)
- 10.33 Night medication should be given at an appropriate time to ensure patients get the best treatment possible. (5.24)
- 10.34 Women should be effectively supervised to and from the treatment hatches to reduce the possibility of medication trading. (5.25)
- 10.35 There should be robust governance and management arrangements to ensure that a full range of mental health services, including counselling services, are available promptly to all those who need them. (5.39)

Time out of cell

- 10.36 All women prisoners should have the opportunity to spend at least one hour in the open air every day. (6.3)

Learning and skills and work activities

- 10.37 Attendance patterns at courses should be improved and regime interruptions avoided. (6.9)
- 10.38 Opportunities to gain accreditation in work areas should be increased. (6.10)
- 10.39 Comprehensive quality assurance and improvements arrangements should be implemented, including more effective use of data. (6.11)
- 10.40 Appropriate accommodation for individual information, advice and guidance interviews should be provided. (6.14)
- 10.41 Tea packing and sewing work should be housed in more appropriate accommodation. (6.18)
- 10.42 The low uptake and retention of prisoners in the kitchen should be investigated and addressed. (6.19)
- 10.43 More opportunities for learning above level 1 should be provided. (6.30)
- 10.44 Additional peer mentors should be introduced to support women in their learning. (6.31)
- 10.45 Parenting and family learning programmes should be provided. (6.32)
- 10.46 Women should have adequate access to computer-based resources in the library. (6.36)

Physical education and health promotion

- 10.47 Opportunities to participate in PE should be extended to include better access to recreational PE, sessions for specific groups and facilities for exercise in the open air. (6.45)

Security and rules

- 10.48 A less restricted policy for prisoner movements should be introduced. (7.6)

Discipline

- 10.49 Stringent quality assurance measures should be implemented to ensure that all adjudicators are carrying out consistently competent and fair adjudications. (7.12)
- 10.50 Use of force data should routinely be analysed by senior managers for trends over time and all records scrutinised to ensure that force is used only when necessary and all actions carried out by staff during the incident are justified. (7.18)

Incentives and earned privileges

- 10.51 Enhanced prisoners should receive a standard bonus payment as an incentive rather than being paid higher rates of pay than other prisoners for doing the same job. (7.29)

Catering

- 10.52 The gap between hot meals at weekends should be reduced. (8.8)
- 10.53 Women prisoners should be able to have five portions of fruit or vegetables a day and menus should be reviewed periodically by a nutritionist to ensure they are healthy, varied and balanced. (8.9)

Prison shop

- 10.54 Women prisoners should be able to make a shop order within 24- hours of arrival. (8.21)
- 10.55 Black and minority ethnic women should be consulted specifically about shop provision and have access to a suitable range of specialised products. (8.22)

Offender management and planning

- 10.56 Custody plans should be introduced for women on remand or serving short sentences. (9.21)
- 10.57 Risk management plans should accurately describe how the objectives of the risk management plan and other activities address the risk of harm to others and protect actual and potential victims. (9.31)

Resettlement pathways

- 10.58 The care programme approach should be introduced and used effectively. (9.45)
- 10.59 Women prisoners should be helped to open a bank account before release. (9.47)
- 10.60 A local needs analysis should inform the drug and the alcohol strategy action plans and development targets, which should include substance misuse awareness training for prison staff. (9.57)
- 10.61 Drug and alcohol service providers should increase service user involvement and increase the available support for women by developing a peer mentoring scheme and a designated drug-free unit. (9.58)
- 10.62 Women prisoners on the basic regime should not have the length of their visits reduced. (9.69)
- 10.63 There should be sufficient programmes staff to deliver necessary interventions. (9.82)
- 10.64 Women with histories of domestic violence or sex work should be identified where possible and referred to appropriate support services, which should be well promoted to prisoners. (9.89)

Housekeeping points

Courts, escorts and transfers

- 10.65 Prisoners should be given information at court about what to expect on arrival at Low Newton. (1.7)

First days in custody

- 10.66 Women should be unlocked on the first night and induction wing. (1.20)

Residential units

- 10.67 The association room on the detoxification unit should be improved. (2.14)
- 10.68 Subject to risk assessment, women should be allowed nail clippers and tweezers and any such items that are shared should be sterilised after use. (2.15)
- 10.69 Prisoners should be able to access their stored property within a week of making an application. (2.16)

Personal officers

- 10.70 Personal officer case note entries should refer to resettlement objectives and family issues as well as behaviour. (2.28)

Applications and complaints

- 10.71 Applications should be tracked throughout the process to ensure that prisoners always receive a written response. (3.38)

Race equality

- 10.72 All staff should be aware of women currently or previously convicted of a racially aggravated offence who are located on their wings. (4.11)

Religion

- 10.73 Religious diversity should be discussed at each diversity and race equality action team meeting. (4.14)

Disability and older prisoners

- 10.74 All retired women should be unlocked during the core day in line with the prison's policy on retired women. (4.24)
- 10.75 A formal carer system should be introduced. (4.25)

Sexual orientation and gender

- 10.76 Details of external support networks for gay or bisexual prisoners should be promoted to women. (4.28)

Health services

- 10.77 Secondary dispensing should cease. (5.26)
- 10.78 Annual dental appointments should be made for women held at the prison for long periods of time. (5.28)

Time out of cell

- 10.79 All prisoners should have the use of properly equipped areas for association. (6.4)

Learning and skills and work activities

- 10.80 The prison should install and/or repair information and learning technology resources and provide appropriate staff training in their use. (6.33)
- 10.81 Tutors should use the library more effectively to support learning. (6.37)
- 10.82 Possible barriers to use of the library should be investigated to help improve use. (6.38)

Physical education and health promotion

- 10.83 PE should be better promoted on the wings. (6.46)

Discipline

- 10.84 Identified trends from adjudication data should be investigated and action taken when necessary. (7.13)

Catering

- 10.85 Black and minority ethnic women should be specifically consulted about food. (8.10)
- 10.86 Catering staff should regularly check, comment and sign all food comments books. (8.11)
- 10.87 Breakfast should be served on the morning it is eaten. (8.12)
- 10.88 Prisoners with access to the same cooking facilities should have equality of access to chilled items on the canteen list. (8.13)
- 10.89 Women cooking their own meals should be encouraged to use fridges and freezers for perishable food. (8.14)

Prison shop

- 10.90 A range of appropriate catalogues for shopping should be available to women on all wings. (8.23)

Strategic management of resettlement

- 10.91 Women prisoners should be consulted about resettlement services to help the development of policy. (9.6)

Offender management and planning

- 10.92 Family members should be involved in sentence planning where appropriate. (9.22)
- 10.93 Needs assessments undertaken by offender supervisors in initial meetings with prisoners should include questions about the two gender-specific pathways. (9.23)

Resettlement pathways

- 10.94 Correct information about the identification needed for visits should be clearly communicated to all prisoners, staff and NEPACS workers. (9.70)
- 10.95 Women prisoners should have access to toilets during visits. (9.71)
- 10.96 Visitors should be able to book their next visit at the prison during a visit. (9.72)

Good practice

Health services

- 10.97 The NHS 'life check' in line with Department of Health guidelines for women over 40 years of age was a good initiative that should be followed by other establishments. (5.18)

Resettlement pathways

- 10.98 The employment of an experienced family support worker effectively helped women separated from their children and other family members maintain and re-establish family ties. (9.73)

Appendix I: Inspection team

| | |
|-------------------|------------------------|
| Martin Lomas | Deputy Chief Inspector |
| Michael Loughlin | Team leader |
| Rosemary Bugdale | Inspector |
| Joss Crosbie | Inspector |
| Paul Fenning | Inspector |
| Martin Owens | Inspector |
| Fiona Shearlaw | Inspector |
| Elizabeth Tysoe | Health care inspector |
| Katie Tucker | CQC inspector |
| Sigrid Engelen | Drugs inspector |
| Sharon Moncks | Pharmacy inspector |
| Nigel Bragg | Ofsted |
| Sheila Willis | Ofsted |
| Sue Bain | Ofsted |
| Eileen O'Sullivan | Probation inspectorate |
| Helen Morton | Probation inspectorate |
| Ian Simpkins | Probation inspectorate |

Appendix II: Prison population profile

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

Population breakdown by:

| Status | 18-20 yr olds | 21 and over | % |
|-----------------------|---------------|-------------|------------|
| Sentenced | 21 | 183 | 75.8 |
| Recall | 2 | 25 | 10.0 |
| Convicted unsentenced | 3 | 20 | 8.6 |
| Civil prisoners | | | |
| Detainees | | | |
| Other | 1 | 14 | 5.6 |
| Total | 27 | 242 | 100 |

| Sentence | 18-20 yr olds | 21 and over | % |
|--------------------------------------|---------------|-------------|------------|
| Unsentenced | 4 | 35 | 14.5 |
| Less than 6 months | 2 | 25 | 10.0 |
| 6 months to less than 12 months | | 10 | 3.7 |
| 12 months to less than 2 years | 6 | 20 | 9.7 |
| 2 years to less than 4 years | 5 | 66 | 26.4 |
| 4 years to less than 10 years | 7 | 46 | 19.7 |
| 10 years and more and less than life | | 8 | 3.0 |
| ISPP | 3 | 14 | 6.3 |
| Life | 0 | 18 | 6.6 |
| Total | 27 | 242 | 100 |

| Age | Number of prisoners | % |
|-----------------------------|---------------------|------|
| Please state minimum age 18 | | |
| Under 21 years | 27 | 10.0 |
| 21 years to 29 years | 99 | 36.8 |

| | | |
|----------------------|------------|------------|
| 30 years to 39 years | 93 | 34.6 |
| 40 years to 49 years | 29 | 10.8 |
| 50 years to 59 years | 17 | 6.3 |
| 60 years to 69 years | 4 | 1.5 |
| 70 plus years | | |
| Maximum age 67 | | |
| Total | 269 | 100 |

| Nationality | 18–20 yr olds | 21 and over | % |
|-------------------|---------------|-------------|------|
| British | 26 | 235 | 97.0 |
| Foreign nationals | 1 | 7 | 3.0 |
| Total | 27 | 242 | |

| Security category | 18–20 yr olds | 21 and over | % |
|-------------------|---------------|-------------|------------|
| Female closed | 22 | 180 | 75.1 |
| Female open | 1 | 6 | 2.6 |
| Female restricted | 0 | 2 | 0.7 |
| Unclassified | 4 | 54 | 21.6 |
| Total | 27 | 242 | 100 |

| Ethnicity | 18–20 yr olds | 21 and over | % |
|---------------------------|---------------|-------------|------|
| <i>White</i> | | | |
| British | 23 | 220 | 90.3 |
| Irish | 1 | | 0.4 |
| Other White | 2 | 4 | 2.2 |
| <i>Mixed</i> | | | |
| White and Black Caribbean | | | |
| White and Black African | | 1 | |
| White and Asian | | | |
| Other Mixed | | 1 | 0.4 |

| | | | |
|--------------------------------------|-----------|------------|------------|
| <i>Asian or Asian British</i> | | 2 | 0.7 |
| Indian | | 1 | 0.4 |
| Pakistani | | 2 | 0.7 |
| Bangladeshi | | | |
| Other Asian | | | |
| <i>Black or Black British</i> | | 1 | 0.4 |
| Caribbean | | 2 | 0.7 |
| African | | | |
| Other Black | | | |
| <i>Chinese or other ethnic group</i> | | | |
| Chinese | | | |
| Other ethnic group | | 2 | 0.7 |
| <i>Not stated</i> | 1 | 6 | 2.6 |
| Total | 27 | 242 | 100 |

| Religion | 18–20 yr olds | 21 and over | % |
|-------------------------------|----------------------|--------------------|------------|
| Baptist | | | |
| Church of England | | 78 | 29.0 |
| Roman Catholic | 8 | 52 | 22.3 |
| Other Christian denominations | 7 | 28 | 13.0 |
| Muslim | | 9 | 3.3 |
| Sikh | | | |
| Hindu | | | |
| Buddhist | | 2 | 0.7 |
| Jewish | | 1 | 0.4 |
| Other | | | |
| No religion | 12 | 72 | 30.9 |
| Total | 27 | 242 | 100 |

Sentenced prisoners only

| Length of stay | 18-20 yr olds | | 21 and over | |
|----------------------|---------------|------------|-------------|-------------|
| | Number | % | Number | % |
| Less than 1 month | 3 | 1.1 | 31 | 11.5 |
| 1 month to 3 months | 10 | 3.7 | 56 | 20.8 |
| 3 months to 6 months | 4 | 1.5 | 25 | 9.3 |
| 6 months to 1 year | 4 | 1.5 | 46 | 17.1 |
| 1 year to 2 years | 2 | 0.7 | 27 | 10.00 |
| 2 years to 4 years | | | 19 | 7.1 |
| 4 years or more | | | 3 | 1.1 |
| Total | 23 | 8.6 | 207 | 77.0 |

Unsentenced prisoners only

| Length of stay | 18-20 yr olds | | 21 and over | |
|----------------------|---------------|------------|-------------|-------------|
| | Number | % | Number | % |
| Less than 1 month | 1 | 2.6 | 11 | 28.2 |
| 1 month to 3 months | 3 | 7.7 | 11 | 28.2 |
| 3 months to 6 months | | | 9 | 23.1 |
| 6 months to 1 year | | | 3 | 7.7 |
| 1 year to 2 years | | | | |
| 2 years to 4 years | | | 1 | 2.6 |
| 4 years or more | | | | |
| Total | 4 | 1.5 | 35 | 13.0 |

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 27 September 2011, the prisoner population at HMP Low Newton was 269. The sample size was 149. 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. Six respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, 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 hand it to a member of staff, if they were agreeable
- seal the questionnaire in the envelope provided and leave it in their room for collection.

