

Report on an unannounced full follow-up
inspection of

HMP & YOI New Hall

31 January–10 February 2012

by HM Chief Inspector of Prisons

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Introduction

HMP New Hall is a closed local women's prison that, at the time of this inspection, held about 350 women aged 18 to 69, and two babies. There was a small YOI for young women attached to the prison that we inspect and report on separately.

Our last inspection in 2008 found that the prison had improved but that there was plenty of scope for further improvement. This inspection found that considerable improvement had taken place and the prison now provided good or reasonably good outcomes for the women it held.

Women told us they felt much safer in the prison than before, and the proportion who had ever felt unsafe was now lower than in comparable establishments. This, in part, was due to much better reception and first night procedures with a more supportive and welcoming environment. Women were, however, still transported to the prison in partitioned vehicles shared with men, and some told us they had been harassed on the journey. Once at the prison, there was little bullying or violence.

There was now good mental health provision. The mental health team supported about a third of the total prison population, just over quarter of whom had complex problems. Commendably, almost nine in 10 uniformed officers had been trained in how to support prisoners with mental health problems and this was the highest level of training we have seen. The drug treatment system responded effectively to a high level of need. Better levels of safety, good mental health provision and better drug treatment all contributed to a significant reduction in self-harm and the number of women on suicide and self-harm procedures since the last inspection.

Senior officers had led a major drive to improve staff-prisoner relationships since the last inspection and the relationships were much improved. Significantly more women than at the last inspection said staff treated them with respect and more than at comparable prisons said they had a member of staff they could turn to with a problem. Equality and diversity work was satisfactory but over-dependent on an effective diversity officer rather than being embedded in the prison as a whole. A significant minority of women told us they were of Gypsy, Romany or Traveller origin and there was little provision for them. The external environment was generally clean and tidy and we were pleased to see that dormitories were no longer used. However, some women shared very small cells designed for one with inadequately screened toilets and insufficient furniture.

The mother and baby unit was an excellent facility but, like units elsewhere, it was underused. It was not clear whether this was an administrative problem or due to lack of demand. Prison staff continued to wear uniforms on the unit which was unnecessary and, as we have seen elsewhere, one male member of staff was in sole charge at night, which was unacceptable.

Women had a reasonable amount of time out of their cells each day and there was plenty of good quality activity. Provision was focused on employability and was now better organised to meet the needs of women with short sentences. The range of activities met the needs of women with different levels of ability. An excellent workshop prepared women to work in Max Spielman photography shops with very good employment prospects.

There was good offender management. Women who were high risk, prolific offenders or serving indeterminate sentences were well managed. There was a prompt, basic custody screen for women serving short sentences which identified their resettlement needs, but this needed to be more effectively followed up. The prison's needs analysis had identified that two

out of five women did not have a discharge address. Despite good efforts to resolve this, 12% of women left the prison without a fixed address. The prison worked closely with community-based services to support the high proportion of women with drug and alcohol problems on release. The prison's needs analysis identified that 38% of women had experienced emotional abuse, 46% physical abuse and 38% sexual abuse or rape. Twenty-one per cent of women said they had worked in the sex trade. The prison worked with community women's groups to address these issues but its own resources were adequate to meet the level of need.

Although for most women New Hall provided much improved outcomes, there was a smaller number whose treatment required significant improvement. Segregation and health care were managed together under the umbrella of 'custodial care integrated services', but we saw little evidence that they were effectively integrated. Responses to women whose behaviour caused concern were excessively punitive with too little attempt to tackle the underlying causes. Women on open suicide and self-harm prevention procedures (ACCTs) were sometimes placed on the basic level of the incentives and earned privileges scheme with the consequences for their vulnerabilities too readily dismissed. Special accommodation was seldom used but when it was women were routinely placed in strip clothing. Women who were forcibly strip-searched had their clothing cut off them. Although the environment of the segregation unit had improved the regime was very restrictive. Some of the most damaged women were placed there for 'good order and discipline' but efforts to address the causes of their distress and manage their behaviour constructively were inadequate.

Some adjudications were poorly conducted with findings of guilt not supported by the evidence recorded. Punishments were excessive and cellular confinement was used too often; in other instances, prisoners lost all privileges, which amounted to cellular confinement but without the safeguards that would normally be required. Use of force was generally appropriate and was often to prevent women from harming themselves. However, we also identified incidents where the use of force was neither necessary nor proportionate. One woman who arrived from another prison and refused to hand over clothes she had been allowed there was held down and they were forcibly cut off her; a manager's approval was not obtained and there was no attempt to resolve the issue in other ways.

The positive drug testing rate was within target but many women said drugs were easy to obtain and a more strategic response to reducing supply was required. Diverted medication was a problem and the prison had recognised that supervision of medication administration needed to be improved. There was a real risk to the safety of women on methadone treatment who also used other opiates and it was a concern that the clinical drugs team was not alerted when women tested positive for opiates in addition to their prescribed medication.

Just under 10% of the population were young adults aged 18 to 21. There was little attempt to identify and meet their specific needs, yet girls under 18 in the YOI attached to the prison received high levels of age-appropriate support. The needs of these young women did not suddenly change when they became 18 and needed greater consideration.

Visits and family contact is particularly important in a women's prison. At the time of the inspection, funding for the valuable family support worker was at risk. The visits centre and hall were reasonable environments but the visits centre closed too early and the booking system was unsatisfactory. We observed visits that began late and finished early. Women prisoners had to wear a reflective sash which was an unnecessary humiliation for those being visited by their children. Separation visits, when women had a last chance to say farewell to their children who were being taken for adoption, sometimes unacceptably took place in public in the visits hall during main visit periods.

Overall New Hall has improved. Despite a constantly changing population with high levels of need, most women are held safely and respectfully and given effective help to return to the community without reoffending. However, the treatment of a small number of women who combine the most challenging behaviour with the highest levels of need is not acceptable. There are other relatively small groups of women who have untypical needs which are not being met. The progress the prison has made as a whole should provide a foundation from which to address these remaining concerns.

Nick Hardwick
HM Chief Inspector of Prisons

June 2012

Fact page

Task of the establishment

HMP & YOI New Hall is a closed female local prison, which holds both remand and sentenced female prisoners of all age groups. Adult and young offenders are located in the main establishment and 17-year-olds live in the purpose-built Rivendell Unit. Maple House is a purpose-built mother and baby unit which can hold nine mothers and 10 babies.

Prison status (public or private, with name of contractor if private)

Public sector prison

Region/Department

Yorkshire and Humberside Region

Number held

356 plus two babies

Certified normal accommodation

392

Operational capacity

446

Date of last full inspection

10–14 November 2008

Brief history

New Hall was originally used as a satellite prison for HMP Wakefield to house men who were near the end of their sentence. The 'open' prison system began as an experiment at New Hall in 1933 due to an increase in the prison population and a lack of suitable employment. The success of this led to the opening of New Hall Camp in 1936. New Hall was re-roled in 1961 as a senior detention centre for male young offenders. In 1987 the prison was converted to a women's prison.

New Hall was clustered with HMP & YOI Askham Grange open prison in York in 2009 and many functions are shared across the two sites.

Short description of residential units

Willow:	Comprised of three units A, B and C wings, which includes the first night centre on C wing.
Larch:	Timber frame unit with 40 rooms and shared association and shower and toilet facilities.
Oak House:	Modern new build unit with a mixed population of adults and young offenders, remand and sentenced women.
Poplar House:	Two spurs – Poplar 1 is reserved for life-sentenced women and those on indeterminate sentences for public protection. Poplar 2 holds a mixed population of adults and young offenders, remand and sentenced women.
Maple House:	Mother and baby unit.
Rivendell:	Previously only for 17-year-olds serving detention and training order sentences, the unit has reduced this population to a single spur holding nine young people, with the remaining accommodation for adults.
Sycamore House:	Care and separation unit.
Holly House:	Inpatient hospital.

Name of governor

Nigel Hirst (acting governor)

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: NHS Wakefield District

Providers: Spectrum Community Health CIC
Nottinghamshire Healthcare NHS Trust

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, courts and customs custody.

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

HP3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison 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.

- HP5 The Inspectorate conducts follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections may be announced or unannounced and are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and to conduct a new full inspection, including in-depth analysis of areas of serious concern identified in the previous inspection, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation.¹ This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

Safety

- HP6 Reception and first night arrangements had improved. Most women reported feeling safe and there was little serious bullying or violence, although some monitoring of suspected bullies was ineffective. Levels of self-harm had fallen. Some suicide and self-harm monitoring (ACCT) procedures had improved but there was a need for more focused care of vulnerable women. Cellular confinement and moves to the basic level of the incentives and earned privileges scheme were used too frequently and there was no holistic approach to ensuring that troubled women in the segregation unit, and elsewhere in the prison, received effective support. Clinical management for drug and alcohol users was generally effective. Outcomes for women were reasonably good against this healthy prison test.
- HP7 At the last inspection in 2008 we found that New Hall was performing reasonably well against this healthy prison test. We made 57 recommendations in the area of safety. At this follow-up inspection we found that 25 of the recommendations had been achieved, nine had been partially achieved, 22 had not been achieved and one was no longer relevant.

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*.)

- HP8 Most women had relatively short journeys, although some spent a long time in court cells and arrived late at the prison. Most women were treated well by escort staff but some had travelled in vans with men and said they had experienced harassment.
- HP9 The new reception building provided a more welcoming introduction to the prison. New arrivals were generally allowed telephone calls and received reception packs but the opportunity to shower and, in some cases, to make a phone call depended on the time of arrival. The first night centre was a supportive environment and the number of women who said they felt safe on their first night had improved substantially since our last inspection. Women in prison for the first time were dealt with sympathetically but the quality of first night interviews varied, and some were not carried out until the next day.
- HP10 Most women attended an induction programme quickly but some waited too long to attend and were unaware of basic prison procedures. Induction officers engaged well with women but some important issues such as diversity and bullying were covered with little discussion. Information for foreign nationals was out of date but each foreign national woman was seen individually by the diversity officer.
- HP11 Most women felt much safer in the prison than during our previous inspection and there were few actual incidents of violence between women. Bullying was usually about relatively minor matters although trading in medication was sometimes a factor. Investigations into incidents were basic and there was little effective monitoring of suspected bullies by residential staff, but offender supervisors actively challenged unacceptable behaviour. More serious cases of bullying were considered at risk management boards.
- HP12 The prison made an effort to learn from deaths and serious incidents. There had been a significant decrease in the number of incidents of self-harm and the number of ACCT documents opened had halved. While some ACCT documents included detailed entries at handovers, too few recorded regular good quality interactions. There was little continuity of case manager at reviews but more reviews now involved staff from other disciplines, including mental health nurses. There was still a conflict between some processes involved in managing troublesome but vulnerable women; some were placed on the basic level of the incentives and earned privileges scheme or in segregation without proper consideration of whether this was consistent with appropriate care. It was unsatisfactory that women at risk did not have 24-hour access to Listeners. Other support services available were rarely mentioned in care plans.
- HP13 Security arrangements were generally proportionate. Actions from security information reports (SIRs) such as targeted searches and suspicion testing were checked to see they were completed. However, the analysis of trends was not used to help develop appropriate security objectives. Many women believed that rules were petty or enforced inconsistently. There was little monitoring of the operation of the incentives and earned privileges scheme and targets for women on the basic level of the scheme were poor. The random mandatory drug testing positive rate was below target at just over 7% but there was no supply reduction action plan. The integrated drug treatment system (IDTS) clinical team was not alerted when women on methadone treatment tested positive for opiates in addition to their prescribed medication.