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

Response rates

In total, 138 respondents completed and returned their questionnaires. This represented 51% of the prison population. The response rate was 93%. In addition to the six respondents who refused to complete a questionnaire, five questionnaires were not returned.

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 2011 against comparator figures for all prisoners surveyed in all women's prisons. This comparator is based on all responses from prisoner surveys carried out in 13 women's prisons since October 2006.
- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local women's prisons. This comparator is based on all responses from prisoner surveys carried out in eight local women's prisons since September 2008.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Low Newton in 2006.
- A comparison within the 2011 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 2011 survey between the responses of prisoners who consider themselves to be homosexual or bisexual and those who consider themselves to be heterosexual.
- A comparison within the 2011 survey between those who are aged 21 and under and those over 21.

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 as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages 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 results

Section 1: About you

| | | | |
|------|--|-----|-------|
| Q1.2 | How old are you? | | |
| | <i>Under 21</i> | 16 | (12%) |
| | <i>21 - 29</i> | 46 | (33%) |
| | <i>30 - 39</i> | 47 | (34%) |
| | <i>40 - 49</i> | 16 | (12%) |
| | <i>50 - 59</i> | 10 | (7%) |
| | <i>60 - 69</i> | 3 | (2%) |
| | <i>70 and over</i> | 0 | (0%) |
| Q1.3 | Are you sentenced? | | |
| | <i>Yes</i> | 98 | (72%) |
| | <i>Yes - on recall</i> | 18 | (13%) |
| | <i>No - awaiting trial</i> | 8 | (6%) |
| | <i>No - awaiting sentence</i> | 13 | (9%) |
| | <i>No - awaiting deportation</i> | 0 | (0%) |
| Q1.4 | How long is your sentence? | | |
| | <i>Not sentenced</i> | 21 | (16%) |
| | <i>Less than 6 months</i> | 14 | (10%) |
| | <i>6 months to less than 1 year</i> | 5 | (4%) |
| | <i>1 year to less than 2 years</i> | 16 | (12%) |
| | <i>2 years to less than 4 years</i> | 30 | (22%) |
| | <i>4 years to less than 10 years</i> | 23 | (17%) |
| | <i>10 years or more</i> | 9 | (7%) |
| | <i>IPP (Indeterminate Sentence for Public Protection)</i> | 9 | (7%) |
| | <i>Life</i> | 8 | (6%) |
| Q1.5 | Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)? | | |
| | <i>Not sentenced</i> | 21 | (17%) |
| | <i>6 months or less</i> | 49 | (40%) |
| | <i>More than 6 months</i> | 52 | (43%) |
| Q1.6 | How long have you been in this prison? | | |
| | <i>Less than 1 month</i> | 27 | (20%) |
| | <i>1 to less than 3 months</i> | 25 | (18%) |
| | <i>3 to less than 6 months</i> | 17 | (13%) |
| | <i>6 to less than 12 months</i> | 24 | (18%) |
| | <i>12 months to less than 2 years</i> | 21 | (15%) |
| | <i>2 to less than 4 years</i> | 16 | (12%) |
| | <i>4 years or more</i> | 6 | (4%) |
| Q1.7 | Are you a foreign national? (i.e. do not hold UK citizenship) | | |
| | <i>Yes</i> | 4 | (3%) |
| | <i>No</i> | 126 | (97%) |
| Q1.8 | Is English your first language? | | |
| | <i>Yes</i> | 127 | (98%) |
| | <i>No</i> | 3 | (2%) |
| Q1.9 | What is your ethnic origin? | | |
| | <i>White - British</i> | 123 | (91%) |
| | <i>White - Irish</i> | 2 | (1%) |
| | <i>White - Other</i> | 3 | (2%) |
| | <i>Black or Black British - Caribbean</i> | 1 | (1%) |
| | <i>Asian or Asian British - Bangladeshi</i> | 0 | (0%) |
| | <i>Asian or Asian British - Other</i> | 1 | (1%) |
| | <i>Mixed Race - White and black Caribbean</i> | 0 | (0%) |
| | <i>Mixed Race - White and black African</i> | 0 | (0%) |

| | | | |
|---|--------|---|--------|
| <i>Black or Black British - African</i> | 1 (1%) | <i>Mixed Race - White and Asian</i> | 1 (1%) |
| <i>Black or Black British - Other</i> | 0 (0%) | <i>Mixed Race - Other</i> | 1 (1%) |
| <i>Asian or Asian British - Indian</i> | 0 (0%) | <i>Chinese</i> | 0 (0%) |
| <i>Asian or Asian British - Pakistani</i> | 2 (1%) | <i>Other ethnic group</i> | 0 (0%) |

Q1.10 Do you consider yourself to be Gypsy/ Romany/ Traveller?
 Yes..... 5 (4%)
 No..... 126 (96%)

Q1.11 What is your religion?
None..... 45 (34%) *Hindu*..... 1 (1%)
Church of England..... 42 (31%) *Jewish*..... 0 (0%)
Catholic..... 29 (22%) *Muslim*..... 4 (3%)
Protestant..... 6 (4%) *Sikh*..... 0 (0%)
Other Christian denomination..... 5 (4%) *Other*..... 2 (1%)
Buddhist..... 0 (0%)

Q1.12 How would you describe your sexual orientation?
Heterosexual/ Straight..... 80 (59%)
Homosexual/Gay..... 22 (16%)
Bisexual..... 30 (22%)
Other..... 3 (2%)

Q1.13 Do you consider yourself to have a disability?
 Yes..... 26 (20%)
 No..... 107 (80%)

Q1.14 How many times have you been in prison before?
0 *1* *2 to 5* *More than 5*
 46 (34%) 17 (13%) 35 (26%) 36 (27%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?
1 *2 to 5* *More than 5*
 70 (53%) 56 (42%) 6 (5%)

Q1.16 Do you have any children under the age of 18?
 Yes..... 65 (49%)
 No..... 69 (51%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

| | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very Bad</i> | <i>Don't remember</i> | <i>N/A</i> |
|---|------------------|-------------|----------------|------------|-----------------|-----------------------|------------|
| The cleanliness of the van | 12 (9%) | 64 (47%) | 24 (18%) | 23 (17%) | 5 (4%) | 5 (4%) | 3 (2%) |
| Your personal safety during the journey | 16 (13%) | 73 (59%) | 13 (11%) | 15 (12%) | 3 (2%) | 1 (1%) | 2 (2%) |
| The comfort of the van | 8 (6%) | 21 (16%) | 6 (5%) | 50 (38%) | 43 (32%) | 2 (2%) | 3 (2%) |
| The attention paid to your health needs | 8 (6%) | 45 (35%) | 24 (19%) | 22 (17%) | 16 (12%) | 5 (4%) | 9 (7%) |
| The frequency of toilet breaks | 6 (5%) | 13 (10%) | 16 (12%) | 30 (23%) | 47 (36%) | 1 (1%) | 19 (14%) |

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*
 29 (22%) 43 (32%) 52 (39%) 8 (6%) 2 (1%)

Q2.3 How did you feel you were treated by the escort staff?
Very well *Well* *Neither* *Badly* *Very badly* *Don't remember*
 24 (18%) 80 (60%) 26 (19%) 2 (1%) 0 (0%) 2 (1%)

| | | | | |
|------|---|-----------|-----------|-------------|
| Q2.4 | Please answer the following questions about when you first arrived here: | Yes | No | Don't remen |
| | Did you know where you were going when you left court or when transferred from anoth prison? | 112 (84%) | 19 (14%) | 3 (2%) |
| | Before you arrived here did you receive any written information about what would happ to you? | 18 (14%) | 104 (79%) | 9 (7%) |
| | When you first arrived here did your property arrive at the same time as you? | 112 (87%) | 14 (11%) | 3 (2%) |

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) | | | |
| | <i>Didn't ask about any of these</i> | 14 (11%) | <i>Money worries</i> | 27 (21%) |
| | <i>Loss of property</i> | 21 (17%) | <i>Feeling depressed or suicidal</i> | 75 (59%) |
| | <i>Housing problems</i> | 42 (33%) | <i>Health problems</i> | 87 (69%) |
| | <i>Contacting employers</i> | 17 (13%) | <i>Needing protection from other prisoners</i> | 21 (17%) |
| | <i>Contacting family</i> | 78 (61%) | <i>Accessing phone numbers</i> | 56 (44%) |
| | <i>Ensuring dependants were being looked after</i> | 25 (20%) | <i>Other</i> | 6 (5%) |

| | | | | |
|------|--|----------|--|----------|
| Q3.2 | Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.) | | | |
| | <i>Didn't have any problems</i> | 27 (23%) | <i>Money worries</i> | 30 (25%) |
| | <i>Loss of property</i> | 10 (8%) | <i>Feeling depressed or suicidal</i> | 42 (36%) |
| | <i>Housing problems</i> | 43 (36%) | <i>Health problems</i> | 38 (32%) |
| | <i>Contacting employers</i> | 1 (1%) | <i>Needing protection from other prisoners</i> | 8 (7%) |
| | <i>Contacting family</i> | 33 (28%) | <i>Accessing phone numbers</i> | 33 (28%) |
| | <i>Ensuring dependants were looked after</i> | 5 (4%) | <i>Other</i> | 6 (5%) |

| | | | | |
|------|---|-----------|----------|----------------|
| Q3.3 | Please answer the following questions about reception: | Yes | No | Don't remember |
| | Were you seen by a member of health services? | 130 (95%) | 6 (4%) | 1 (1%) |
| | When you were searched, was this carried out in a respectful way? | 115 (86%) | 18 (13%) | 1 (1%) |

| | | | | | | |
|------|---|-------------|----------------|--------------|-------------------|-----------------------|
| Q3.4 | Overall, how well did you feel you were treated in reception? | | | | | |
| | <i>Very well</i> | <i>Well</i> | <i>Neither</i> | <i>Badly</i> | <i>Very badly</i> | <i>Don't remember</i> |
| | 46 (34%) | 57 (42%) | 24 (18%) | 9 (7%) | 1 (1%) | 0 (0%) |

| | | |
|------|---|----------|
| Q3.5 | On your day of arrival, were you offered information on the following? (Please tick all that apply to you.) | |
| | <i>Information about what was going to happen to you</i> | 71 (55%) |
| | <i>Information about what support was available for people feeling depressed or suicidal</i> | 71 (55%) |
| | <i>Information about how to make routine requests</i> | 57 (44%) |
| | <i>Information about your entitlement to visits</i> | 63 (48%) |
| | <i>Information about health services</i> | 79 (61%) |
| | <i>Information about the chaplaincy</i> | 64 (49%) |
| | <i>Not offered anything</i> | 31 (24%) |

| | | |
|------|---|-----------|
| Q3.6 | On your day of arrival, were you offered any of the following? (Please tick all that apply to you.) | |
| | <i>A smokers/non-smokers pack</i> | 122 (90%) |
| | <i>The opportunity to have a shower</i> | 86 (64%) |
| | <i>The opportunity to make a free telephone call</i> | 113 (84%) |
| | <i>Something to eat</i> | 110 (81%) |
| | <i>Did not receive anything</i> | 2 (1%) |

| | | |
|------|---|-----------|
| Q3.7 | Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply) | |
| | <i>Chaplain or religious leader</i> | 67 (51%) |
| | <i>Someone from health services</i> | 107 (81%) |
| | <i>A Listener/Samaritans</i> | 11 (8%) |
| | <i>Did not meet any of these people</i> | 11 (8%) |

| | | |
|------|--|---------|
| Q3.8 | Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison? | |
| | <i>Yes</i> | 12 (9%) |

| | | |
|-------|--|-----------|
| | No..... | 123 (91%) |
| Q3.9 | Did you feel safe on your first night here? | |
| | Yes..... | 105 (77%) |
| | No..... | 24 (18%) |
| | Don't remember..... | 7 (5%) |
| Q3.10 | How soon after your arrival did you go on an induction course? | |
| | Have not been on an induction course..... | 22 (16%) |
| | Within the first week..... | 55 (40%) |
| | More than a week..... | 53 (39%) |
| | Don't remember..... | 6 (4%) |
| Q3.11 | Did the induction course cover everything you needed to know about the prison? | |
| | Have not been on an induction course..... | 22 (17%) |
| | Yes..... | 63 (48%) |
| | No..... | 31 (24%) |
| | Don't remember..... | 15 (11%) |