- HP14 Those held in the segregation unit had little opportunity to use its improved environment and facilities and the regime was limited. The prison was operating a custodial care integrated service (CCIS), but despite regular mental health input, there was no formal integrated multidisciplinary care planning. Adjudications levels had dropped significantly but too many incidents were not properly investigated. Many punishments were still severe and there was too much use of cellular confinement for long periods, which did little to help women's psychological stability.
- HP15 There was a relatively high use of force although some of the incidents involved interventions to prevent self-harm. Most records were completed well but in some cases the use of force appeared unjustified and there was no managerial scrutiny. The special cell in the segregation unit was little used but when it was, women were routinely placed in strip clothing and too many had their clothes cut off when forcibly searched. Such practices were unnecessary and unacceptable.
- HP16 Many women were involved in substance use services with about a third receiving opiate substitution. Most were very positive about the support they received. The substance use service had improved with more flexible prescribing but administration of substitute opiate treatment was in the evenings, which did not meet women's needs. Further development of alcohol and dual diagnosis services was needed. Some of the medicines queues were not well supervised and there was no clinical testing to ensure that women complied with their treatment.

Respect

- HP17 Living conditions were better than at our last inspection. Dormitories were no longer used but double cells were too cramped. Showers had been refurbished and more were now provided. The mother and baby unit continued to be a positive facility. Staff-prisoner relationships were much improved but a small number of officers were unprofessional. Equality and diversity work was satisfactory but not fully embedded throughout the prison. Women had mixed views about the quality of food. Health services were generally good. Outcomes for women were reasonably good against this healthy prison test.
- HP18 At the last inspection in 2008 we found that New Hall was performing well against this healthy prison test. We made 78 recommendations in the area of respect.² At this follow-up inspection we found that 38 of the recommendations had been achieved, 11 had been partially achieved, 27 had not been achieved and two were no longer relevant.
- HP19 Residential units were generally clean and well kept and the previous poor dormitory accommodation was no longer used. However, many double cells were too small to contain sufficient furniture. Showers had been refurbished to a good standard and there were now sufficient to allow all women to shower daily. There was reasonable provision of clothing and laundries. Applications were not logged on return and many women said that they took too long to answer. Women's access to phones was too restricted. Arrangements for mail were satisfactory and despite some complaints we found no significant delays.

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- HP20 The mother and baby unit was still a good, safe and stimulating environment with a clear emphasis on promoting parental responsibility. Separation planning had improved. Care planning was good for pregnant women, those on the unit and women separated from babies but not all staff in the rest of the prison took into account the effect of separation. There were no paediatric first aid trained staff at night, when the unit was inappropriately supervised by a lone male member of staff.
- HP21 In our survey many more women than at our last inspection said that most staff treated them with respect and more also said they had a member of staff they could turn to for support. Some women gave examples of disrespectful treatment but most interactions we saw between women and staff were positive. However, officers did not always knock on doors to alert women before entering cells and they did not wear name badges. Most women found their personal officers helpful and although there were still some inappropriate comments in case notes the majority were helpful and regular, a significant improvement from the last inspection.
- HP22 A satisfactory equality and diversity policy included information about how most minority groups would be supported at New Hall but young adult women were not identified as a separate group and there was little separate identification and support for Gypsy, Roma and Traveller women. Not all functions were represented at the quarterly diversity meeting, which dealt more with performance but did not adequately address issues raised by women at minority focus groups. Race relations appeared reasonably good and there were few differences between black and minority ethnic women and white women in our survey. Reported racist incidents were adequately investigated and monitored.
- HP23 All women were seen individually by the diversity manager on arrival and women were asked to declare any disabilities, although our survey suggested considerable underidentification. Care plans were not reviewed sufficiently regularly and in our survey women with disabilities reported feeling less safe and having poorer access to the regime than others. Many more gay and bisexual women than others reported being victimised by staff and there was a need for further support in the prison. The diversity manager was well regarded by many women, including the foreign national women who received some good individual support. However, there was too much reliance on diversity issues being dealt with through this role alone, rather than being absorbed into the mainstream, with all managers and staff understanding their duty to promote and ensure equality.
- HP24 There were good chaplaincy facilities and an appropriate range of chaplains for most major faiths. The chaplaincy remained very active and supportive and had introduced a useful mentor service to help women on release. Women could freely attend religious services but there were still some clashes with medication times.
- HP25 Few women expressed much confidence in the complaints system. Most of the complaints we examined were answered reasonably well and on time. However, those involving complaints about staff were dealt with at too low a level and dismissively answered. There was a responsive and prompt bail information service and the legal services officer provided good support.
- HP26 Health services had improved but they were not aligned with prison functions to ensure fully integrated care. Some of the health care facilities needed substantial improvement to bring them up to current standards. Clinical governance arrangements were satisfactory but the health care complaints and appointments

systems were not fully confidential. Primary care had improved. There was a good range of clinics and women had prompt access to a GP, although many women complained they were not told when appointments had been made. There was good mental health provision both at primary and secondary level and a high proportion of officers had received mental health awareness training. There was no longer a 24-hour health care-staffed inpatient unit and the unit, now called Holly House, provided a therapeutic regime more akin to social care than mental health care. Women with more severe mental health problems were transferred to hospital quickly. Dental health services were satisfactory. A reasonable pharmacy service was provided but there was a need for greater attention to medicines management on the wings.

HP27 Women had mixed views about the quality of food. A cooked breakfast was now provided but women were only given sandwiches in the evening. Lunch was served very early. Most women were satisfied with the range of goods available from the prison shop but this was less true for black and minority ethnic prisoners.

Purposeful activity

HP28 Time out of cell was reasonably good and most women were occupied during the day. Association was regular but short and the evening lock up time was early. Not all women had scheduled daily time in the open air. There was a good focus on developing employability within learning and skills provision. Education provision had improved and vocational training had extended, with some effective links to employers. The library service was accessible but resources were not fully used. PE provision was satisfactory. Outcomes for women were good against this healthy prison test.

HP29 At the last inspection in 2008 we found that New Hall was performing reasonably well against this healthy prison test. We made 18 recommendations in the area of purposeful activity. At this follow-up inspection we found that 13 of the recommendations had been achieved, two had been partially achieved, two had not been achieved and one was no longer relevant.

HP30 Most women were involved in activities and spent around nine hours out of their cells on week days. In our checks during activity periods 68% were attending activities off the wing and a maximum of 17% of women were locked in their cells. Association was regular but there was only limited time to socialise as other activities had to be fitted in and women were locked up very early at 6.30pm. Not all women had daily scheduled time in the open air.

HP31 Learning and skills were well managed and there was a clear strategy, which effectively linked education, training and careers support to resettlement needs. Good use was made of data to plan and monitor provision, but the data was not sufficiently used to set measurable targets for improvement. Self assessment of the quality of provision and teaching was largely accurate. There was a high level of participation in learning and skills activities, and attendance and punctuality was good. Allocation arrangements were fair and there was a coherent information, advice and guidance service.

HP32 Education provision had improved. There were sufficient places in both education and training and good development of skills by well motivated women. Initial assessment

was thorough and individual learning plans were used to form a comprehensive record of learning, progress and achievement. Social and personal development targets were set but not yet systematically monitored. There was enough good quality provision of English for speakers of other languages (ESOL) but not all women who needed it attended classes. Good arrangements to link entry level literacy and numeracy with part-time work did not extend to ESOL. Resources, including information and learning technology, were good and well used. Teaching and learning were good and most learners achieved their target qualifications.

- HP33 There were sufficient work places and many led to useful qualifications, including some excellent training in a Max Spielmann Academy workshop for digital photo processing where women gained good qualifications. Those who successfully completed the course were guaranteed jobs on release. Other new areas of vocational training, more relevant to current labour markets, had replaced a reduced number of textile jobs. Most qualification achievements were high and women demonstrated a good work ethic and high standards of work.
- HP34 About half of the women said they went to the library at least once a week, which was similar to comparator prisons. Additional resources, such as computers, study space and texts to reflect vocational training had been provided but they were not used effectively by tutors or prisoners. The library was reasonably well stocked.
- HP35 Use of the gym was similar to our last inspection and was comparable to other women's prisons. There was now a well equipped classroom for PE theory but the sports hall needed updating. The PE programme included a satisfactory range of activities, including for special groups. There were good achievements on level 1 vocational programmes but level 2 qualifications, which orderlies could have achieved, were no longer offered.

Resettlement

- HP36 A well founded reducing reoffending strategy provided a good focus on developing services across each of the resettlement pathways. Offender management and sentence planning was well managed with a range of developing interventions to meet the needs of women, including those with drug and alcohol problems. Useful reintegration services were provided, which were backed up by helpful post-release work. There was some good family work. Outcomes for women were good against this healthy prison test.
- HP37 At the last inspection in 2008 we found that New Hall was performing reasonably well against this healthy prison test. We made 46 recommendations in the area of resettlement. At this follow-up inspection we found that 27 of the recommendations had been achieved, seven had been partially achieved, eight had not been achieved and four were no longer relevant.
- HP38 There was a good resettlement strategy based on a useful needs analysis with action plans for each of the pathways. The reducing reoffending strategy group led the development of resettlement work effectively.
- HP39 Every woman had a basic custody screen to assess reintegration needs. Offender assessments (OASys) were up to date and there was active supervision and quality

assurance of offender management work. Prison database (P-Nomis) case notes showed that offender supervisors had regular and useful contact with prisoners. Many more women than the comparator in our survey said that they had sentence plans and that the quality of plans was good. Public protection arrangements were sound. Women potentially facing life sentences were identified on remand and supported. Each of the 17 life-sentenced women and 16 women serving indeterminate sentences for public protection had an allocated offender supervisor and trained lifer officer. A weekly surgery was run and parole reviews were completed on time.

- HP40 There was generally good support around accommodation, finance, benefits and debts and for women who had been victims of domestic violence and sex workers. A range of services was provided which included effective ongoing support after release. A resettlement drop-in centre to provide a central point for services in the prison was about to open and a domestic abuse group work programme had recently been introduced. Women were able to open bank accounts but there was some unmet need in developing financial capability. There was an improved focus on employability and some good and developing links with employers. Women leaving prison were given letters for GPs, take home medication and 'harm minimisation' packs. Those with severe mental problems were linked to community mental health services.
- HP41 There was a good focus on developing alcohol services. The remit of the counselling, assessment, referral, advice and throughcare service (CARATS) now included alcohol and some specialist alcohol workers were about to be appointed. A substance use recovery unit was planned to provide additional support for women and a locally designed 'Next steps to recovery' programme had just begun. There were good links with drug intervention programmes in the community. A range of accredited programmes and other interventions were run, including one to one work with sex offenders. Further interventions to cover identified gaps were being considered.
- HP42 A qualified family support worker carried out some excellent work to support family contact including parenting courses, social services liaison and post adoption support, but the funding for the post was precarious. It was difficult to book visits by telephone or email and a service to book them in the visitors centre was little publicised. The visits room was a pleasant environment with a well supervised play area but not all visits began at the advertised time and prisoners were required to wear stigmatising fluorescent bands. Regular and popular family visits were run. Some separation visits with mothers and their children still took place in the main visits room, which was wholly inappropriate.

Main concerns and recommendations

- HP43 Concern: The integrated drug treatment system (IDTS) clinical team was not alerted when women on methadone treatment tested positive for opiates in addition to their prescribed medication.

Recommendation: The IDTS clinical team should be routinely notified when women on methadone treatment test positive for opiates in addition to their prescribed medicine.

- HP44 Concern: In some cases records revealed that there had been no justification for the use of force and there was a lack of managerial scrutiny relating to the issue.

Recommendation: Senior managers should ensure that all use of force is necessary and lawful.

HP45 Concern: Women were routinely placed in strip clothing when they were being relocated to the special cell and too many had their clothes cut off when forcibly searched.

Recommendation: Women should not be routinely placed in strip clothing when relocating to special accommodation and use of strip clothing should be recorded and justified by a senior manager in the associated records. Women should only have their clothes removed using officially approved control and restraint techniques.

HP46 Concern: Some women were placed on the basic level of the incentives and earned privileges scheme without proper consideration of whether this was consistent with appropriate care.

Recommendation: The use of basic should be avoided for women at risk of suicide and self-harm and reviews should provide evidence that the implications for such downgrading have been considered in conjunction with the safer custody team. (Repeated recommendation 6.44.)

HP47 Concern: Arrangements for separation visits were unsatisfactory and did not offer sufficient privacy. Some took place in the main visits hall.

Recommendation: An appropriate private venue should be provided for special visits, such as formal separation from children.

Section 1: Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Few women had long journeys. Some continued to spend long days at court and some arrived after 7pm. Most women were not given any information at court about what to expect on their arrival at the prison.
- 1.2 Few women had long journeys to the prison and a similar number to comparator prisons said they had been treated well by escort staff. Most women continued not to receive information at court about what to expect on arrival at the prison.
- 1.3 Women sometimes travelled with male prisoners and some complained that they had been harassed. Women continued to arrive late at the prison – in a recent six-month period 102 had arrived after 7pm, including 29 after 7.30pm and 17 after 8pm.
- 1.4 Some women spent long days in court holding rooms; reception logs recorded that women booked in at 10.25am and 11.04am did not arrive until 7.50pm. In our survey one woman said: 'I was held in a remand cell at Sheffield Crown Court and waited nearly five hours before being brought on the van. I was totally unaware of what was going on or what the procedure was even after I asked, I was just told to wait.'
- 1.5 All relevant information travelled with prisoners and they arrived in court on time. Cash did not automatically accompany women to court, and they had to request for this to be posted, or collected from the prison, if released.
- 1.6 Women involved in trials did not have the opportunity to shower before they left for court or on their return. Prisoners were generally given 24 hours' notice of planned transfer.
- 1.7 In a recent six-month period, 123 women (21%, an increase from 17% in 2008) had used the video link for court appearances, compared with 561 physical attendances.

Recommendations

- 1.8 Cash should automatically accompany all unconvicted prisoners to court.
- 1.9 Women should be transported separately from girls or male prisoners. (Repeated recommendation 1.7)
- 1.10 Women should arrive before 7pm to allow essential first night procedures. (Repeated recommendation 1.9)

- 1.11 Women should be held in court cells for the minimum time. (Repeated recommendation 1.10)

Housekeeping point

- 1.12 Prisoners attending trials should be able to shower daily.

Early days in custody

Expected outcomes:

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

- 1.13 A new reception building provided a more welcoming introduction to the prison. Women generally felt safer on their first night than during our last inspection, but the quality of first night interviews varied and not all women received essential first night information, or were able to shower on the day they arrived. Many first night interviews continued to be completed the day after arrival. Most women attended induction but some waited too long to attend and were unaware of basic prison procedures.

Reception

- 1.14 A new reception building provided a more welcoming introduction to the prison and, in our survey, more women than in comparator prisons said that they were well treated in reception, although black and minority ethnic women were less positive. Staff were courteous but did not wear badges displaying their name and status.
- 1.15 All new women were interviewed in private by a senior officer who completed a cell sharing risk assessment, established if women understood what had happened to them at court, identified the whereabouts and care of any children, and asked whether women had any history of drug or alcohol misuse or self-harm. Women were asked about how they were feeling and if they had any questions. Some senior officers provided unsolicited information about what would happen in the next 24 hours, but others did not, relying on the insider, a peer worker, to give information.
- 1.16 The insider gave verbal information to new arrivals but, as in 2008, we found that many women did not understand the role of this peer supporter. Not all women received the full planned verbal information, and the booklet 'Guide to your first days in custody' was poorly produced and available only in English. Information was not available in other media. General published information was available for foreign nationals in different languages, but it was out of date.
- 1.17 New arrivals received a choice of reception pack and generally a telephone call, although the phone was not in a booth and the call could not be made in private. The opportunity to shower and, in some cases, to make a phone call, depended on the time of arrival; in the survey 35% of women, fewer than in comparator prisons, said that they had been able to shower on the day they arrived.

Recommendations

- 1.18 All senior officers should give consistent and specific first night information to women during their reception interview.
- 1.19 Staff should wear identification displaying their names and status. (Repeated recommendation 1.29)
- 1.20 Information given to women should be properly and accurately produced and provided in media other than the printed word. (Repeated recommendation 1.31)
- 1.21 Women should be able to make a telephone call in private in reception. (Repeated recommendation 1.33)
- 1.22 All women should be able to shower on the day of arrival. (Repeated recommendation 1.34)

First night

- 1.23 The first night centre in Willow unit was, in general, a supportive environment. In our survey 74% of women, similar to comparator prisons but an improvement from 58% in 2008, said they felt safe on their first night.
- 1.24 Women were interviewed in private by an officer to complete an induction booklet. The interview repeated many of the questions women were asked in reception but it also ascertained if women had received a shower and a phone call, or seen the nurse. Women were not introduced to a Listener on their first night.
- 1.25 Women in prison for the first time were dealt with sympathetically but the quality of first night interviews varied. Some officers gave verbal information about the policies included in the booklet and the compacts that prisoners signed, as well as information about what would happen the next day. Others did not, although prisoners signed to say they had received the information.
- 1.26 Many interviews were completed the day after arrival. Of 23 completed induction booklets for women living on B and C wings during the inspection, only five were signed and dated on the day of arrival and 18 (78%) were signed later – 15 the following day and three 48 hours later.
- 1.27 In an analysis of 50 P-Nomis comments, the majority included a reference to prisoner induction interviews in the first night centre. These varied in detail – some were brief and functional but others demonstrated a good level of interaction, sometimes referring to a prisoner's family and holding discussions about their offence and their feelings towards being in custody.
- 1.28 Not all prisoners received a copy of the 'Information for new residents' booklet, which was available on the wing in 14 languages.
- 1.29 Women could receive three information booklets, one in reception, one on C wing and one during induction. All contained some of the same information, not all of which was correct. The recently published first night protocol referred to Oak House as the first night centre and referred to gateway interviews, although both had changed in 2010.

Recommendations

- 1.30 All women should be interviewed in private by a first night officer on the day of their arrival, irrespective of the time of their arrival. (Repeated recommendation 1.36)
- 1.31 All women should be explicitly offered the opportunity to speak to a Listener on their first night. (Repeated recommendation 1.38)

Induction

- 1.32 Women attended a three-day induction, the first of which took place in Willow unit in a dedicated room. The first day covered the prison regime and services and the second and third days, which were delivered in education, included literacy and numeracy assessments, and information about education, training and employment options.
- 1.33 Women stayed on C wing for a minimum of 36 hours and attended induction once they had moved wings and, if necessary, had been stabilised on medication. Those who had attended induction in the previous year were exempt.
- 1.34 In the survey 90% of women said that they had attended induction, an improvement from 78% in 2008 and similar to comparator prisons. A similar number to those in comparator prisons said that it covered all they needed to know.
- 1.35 Some women waited too long to attend induction and were unaware of basic prison procedures. Of 83 women starting induction in January 2012, only three (3%) began their induction within two to three days of arrival, whereas 44 (53%) started induction four to six days after arrival, 29 (34%) had to wait until seven to 10 days after arrival, and eight (9%) waited between 11 and 19 days after arrival.
- 1.36 Induction officers were friendly and engaged well with women, but some important issues such as diversity and bullying were covered with little discussion, and information was only given verbally with no use of media. Staff from other areas such as the gym, the counselling and advice service for prisoners with drug and alcohol problems (CARATS) and the Independent Monitoring Board (IMB) made presentations on the afternoon of the first day and women had a tour of the establishment. Foreign national women were seen individually by the diversity officer.
- 1.37 Gateway interviews had been replaced with a basic screening interview (see section on reintegration planning, paragraph 4.33).

Recommendation

- 1.38 Induction should take place on the first working day after reception.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.39 Most women reported feeling safe, and there was little serious bullying or violence, although some monitoring was ineffective. There was little discussion with women about their perceptions of safety.
- 1.40 Women told us they felt safer in the prison than during our last inspection and there were few actual incidents of violence between women. The last survey conducted by the prison had been completed in July 2010 when 45% of women said that they always felt safe or felt safe most of the time. A third however said that they had been bullied. There were plans to repeat the survey this year. Incidences of violence were monitored by the equalities officer; the survey had indicated no concerns regarding minority groups.
- 1.41 Safer custody was overseen by a multidisciplinary management team, which met monthly and reviewed a continuous improvement plan. The most recent policy for adults included references to juveniles for whom there was a separate policy. Attendance at the meeting had improved, and included prisoner Listeners. However, health care staff and the chaplaincy were not represented regularly. Although on the agenda at prisoner consultative meetings, discussion with prisoners about their safety was seldom promoted.
- 1.42 Data on indicators of violence were presented to the safer custody meeting each month and analysed for trends. Comparative data from 2009 indicated that on average there were two to three fights or assaults each month.
- 1.43 The system to investigate non-accidental injuries had improved, and officers enquired with prisoners about injuries. Copies of records of suspicious injuries were sent to the safer custody coordinator who asked wing managers to report the circumstances; 17 had been investigated in 2011.
- 1.44 There was an average of 15 investigations of suspected bullying during the 12 months prior to the inspection, similar to our last inspection. Investigations into incidents were basic with little evidence of efforts to corroborate allegations. Bullying was usually about relatively minor matters. Problems arising from personal relationships, exclusion from friendship groups and verbal threats were common. Some senior officers used their discretion when it came to offering mediation between women in low level disputes. Trading in medication was sometimes a factor, and some medicine queues were not well supervised.
- 1.45 Most women were placed on an initial stage of monitoring as part of the anti-bullying strategy, but this proved largely ineffective. Entries in monitoring documents were routine and mostly meaningless. Staff did not routinely ensure that anti-bullying documents accompanied women to their activity areas, such as the gym or workshop.
- 1.46 Those placed on the second stage of monitoring were demoted to the basic regime, but could earn back privileges over a four-week period, including their TV and full association privileges.