Section 4: Legal rights and respectful custody

| | | | | | | | |
|------|---|------------------|-------------|----------------|-------------------|----------------------|-------------------|
| Q4.1 | How easy is to? | | | | | | |
| | | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficu.</i> | <i>N/A</i> |
| | Communicate with your solicitor or legal representative? | 16 (12%) | 47 (35%) | 21 (16%) | 22 (17%) | 11 (8%) | 16 (12%) |
| | Attend legal visits? | 21 (16%) | 52 (41%) | 13 (10%) | 11 (9%) | 9 (7%) | 22 (17%) |
| | Obtain bail information? | 3 (3%) | 22 (18%) | 21 (18%) | 17 (14%) | 9 (8%) | 48 (40%) |
| 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..... | | | | | | 19 (14%) |
| | Yes..... | | | | | | 57 (43%) |
| | No..... | | | | | | 56 (42%) |
| Q4.3 | Please answer the following questions about the wing/unit you are currently living on: | | | | | | |
| | | | <i>Yes</i> | <i>No</i> | <i>Don't know</i> | | <i>N/A</i> |
| | Are you normally offered enough clean, suitable clothes for the week? | | 75 (57%) | 35 (27%) | 4 (3%) | | 18 (14%) |
| | Are you normally able to have a shower every day? | | 133 (97%) | 4 (3%) | 0 (0%) | | 0 (0%) |
| | Do you normally receive clean sheets every week? | | 117 (87%) | 12 (9%) | 2 (1%) | | 4 (3%) |
| | Do you normally get cell cleaning materials every week? | | 109 (81%) | 21 (16%) | 3 (2%) | | 1 (1%) |
| | Is your cell call bell normally answered within five minutes? | | 66 (49%) | 41 (31%) | 17 (13%) | | 10 (7%) |
| | Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | | 87 (67%) | 39 (30%) | 1 (1%) | | 2 (2%) |
| | Can you normally get your stored property, if you need to? | | 30 (23%) | 69 (53%) | 20 (15%) | | 11 (8%) |
| Q4.4 | What is the food like here? | | | | | | |
| | | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | | <i>Very bad</i> |
| | | 2 (1%) | 39 (29%) | 34 (25%) | 34 (25%) | | 26 (19%) |
| Q4.5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | | | | | | |
| | Have not bought anything yet..... | | | | | | 4 (3%) |
| | Yes..... | | | | | | 61 (46%) |
| | No..... | | | | | | 67 (51%) |
| Q4.6 | Is it easy or difficult to get: | | | | | | |
| | | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficul</i> | <i>Don't know</i> |
| | A complaint form | 65 (49%) | 56 (42%) | 3 (2%) | 3 (2%) | 1 (1%) | 6 (4%) |
| | An application form | 62 (47%) | 56 (42%) | 5 (4%) | 5 (4%) | 3 (2%) | 2 (2%) |
| Q4.7 | Have you made an application? | | | | | | |
| | Yes..... | | | | | | 119 (89%) |
| | No..... | | | | | | 15 (11%) |

| | | | | | | |
|-------|---|------------------|-------------|---------------------|-------------------|-----------------------|
| Q4.8 | Please answer the following questions concerning applications. (If you have not made an application please tick the 'not made one' option.) | | | | | |
| | | | | <i>Not made one</i> | <i>Yes</i> | <i>No</i> |
| | Do you feel <i>applications</i> are dealt with fairly? | | | 15 (11%) | 77 (58%) | 41 (31%) |
| | Do you feel <i>applications</i> are dealt with promptly? (Within seven days) | | | 15 (12%) | 54 (42%) | 59 (46%) |
| Q4.9 | Have you made a complaint? | | | | | |
| | Yes..... | | | | | 70 (52%) |
| | No..... | | | | | 64 (48%) |
| Q4.10 | Please answer the following questions concerning complaints. (If you have not made a complaint please tick the 'not made one' option.) | | | | | |
| | | | | <i>Not made one</i> | <i>Yes</i> | <i>No</i> |
| | Do you feel <i>complaints</i> are dealt with fairly? | | | 64 (48%) | 22 (17%) | 46 (35%) |
| | Do you feel <i>complaints</i> are dealt with promptly? (Within seven days) | | | 64 (49%) | 36 (28%) | 30 (23%) |
| | Were you given information about how to make an appeal? | | | 45 (37%) | 29 (24%) | 47 (39%) |
| Q4.11 | Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? | | | | | |
| | <i>Not made a complaint</i> | | | | | 64 (48%) |
| | Yes..... | | | | | 19 (14%) |
| | No..... | | | | | 49 (37%) |
| Q4.12 | How easy or difficult is it for you to see the Independent Monitoring Board (IMB)? | | | | | |
| | <i>Don't know who they are</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
| | 41 (31%) | 13 (10%) | 32 (24%) | 21 (16%) | 16 (12%) | 9 (7%) |
| Q4.13 | What level of the IEP scheme are you on now? | | | | | |
| | <i>Don't know what the IEP scheme is</i> | | | | | 6 (4%) |
| | <i>Enhanced</i> | | | | | 40 (29%) |
| | <i>Standard</i> | | | | | 84 (61%) |
| | <i>Basic</i> | | | | | 3 (2%) |
| | <i>Don't know</i> | | | | | 4 (3%) |
| Q4.14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | | | | | |
| | <i>Don't know what the IEP scheme is</i> | | | | | 6 (5%) |
| | Yes | | | | | 70 (55%) |
| | No | | | | | 36 (28%) |
| | <i>Don't know</i> | | | | | 16 (13%) |
| Q4.15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | | | | | |
| | <i>Don't know what the IEP scheme is</i> | | | | | 6 (5%) |
| | Yes..... | | | | | 60 (48%) |
| | No..... | | | | | 45 (36%) |
| | <i>Don't know</i> | | | | | 15 (12%) |
| Q4.16 | Please answer the following questions about this prison? | | | | | |
| | | | | <i>Yes</i> | <i>No</i> | |
| | In the last six months have any members of staff physically restrained you (C&R)? | | | 11 (8%) | 125 (92%) | |
| | In the last six months have you spent a night in the segregation/care and separation unit? | | | 12 (9%) | 123 (91%) | |
| Q4.17 | Please answer the following questions about your religious beliefs? | | | | | |
| | | | | <i>Yes</i> | <i>No</i> | <i>Don't know/ N.</i> |
| | Do you feel your religious beliefs are respected? | | | 72 (55%) | 15 (11%) | 44 (34%) |
| | Are you able to speak to a religious leader of your faith in private if you want to? | | | 74 (58%) | 10 (8%) | 44 (34%) |
| Q4.18 | Can you speak to a Listener at any time if you want to? | | | | | |
| | <i>Yes</i> | | <i>No</i> | | <i>Don't know</i> | |
| | 87 (64%) | | 16 (12%) | | 32 (24%) | |

| | | | |
|-------|--|-----------|----------|
| 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? | 105 (79%) | 28 (21%) |
| | Do most staff treat you with respect? | 102 (79%) | 27 (21%) |