They were also required to complete a workbook, which for some was an opportunity to reflect on their behaviour. Offender supervisors also actively challenged unacceptable behaviour in many cases.

- 1.47 Very few women were placed on the third stage of monitoring, which involved segregating the women. Multi-agency risk management boards took proper consideration of more serious cases, as well as of women thought to be a high risk to others when sharing cells.
- 1.48 Support for victims of bullying was limited. In most cases this was done by moving the victim or perpetrator. Staff did not receive any training in the anti-bullying strategy.

Recommendations

- 1.49 **Women subject to the anti-bullying strategy should be consistently monitored.**
(Repeated recommendation 3.18)
- 1.50 **Support plans should be developed for all victims of bullying in consultation with them.**
(Repeated recommendation 3.19)
- 1.51 **All staff in prisoner contact roles should be trained in the anti-bullying strategy.**
(Repeated recommendation 3.20)

Self-harm and suicide

Expected outcomes:

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

- 1.52 There had been one self-inflicted death since our last inspection. Levels of self-harm had fallen. Some suicide and self-harm monitoring (ACCT) procedures had improved, but more focused care was needed, particularly when women at risk were being considered for the basic regime or held in segregation or unfurnished conditions. Women still did not have 24-hour access to Listener peer support.
- 1.53 There had been one self-inflicted death since our last inspection. Efforts were made to learn from previous deaths and serious incidents. Information received from Prisons Probation Ombudsman investigations was addressed at the safer custody meetings, but this, and action points arising as a result, were not always included in the continuous improvement plan. Findings from investigations following serious self-harm incidents were reported and recommendations considered by the governor.
- 1.54 Reports on the level of self-harm and ACCT procedures were completed each month. There had been a significant decrease in the number of incidents of self-harm and the number of ACCT documents opened. Throughout 2011, there were on average 54 self-harm incidents every month, involving 27 women, which was lower than the average of 38 women each month at our last inspection. In the last six months of 2011, an average of 6% of the population was subject to ACCT procedures – half of what was reported in 2008.

- 1.55 While some ACCT documents included detailed entries at handover, too few recorded regular good quality interactions. ACCT documents were not always available in activity areas so that teachers and instructors could add entries. There was little continuity of case manager at reviews, but more now involved staff from other disciplines, including mental health nurses. Reviews generally took place in wing offices, which offered little privacy. Most care plans were unfocused and made little reference to the resources available around the prison. The situation could have been improved with the greater involvement of other departments.
- 1.56 There was still a conflict between some processes involved in managing troublesome but vulnerable women; some were placed on the basic regime level with no evidence of there having been any appropriate consideration of their vulnerabilities. Staff believed that some women were manipulative, declaring their vulnerability only after they had been downgraded to the basic regime. Monthly safer custody meetings took note of the women on ACCT documents who had been segregated, but there was little evidence that proper consideration was being given to whether this was consistent with appropriate care.
- 1.57 Routine management checks were completed and a small number of documents were scrutinised by the safer custody meeting, but comments focused on procedures rather than on the quality of care being delivered. Twenty-three per cent of staff needed refresher training in ACCT procedures and 7%, including two staff members on operational support grades working at night, had not received any training.
- 1.58 Some women at risk of self-harm were placed in strip clothing or issued with anti-ligature bedding and placed in gated cells. The prison had a comprehensive unfurnished conditions policy (2011) but as no record was kept of the frequency or length of time women were held in these conditions, it was difficult to assess how well the prison adhered to the requirement that such measures should only be used as a last resort.
- 1.59 There were 12 Listeners but retention was a problem. Better planning was needed to anticipate Listeners leaving. Listeners met new women on the day after their reception, but it was unsatisfactory that women at risk did not have 24-hour access to Listeners. There was a Listener suite but it had only been used once in the past two years. Women could use a portable phone to contact the Samaritans, but this was insufficiently publicised.
- 1.60 There were still no safer cells that met the current specification, although there were plans to install two in Holly House and one in Sycamore House.
- 1.61 Automated systems for recording cell call responses were not fitted on all wings. Managers carried out a monthly manual check, and a sample of checks reviewed revealed prompt responses. The survey indicated that responses to cell alarm bells had improved since our last inspection. Equipment, which automatically recorded responses to four reduced risk cells in Oak House, and which could be used for women at risk, had been out of operation for around six months.

Recommendations

- 1.62 **All staff should be trained in ACCT procedures. Permanent night staff should be given particular attention.** (Repeated recommendation 3.41)
- 1.63 **More Listeners should be recruited and retained so that they are available 24 hours a day. Listener suites should be used.** (Repeated recommendation 3.42)
- 1.64 **Safer cells should be provided.** (Repeated recommendation 3.44)

- 1.65 All use of strip clothing for women at risk of suicide and self-harm should be centrally recorded and monitored at the safer prisons meeting. Records outlining the use of special accommodation should indicate whether such clothing is used. (Repeated recommendation 3.45)

Housekeeping point

- 1.66 The equipment used to monitor cell call response times in reduced risk cells in Oak House should be repaired.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- 1.67 Although there were no formal safeguarding procedures providing links to local adult social services, the reasons why women may be at risk were recognised, and we found evidence that appropriate care was being taken.

- 1.68 The presence of a dedicated juvenile unit within the prison meant that the promotion of safeguarding was familiar to some managers. Although there were no formal safeguarding procedures for women at risk, some work had been done to recognise a range of vulnerabilities. A vulnerable women policy (2011) focused on identifying and providing support in the early days of custody for women with a range of difficulties. Visitors could complete a post-visit safeguarding report if they had concerns; however, very few had been completed. Women for whom there were serious concerns were referred to the weekly risk management board. We saw some good case management plans for women with physical disabilities and transgender prisoners.

Recommendation

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

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

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

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

- 1.70 Security measures were not unnecessarily restrictive. The analysis of security issues needed further development. Despite a relatively high mandatory drug testing (MDT) rate there was no supply reduction action plan. The integrated drug treatment system (IDTS) clinical team was not alerted when women prescribed methadone tested positive for opiates in addition to their medication.
- 1.71 Security arrangements were largely proportionate. Women's risk regarding access to work was individually assessed and the criteria for placement on closed visits were directly linked to behaviour or security intelligence related to visiting procedures. However, prisoners did not receive enough information on why they had been placed on closed visits.
- 1.72 Required outcomes arising from security information report submissions, such as suspicion drug testing and target searches, were now monitored to ensure they took place.
- 1.73 The security committee met monthly. Minutes indicated that people attending were predominantly those carrying out disciplinary functions; areas such as health care, education and chaplaincy were rarely represented. The analysis of security intelligence lacked sophistication, which led to basic, generic security objectives that did not appear to address the issues raised. For example, prescribed drug dealing was considered to be a major issue, yet the identified security objective related to drugs was to improve links with the police.
- 1.74 The establishment's year-to-date random MDT rate stood at 7.1% against a target of 8.5% and more women than in comparator prisons said in our survey that it was easy to get illegal drugs (37% at New Hall, 23% in other women's prisons). Suspicion tests were conducted promptly, a frequent testing programme was in operation and the prison now met targets for weekend testing. The number of women who refused tests had reduced significantly.
- 1.75 Opiates were the main drugs used and there were instances when the clinical team was not informed of women who were prescribed methadone and who also tested positive for other opiates, which was clearly a safety issue. Medication also appeared to be diverted and 11% of women in our survey reported developing a drug problem while at the prison compared with the comparator of 6%. The problem of trading in medication was discussed at security and medicine management meetings, but the prison did not have a supply reduction action plan in place.

Recommendations

- 1.76 The clinical substance misuse service should be informed immediately of women testing positive for both methadone and other drugs.
- 1.77 The establishment should develop and implement a detailed supply reduction plan.

Incentives and earned privileges⁴

Expected outcomes:

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

- 1.78 Prisoners' experiences of the IEP scheme varied depending on the manager dealing with their reviews and appeals. Insufficient consideration was given to extenuating circumstances, such as prisoners being subject to suicide and self-harm monitoring (ACCT) procedures during review boards. More rigorous governance arrangements were required.
- 1.79 The governance and fairness of the IEP scheme needed to be improved, a finding recognised by the senior manager who had recently assumed responsibility for it and was redrafting the policy.
- 1.80 The level of fairness that women experienced when being assessed for an upgrade or downgrade depended on the manager involved. Some senior officers clearly made balanced judgements acknowledging mitigating circumstances; others simply endorsed the downgrade with no such acknowledgement. Several reviews for women downgraded to the basic regime failed even to mention the ACCT procedures to which they were currently subject. Similarly, some operational managers were prepared to uphold appeals when the evidence supported it, while others appeared routinely to reject them.
- 1.81 Targets for women downgraded to the basic regime were too generic and provided no guidance on how to progress. Some women were kept at the basic level sometimes for up to 28 days and often for little more than having one negative entry in their files in a seven-day period. There were also cases where women were prevented from progressing to an enhanced level because they had failed to have any positive entries, something they ultimately had little control over. However, many officers wrote good, detailed, regular entries, which provided managers with enough evidence to enable prisoners to move forward, and over 40% of prisoners were on the enhanced level.
- 1.82 Women were not routinely invited to attend review board meetings, although all those being reviewed for a downgrade to basic level were.
- 1.83 Governance arrangements were weak; senior managers had no awareness of how many women were currently at basic level and for how long. Data monitoring and analysis which could better inform strategic management of the scheme did not take place.

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.

⁴ In the 2010 report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

1.84 The strategic management of all discipline areas required improvement. The number of adjudications had decreased significantly, but records indicated that too many were poorly conducted. Punishments remained too severe. The large majority of incidents involving the use of force were justifiable and adequately recorded, but a small number appeared completely unnecessary. Prisoners strip-searched using force unacceptably had their clothes cut off them. The segregation unit environment had improved, but because the basic regime was being implemented, prisoners benefited very little from the improvements. Although appropriate discipline appeared to be involved in the care of some very troubled and troublesome women, the work was undermined by a lack of coordination.

Disciplinary procedures

- 1.85 Adjudications had fallen significantly since the previous inspection, from 160 per month to just over 90 per month. The majority of records sampled indicated that they had been appropriately raised. However, the standard of enquiry was very poor; findings of guilt were not supported by the evidence recorded. Even more concerning, there were cases where adjudicators had found prisoners guilty on the basis 'of their own admission of guilt' – an inappropriate reason by itself – yet the prisoner had pleaded not guilty and their own evidence had disputed that presented by the reporting officer.
- 1.86 A senior manager carried out monthly quality assurance checks on adjudication records, and although poor enquiry had consistently been highlighted as an issue, there was no evidence of action to address it.
- 1.87 Punishments were excessive. Cellular confinement was used in just under 10% of cases where a verdict of guilty had been reached, many of which in our judgement did not merit it and were usually for at least seven days. It was not uncommon for prisoners to lose virtually all privileges, including association, access to television, earnings and visits to the prison shop, which practically amounted to cellular confinement but without associated governance arrangements.
- 1.88 Monitoring took place within the segregation monitoring and review group and during security meetings but only focused on the total number of adjudications over the previous quarter, month on month. Although collated in a spreadsheet, data relating to the charges, location of offence, adjudicating officer, and so on, were not routinely monitored.