Section 5: Safety

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|------------------------------|--|---|--|------------------------------|--|---|--|--|--|-----------------------|---------------------------|-------------------------------|-----------------------------------|----------------------------|--|
| Q5.1 | Have you ever felt unsafe in this prison? Yes..... 61 (45%) No..... 74 (55%) | | | | | | | | | | | | | | | | | | | | |
| Q5.2 | Do you feel unsafe in this prison at the moment? Yes..... 21 (16%) No..... 109 (84%) | | | | | | | | | | | | | | | | | | | | |
| Q5.3 | In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.) | | | | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Never felt unsafe..... 74 (56%)</td> <td style="width: 50%;">At meal times..... 23 (18%)</td> </tr> <tr> <td>Everywhere..... 11 (8%)</td> <td>At health services..... 19 (15%)</td> </tr> <tr> <td>Segregation unit..... 0 (0%)</td> <td>Visit's area..... 6 (5%)</td> </tr> <tr> <td>Association areas..... 13 (10%)</td> <td>In wing showers..... 12 (9%)</td> </tr> <tr> <td>Reception area..... 0 (0%)</td> <td>In gym showers..... 2 (2%)</td> </tr> <tr> <td>At the gym..... 13 (10%)</td> <td>In corridors/stairwells..... 14 (11%)</td> </tr> <tr> <td>In an exercise yard..... 3 (2%)</td> <td>On your landing/wing..... 14 (11%)</td> </tr> <tr> <td>At work..... 13 (10%)</td> <td>In your cell..... 11 (8%)</td> </tr> <tr> <td>During Movement..... 24 (18%)</td> <td>At religious services..... 2 (2%)</td> </tr> <tr> <td>At education..... 14 (11%)</td> <td></td> </tr> </table> | Never felt unsafe..... 74 (56%) | At meal times..... 23 (18%) | Everywhere..... 11 (8%) | At health services..... 19 (15%) | Segregation unit..... 0 (0%) | Visit's area..... 6 (5%) | Association areas..... 13 (10%) | In wing showers..... 12 (9%) | Reception area..... 0 (0%) | In gym showers..... 2 (2%) | At the gym..... 13 (10%) | In corridors/stairwells..... 14 (11%) | In an exercise yard..... 3 (2%) | On your landing/wing..... 14 (11%) | At work..... 13 (10%) | In your cell..... 11 (8%) | During Movement..... 24 (18%) | At religious services..... 2 (2%) | At education..... 14 (11%) | |
| Never felt unsafe..... 74 (56%) | At meal times..... 23 (18%) | | | | | | | | | | | | | | | | | | | | |
| Everywhere..... 11 (8%) | At health services..... 19 (15%) | | | | | | | | | | | | | | | | | | | | |
| Segregation unit..... 0 (0%) | Visit's area..... 6 (5%) | | | | | | | | | | | | | | | | | | | | |
| Association areas..... 13 (10%) | In wing showers..... 12 (9%) | | | | | | | | | | | | | | | | | | | | |
| Reception area..... 0 (0%) | In gym showers..... 2 (2%) | | | | | | | | | | | | | | | | | | | | |
| At the gym..... 13 (10%) | In corridors/stairwells..... 14 (11%) | | | | | | | | | | | | | | | | | | | | |
| In an exercise yard..... 3 (2%) | On your landing/wing..... 14 (11%) | | | | | | | | | | | | | | | | | | | | |
| At work..... 13 (10%) | In your cell..... 11 (8%) | | | | | | | | | | | | | | | | | | | | |
| During Movement..... 24 (18%) | At religious services..... 2 (2%) | | | | | | | | | | | | | | | | | | | | |
| At education..... 14 (11%) | | | | | | | | | | | | | | | | | | | | | |
| Q5.4 | Have you been victimised by another prisoner or group of prisoners here? Yes..... 46 (34%) No..... 90 (66%) | | | | | | | | | | | | | | | | | | | | |
| Q5.5 | If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.) | | | | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Insulting remarks (about you or your family or friends)..... 29 (21%)</td> <td style="width: 50%;">Because of your sexuality..... 2 (1%)</td> </tr> <tr> <td>Physical abuse (being hit, kicked or assaulted)..... 14 (10%)</td> <td>Because you have a disability..... 4 (3%)</td> </tr> <tr> <td>Sexual abuse..... 2 (1%)</td> <td>Because of your religion/religious beliefs..... 3 (2%)</td> </tr> <tr> <td>Because of your race or ethnic origin..... 4 (3%)</td> <td>Because of your age..... 1 (1%)</td> </tr> <tr> <td>Because of drugs..... 9 (7%)</td> <td>Being from a different part of the country than others..... 5 (4%)</td> </tr> <tr> <td>Having your canteen/property taken..... 11 (8%)</td> <td>Because of your offence/crime..... 9 (7%)</td> </tr> <tr> <td>Because you were new here..... 10 (7%)</td> <td>Because of gang related issues..... 3 (2%)</td> </tr> </table> | Insulting remarks (about you or your family or friends)..... 29 (21%) | Because of your sexuality..... 2 (1%) | Physical abuse (being hit, kicked or assaulted)..... 14 (10%) | Because you have a disability..... 4 (3%) | Sexual abuse..... 2 (1%) | Because of your religion/religious beliefs..... 3 (2%) | Because of your race or ethnic origin..... 4 (3%) | Because of your age..... 1 (1%) | Because of drugs..... 9 (7%) | Being from a different part of the country than others..... 5 (4%) | Having your canteen/property taken..... 11 (8%) | Because of your offence/crime..... 9 (7%) | Because you were new here..... 10 (7%) | Because of gang related issues..... 3 (2%) | | | | | | |
| Insulting remarks (about you or your family or friends)..... 29 (21%) | Because of your sexuality..... 2 (1%) | | | | | | | | | | | | | | | | | | | | |
| Physical abuse (being hit, kicked or assaulted)..... 14 (10%) | Because you have a disability..... 4 (3%) | | | | | | | | | | | | | | | | | | | | |
| Sexual abuse..... 2 (1%) | Because of your religion/religious beliefs..... 3 (2%) | | | | | | | | | | | | | | | | | | | | |
| Because of your race or ethnic origin..... 4 (3%) | Because of your age..... 1 (1%) | | | | | | | | | | | | | | | | | | | | |
| Because of drugs..... 9 (7%) | Being from a different part of the country than others..... 5 (4%) | | | | | | | | | | | | | | | | | | | | |
| Having your canteen/property taken..... 11 (8%) | Because of your offence/crime..... 9 (7%) | | | | | | | | | | | | | | | | | | | | |
| Because you were new here..... 10 (7%) | Because of gang related issues..... 3 (2%) | | | | | | | | | | | | | | | | | | | | |
| Q5.6 | Have you been victimised by a member of staff or group of staff here? Yes..... 34 (26%) No..... 98 (74%) | | | | | | | | | | | | | | | | | | | | |
| Q5.7 | If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.) | | | | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Insulting remarks (about you or your family or friends)..... 20 (15%)</td> <td style="width: 50%;">Because you have a disability..... 1 (1%)</td> </tr> <tr> <td>Physical abuse (being hit, kicked or assaulted)..... 0</td> <td>Because of your religion/religious beliefs..... 1 (1%)</td> </tr> <tr> <td>Sexual abuse..... 0</td> <td>Because of your age..... 5 (4%)</td> </tr> <tr> <td>Because of your race or ethnic origin..... 2 (2%)</td> <td>Being from a different part of the country than others..... 2 (2%)</td> </tr> <tr> <td>Because of drugs..... 6 (5%)</td> <td>Because of your offence/ crime..... 6 (5%)</td> </tr> <tr> <td>Because you were new here..... 9 (7%)</td> <td>Because of gang related issues..... 1 (1%)</td> </tr> <tr> <td>Because of your sexuality..... 5 (4%)</td> <td></td> </tr> </table> | Insulting remarks (about you or your family or friends)..... 20 (15%) | Because you have a disability..... 1 (1%) | Physical abuse (being hit, kicked or assaulted)..... 0 | Because of your religion/religious beliefs..... 1 (1%) | Sexual abuse..... 0 | Because of your age..... 5 (4%) | Because of your race or ethnic origin..... 2 (2%) | Being from a different part of the country than others..... 2 (2%) | Because of drugs..... 6 (5%) | Because of your offence/ crime..... 6 (5%) | Because you were new here..... 9 (7%) | Because of gang related issues..... 1 (1%) | Because of your sexuality..... 5 (4%) | | | | | | | |
| Insulting remarks (about you or your family or friends)..... 20 (15%) | Because you have a disability..... 1 (1%) | | | | | | | | | | | | | | | | | | | | |
| Physical abuse (being hit, kicked or assaulted)..... 0 | Because of your religion/religious beliefs..... 1 (1%) | | | | | | | | | | | | | | | | | | | | |
| Sexual abuse..... 0 | Because of your age..... 5 (4%) | | | | | | | | | | | | | | | | | | | | |
| Because of your race or ethnic origin..... 2 (2%) | Being from a different part of the country than others..... 2 (2%) | | | | | | | | | | | | | | | | | | | | |
| Because of drugs..... 6 (5%) | Because of your offence/ crime..... 6 (5%) | | | | | | | | | | | | | | | | | | | | |
| Because you were new here..... 9 (7%) | Because of gang related issues..... 1 (1%) | | | | | | | | | | | | | | | | | | | | |
| Because of your sexuality..... 5 (4%) | | | | | | | | | | | | | | | | | | | | | |
| Q5.8 | If you have been victimised by prisoners or staff, did you report it? Not been victimised..... 74 (62%) | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|-------|--|-------------------------|----------------------------|----------------------------|----------------------------------|-------------------------------|
| | Yes..... | 24 (20%) | | | | |
| | No..... | 22 (18%) | | | | |
| Q5.9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | | | | | |
| | Yes..... | 48 (36%) | | | | |
| | No..... | 85 (64%) | | | | |
| Q5.10 | Have you ever felt threatened or intimidated by a member of staff/group of staff in here? | | | | | |
| | Yes..... | 33 (26%) | | | | |
| | No..... | 96 (74%) | | | | |
| Q5.11 | Is it easy or difficult to get illegal drugs in this prison? | | | | | |
| | <i>Very easy</i> 22 (17%) | <i>Easy</i> 23 (17%) | <i>Neither</i> 16 (12%) | <i>Difficult</i> 2 (2%) | <i>Very difficult</i> 11 (8%) | <i>Don't know</i> 59 (44%) |

Section 6: Health services

| | | | | | | | |
|------|---|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| Q6.1 | How easy or difficult is it to see the following people: | | | | | | |
| | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
| | The doctor | 6 (4%) | 14 (10%) | 58 (43%) | 15 (11%) | 37 (27%) | 5 (4%) |
| | The nurse | 7 (5%) | 12 (9%) | 70 (52%) | 17 (13%) | 22 (16%) | 6 (4%) |
| | The dentist | 22 (17%) | 6 (5%) | 26 (20%) | 9 (7%) | 53 (40%) | 15 (11%) |
| | The optician | 34 (27%) | 5 (4%) | 17 (13%) | 11 (9%) | 39 (31%) | 21 (17%) |
| Q6.2 | Are you able to see a pharmacist? | | | | | | |
| | Yes..... | 53 (49%) | | | | | |
| | No..... | 55 (51%) | | | | | |
| Q6.3 | What do you think of the quality of the health service from the following people? | | | | | | |
| | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| | The doctor | 11 (8%) | 23 (17%) | 54 (41%) | 23 (17%) | 14 (11%) | 8 (6%) |
| | The nurse | 11 (8%) | 22 (17%) | 58 (44%) | 21 (16%) | 13 (10%) | 7 (5%) |
| | The dentist | 36 (27%) | 16 (12%) | 37 (28%) | 20 (15%) | 13 (10%) | 9 (7%) |
| | The optician | 53 (41%) | 7 (5%) | 23 (18%) | 21 (16%) | 14 (11%) | 10 (8%) |
| Q6.4 | What do you think of the overall quality of the health services here? | | | | | | |
| | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| | | 9 (7%) | 15 (11%) | 50 (38%) | 22 (17%) | 22 (17%) | 14 (11%) |
| Q6.5 | Are you currently taking medication? | | | | | | |
| | Yes..... | 104 (77%) | | | | | |
| | No..... | 31 (23%) | | | | | |
| Q6.6 | If you are taking medication, are you allowed to keep possession of your medication in your own cell? | | | | | | |
| | <i>Not taking medication</i> | 31 (23%) | | | | | |
| | Yes..... | 41 (31%) | | | | | |
| | No..... | 62 (46%) | | | | | |
| Q6.7 | Do you feel you have any emotional wellbeing/mental health issues? | | | | | | |
| | Yes..... | 83 (62%) | | | | | |
| | No..... | 51 (38%) | | | | | |
| Q6.8 | Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply) | | | | | | |
| | <i>Do not have any issues/not receiving any help</i> | 61 (47%) | | | | | |
| | <i>Doctor</i> | 36 (28%) | | | | | |
| | <i>Nurse</i> | 16 (12%) | | | | | |
| | <i>Psychiatrist</i> | 41 (32%) | | | | | |
| | <i>Mental health in-reach team</i> | 42 (32%) | | | | | |
| | <i>Counsellor</i> | 17 (13%) | | | | | |
| | <i>Other</i> | 8 (6%) | | | | | |

| | | | | | |
|-------|---|--|----------|-----------|------------|
| Q6.9 | Did you have a problem with either of the following when you came into this prison? | | | | |
| | | | Yes | No | |
| | Drugs | | 65 (54%) | 56 (46%) | |
| | Alcohol | | 48 (42%) | 67 (58%) | |
| Q6.10 | Have you developed a problem with drugs since you have been in this prison? | | | | |
| | Yes..... | | | 23 (17%) | |
| | No..... | | | 111 (83%) | |
| Q6.11 | Do you know who to contact in this prison to get help with your drug or alcohol problem? | | | | |
| | Yes..... | | | 74 (56%) | |
| | No..... | | | 16 (12%) | |
| | <i>Did not / do not have a drug or alcohol problem</i> | | | 43 (32%) | |
| Q6.12 | Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison? | | | | |
| | Yes..... | | | 75 (56%) | |
| | No..... | | | 15 (11%) | |
| | <i>Did not/do not have a drug or alcohol problem</i> | | | 43 (32%) | |
| Q6.13 | Was the intervention or help you received, while in this prison, helpful? | | | | |
| | Yes..... | | | 57 (44%) | |
| | No..... | | | 16 (12%) | |
| | <i>Did not have a problem/have not received help</i> | | | 58 (44%) | |
| 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 | | 21 (17%) | 76 (60%) | 30 (24%) |
| | Alcohol | | 12 (10%) | 82 (69%) | 25 (21%) |
| Q6.15 | Do you know who in this prison can help you contact external drug or alcohol agencies on release? | | | | |
| | Yes..... | | | 40 (31%) | |
| | No..... | | | 21 (16%) | |
| | N/A..... | | | 67 (52%) | |

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..... | | | 82 (62%) | |
| | Vocational or skills training..... | | | 20 (15%) | |
| | Education (including basic skills)..... | | | 67 (51%) | |
| | Offending behaviour programmes..... | | | 31 (23%) | |
| | <i>Not involved in any of these</i> | | | 16 (12%) | |
| 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? | | | | |
| | | <i>Not been involv</i> | Yes | No | Don't know |
| | Prison job | 13 (12%) | 61 (57%) | 22 (21%) | 11 (10%) |
| | Vocational or skills training | 17 (23%) | 36 (49%) | 11 (15%) | 10 (14%) |
| | Education (including basic skills) | 10 (9%) | 75 (69%) | 13 (12%) | 10 (9%) |
| | Offending behaviour programmes | 18 (21%) | 50 (57%) | 9 (10%) | 10 (11%) |
| Q7.3 | How often do you go to the library? | | | | |
| | <i>Don't want to go</i> | | | 16 (13%) | |
| | <i>Never</i> | | | 25 (20%) | |
| | <i>Less than once a week</i> | | | 40 (32%) | |
| | <i>About once a week</i> | | | 24 (19%) | |
| | <i>More than once a week</i> | | | 15 (12%) | |
| | <i>Don't know</i> | | | 6 (5%) | |

| | | | | | | | |
|------|--|----------|----------|----------|-------------|-------------|------------|
| Q7.4 | On average how many times do you go to the gym each week? | | | | | | |
| | <i>Don't want to go</i> | 0 | 1 | 2 | 3 to 5 | More than 5 | Don't know |
| | | 42 (33%) | 38 (29%) | 8 (6%) | 4 (3%) | 20 (16%) | 14 (11%) |
| | | | | | | | 3 (2%) |
| Q7.5 | On average how many times do you go outside for exercise each week? | | | | | | |
| | <i>Don't want to go</i> | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know | |
| | | 19 (15%) | 54 (42%) | 29 (22%) | 12 (9%) | 7 (5%) | 9 (7%) |
| Q7.6 | On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc) | | | | | | |
| | <i>Less than 2 hours</i> | | | | | | 10 (8%) |
| | <i>2 to less than 4 hours</i> | | | | | | 23 (18%) |
| | <i>4 to less than 6 hours</i> | | | | | | 21 (16%) |
| | <i>6 to less than 8 hours</i> | | | | | | 22 (17%) |
| | <i>8 to less than 10 hours</i> | | | | | | 21 (16%) |
| | <i>10 hours or more</i> | | | | | | 20 (15%) |
| | <i>Don't know</i> | | | | | | 13 (10%) |
| Q7.7 | On average, how many times do you have association each week? | | | | | | |
| | <i>Don't want to go</i> | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know | |
| | | 3 (2%) | 6 (5%) | 12 (9%) | 7 (5%) | 88 (68%) | 14 (11%) |
| Q7.8 | How often do staff normally speak to you during association time? | | | | | | |
| | <i>Do not go on association</i> | | | | | | 3 (2%) |
| | <i>Never</i> | | | | | | 18 (14%) |
| | <i>Rarely</i> | | | | | | 37 (28%) |
| | <i>Some of the time</i> | | | | | | 35 (27%) |
| | <i>Most of the time</i> | | | | | | 24 (18%) |
| | <i>All of the time</i> | | | | | | 14 (11%) |

Section 8: Resettlement

| | | | | | | | |
|------|---|---------------------|----------------|----------------|-------------------------|---------------------------|----------|
| Q8.1 | When did you first meet your personal officer? | | | | | | |
| | <i>Still have not met him/her</i> | | | | | | 14 (11%) |
| | <i>In the first week</i> | | | | | | 62 (48%) |
| | <i>More than a week</i> | | | | | | 33 (25%) |
| | <i>Don't remember</i> | | | | | | 21 (16%) |
| Q8.2 | How helpful do you think your personal officer is? | | | | | | |
| | <i>Do not have a persc</i> | <i>Very helpful</i> | <i>Helpful</i> | <i>Neither</i> | <i>Not very helpful</i> | <i>Not at all helpful</i> | |
| | <i>officer/still have n</i> | | | | | | |
| | <i>met him/her</i> | | | | | | |
| | | 14 (11%) | 33 (25%) | 49 (37%) | 14 (11%) | 17 (13%) | 5 (4%) |
| Q8.3 | Do you have a sentence plan/OASys? | | | | | | |
| | <i>Not sentenced</i> | | | | | | 21 (16%) |
| | <i>Yes</i> | | | | | | 83 (61%) |
| | <i>No</i> | | | | | | 31 (23%) |
| Q8.4 | How involved were you in the development of your sentence plan? | | | | | | |
| | <i>Do not have a sentence plan/OASys</i> | | | | | | 52 (39%) |
| | <i>Very involved</i> | | | | | | 32 (24%) |
| | <i>Involved</i> | | | | | | 21 (16%) |
| | <i>Neither</i> | | | | | | 6 (4%) |
| | <i>Not very involved</i> | | | | | | 17 (13%) |
| | <i>Not at all involved</i> | | | | | | 6 (4%) |
| Q8.5 | Can you achieve all or some of your sentence plan targets in this prison? | | | | | | |
| | <i>Do not have a sentence plan/OASys</i> | | | | | | 52 (40%) |
| | <i>Yes</i> | | | | | | 73 (56%) |
| | <i>No</i> | | | | | | 6 (5%) |

| | | | | | |
|-------|---|----------|---------------|---|------------------|
| Q8.6 | Are there plans for you to achieve all/some of your sentence plan targets in another prison? | | | | |
| | <i>Do not have a sentence plan/OASys</i> | 52 | (41%) | | |
| | <i>Yes</i> | 31 | (24%) | | |
| | <i>No</i> | 44 | (35%) | | |
| Q8.7 | Do you feel that any member of staff has helped you to address your offending behaviour while at this prison? | | | | |
| | <i>Not sentenced</i> | 21 | (17%) | | |
| | <i>Yes</i> | 46 | (37%) | | |
| | <i>No</i> | 58 | (46%) | | |
| Q8.8 | Do you feel that any member of staff has helped you to prepare for your release? | | | | |
| | <i>Yes</i> | 34 | (28%) | | |
| | <i>No</i> | 89 | (72%) | | |
| Q8.9 | Have you had any problems with sending or receiving mail? | | | | |
| | <i>Yes</i> | 48 | (38%) | | |
| | <i>No</i> | 73 | (57%) | | |
| | <i>Don't know</i> | 7 | (5%) | | |
| Q8.10 | Have you had any problems getting access to the telephones? | | | | |
| | <i>Yes</i> | 19 | (15%) | | |
| | <i>No</i> | 105 | (83%) | | |
| | <i>Don't know</i> | 2 | (2%) | | |
| Q8.11 | Did you have a visit in the first week that you were here? | | | | |
| | <i>Not been here a week yet</i> | 5 | (4%) | | |
| | <i>Yes</i> | 38 | (30%) | | |
| | <i>No</i> | 79 | (62%) | | |
| | <i>Don't remember</i> | 6 | (5%) | | |
| Q8.12 | How many visits did you receive in the last week? | | | | |
| | <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
| | 5 (4%) | 86 (69%) | 31 (25%) | 1 (1%) | 1 (1%) |
| Q8.13 | How are you and your family/friends usually treated by visits staff? | | | | |
| | <i>Not had any visits</i> | 38 | (30%) | | |
| | <i>Very well</i> | 22 | (18%) | | |
| | <i>Well</i> | 37 | (30%) | | |
| | <i>Neither</i> | 10 | (8%) | | |
| | <i>Badly</i> | 2 | (2%) | | |
| | <i>Very badly</i> | 2 | (2%) | | |
| | <i>Don't know</i> | 14 | (11%) | | |
| Q8.14 | Have you been helped to maintain contact with your family/friends whilst in this prison? | | | | |
| | <i>Yes</i> | 62 | (51%) | | |
| | <i>No</i> | 60 | (49%) | | |
| Q8.15 | Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.) | | | | |
| | <i>Don't know who to contact</i> | 41 | (35%) | <i>Help with your finances in preparation for release</i> | 21 (18%) |
| | <i>Maintaining good relationships</i> | 26 | (22%) | <i>Claiming benefits on release</i> | 51 (44%) |
| | <i>Avoiding bad relationships</i> | 20 | (17%) | <i>Arranging a place at college/continuing education on release</i> | 36 (31%) |
| | <i>Finding a job on release</i> | 41 | (35%) | <i>Continuity of health services on release</i> | 31 (27%) |
| | <i>Finding accommodation on release</i> | 46 | (40%) | <i>Opening a bank account</i> | 11 (9%) |
| 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.) | | | | |
| | <i>No problems</i> | 31 | (25%) | <i>Help with your finances in preparation for release</i> | 38 (31%) |

| | | | |
|---|----------|---|----------|
| <i>Maintaining good relationships</i> | 22 (18%) | <i>Claiming benefits on release</i> | 43 (35%) |
| <i>Avoiding bad relationships</i> | 29 (23%) | <i>Arranging a place at college/continuing education on release</i> | 28 (23%) |
| <i>Finding a job on release</i> | 62 (50%) | <i>Continuity of health services on release</i> | 31 (25%) |
| <i>Finding accommodation on release</i> | 61 (49%) | <i>Opening a bank account</i> | 43 (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?

| | |
|----------------------------|----------|
| <i>Not sentenced</i> | 21 (16%) |
| <i>Yes</i> | 62 (48%) |
| <i>No</i> | 45 (35%) |

Main comparator and comparator to last time



Prisoner survey responses HMP Low Newton 2011

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

Key to tables

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| Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | | | | |
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| Number of completed questionnaires returned | | 138 | 1419 | 138 | 955 | 138 | 67 |
| SECTION 1: General information | | | | | | | |
| 2 | Are you under 21 years of age? | 12% | 10% | 12% | 12% | 12% | 15% |
| 3a | Are you sentenced? | 85% | 79% | 85% | 71% | 85% | 82% |
| 3b | Are you on recall? | 13% | 6% | 13% | 6% | 13% | 0% |
| 4a | Is your sentence less than 12 months? | 14% | 22% | 14% | 28% | 14% | 23% |
| 4b | Are you here under an indeterminate sentence for public protection (IPP prisoner)? | 7% | 3% | 7% | 3% | 7% | 0% |
| 5 | Do you have six months or less to serve? | 40% | 44% | 40% | 43% | 40% | 33% |
| 6 | Have you been in this prison less than a month? | 20% | 19% | 20% | 23% | 20% | 18% |
| 7 | Are you a foreign national? | 3% | 16% | 3% | 15% | 3% | 5% |
| 8 | Is English your first language? | 98% | 87% | 98% | 89% | 98% | 99% |
| 9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 5% | 28% | 5% | 25% | 5% | 3% |
| 10 | Do you consider yourself to be Gypsy/Romany/Traveller? | 4% | 6% | 4% | 6% | 4% | |
| 11 | Are you Muslim? | 3% | 6% | 3% | 6% | 3% | |
| 12 | Are you homosexual/gay or bisexual? | 41% | 24% | 41% | 26% | 41% | |
| 13 | Do you consider yourself to have a disability? | 20% | 17% | 20% | 18% | 20% | |
| 14 | Is this your first time in prison? | 34% | 53% | 34% | 47% | 34% | 49% |
| 15 | Have you been in more than five prisons this time? | 5% | 3% | 5% | 3% | 5% | |
| 16 | Do you have any children under the age of 18? | 49% | 53% | 49% | 52% | 49% | 51% |
| 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? | 56% | 47% | 56% | 47% | 56% | 59% |
| 1b | Was your personal safety during the journey good/very good? | 73% | 57% | 73% | 59% | 73% | 67% |
| 1c | Was the comfort of the van good/very good? | 22% | 15% | 22% | 15% | 22% | 17% |
| 1d | Was the attention paid to your health needs good/very good? | 41% | 33% | 41% | 35% | 41% | 38% |
| 1e | Was the frequency of toilet breaks good/very good? | 14% | 13% | 14% | 14% | 14% | 11% |
| 2 | Did you spend more than four hours in the van? | 6% | 5% | 6% | 4% | 6% | 4% |
| 3 | Were you treated well/very well by the escort staff? | 78% | 72% | 78% | 73% | 78% | 87% |
| 4a | Did you know where you were going when you left court or when transferred from another prison? | 84% | 81% | 84% | 79% | 84% | 88% |
| 4b | Before you arrived here did you receive any written information about what would happen to you? | 14% | 16% | 14% | 15% | 14% | 12% |
| 4c | When you first arrived here did your property arrive at the same time as you? | 87% | 83% | 87% | 80% | 87% | 86% |

Main comparator and comparator to last time

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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? | 17% | 13% | 17% | 13% | 17% | |
| 1c | Housing problems? | 33% | 35% | 33% | 36% | 33% | |
| 1d | Problems contacting employers? | 13% | 13% | 13% | 13% | 13% | |
| 1e | Problems contacting family? | 61% | 63% | 61% | 65% | 61% | |
| 1f | Problems ensuring dependants were looked after? | 20% | 28% | 20% | 29% | 20% | |
| 1g | Money problems? | 21% | 18% | 21% | 18% | 21% | |
| 1h | Problems of feeling depressed/suicidal? | 59% | 59% | 59% | 60% | 59% | |
| 1i | Health problems? | 69% | 62% | 69% | 64% | 69% | |
| 1j | Problems in needing protection from other prisoners? | 17% | 14% | 17% | 14% | 17% | |
| 1k | Problems accessing phone numbers? | 44% | 45% | 44% | 47% | 44% | |
| 2 | When you first arrived: | | | | | | |
| 2a | Did you have any problems? | 77% | 75% | 77% | 79% | 77% | 71% |
| 2b | Did you have any problems with loss of property? | 9% | 13% | 9% | 13% | 9% | 1% |
| 2c | Did you have any housing problems? | 37% | 26% | 37% | 28% | 37% | 24% |
| 2d | Did you have any problems contacting employers? | 1% | 5% | 1% | 6% | 1% | 4% |
| 2e | Did you have any problems contacting family? | 28% | 31% | 28% | 34% | 28% | 11% |
| 2f | Did you have any problems ensuring dependants were being looked after? | 4% | 9% | 4% | 10% | 4% | 4% |
| 2g | Did you have any money worries? | 26% | 24% | 26% | 25% | 26% | 17% |
| 2h | Did you have any problems with feeling depressed or suicidal? | 36% | 33% | 36% | 37% | 36% | 26% |
| 2i | Did you have any health problems? | 32% | 34% | 32% | 40% | 32% | 21% |
| 2j | Did you have any problems with needing protection from other prisoners? | 7% | 6% | 7% | 7% | 7% | 6% |
| 2k | Did you have problems accessing phone numbers? | 28% | 27% | 28% | 28% | 28% | |
| 3a | Were you seen by a member of health services in reception? | 95% | 88% | 95% | 88% | 95% | 96% |
| 3b | When you were searched in reception, was this carried out in a respectful way? | 86% | 85% | 86% | 86% | 86% | 84% |
| 4 | Were you treated well/very well in reception? | 75% | 70% | 75% | 66% | 75% | 91% |
| 5 | On your day of arrival, were you offered information about any of the following: | | | | | | |
| 5a | What was going to happen to you? | 55% | 52% | 55% | 53% | 55% | 66% |
| 5b | Support was available for people feeling depressed or suicidal? | 55% | 53% | 55% | 57% | 55% | 66% |
| 5c | How to make routine requests? | 44% | 40% | 44% | 40% | 44% | 42% |
| 5d | Your entitlement to visits? | 48% | 44% | 48% | 45% | 48% | 55% |
| 5e | Health services? | 61% | 50% | 61% | 50% | 61% | |
| 5f | The chaplaincy? | 49% | 47% | 49% | 47% | 49% | |