Recommendation

- 1.89 **Cellular confinement punishments should be used less frequently and should start at less than seven days.** (Repeated recommendation 6.29)

The use of force

- 1.90 Incidents involving the use of force had averaged 12 per month over the previous six months. It was difficult to make a comparison with the previous inspection because incidents involving juvenile and adult prisoners had not been disaggregated at the time of the last inspection – this had since been rectified. Many incidents revolved around staff trying to prevent women from harming themselves, and some women had been involved in multiple incidents due to aggressive and volatile behaviour.

- 1.91 We were concerned by a small number of supposedly spontaneous incidents where accounts in paperwork indicated force had been used inappropriately. One such example involved a newly arrived prisoner from HMP Peterborough who when refusing to hand over open-toed sandals and a strappy top, which had been allowed at Peterborough, was restrained, relocated to the segregation unit and had her clothes cut off her as she was forcibly strip searched.
- 1.92 Governance arrangements required strengthening. Neither paper records nor recordings of the planned use of force, that now routinely took place, were scrutinised by senior managers. Data analysis was limited to month on month totals of incidents, with no breakdown by, for example, reason, location of incident or the staff member involved.
- 1.93 Special accommodation was seldom used – five times in the previous six months – but paper records failed to provide details regarding why it was being used. Women were routinely placed in strip clothing and none of the paper records provided any justification for this. Where force was used to strip-search a prisoner, clothing was unacceptably cut off prisoners.

Recommendation

- 1.94 **Special accommodation should be subject to regular management scrutiny and quality checks.** (Repeated recommendation 6.33)

Segregation

- 1.95 The segregation unit environment had greatly improved following refurbishment. However, prisoners held in the unit had little opportunity to experience the improved environment as low staffing levels did not allow for anything other than a basic regime. This consisted of daily showers, telephone calls and access to time in the open air. Staff and prisoners reported that weekends were even more limited as redeployment of staff had resulted in a lack of access to showers, phone calls or exercise.
- 1.96 Further exacerbating the starkness of the regime were the restrictions on possessions that women could have when they were initially placed in the unit until they had demonstrated compliant behaviour. This meant that many had access only to limited reading material for several days and no television or even radio; this was likely to provoke problematic behaviour rather than minimise it. This was exemplified by a woman located in the unit during the inspection who for a week had access only to a single book, which contributed to deterioration in her behaviour.
- 1.97 Prisoners were usually held in the unit as either a cellular confinement punishment or for good order or discipline because of their volatile behaviour. Prisoners who fell into the latter category were often very damaged women who required a range of disciplines to support and manage them in a coordinated manner. There was a linkage with the mental health team under the umbrella of what the prison referred to as a custodial care integrated service (CCIS), however, there was no formal policy describing how this operated and staff members from each discipline were working in isolation, without any structured care plan process. Through no fault of their own, segregation unit staff, who had the most contact with these prisoners, knew very little about their cases, particularly due to the segregation review paperwork, which provided little or no additional information.

Recommendations

- 1.98 Prisoners remaining in the segregation unit for significant periods should receive coordinated multidisciplinary support, underpinned by a care plan process.
- 1.99 Segregation reviews should document long-term plans to progress a woman from segregation. (Repeated recommendation 6.34)
- 1.100 Long-term residents on Sycamore House (the segregation unit) should, where possible, be able to participate in regime activities such as using the gym. (Repeated recommendation 6.35)

Substance misuse

Expected outcomes:

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

- 1.101 With the full implementation of the integrated drug treatment system (IDTS) the treatment and care of drug dependent women had improved considerably, but more support for problem alcohol users was needed. A locally designed drug and alcohol programme had just started and a recovery unit was planned.
- 1.102 Of all new receptions, 43% required clinical treatment for drug and/or alcohol dependency and on average, 135 women were prescribed opiate substitutes – one-third on a reducing basis. Prescribing regimes had become much more flexible and women could access recovery clinics run by specialist substance misuse nurses and counselling, assessment, referral, advice and throughcare (CARAT) service workers for reviews. However, these services needed to be available to all those in treatment.
- 1.103 In the past two months, 42 women completed the alcohol detoxification process, but this was not closely monitored and plans to appoint an alcohol nurse to develop care pathways were a positive move. The first night centre was used as the stabilisation unit and women felt positive about the care they received; most then stayed in Willow unit. The main complaint concerned the administration of methadone in the evening, which could have a destabilising effect; the prison had already decided to change this. There was no consistent officer cover to supervise women queuing for medication, and women were not regularly tested to ensure treatment compliance. Joint work between clinical IDTS and CARAT services had improved and, while links with the mental health team were developing, there was no dual diagnosis service or multi-agency forum to coordinate the care of women with substance and mental health problems.
- 1.104 The establishment's drug strategy was led by the acting deputy governor, assisted by a designated drug strategy manager. A detailed IDTS needs analysis was completed in 2011, but the existing substance misuse policy had not yet been updated in light of this. Good partnership work with local commissioners was evident. While a prisoner survey had formed part of the needs assessment, there was no regular forum for service user consultation.
- 1.105 Women could access psychosocial support promptly and the CARAT team saw all new arrivals individually within the first three days. Interventions mainly took place on a one-to-one basis,

but women could also participate in IDTS group work modules. The team held an active caseload of 175 clients; contact was regular and care plans were of a good quality. The remit now included alcohol and a new alcohol worker was currently being recruited.

- 1.106 The establishment had recently replaced the short duration programme (SDP) with a new, locally designed 'Next steps to recovery' course, which ran over five weeks and was developed specifically for women with drug and/or alcohol problems. Narcotics Anonymous and Alcoholics Anonymous groups and peer mentoring schemes were not yet in place but there were plans for a recovery unit, which would include self-help approaches as part of a supportive environment.

Recommendations

- 1.107 The substance misuse team should ensure that regular treatment reviews are undertaken for all women treated under the IDTS.
- 1.108 The establishment should further develop service provision and care pathways for women with primary alcohol problems.
- 1.109 Medication diversion should be minimised by ensuring consistent officer cover and by introducing clinical compliance testing.
- 1.110 A dual diagnosis service should be developed for women who experience mental health and substance-related problems.
- 1.111 Substance misuse teams should develop a mechanism for regular service user consultation.

Section 2: Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Residential units

Expected outcomes:

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

- 2.1 The external environment and residential units were generally clean and well kept and the previous poor dormitory accommodation was no longer used. Many doubled cells were too small to contain sufficient furniture. Showers had been refurbished and there were now enough to allow all women to shower daily. The provision of clothing and laundry was reasonable. Applications were not logged on return and many women said that it took too long to receive an answer. Women's phone access was too restricted. Arrangements for mail were satisfactory and, despite some complaints, there appeared to be no significant delays.
- 2.2 The external environment was clean and generally tidy. The ages of the residential units differed. Cell and communal areas on all the wings were clean and well-maintained and women reported that they could obtain cleaning materials every week.
- 2.3 Cells varied in size and the dormitory accommodation in Willow unit had been taken out of use. Some small single cells were occupied by two women, which left them with insufficient room, furniture and lockable storage space. Many toilets and in particular those in cells occupied by two women were not sufficiently well screened.
- 2.4 There were not enough telephones in Oak House and not all telephones had privacy hoods. Women on some wings were restricted to using telephones for domestic calls during the very short evening association period despite the phones being switched on all day. Many complained about access to telephones; in our survey, 33% of women, significantly more than in comparator prisons and than at our last inspection, reported they had problems getting access to telephones.
- 2.5 All residential units had a range of notices on display, although most were in English only, and rules and regulations were displayed in every cell.
- 2.6 All women were assessed for their suitability to share a cell during the reception process (see section on reception, paragraph 1.13), and there were procedures in place to review risk assessments regularly or after significant events. Staff supervision during association and other times when women were out in communal areas was reasonable as was the response time to cell bells. Women in Larch and Rivendell units had privacy keys for their cells.
- 2.7 Showers across all units had been refurbished although those in Oak House had peeling paint on ceilings and walls. Additional showers had been installed in Poplar House and women could have showers daily. Although not all wings had baths, women could ask to use a bath on another unit if they wished. Personal hygiene and sanitary items were freely available. Clean

bedding was provided every week and mattresses were checked each month and replaced where necessary. All wings had suitable and adequate laundry arrangements, although some machines were out of order.

- 2.8 Applications could be made every day and were logged by wing staff. The log did not include the date of the response. Women reported that applications took too long to answer. In our survey, only 42% of women, significantly lower than the comparator of 49%, reported that applications were dealt with within seven days.
- 2.9 Mail was delivered and dealt with every day except on Sundays. Many women complained about the late arrival of mail. There had been staffing problems in the mail room over the Christmas period, but these had been resolved and there appeared to be no significant delays. Women could receive emails from family and friends. The censoring of mail was appropriate and in accordance with legal and security requirements. Legal correspondence was dealt with appropriately.
- 2.10 Women could wear their own clothing, and prison clothing was provided for women undertaking cleaning and other physical work. Clothing was provided for those who did not have enough of their own. Women could only have their clothing handed in during a visit up to seven days after their reception; after that it had to be sent in, which was costly. A considerable number of women, particularly those who had not had their induction immediately after reception, had not been made aware of this facility.

Recommendations

- 2.11 Cells designed for one prisoner should not be used to accommodate two. (Repeated recommendation 2.16)
- 2.12 All toilets should be effectively screened. (Repeated recommendation 2.18)
- 2.13 Women should be given enough time to make telephone calls.
- 2.14 Applications should be responded to within seven days.
- 2.15 Women should be able to have clothing handed in on visits after the first week after their initial reception.

Mothers and babies

Expected outcomes:

Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. Pregnant women receive appropriate support.

- 2.16 The mother and baby unit was still a safe and stimulating environment, with a clear emphasis on promoting parental responsibility; support from external organisations working in the unit aimed to emphasise this priority. Separation planning had improved and care planning was good, but not all prison staff took into account the effect of separation. There were no paediatric first aid trained staff at night, when the unit was supervised by a lone male member of staff, which was inappropriate.