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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? | 91% | 83% | 91% | 85% | 91% | 96% |
| 6b The opportunity to have a shower? | 64% | 48% | 64% | 46% | 64% | 57% |
| 6c The opportunity to make a free telephone call? | 84% | 76% | 84% | 83% | 84% | 82% |
| 6d Something to eat? | 81% | 80% | 81% | 83% | 81% | 85% |
| 7 Within the first 24 hours did you meet any of the following people: | | | | | | |
| 7a The chaplain or a religious leader? | 51% | 49% | 51% | 49% | 51% | 71% |
| 7b Someone from health services? | 81% | 80% | 81% | 80% | 81% | 83% |
| 7c A Listener/Samaritans? | 8% | 28% | 8% | 27% | 8% | 42% |
| 8 Did you have access to the prison shop/canteen within the first 24 hours? | 9% | 17% | 9% | 15% | 9% | 11% |
| 9 Did you feel safe on your first night here? | 77% | 71% | 77% | 66% | 77% | 77% |
| 10 Have you been on an induction course? | 84% | 87% | 84% | 85% | 84% | 84% |
| For those who have been on an induction course: | | | | | | |
| 11 Did the course cover everything you needed to know about the prison? | 58% | 60% | 58% | 58% | 58% | 73% |
| 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? | 47% | 44% | 47% | 42% | 47% | |
| 1b Attend legal visits? | 57% | 56% | 57% | 59% | 57% | |
| 1c Obtain bail information? | 21% | 24% | 21% | 27% | 21% | |
| 2 Have staff ever opened letters from your solicitor or legal representative when you were not with them? | 43% | 36% | 43% | 37% | 43% | 45% |
| 3 For the wing/unit you are currently on: | | | | | | |
| 3a Are you normally offered enough clean, suitable clothes for the week? | 57% | 53% | 57% | 40% | 57% | 73% |
| 3b Are you normally able to have a shower every day? | 97% | 89% | 97% | 86% | 97% | 99% |
| 3c Do you normally receive clean sheets every week? | 87% | 79% | 87% | 84% | 87% | 86% |
| 3d Do you normally get cell cleaning materials every week? | 81% | 74% | 81% | 77% | 81% | 96% |
| 3e Is your cell call bell normally answered within five minutes? | 49% | 42% | 49% | 45% | 49% | 71% |
| 3f Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 68% | 62% | 68% | 60% | 68% | 74% |
| 3g Can you normally get your stored property, if you need to? | 23% | 32% | 23% | 28% | 23% | 31% |
| 4 Is the food in this prison good/very good? | 30% | 32% | 30% | 26% | 30% | 21% |
| 5 Does the shop/canteen sell a wide enough range of goods to meet your needs? | 46% | 45% | 46% | 47% | 46% | 49% |
| 6a Is it easy/very easy to get a complaints form? | 90% | 83% | 90% | 80% | 90% | 91% |
| 6b Is it easy/very easy to get an application form? | 89% | 87% | 89% | 85% | 89% | 92% |
| 7 Have you made an application? | 89% | 86% | 89% | 86% | 89% | 92% |

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| Percentages which are not highlighted show there is no significant difference | | | | | | | |
| SECTION 4: Legal rights and respectful custody continued | | | | | | | |
| For those who have made an application: | | | | | | | |
| 8a | Do you feel applications are dealt with fairly? | 65% | 65% | 65% | 62% | 65% | 68% |
| 8b | Do you feel applications are dealt with promptly (within seven days)? | 48% | 52% | 48% | 48% | 48% | 44% |
| 9 | Have you made a complaint? | 52% | 47% | 52% | 44% | 52% | 52% |
| For those who have made a complaint: | | | | | | | |
| 10a | Do you feel complaints are dealt with fairly? | 32% | 42% | 32% | 41% | 32% | 57% |
| 10b | Do you feel complaints are dealt with promptly (within seven days)? | 54% | 48% | 54% | 47% | 54% | 60% |
| 11 | Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? | 28% | 26% | 28% | 26% | 28% | 18% |
| 10c | Were you given information about how to make an appeal? | 24% | 23% | 24% | 21% | 24% | 45% |
| 12 | Is it easy/very easy to see the Independent Monitoring Board? | 34% | 37% | 34% | 31% | 34% | 34% |
| 13 | Are you on the enhanced (top) level of the IEP scheme? | 29% | 41% | 29% | 29% | 29% | 39% |
| 14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 55% | 53% | 55% | 51% | 55% | 60% |
| 15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 48% | 46% | 48% | 46% | 48% | |
| 16a | In the last six months have any members of staff physically restrained you (C&R)? | 8% | 4% | 8% | 5% | 8% | 3% |
| 16b | In the last six months have you spent a night in the segregation/care and separation unit? | 9% | 7% | 9% | 7% | 9% | 5% |
| 13a | Do you feel your religious beliefs are respected? | 55% | 59% | 55% | 48% | 55% | 60% |
| 13b | Are you able to speak to a religious leader of your faith in private if you want to? | 58% | 61% | 58% | 60% | 58% | 66% |
| 14 | Are you able to speak to a Listener at any time if you want to? | 64% | 65% | 64% | 63% | 64% | 80% |
| 15a | Is there a member of staff, in this prison, that you can turn to for help if you have a problem? | 79% | 81% | 79% | 79% | 79% | 87% |
| 15b | Do most staff, in this prison, treat you with respect? | 79% | 74% | 79% | 73% | 79% | 80% |
| SECTION 5: Safety | | | | | | | |
| 1 | Have you ever felt unsafe in this prison? | 45% | 40% | 45% | 44% | 45% | 29% |
| 2 | Do you feel unsafe in this prison at the moment? | 16% | 14% | 16% | 16% | 16% | |
| 4 | Have you been victimised by another prisoner? | 34% | 27% | 34% | 29% | 34% | 30% |
| 5 | Since you have been here, has another prisoner: | | | | | | |
| 5a | Made insulting remarks about you, your family or friends? | 21% | 16% | 21% | 16% | 21% | 23% |
| 5b | Hit, kicked or assaulted you? | 10% | 6% | 10% | 6% | 10% | 7% |
| 5c | Sexually abused you? | 2% | 1% | 2% | 1% | 2% | 0% |
| 5d | Victimised you because of your race or ethnic origin? | 3% | 4% | 3% | 4% | 3% | 1% |
| 5e | Victimised you because of drugs? | 7% | 4% | 7% | 5% | 7% | 4% |
| 5f | Taken your canteen/property? | 8% | 5% | 8% | 7% | 8% | 7% |
| 5g | Victimised you because you were new here? | 8% | 8% | 8% | 9% | 8% | 9% |
| 5h | Victimised you because of your sexuality? | 2% | 2% | 2% | 2% | 2% | |
| 5i | Victimised you because you have a disability? | 3% | 3% | 3% | 3% | 3% | |
| 5j | Victimised you because of your religion/religious beliefs? | 2% | 2% | 2% | 3% | 2% | |
| 5k | Victimised you because of your age? | 1% | 3% | 1% | 3% | 1% | |
| 5l | Victimised you because you were from a different part of the country? | 4% | 3% | 4% | 3% | 4% | 4% |
| 5m | Victimised you because of your offence/crime? | 7% | 6% | 7% | 5% | 7% | |
| 5n | Victimised you because of gang related issues? | 2% | 3% | 2% | 3% | 2% | |

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| SECTION 5: Safety continued | | | | | | | |
| 6 | Have you been victimised by a member of staff? | 26% | 19% | 26% | 20% | 26% | 21% |
| 7 | Since you have been here, has a member of staff: | | | | | | |
| 7a | Made insulting remarks about you, your family or friends? | 15% | 8% | 15% | 8% | 15% | 13% |
| 7b | Hit, kicked or assaulted you? | 0% | 2% | 0% | 2% | 0% | 3% |
| 7c | Sexually abused you? | 0% | 1% | 0% | 1% | 0% | 0% |
| 7d | Victimised you because of your race or ethnic origin? | 2% | 2% | 2% | 3% | 2% | 0% |
| 7e | Victimised you because of drugs? | 5% | 3% | 5% | 3% | 5% | 5% |
| 7f | Victimised you because you were new here? | 7% | 3% | 7% | 4% | 7% | 3% |
| 7g | Victimised you because of your sexuality? | 4% | 3% | 4% | 3% | 4% | |
| 7h | Victimised you because you have a disability? | 1% | 2% | 1% | 2% | 1% | |
| 7i | Victimised you because of your religion/religious beliefs? | 1% | 2% | 1% | 2% | 1% | |
| 7j | Victimised you because of your age? | 4% | 2% | 4% | 2% | 4% | |
| 7k | Victimised you because you were from a different part of the country? | 2% | 2% | 2% | 2% | 2% | 1% |
| 7l | Victimised you because of your offence/crime? | 5% | 4% | 5% | 4% | 5% | |
| 7m | Victimised you because of gang related issues? | 1% | 1% | 1% | 1% | 1% | |
| For those who have been victimised by staff or other prisoners: | | | | | | | |
| 8 | Did you report any victimisation that you have experienced? | 52% | 50% | 52% | 48% | 52% | 39% |
| 9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 36% | 31% | 36% | 32% | 36% | 38% |
| 10 | Have you ever felt threatened or intimidated by a member of staff in here? | 26% | 21% | 26% | 22% | 26% | 17% |
| 11 | Is it easy/very easy to get illegal drugs in this prison? | 34% | 26% | 34% | 25% | 34% | 33% |
| SECTION 6: Health services | | | | | | | |
| 1a | Is it easy/very easy to see the doctor? | 53% | 27% | 53% | 27% | 53% | |
| 1b | Is it easy/very easy to see the nurse? | 61% | 56% | 61% | 56% | 61% | |
| 1c | Is it easy/very easy to see the dentist? | 24% | 13% | 24% | 12% | 24% | |
| 1d | Is it easy/very easy to see the optician? | 17% | 11% | 17% | 10% | 17% | |
| 2 | Are you able to see a pharmacist? | 49% | 37% | 49% | 40% | 49% | |
| 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? | 63% | 51% | 63% | 48% | 63% | 63% |
| 3b | The nurse? | 66% | 62% | 66% | 62% | 66% | 70% |
| 3c | The dentist? | 56% | 41% | 56% | 39% | 56% | 57% |
| 3d | The optician? | 40% | 38% | 40% | 35% | 40% | 48% |
| 4 | The overall quality of health services? | 53% | 43% | 53% | 42% | 53% | 49% |