- 2.17 The mother and baby unit in Maple House provided a safe and stimulating environment. It had places for nine mothers and 10 babies. The unit had recently been at less than full capacity and, at the time of the inspection, there were only three women and two babies resident.
- 2.18 The rooms were large and well-furnished, and all had adjoining toilets and wash basins, although women complained that the rooms were often cold. The furniture was adequate and in good condition. Showers were in good decorative repair and could be accessed freely. There were enough baths for women and their babies. The kitchen area for preparing babies' food was clean and facilities were adequate. Staff from Action for Children (AFC) provided an excellent crèche facility.
- 2.19 Pregnant women and those who had recently given birth had access to midwives and health visitors to a similar standard and frequency as in the community. These staff attended the unit regularly to support the women and their babies and provide ongoing care, such as immunisations. Birth plans were developed with the women in conjunction with an offender supervisor specifically assigned to work with pregnant women in custody at New Hall. Women could nominate a birthing partner, but co-parents were not regularly or routinely involved in antenatal care. Fathers were, however, able to visit the unit prior to babies being accepted. All women received individual care but there was no provision for them to attend antenatal classes or support groups. Plans were at an advanced stage to provide this through the involvement of external agencies, such as the National Society for the Prevention of Cruelty to Children.
- 2.20 There was a clear, fair admissions policy based on national guidelines, and women were given adequate written information about the unit before they made an application for admission. Admissions boards were held every two weeks and an emergency board could be convened at short notice if necessary. The board's chair was independent, its membership was appropriately comprised and it followed child protection procedures closely. Separation planning had improved; plans were developed either before or immediately after women had been accepted for the unit. They outlined arrangements for emergency separation and were detailed and clear. They also included input from social services and other agencies where appropriate. Young women admitted to the unit from Rivendell were provided with support through the provision of dedicated nursing staff.
- 2.21 Children on the unit could take part in community activities with crèche staff and when mothers were on release on temporary licence. Mothers could also share parenting – arrangements were in place for women to remain in the unit when their child was with a co-parent in the community.
- 2.22 Visits took place either in the visits hall or in the unit. Family days took place about four times a year. All women could apply for these visits and, subject to stringent risk assessment, any family members and friends could attend.
- 2.23 Care planning started once pregnancy was confirmed or, for pregnant women, on their initial reception to New Hall. Midwifery and nursing staff developed the initial care plans. Once a woman was accepted into the unit, she would take up residence approximately two weeks before confinement or, for those women bringing in children from the community, as soon as a place was available. After birth, care plans were developed by the women and AFC staff. Care plans appeared to be of a good standard, and the emphasis was on promoting parental responsibility. AFC staff supported mothers as the focal point for their babies in the activities they provided and through the crèche; they were clear about mothers being responsible for their child while they were in the unit. Review meetings were held regularly and child development was monitored by AFC staff and health visitors. Records of progress were

updated through written reports and photographs. Representatives from the Mothers' Union also paid regular visits, which prompted a positive response from the women.

- 2.24 AFC provided an information pack for mothers containing a wealth of childcare information. Mothers could use the crèche facility while they attended work and education activities. The crèche was appropriately furnished and brightly decorated with activities and toys that were stimulating and educational. The decoration and activities reflected multicultural backgrounds, and different traditions and cultures were supported by all staff in the unit.
- 2.25 Prison staff in the unit continued to wear prison uniform, which was inappropriate. All staff designated to work in the unit had enhanced Criminal Records Bureau (CRB) checks and all staff in the unit during the day had received Prison Service mother and baby unit training and paediatric resuscitation training. One mother had also been trained in paediatric resuscitation. There were no paediatric first aid trained staff at night when the unit was supervised by a lone male member of staff, which was inappropriate.
- 2.26 Women due to be separated from their children before the completion of their sentence were prepared for the process and supported by unit and AFC staff. Unit staff, including those from the AFC, would continue to support women after separation from their child. Some women, however, had not received adequate support or understanding from other prison staff after separation from their child.

Recommendations

- 2.27 **At least one member of staff who is trained in paediatric first aid should be available in the unit at all times.** (Repeated recommendation 2.37)
- 2.28 **Staff should not wear prison uniforms in the mother and baby unit.** (Repeated recommendations 2.39)

Staff-prisoner relationships

Expected outcomes:

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

2.29 Women said that most staff treated them with respect and that they had a member of staff they could turn to for support. Some women gave examples of disrespectful treatment, but most interactions were positive. Officers did not always knock to alert women before they entered cells nor did they wear name badges. Most women found their personal officers helpful and the majority of case notes were helpful and regular, although some inappropriate comments had been made.

2.30 Senior managers had led a major drive to improve staff-prisoner relationships since our last inspection. A personal officer scheme had been developed and introduced. In our survey, significantly more women than at our last inspection reported that staff treated them with respect and that they had a member of staff they could turn to if they needed help. Of those with personal officers, 74% said they were helpful, significantly better than at our last inspection.

- 2.31 Interactions between staff and prisoners were mainly positive, although staff continued to refer to adult women as girls. Women reported some examples of disrespectful treatment. Officers did not always knock before entering cells and did not wear name badges. However, first or preferred names were generally used, and many prisoners knew staff by their first names.
- 2.32 The personal officer scheme worked on a team basis and every woman had an identified personal officer and a reserve for when they were absent. In the absence of both personal officer and reserve, other team members were available for advice and support. The scheme was reflected in case notes, with examples of entries from personal officers, reserves and team members.
- 2.33 Of the 50 prisoner case records examined, entries generally provided a narrative detailing how the prisoner had been spending their time, often outlining positive engagement with the prisoner. Entries frequently referred to the prisoner's behaviour and compliance with the regime on the wing and in activities and engagement or otherwise with their sentence plan. Files often also included comments demonstrating a detailed understanding of the prisoner's current situation and circumstances, including their relationships with family and friends. In many of the files examined, there was an equal distribution of positive and negative comments.
- 2.34 Ten of the files contained comments that we deemed inappropriate or unprofessional but which had not been challenged by managers.
- 2.35 Management checks were recorded in most of the files. Checks were made every month and in several files they provided staff with feedback on the quality and frequency of entries, particularly in relation to personal officers.

Recommendations

- 2.36 **Efforts should be made to increase the proportion of women officers.** (Repeated recommendation 2.51)
- 2.37 **Appropriate language should be used in wing files and inappropriate comments challenged by managers.**
- 2.38 **Adult women should not be referred to as girls.** (Repeated recommendation 2.53)

Equality and diversity

Expected outcomes:

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

- 2.39 Equality and diversity work was reasonable, but not embedded throughout the prison. Managers focused on performance but did not adequately address issues raised by prisoners. Race relations appeared sound. Women with disabilities and women who were Gypsy, Roma or Travellers were underidentified. Care plans for older prisoners or prisoners with disabilities

were not reviewed regularly enough. Foreign national women felt supported, but translation services needed to be provided. A greater focus on the distinct needs of young adult women was required.

Strategic management

- 2.40 A single equality policy document covered the protected characteristics but did not effectively address the needs of prisoners who were of Gypsy, Roma, or Traveller origin or young adult women. There were additional policies for foreign national and older prisoners. The document mainly contained generic information relating to statutory obligations and duties, but there was some good guidance relating to local practices. However, it had not been developed on the basis of any meaningful needs analysis.
- 2.41 The local equality committee met quarterly. While always chaired by the governor or deputy governor, attendance by functional heads was inconsistent; operational functions, such as residence and security/operations, were rarely represented. The agenda had a performance focus – systematic monitoring and analysing of race equality treatment (SMART), audit requirements, impact assessments and training, for example – but did not adequately address issues raised from reasonably good consultation with prisoners from most protected characteristics.
- 2.42 An equality action plan was in place, but also had little or no input from prisoner consultation.
- 2.43 SMART data was well scrutinised, but was restricted to race equality and only in areas that were mandatory requirements of the National Offender Management Service (NOMS). Where specific trends that were out of range were identified, investigations into the reasons behind them took place, but lacked depth. For example, where black and minority ethnic prisoners were over-represented in cellular confinement punishment, enquiries simply concluded that cellular confinement had been appropriate for the offences carried out.
- 2.44 Thirty diversity incident report forms had been submitted since February 2010, with 27 relating to alleged racial incidents. Most were well investigated, but a small minority relating to complaints about staff less so. Commonly, the conclusion arrived at was that the member of staff was known to be 'too professional' to behave in an inappropriate way. An independent scrutiny panel, comprised of prisoners and members of Kirklees Council, regularly reviewed diversity incident report forms.
- 2.45 All prisoners were provided with information packs specific to any protected characteristic applying to them and this contained useful information, although only in English. Similarly useful literature was distributed regularly to all staff, although conversations with some suggested that not all had read this material.
- 2.46 All wings had at least one prisoner diversity representative. While most prisoners were aware of them, few reported that they would approach them if they had an issue, mainly because they were not aware of what the benefits would be of doing so.
- 2.47 There was a full calendar of events in place to celebrate and promote diversity, often involving the chaplaincy department, with whom strong links were maintained. Events were invariably linked to religious festivals.

- 2.48 Staff training continued to be in the form of NOMS's 'Challenge it, change it' package, but this failed to provide adequate education on broader cultural issues. At the time of the inspection approximately 66% of staff had received the training.

Protected characteristics

- 2.49 The diversity manager saw all new receptions and identified any issues or needs that they had in relation to protected characteristics. The one exception to this appeared to be Gypsy, Roma and Traveller women; the prison reported only one known Traveller, compared with 8% of women who identified themselves as such to us, and there was a lack of formal identification of their needs within the equality policy and at meetings. While it was positive that prisoners thought highly of the diversity manager and her support, it was apparent that the prevailing attitude of staff, and even some managers, was that diversity work was her responsibility rather than a part of everyone's daily responsibilities.
- 2.50 Race relations appeared reasonably sound. At the time of the inspection, 14.3% of prisoners were from a black or minority ethnic background. In our survey, black or minority ethnic women reported mostly similar experiences and perceptions compared with those of white women.
- 2.51 Two black and minority ethnic focus groups were held in 2011, and a further one to one drop in surgery took place in November 2011. While the surgery focused on individual issues that were rarely related to race, the two focus groups appeared to show genuine attempts on the part of the diversity manager to identify common issues arising for the black and minority ethnic population. This made it all the more disappointing that they were not held more frequently.
- 2.52 A database of prisoners previously or currently convicted of racially aggravated offences, and of those demonstrating racist behaviour during their custodial sentence, was maintained and held on a shared drive. While most staff were aware of the database and where to find it, few were aware that there were prisoners on their wing who were on it.
- 2.53 There were 33 foreign national prisoners held at the time of the inspection, including one detainee. A number were positive about their treatment, but there were some issues around a lack of translated material. Although formal telephone interpretation services were routinely used by reception staff and the diversity manager, few wing staff used them. Despite maintaining a database of prisoners and staff who could speak languages other than English, no information on each foreign national prisoner's ability to speak or read English was collated.
- 2.54 Foreign national prisoners received a monthly free five-minute telephone call abroad, but only in lieu of visiting rights for the previous month.
- 2.55 We were told that focus groups for foreign national women had taken place, but no minutes were provided.
- 2.56 The UK Border Agency visited the prison quarterly to provide information on individual cases. There were currently no access arrangements to accredited independent advice for prisoners subject to deportation arrangements.
- 2.57 All women that we spoke to were positive about their access to services and none reported feeling disadvantaged as a result of their faith.