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| | Percentages which are not highlighted show there is no significant difference | | | | | | |
| Health services continued | | | | | | | |
| 5 | Are you currently taking medication? | 77% | 68% | 77% | 69% | 77% | |
| For those currently taking medication: | | | | | | | |
| 6 | Are you allowed to keep possession of your medication in your own cell? | 40% | 50% | 40% | 39% | 40% | |
| 7 | Do you feel you have any emotional wellbeing/mental health issues? | 62% | 45% | 62% | 46% | 62% | |
| For those with emotional wellbeing/mental health issues, are these being addressed by any of the following: | | | | | | | |
| 8a | Not receiving any help? | 19% | 26% | 19% | 26% | 19% | |
| 8b | A doctor? | 43% | 38% | 43% | 40% | 43% | |
| 8c | A nurse? | 20% | 20% | 20% | 21% | 20% | |
| 8d | A psychiatrist? | 51% | 21% | 51% | 21% | 51% | |
| 8e | The Mental Health In-Reach Team? | 48% | 39% | 48% | 40% | 48% | |
| 8f | A counsellor? | 19% | 20% | 19% | 19% | 19% | |
| 9a | Did you have a drug problem when you came into this prison? | 54% | 36% | 54% | 44% | 54% | 35% |
| 9b | Did you have an alcohol problem when you came into this prison? | 42% | 28% | 42% | 36% | 42% | 9% |
| 10a | Have you developed a drug problem since you have been in this prison? | 17% | 6% | 17% | 6% | 17% | |
| For those with drug or alcohol problems: | | | | | | | |
| 11 | Do you know who to contact in this prison for help? | 82% | 90% | 82% | 89% | 82% | |
| 12 | Have you received any help or intervention while in this prison? | 83% | 86% | 83% | 84% | 83% | |
| For those who have received help or intervention with their drug or alcohol problem: | | | | | | | |
| 13 | Was this intervention or help useful? | 78% | 81% | 78% | 80% | 78% | |
| 14a | Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know) | 40% | 27% | 40% | 33% | 40% | 27% |
| 14b | Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know) | 31% | 23% | 31% | 27% | 31% | 13% |
| 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? | 66% | 73% | 66% | 74% | 66% | 90% |

Main comparator and comparator to last time

Key to tables

| Key to tables | | HMP Low Newton 2011 | Women's comparator | HMP Low Newton 2011 | Women's local comparator | HMP Low Newton 2011 | HMP Low Newton 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 | | | | | | |
| SECTION 7: Purposeful activity | | | | | | | |
| 1 | Are you currently involved in any of the following activities: | | | | | | |
| 1a | A prison job? | 62% | 58% | 62% | 55% | 62% | |
| 1b | Vocational or skills training? | 15% | 16% | 15% | 14% | 15% | |
| 1c | Education (including basic skills)? | 51% | 45% | 51% | 42% | 51% | |
| 1d | Offending Behaviour Programmes? | 23% | 14% | 23% | 11% | 23% | |
| 2ai | Have you had a job while in this prison? | 88% | 83% | 88% | 81% | 88% | |
| For those who have had a prison job while in this prison: | | | | | | | |
| 2aii | Do you feel the job will help you on release? | 65% | 54% | 65% | 55% | 65% | |
| 2bi | Have you been involved in vocational or skills training while in this prison? | 77% | 70% | 77% | 66% | 77% | |
| 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? | 63% | 59% | 63% | 56% | 63% | |
| 2ci | Have you been involved in education while in this prison? | 91% | 85% | 91% | 83% | 91% | |
| For those who have been involved in education while in this prison: | | | | | | | |
| 2cii | Do you feel the education will help you on release? | 76% | 67% | 76% | 66% | 76% | |
| 2di | Have you been involved in offending behaviour programmes while in this prison? | 79% | 68% | 79% | 63% | 79% | |
| 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? | 73% | 60% | 73% | 55% | 73% | |
| 3 | Do you go to the library at least once a week? | 31% | 55% | 31% | 51% | 31% | 22% |
| 4 | On average, do you go to the gym at least twice a week? | 30% | 37% | 30% | 33% | 30% | 30% |
| 5 | On average, do you go outside for exercise three or more times a week? | 15% | 45% | 15% | 40% | 15% | 6% |
| 6 | On average, do you spend ten or more hours out of your cell on a weekday? | 15% | 22% | 15% | 17% | 15% | 18% |
| 7 | On average, do you go on association more than five times each week? | 68% | 54% | 68% | 51% | 68% | 75% |
| 8 | Do staff normally speak to you most of the time/all of the time during association? | 29% | 25% | 29% | 24% | 29% | 33% |
| SECTION 8: Resettlement | | | | | | | |
| 1 | Do you have a personal officer? | 89% | 73% | 89% | 70% | 89% | 75% |
| For those with a personal officer: | | | | | | | |
| 2 | Do you think your personal officer is helpful/very helpful? | 70% | 72% | 70% | 69% | 70% | 75% |
| For those who are sentenced: | | | | | | | |
| 3 | Do you have a sentence plan? | 73% | 56% | 73% | 49% | 73% | 52% |
| For those with a sentence plan? | | | | | | | |
| 4 | Were you involved/very involved in the development of your plan? | 64% | 73% | 64% | 71% | 64% | 79% |
| 5 | Can you achieve some/all of your sentence plan targets in this prison? | 92% | 87% | 92% | 83% | 92% | |
| 6 | Are there plans for you to achieve some/all your targets in another prison? | 41% | 35% | 41% | 40% | 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? | 44% | 43% | 44% | 42% | 44% | |
| 8 | Do you feel that any member of staff has helped you to prepare for release? | 28% | 26% | 28% | 24% | 28% | |
| 9 | Have you had any problems with sending or receiving mail? | 38% | 34% | 38% | 35% | 38% | 32% |
| 10 | Have you had any problems getting access to the telephones? | 15% | 22% | 15% | 24% | 15% | 27% |
| 11 | Did you have a visit in the first week that you were here? | 30% | 36% | 30% | 37% | 30% | 54% |
| 12 | Did you receive one or more visits in the last week? | 27% | 38% | 27% | 40% | 27% | 37% |

Main comparator and comparator to last time

Key to tables

| | | HMP Low Newton 2011 | Women's comparator | HMP Low Newton 2011 | Women's local comparator | HMP Low Newton 2011 | HMP Low Newton 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 | | | | | | |
| Resettlement continued | | | | | | | |
| For those who have had visits: | | | | | | | |
| 13 | How are you and your family/ friends usually treated by visits staff? (Very well/well) | 68% | 56% | 68% | 55% | 68% | |
| 14 | Have you been helped to maintain contact with family/friends whilst in this prison? | 51% | 56% | 51% | 56% | 51% | |
| 15 | Do you know who to contact within this prison to get help with the following: | | | | | | |
| 15b | Maintaining good relationships? | 23% | 22% | 23% | 20% | 23% | |
| 15c | Avoiding bad relationships? | 17% | 19% | 17% | 17% | 17% | |
| 15d | Finding a job on release? | 35% | 37% | 35% | 33% | 35% | 65% |
| 15e | Finding accommodation on release? | 40% | 46% | 40% | 40% | 40% | 64% |
| 15f | With money/finances on release? | 18% | 28% | 18% | 24% | 18% | 52% |
| 15g | Claiming benefits on release? | 44% | 47% | 44% | 44% | 44% | 68% |
| 15h | Arranging a place at college/continuing education on release? | 31% | 28% | 31% | 23% | 31% | 56% |
| 15i | Accessing health services on release? | 27% | 29% | 27% | 23% | 27% | 65% |
| 15j | Opening a bank account on release? | 9% | 24% | 9% | 18% | 9% | |
| 16 | Do you think you will have a problem with any of the following on release from prison? | | | | | | |
| 16b | Maintaining good relationships? | 18% | 17% | 18% | 18% | 18% | |
| 16c | Avoiding bad relationships? | 24% | 20% | 24% | 22% | 24% | |
| 16d | Finding a job? | 50% | 48% | 50% | 47% | 50% | |
| 16e | Finding accommodation? | 49% | 41% | 49% | 40% | 49% | |
| 16f | Money/finances? | 31% | 34% | 31% | 30% | 31% | |
| 16g | Claiming benefits? | 35% | 35% | 35% | 35% | 35% | |
| 16h | Arranging a place at college/continuing education? | 23% | 25% | 23% | 24% | 23% | |
| 16i | Accessing health services? | 25% | 22% | 25% | 23% | 25% | |
| 16j | Opening a bank account? | 35% | 29% | 35% | 28% | 35% | |
| 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? | 58% | 57% | 58% | 55% | 58% | 59% |



Diversity Analysis - Disability

Key questions (disability analysis) HMP Low Newton 2011

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

Key to tables

| | | | |
|--|---|---|--|
| | Any percentage highlighted in green is significantly better | Consider themselves to 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 | | |
| Number of completed questionnaires returned | | 26 | 107 |
| 1.3 | Are you sentenced? | 76% | 87% |
| 1.7 | Are you a foreign national? | 8% | 2% |
| 1.8 | Is English your first language? | 100% | 97% |
| 1.9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 4% | 6% |
| 1.1 | Do you consider yourself to be Gypsy/Romany/Traveller? | 9% | 3% |
| 1.11 | Are you Muslim? | 0% | 4% |
| 1.14 | Is this your first time in prison? | 50% | 30% |
| 2.1d | Was the attention paid to your health needs good/very good? | 44% | 41% |
| 2.3 | Were you treated well/very well by the escort staff? | 87% | 77% |
| 2.4a | Did you know where you were going when you left court or when transferred from another prison? | 91% | 83% |
| 3.1e | Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours? | 63% | 62% |
| 3.1h | Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours? | 67% | 58% |
| 3.1i | Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours? | 67% | 69% |
| 3.2a | Did you have any problems when you first arrived? | 81% | 75% |
| 3.3a | Were you seen by a member of health care staff in reception? | 96% | 94% |
| 3.3b | When you were searched in reception, was this carried out in a respectful way? | 87% | 89% |
| 3.4 | Were you treated well/very well in reception? | 71% | 78% |
| 3.7b | Did you have access to someone from health care within the first 24 hours? | 72% | 85% |

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 | | |
| 3.9 | Did you feel safe on your first night here? | 67% | 81% |
| 3.10 | Have you been on an induction course? | 92% | 82% |
| 4.1a | Is it easy/very easy to communicate with your solicitor or legal representative? | 31% | 51% |
| 4.3a | Are you normally offered enough clean, suitable clothes for the week? | 62% | 56% |
| 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? | 50% | 49% |

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 | | |
| 4.4 | Is the food in this prison good/very good? | 29% | 32% |
| 4.5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | 48% | 46% |
| 4.6a | Is it easy/very easy to get a complaints form? | 92% | 90% |
| 4.6b | Is it easy/very easy to get an application form? | 96% | 88% |
| 4.9 | Have you made a complaint? | 63% | 49% |
| 4.13 | Are you on the enhanced (top) level of the IEP scheme? | 39% | 26% |
| 4.14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 56% | 54% |
| 4.15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 52% | 48% |
| 4.16a | In the last six months have any members of staff physically restrained you (C&R)? | 4% | 10% |
| 4.16b | In the last six months have you spent a night in the segregation/care and separation unit? | 0% | 11% |
| 4.17a | Do you feel your religious beliefs are respected? | 78% | 50% |
| 4.17b | Are you able to speak to a religious leader of your faith in private if you want to? | 64% | 56% |
| 4.18 | Are you able to speak to a Listener at any time if you want to? | 71% | 64% |
| 4.19a | Is there a member of staff you can turn to for help if you have a problem in this prison? | 91% | 75% |
| 4.19b | Do most staff, in this prison, treat you with respect? | 91% | 76% |
| 5.1 | Have you ever felt unsafe in this prison? | 67% | 40% |
| 5.2 | Do you feel unsafe in this prison at the moment? | 27% | 14% |
| 5.4 | Have you been victimised by another prisoner? | 54% | 29% |
| 5.5d | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 4% | 2% |
| 5.5i | Victimised you because you have a disability? | 12% | 1% |
| 5.5j | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 0% | 3% |

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 | | |
| 5.6 | Have you been victimised by a member of staff? | 18% | 28% |
| 5.7d | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 0% | 1% |
| 5.7h | Victimised you because you have a disability? | 4% | 0% |
| 5.7i | Have you been victimised because of your religion/religious beliefs? (By staff) | 0% | 1% |

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? | 52% | 32% |
| 5.10 | Have you ever felt threatened or intimidated by a member of staff in here? | 19% | 27% |
| 5.11 | Is it easy/very easy to get illegal drugs in this prison? | 37% | 35% |
| 6.1a | Is it easy/very easy to see the doctor? | 54% | 53% |
| 6.1b | Is it easy/ very easy to see the nurse? | 52% | 64% |
| 6.2 | Are you able to see a pharmacist? | 31% | 53% |
| 6.5 | Are you currently taking medication? | 100% | 71% |
| 6.7 | Do you feel you have any emotional wellbeing/mental health issues? | 75% | 59% |
| 7.1a | Are you currently working in the prison? | 52% | 65% |
| 7.1b | Are you currently undertaking vocational or skills training? | 20% | 13% |
| 7.1c | Are you currently in education (including basic skills)? | 52% | 50% |
| 7.1d | Are you currently taking part in an offending behaviour programme? | 20% | 24% |
| 7.3 | Do you go to the library at least once a week? | 63% | 23% |
| 7.4 | On average, do you go to the gym at least twice a week? | 18% | 33% |
| 7.5 | On average, do you go outside for exercise three or more times a week? | 22% | 13% |
| 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.) | 22% | 13% |
| 7.7 | On average, do you go on association more than five times each week? | 69% | 67% |
| 7.8 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 43% | 27% |
| 8.1 | Do you have a personal officer? | 100% | 86% |
| 8.9 | Have you had any problems sending or receiving mail? | 26% | 40% |
| 8.10 | Have you had any problems getting access to the telephones? | 13% | 14% |

Diversity Analysis - Sexual Orientation



Key questions (sexual orientation analysis) HMP Low Newton 2011

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

Key to tables

| | | | |
|--|---|---|--|
| | Any percentage highlighted in green is significantly better | Consider themselves to be homosexual, bisexual or other | Consider themselves to be heterosexual |
| | Any percentage highlighted in blue is significantly worse | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| Number of completed questionnaires returned | | 55 | 80 |
| 1.3 | Are you sentenced? | 89% | 81% |
| 1.7 | Are you a foreign national? | 2% | 4% |
| 1.8 | Is English your first language? | 96% | 99% |
| 1.9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 6% | 5% |
| 1.1 | Do you consider yourself to be Gypsy/Romany/Traveller? | 6% | 3% |
| 1.11 | Are you Muslim? | 2% | 4% |
| 1.13 | Do you consider yourself to have a disability? | 9% | 27% |
| 1.14 | Is this your first time in prison? | 17% | 47% |
| 2.1d | Was the attention paid to your health needs good/very good? | 32% | 49% |
| 2.3 | Were you treated well/very well by the escort staff? | 81% | 78% |
| 2.4a | Did you know where you were going when you left court or when transferred from another prison? | 83% | 85% |
| 3.1e | Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours? | 65% | 60% |
| 3.1h | Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours? | 65% | 56% |
| 3.1i | Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours? | 77% | 64% |
| 3.2a | Did you have any problems when you first arrived? | 81% | 73% |
| 3.3a | Were you seen by a member of health care staff in reception? | 98% | 92% |
| 3.3b | When you were searched in reception, was this carried out in a respectful way? | 83% | 91% |
| 3.4 | Were you treated well/very well in reception? | 67% | 84% |
| 3.7b | Did you have access to someone from health care within the first 24 hours? | 92% | 75% |
| 3.9 | Did you feel safe on your first night here? | 80% | 77% |
| 3.10 | Have you been on an induction course? | 87% | 83% |

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 | | |
| 4.1a | Is it easy/very easy to communicate with your solicitor or legal representative? | 48% | 47% |
| 4.3a | Are you normally offered enough clean, suitable clothes for the week? | 56% | 58% |
| 4.3b | Are you normally able to have a shower every day? | 100% | 95% |
| 4.3e | Is your cell call bell normally answered within five minutes? | 48% | 50% |
| 4.4 | Is the food in this prison good/very good? | 29% | 32% |
| 4.5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | 41% | 50% |
| 4.6a | Is it easy/very easy to get a complaints form? | 93% | 90% |
| 4.6b | Is it easy/very easy to get an application form? | 85% | 92% |
| 4.9 | Have you made a complaint? | 60% | 46% |
| 4.13 | Are you on the enhanced (top) level of the IEP scheme? | 22% | 33% |
| 4.14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 49% | 58% |
| 4.15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 44% | 51% |
| 4.16a | In the last six months have any members of staff physically restrained you (C&R)? | 13% | 5% |
| 4.16b | In the last six months have you spent a night in the segregation/care and separation unit? | 13% | 7% |
| 4.17a | Do you feel your religious beliefs are respected? | 53% | 55% |
| 4.17b | Are you able to speak to a religious leader of your faith in private if you want to? | 50% | 62% |
| 4.18 | Are you able to speak to a Listener at any time if you want to? | 69% | 62% |
| 4.19a | Is there a member of staff you can turn to for help if you have a problem in this prison? | 71% | 85% |
| 4.19b | Do most staff, in this prison, treat you with respect? | 71% | 84% |
| 5.1 | Have you ever felt unsafe in this prison? | 40% | 47% |
| 5.2 | Do you feel unsafe in this prison at the moment? | 15% | 17% |
| 5.4 | Have you been victimised by another prisoner? | 29% | 37% |
| 5.5d | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 2% | 3% |
| 5.5h | Victimised you because of your sexuality? | 2% | 1% |
| 5.5i | Victimised you because you have a disability? | 4% | 3% |
| 5.5j | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 2% | 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 | | |
| 5.6 | Have you been victimised by a member of staff? | 28% | 24% |
| 5.7d | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 0% | 1% |
| 5.7f | Victimised you because of your sexuality? | 6% | 3% |
| 5.7h | Victimised you because you have a disability? | 0% | 1% |
| 5.7i | Have you been victimised because of your religion/religious beliefs? (By staff) | 0% | 1% |
| 5.9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 37% | 34% |
| 5.10 | Have you ever felt threatened or intimidated by a member of staff in here? | 35% | 19% |
| 5.11 | Is it easy/very easy to get illegal drugs in this prison? | 41% | 30% |
| 6.1a | Is it easy/very easy to see the doctor? | 56% | 53% |
| 6.1b | Is it easy/ very easy to see the nurse? | 57% | 65% |
| 6.2 | Are you able to see a pharmacist? | 46% | 50% |
| 6.5 | Are you currently taking medication? | 76% | 77% |
| 6.7 | Do you feel you have any emotional well being/mental health issues? | 71% | 57% |
| 7.1a | Are you currently working in the prison? | 80% | 49% |
| 7.1b | Are you currently undertaking vocational or skills training? | 14% | 15% |
| 7.1c | Are you currently in education (including basic skills)? | 53% | 49% |
| 7.1d | Are you currently taking part in an offending behaviour programme? | 28% | 19% |
| 7.3 | Do you go to the library at least once a week? | 31% | 31% |
| 7.4 | On average, do you go to the gym at least twice a week? | 40% | 23% |
| 7.5 | On average, do you go outside for exercise three or more times a week? | 8% | 20% |
| 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.) | 14% | 16% |
| 7.7 | On average, do you go on association more than five times each week? | 78% | 59% |
| 7.8 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 20% | 36% |
| 8.1 | Do you have a personal officer? | 94% | 85% |
| 8.9 | Have you had any problems sending or receiving mail? | 35% | 39% |
| 8.10 | Have you had any problems getting access to the telephones? | 23% | 8% |



Diversity Analysis - Age

Key question responses (age - under 21) HMP Low Newton 2011

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

Key to tables

| | Any percentage highlighted in green is significantly better | Prisoners aged under 21 | Prisoners aged 21 and over |
|--|---|-------------------------|----------------------------|
| | 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 | | 16 | 122 |
| 1.3 | Are you sentenced? | 87% | 84% |
| 1.7 | Are you a foreign national? | 14% | 2% |
| 1.8 | Is English your first language? | 100% | 97% |
| 1.9 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 0% | 6% |
| 1.1 | Do you consider yourself to be Gypsy/Romany/Traveller? | 0% | 5% |
| 1.11 | Are you Muslim? | 0% | 4% |
| 1.13 | Do you consider yourself to have a disability? | 7% | 22% |
| 1.14 | Is this your first time in prison? | 50% | 32% |
| 2.1d | Was the attention paid to your health needs good/very good? | 33% | 42% |
| 2.3 | Were you treated well/very well by the escort staff? | 72% | 78% |
| 2.4a | Did you know where you were going when you left court or when transferred from another prison? | 79% | 84% |
| 3.1e | Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours? | 67% | 61% |
| 3.1h | Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours? | 67% | 58% |
| 3.1i | Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours? | 72% | 68% |
| 3.2a | Did you have any problems when you first arrived? | 78% | 77% |
| 3.3a | Were you seen by a member of health care staff in reception? | 100% | 94% |
| 3.3b | When you were searched in reception, was this carried out in a respectful way? | 87% | 86% |

Diversity Analysis - Age

Key to tables

| | Any percentage highlighted in green is significantly better | Prisoners aged under 21 | Prisoners aged 21 and over |
|--------------|--|-------------------------|----------------------------|
| | 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 | | |
| 3.4 | Were you treated well/very well in reception? | 68% | 76% |
| 3.7b | Did you have access to someone from health care within the first 24 hours? | 79% | 81% |
| 3.9 | Did you feel safe on your first night here? | 81% | 77% |
| 3.10 | Have you been on an induction course? | 100% | 82% |
| 4.1a | Is it easy/very easy to communicate with your solicitor or legal representative? | 40% | 48% |
| 4.3a | Are you normally offered enough clean, suitable clothes for the week? | 60% | 57% |
| 4.3b | Are you normally able to have a shower every day? | 94% | 98% |
| 4.3e | Is your cell call bell normally answered within five minutes? | 50% | 49% |
| 4.4 | Is the food in this prison good/very good? | 32% | 30% |
| 4.5 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | 63% | 44% |
| 4.6a | Is it easy/very easy to get a complaints form? | 93% | 90% |
| 4.6b | Is it easy/very easy to get an application form? | 79% | 90% |
| 4.9 | Have you made a complaint? | 44% | 54% |
| 4.13 | Are you on the enhanced (top) level of the IEP scheme? | 7% | 32% |
| 4.14 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 44% | 56% |
| 4.15 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 44% | 48% |
| 4.16a | In the last six months have any members of staff physically restrained you (C&R)? | 26% | 6% |
| 4.16b | In the last six months have you spent a night in the segregation/care and separation unit? | 19% | 8% |
| 4.17a | Do you feel your religious beliefs are respected? | 40% | 57% |
| 4.17b | Are you able to speak to a religious leader of your faith in private if you want to? | 53% | 58% |

Diversity Analysis - Age

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| 4.18 | Are you able to speak to a Listener at any time if you want to? | 60% | 65% |
| 4.19a | Is there a member of staff you can turn to for help if you have a problem in this prison? | 81% | 79% |
| 4.19b | Do most staff, in this prison, treat you with respect? | 50% | 83% |
| 5.1 | Have you ever felt unsafe in this prison? | 32% | 47% |
| 5.2 | Do you feel unsafe in this prison at the moment? | 19% | 16% |
| 5.4 | Have you been victimised by another prisoner? | 13% | 37% |
| 5.5d | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 0% | 3% |
| 5.5i | Victimised you because you have a disability? | 0% | 3% |
| 5.5j | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 0% | 3% |
| 5.5k | Have you been victimised because of your age? (By prisoners) | 0% | 1% |
| 5.6 | Have you been victimised by a member of staff? | 26% | 26% |
| 5.7d | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 0% | 2% |
| 5.7h | Victimised you because you have a disability? | 0% | 1% |
| 5.7i | Have you been victimised because of your religion/religious beliefs? (By staff) | 0% | 1% |
| 5.7j | Have you been victimised because of your age? (By staff) | 26% | 1% |
| 5.9 | Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? | 13% | 40% |
| 5.10 | Have you ever felt threatened or intimidated by a member of staff in here? | 13% | 27% |
| 5.11 | Is it easy/very easy to get illegal drugs in this prison? | 13% | 37% |
| 6.1a | Is it easy/very easy to see the doctor? | 38% | 56% |
| 6.1b | Is it easy/ very easy to see the nurse? | 50% | 63% |

Diversity Analysis - Age

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| 6.2 | Are you able to see a pharmacist? | 55% | 48% |
| 6.5 | Are you currently taking medication? | 50% | 81% |
| 6.7 | Do you feel you have any emotional wellbeing/mental health issues? | 44% | 64% |
| 7.1a | Are you currently working in the prison? | 50% | 64% |
| 7.1b | Are you currently undertaking vocational or skills training? | 13% | 16% |
| 7.1c | Are you currently in education (including basic skills)? | 68% | 48% |
| 7.1d | Are you currently taking part in an offending behaviour programme? | 19% | 24% |
| 7.3 | Do you go to the library at least once a week? | 13% | 34% |
| 7.4 | On average, do you go to the gym at least twice a week? | 32% | 29% |
| 7.5 | On average, do you go outside for exercise three or more times a week? | 13% | 15% |
| 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.) | 13% | 16% |
| 7.7 | On average, do you go on association more than five times each week? | 47% | 71% |
| 7.8 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 7% | 32% |
| 8.1 | Do you have a personal officer? | 81% | 91% |
| 8.9 | Have you had any problems sending or receiving mail? | 32% | 38% |
| 8.10 | Have you had any problems getting access to the telephones? | 19% | 15% |