- 2.58 Despite the fact that all new receptions were seen by the diversity manager, and asked if they had a disability, there appeared to be underidentification. The local database indicated only 6% of the population had reported having a disability compared with 24% in our survey.
- 2.59 Care plans were initially drawn up by the diversity manager when they were considered necessary, and passed to the disability nurse to make initial referrals. Reviews were undertaken by the equalities officer and the disability nurse; however, it would have been more appropriate for wing staff to conduct reviews as and when necessary. Too many staff were unaware of prisoners who were subject to care plans, but most were aware of those subject to personal emergency evacuation plans. There was still only one specifically adapted cell for wheelchair access, despite managers confirming that it was typical to have several prisoners in wheelchairs at any one time.
- 2.60 The experiences of women with disabilities varied from being well supported to feeling ignored. Although the prison's policy required that all women unable to work as a result of their disability be unlocked during the core day, some were not. Unacceptably, this appeared to depend on the members of staff on duty. Managers needed to do more to ensure that the policy was adhered to by all staff. This was reflected in our survey, where prisoners with disabilities reported feeling less safe and having poorer access to the regime.
- 2.61 There were 21 prisoners over the age of 50. Their experiences were more positive. Consultation arrangements were good, with focus groups taking place each month. Those who had reached retirement age did not have to work, but some said that they repeatedly had to ask to be unlocked during the core day. Retirement pay was also unacceptably low at £3.25.
- 2.62 Young adult women aged 18–21 were not formally recognised as having specific needs within the equality policy or in relation to any form of strategic management. There were no consultation arrangements and no mention of them in the diversity policy or equality meeting. While there was no indication that they were not receiving appropriate individual support, managers needed to satisfy themselves that these young women received equal access to an appropriate regime and that staff understood the distinct needs of young adult women.
- 2.63 Work with lesbian and bisexual women was improving. Prisoners were provided with information on external support agencies, and focus groups had begun during the previous 12 months. Sexuality was the one area in which specific provision was soon to be available for young adults through a local young person's support group, known as MESMAC. However, gay and bisexual women reported more victimisation by staff than heterosexual women and this required further investigation.
- 2.64 There were three transgender prisoners. Individual care plans had been formulated for them in consultation with each prisoner and they were positive about their treatment.

Recommendations

- 2.65 **Suitably adapted accommodation should be provided to meet the needs of women with physical disabilities.** (Repeated recommendation 3.61)
- 2.66 **The disability equality scheme should set out how women with disabilities have been involved in its development, the methods for assessing the impact of policies and practice and the arrangements to help the establishment carry out its statutory duties.** (Repeated recommendation 3.63)

- 2.67 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and promote race equality. (Repeated recommendation 3.82)
- 2.68 Monitoring of foreign national prisoners and those from minority groups should be expanded to reflect their experience of the prison and ensure that they are not victimised, discriminated against or excluded from any activities or allocation to work and accommodation.
- 2.69 There should be regular contact with accredited independent immigration and support agencies. (Repeated recommendation 3.107)

Faith and religious activity

Expected outcomes:

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

2.70 There were good chaplaincy facilities and provision for most major faiths. The chaplaincy was active and supportive and had introduced a useful mentor service to help women on release. Women could freely attend religious services, but there were still some clashes with medication times.

2.71 The chaplaincy department was well staffed. Its large number of volunteer staff were able to support women of all faiths. Activities and services were advertised throughout the prison, and women were given written information on induction. Women could attend religious services and activities of their choice, although for some, these often clashed with medication issues on Sundays. Women appreciated the support they received and were particularly positive in our survey about being able to speak to a religious leader of their faith in private.

2.72 The large chapel area was bright and adequate for the prison population. A separate, smaller room was used for some services and activities. Women held in segregation were visited by chaplaincy staff on a daily basis, and those who were unable to attend services in the chapel were catered for on an individual basis. Women were able to have religious artefacts in their possession appropriate to their religious beliefs. Major religious festivals for all faiths were identified and celebrated, with additional support from the catering staff that provided food to enhance the celebrations.

2.73 Chaplaincy staff worked well together to cover statutory and generic duties. The team also worked closely with the diversity team to host activities in the chapel. Chaplains attended meetings to support the work of the prison and were involved in reviews of women held in segregation and those subject to open ACCT documents as well as mental health reviews. Chaplains were an integral part of the support offered to women who had suffered bereavement and were also involved in supporting women and families following a death in custody.

2.74 Resettlement provision was good with chaplaincy and volunteer staff meeting women on release to offer post-release mentoring support. There were good links with faith providers in the local area, and staff could offer contact details for women who wanted to establish links with faith providers further afield.

Recommendation

- 2.75 The timings for dealing with medication issues should be reviewed to ensure that all women have the opportunity to attend Sunday services. (Repeated recommendation 5.55)

Complaints

Expected outcomes:

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

- 2.76 Women understood the complaints procedure and monthly reports identified trends and provided analysis. Responses generally addressed the issues raised, but many continued to be difficult to read. Investigations into complaints about staff needed improvement.
- 2.77 Complaint forms were freely available and women knew how to complain; 41%, the same as the local women's comparator, thought that complaints were dealt with fairly, an increase from 37% in 2008. Fewer than in comparator prisons and than in 2008 thought they were dealt with quickly.
- 2.78 Wing complaint boxes were emptied daily and a comprehensive electronic database of complaints was maintained. Monthly reports were produced for the senior management team (SMT), which now identified trends and provided analysis by subject, location and ethnicity (but not all protected characteristics). However, the status of complaints and the number upheld or refused were excluded. Minutes of a recent SMT meeting recorded the decision to monitor trends about complaints concerning staff.
- 2.79 We looked at 142 complaints. Most had received a response within five days but 24 (16%) had response times of one to two weeks. Replies were generally polite and addressed the issues raised, but many were handwritten and continued to be difficult to read. A senior manager quality checked 10% of complaints.
- 2.80 Prisoners expressed a lack of confidence in complaining about staff. A senior officer continued to respond to such complaints, although guidelines for prisoners stated that they would be investigated by a senior member of staff who would speak to the complainant and any witnesses, and that 'the governor will write to you at the end of the investigation'.
- 2.81 We looked at several complaints alleging disrespectful treatment from staff. In most cases there was no evidence that the complainant had been spoken to, or that witnesses had been identified and interviewed. None provided evidence of a thorough investigation.
- 2.82 Information about the Independent Monitoring Board (IMB) was handed out during induction and displayed on wings, along with information about the Prisons and Probation Ombudsman.

Recommendations

- 2.83 Applications should be logged and tracked to ensure timeliness of replies. (Repeated recommendation 3.116)

- 2.84 **Complaints about staff should be dealt with by a senior manager.** (Repeated recommendation 3.119)

Housekeeping point

- 2.85 Complaints should be monitored by their status, by all protected characteristics and by the number upheld and refused.

Legal rights

Expected outcomes:

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

- 2.86 There was a responsive and prompt bail information service. The legal services officer provided good support, but there was very little information available for women who did not understand English.
- 2.87 There was one full-time bail and legal services officer. Although trained as a bail information officer he had not completed training to help him support women who needed legal services. When he was absent, a second member of staff ran the bail service. The service was advertised around the wings.
- 2.88 All women potentially eligible for bail were identified daily and offered support. There was no backlog of cases. The prison now had direct access to the police national computer, which helped to provide timely information needed for bail information reports. Over a recent six month period, 23 of the 31 for whom information reports were submitted were granted bail.
- 2.89 There was no access to current information on legal issues for women who did not speak English. The bail and legal services officer had access to the internet and could identify solicitors and agencies to refer women to. He worked closely with the family support worker, equalities officer and domestic violence support workers within the prison. Most requests were for help to identify appropriate legal representation or to understand legal correspondence. The officer had a good grasp of licence revocation procedures, which also formed a good deal of his work.

Recommendations

- 2.90 **Legal services officers should be properly trained.** (Repeated recommendation 3.129)
- 2.91 **Current information on relevant legal issues should be available to prisoners in a range of languages.** (Repeated recommendation 3.131)

Health services

Expected outcomes:

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

2.92 Health services had improved, but were not aligned with prison functions to ensure that care was fully integrated. Substantial improvement in some of the health care facilities was needed to bring them up to current standards. Clinical governance arrangements were satisfactory, although the health care complaints and appointments systems were not completely confidential. Primary care had improved; there was a good range of clinics and women had prompt access to a GP. Nevertheless, many women complained that they were not told when appointments had been made. There was good mental health provision both at primary and secondary level and a high proportion of officers had received mental health awareness training. There was no longer a 24-hour health care staffed inpatient unit. The unit, now called Holly House, provided a therapeutic regime more akin to social care than mental health care. Dental health services were satisfactory. A reasonable pharmacy service was provided, but more attention to the management of medicines on wings was needed. Women with more severe mental health problems were transferred to hospital quickly.

Governance arrangements

- 2.93 Prisoners were generally happy with health services, but were not satisfied with the responsiveness of the appointments system.
- 2.94 NHS Wakefield commissioned the service, which was provided by Spectrum, a social enterprise. A prison partnership health quality board and a health development plan were related to a focused health needs analysis. Self-appraisal through the prison health performance and quality indicators (PHPQI) was accurate. Health services were not fully integrated into the prison meetings structure, which led to misunderstandings. However, working relationships were described as much improved. Clinical governance was efficient with appropriate reporting of key indicators and trend analysis. Follow up of deaths in custody recommendations and actions was consistent.
- 2.95 There was no standing patients' forum, although patients were encouraged to express their views in focus groups and via a regular health services questionnaire.
- 2.96 The staffing establishment in primary care had been increased and the skills mix enhanced. Reliance on agency staff, including locum GPs, had decreased. Only one in five nurses were up to date with basic life support training, although a plan to rectify the situation was about to commence. Peer clinical supervision of primary care staff was available but not used by all. It was not evident that individual supervision and recording of supervision received took place.
- 2.97 There were evidence-based care plans for patients with enduring illnesses, but not all care plans were updated by the review dates. There was also a programme of clinical audit, including medical records. Policies and procedures provided staff with guidance on areas such as the prevention of communicable diseases and control of infection and acted as an information sharing protocol.

- 2.98 The health services used rooms in the health care centre and on several wings in the prison. While some rooms were of a reasonable size and standard, many were not fit for purpose; most did not comply with infection control standards and several were too small. The reception health room was good, but the toilet had not worked since it had been installed, which affected confidentiality during urine testing. Resuscitation equipment was placed strategically around the prison and was checked regularly; equipment in the health care centre, close to the mother and baby unit, included paediatric supplies.
- 2.99 The majority of patients commented that nurses were generally easy to get on with. Nurses were easily identifiable as they were in uniform and wore name badges.
- 2.100 Pregnant women had good antenatal care; a midwife paid visits and there were regular checks by the GP. The manager was a senior nurse, who also led on the care of older prisoners. Patients could see a male or female doctor, although they waited longer to see the latter.
- 2.101 At the time of our visit prisoners were not given written information on how to access health care. A revised leaflet was available in draft and was being checked for readability before printing. Little information was displayed on the wings, and there was nothing for prisoners with reading difficulties.
- 2.102 There had been 118 complaints about health care in the six months to the end of December 2011. All had been dealt with informally. Informal complaints were flagged in the prison and through Spectrum systems. Patients knew how to complain about their care and treatment. The process started with a complaint being posted in the prison complaints system. Although envelopes marked 'confidential' were provided, these were not always used, which meant that the system was not completely confidential.
- 2.103 Prisoners had access to health promotion days, which were held every few months and included a range of activities. Health promotion in the primary care centre was good, but almost absent from all the wings. There were no health and wellbeing advisors; however, a psychological wellbeing practitioner was due to start following the inspection.
- 2.104 Prisoners were informed about blood-borne viruses and had access to sexual health and sexually transmitted diseases services. There were age-appropriate screening programmes, along with immunisation and vaccination programmes for hepatitis B and C, and meningitis C.

Recommendations

- 2.105 All clinical health care personnel should have up to date basic life support training.
- 2.106 All clinical rooms should be fit for purpose and comply with contemporary infection control standards.
- 2.107 Health care complaints should be handled in confidence. (Repeated recommendation 4.43)

Housekeeping points

- 2.108 Health services should be fully integrated into the prison meetings structure to avoid misunderstandings.
- 2.109 Clinical supervision should be recorded in staff members' personal files.

- 2.110 Care plans should be updated by the review dates.
- 2.111 Information on how to access health care should be available and on display throughout the wings. Health care literature should be audited to ensure that they can be used easily by prisoners with reading difficulties.
- 2.112 There should be a health promotion strategy and systematic health promotion campaigning throughout the prison.

Delivery of care (physical health)

- 2.113 At reception all prisoners were screened for potential health problems including mental health and substance misuse. All prisoners were offered a secondary assessment within three days. Screening for learning disabilities was available, but not routinely used. A more strategic approach to the identification and care of prisoners with learning disabilities was under consideration.
- 2.114 There was a reasonable range of primary care clinics and a variety of venues, including the wings, from which they were delivered. Weekly clinics dealing with life-long conditions were held. There was a short waiting time to see a GP of two or three days. GPs were available every day except Sunday and on weekday evenings until 10pm. The attendance failure rate for all clinics was high at 15%; for GP clinics it was around 7.5%. Two nurses were on site at all times, so the out of hours medical service was used infrequently.
- 2.115 There was a paper-based application system for health care. Application forms lacked a pictorial element to help those with reading difficulties. Prisoners said that they waited for up to four weeks for responses to applications. Once completed, application forms were placed in a general applications box, which meant that there was a lack of confidentiality. Many health care activities were wing-based and, in practice, the majority of prisoners applied for health appointments by speaking to a nurse on the wing who instantly made an appointment electronically.
- 2.116 SystemOne (the electronic patient record) was used and systems complied with the Data Protection Act.
- 2.117 The former inpatient unit in Holly House formed part of the custodial care integrated service (CCIS) along with the segregation unit. Women in Holly House had good daily support from the mental health services team and access to mental health advice by telephone out of hours. However, it was unclear how this provision was integrated with other disciplines.
- 2.118 Patients had good access to secondary care services. Appointments were seldom cancelled due to security reasons.

Recommendations

- 2.119 **Applications and appointments for health care should be appropriately confidential.** (Repeated recommendation 4.46)
- 2.120 **Appropriate inpatient care should be provided for women with physical as well as mental health needs where appropriate.** (Repeated recommendation 4.53)

Pharmacy

- 2.121 The pharmacist did not participate in pharmacy-led clinics or face-to-face medicine reviews. She had recently qualified as an independent prescriber, specialising in substance misuse and pain management, and was well placed to provide these services.
- 2.122 The pharmacy lacked space but there were plans to relocate it to a larger room in future. Fridge temperatures were not regularly monitored and recorded in all the units, and food and drinks were found in some fridges. There were no records to demonstrate that the methadone pumps used were cleaned and calibrated regularly, although this was done on a daily basis. Tots were used to measure diazepam liquid, which could lead to inaccurate doses. Date checking was not clearly documented. Old versions of the pharmaceutical prescribing guide British National Formulary were found.
- 2.123 There was a special sickness policy; however, the availability of medicines was limited. The range of patient group directions was limited. There was an in-possession medications policy as well as risk assessment. Drugs for neuropathic pain were being prescribed at high levels; the pharmacist had identified this as a concern and a structured approach to pain management was being encouraged.
- 2.124 The controlled drug keys for the main cabinets were kept in a key safe within the pharmacy, accessible only to the pharmacist and technicians. On the units, controlled drug cabinet key security was flawed – one cabinet had been left open and another with the controlled drug cabinet key in the lock and, although the rooms were locked, nursing staff were not present at either location. Some of the prescription charts had not been completed. There had also been a recent ‘near miss’ event, during which the security of medication in a wing-based treatment room had been breached.
- 2.125 The medicines and therapeutics committee, attended by a number of stakeholders, met on a regular basis. Systems were in place for the governance of medicines management and to monitor prescribing trends, including the implementation of some standard operating procedures (SOPs). However, it was not clear when some of these systems had been put into practice. Records demonstrating that staff had been trained and had adopted the SOPs were incomplete.

Recommendations

- 2.126 The pharmacy and treatments rooms should be fit for purpose and refurbished or relocated as necessary.
- 2.127 The pharmacists should be supported to develop pharmacy-led clinics and medicine use reviews. (Repeated recommendation 4.51)
- 2.128 Security arrangements should be in place to ensure that an authorised health care professional has charge of the controlled drug cabinet keys at all times to prevent unauthorised access. (Repeated recommendation 4.47)
- 2.129 The special sickness policy and patient group directions should be reviewed so that a supply of a wider range of over-the-counter remedies and medications are on hand, reducing the need to consult a doctor.

- 2.130 Medicines management practices on the wings should be subject to a regular clinical audit.

Housekeeping points

- 2.131 Liquid medicines should be measured using appropriate British standard measures.
- 2.132 The cleaning and calibration of methadone pumps should be recorded.
- 2.133 Refrigerator temperatures should be recorded daily and action taken when temperatures are outside the acceptable range.
- 2.134 Date checking should be formalised and documented.
- 2.135 Old reference books should be discarded.
- 2.136 Standard operating procedures should be reviewed and staff should be trained in those procedures. Staff training records should be maintained.

Dentistry

- 2.137 Prisoners complained about access to the dentist, although waiting lists were short and the average overall wait for routine treatment was three weeks. Prisoners with dental pain were seen within a few days. There were compliments about the dental service on file. The dental surgery was of a good standard, but too small, making it impossible to move around either side of the dental chair while a patient was in it. Items that had to be decontaminated were taken off site for processing, and dental amalgam was separated and removed as part of the NHS Wakefield, the primary care trust (PCT), contract. We were informed that the PCT had audited the service in the last year.

Delivery of care (mental health)

- 2.138 The lead supplier of mental health care was Nottinghamshire Healthcare NHS Trust (Notts), although there were several other suppliers. Mental health services had been further developed; there was an offender mental health pathway, an integrated model of care and increased staffing. Out-of-hours prison staff had access to Notts's on-call telephone advice line. Out of all uniformed officers, 86% had been trained in mental health awareness in the last year. Access to the service was open, and there were weekly multidisciplinary referral meetings. The mental health team supported around 120 patients with common mental health problems and 35 with complex problems at any one time. They offered one to one support and a comprehensive range of interventions. Improving access to psychological therapies (IAPT) practitioners and counselling were available.

Good practice

- 2.139 *Almost nine out of 10 uniformed officers had been trained in raising awareness of how to help prisoners with mental health problems. This was exceptional being the highest penetration of training we have seen.*

Catering

Expected outcomes:

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

2.140 Women had mixed views about the quality of food; black and minority ethnic women were less satisfied with it. A cooked breakfast had replaced breakfast packs on most mornings, but the lunch meal was too early.

2.141 The catering manager attended prisoner consultative meetings and equalities meetings and responded to remarks made in the food comments books, which were available at serveries.

2.142 The prison operated a self-select menu over a four-week cycle. This indicated halal, healthy eating, vegetarian and vegan choices. A range of diets was catered for to meet religious, cultural and medical needs. Additional fresh milk was given to pregnant women and there were extra provisions for women in the mother and baby unit.

2.143 In our survey, women had mixed views about the quality of food. Around a third of women said that it was good, which was better than the comparator. Only 26% of black and minority ethnic prisoners said that the food was good or very good.

2.144 Halal food was stored separately and specific implements could be identified and were used for serving halal meals. Certificates to verify the authenticity of halal products were available.

2.145 A cooked breakfast was now provided during the week, but breakfast packs were collected the night before at weekends. A hot meal was served for lunch. Some were served lunch at 11am, which was very early. Most were served before midday. Sandwiches were provided for the evening meal, which gave prisoners extra time to attend activities. The reception area had a store of ready-to-cook meals and breakfast packs.

2.146 All prisoners working in the main kitchen and on serveries had completed basic food hygiene courses, and some kitchen workers had completed NVQs in food preparation and cooking. There were no opportunities for most of the other women to learn to cater for themselves.

2.147 Good systems for recording food temperature checks at wing serveries and cleaning schedules were in place. Serveries were clean and most women wore appropriate catering clothing. The regional catering manager made regular visits, and an action plan had been completed to meet recommendations from the environmental health department.

Recommendation

2.148 Life-sentenced and long-term sentenced prisoners should have the opportunity to cater for themselves.

Housekeeping point

2.149 The lunchtime meal should not be served before midday.

Purchases

Expected outcomes:

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

- 2.150 Access to canteen reception packs had improved, but some could still wait over a week to make a personal order. Most women were satisfied with what was on offer but black and minority ethnic women were less satisfied.
- 2.151 Access to the prison shop had improved, but if women missed the deadline for weekly personal orders they could wait up to 10 days before they could submit another order. In our survey 26%, compared to 16% in comparator prisons, said that they had access to the shop when they first arrived. Prisoners were advanced funds for smoker or non-smoker packs and additional packs could be purchased
- 2.152 Most women were satisfied with the range of goods available; black and minority ethnic prisoners were less satisfied. Many black and minority ethnic women complained about the poor range of hair and skin products. Similar complaints had been raised at focus groups for black and minority ethnic women. The lack of choice from the national product list was a problem.
- 2.153 Product review meetings, chaired by the deputy finance manager, were held quarterly. Updates were published and distributed among prisoners. Suggestions for changes were put forward by wing representatives, who had access to the national product list and canvassed views. The canteen service was also raised at prisoner consultation meetings, which the deputy finance manager occasionally attended. There had been no full women's survey of the canteen for five years.
- 2.154 Women could make catalogue orders. They could also order newspapers and magazines through applications to the finance office. Efforts were made to meet the individual needs of women.
- 2.155 There was good communication with women about the canteen. Posters advertised special offers and new lines and advanced notices of price changes were published.

Recommendations

- 2.156 New arrivals should be able to receive orders from the prison shop within their first week. (Repeated recommendation 7.14)
- 2.157 The range of products available to black and minority ethnic women should be improved.

Housekeeping point

- 2.158 A survey of all prisoners' views of the canteen should be completed and findings considered.

Section 3: Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁵

- 3.1 Most women were able to spend a substantial amount of time out of their cell. Association was rarely cancelled, but was too short. Only a minority of women had daily access to an hour in the open air.
- 3.2 Overall, time out of cell was generally good, with the majority of women unlocked for the maximum time available of just over nine hours. In one afternoon activity period, for example, 17% of prisoners were locked in their cells but 68% were engaged in activities away from their wing, including visits, court and health care appointments. Exercise was scheduled during morning activity periods; this meant that only women engaged in wing activities or without employment could access an hour each day in the open air.
- 3.3 Evening association, although now rarely cancelled, was far too short – from 5.20pm to 6.30pm. As a result of slippage in the timings of the 'unlock' and 'lock up' regime, which occurred every day, women received less than an hour on evening association. Women in Willow unit who previously had to go to the general association area every evening could now associate on their spurs. During association, all women were also able to smoke in their cells without having to lock up.

Recommendations

- 3.4 Evening association should be longer so that women have time to use the phone and shower as well as to associate with each other.
- 3.5 All women should be able to take exercise in the open air for one hour daily. (Repeated recommendation 5.65)

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their

⁵ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.6 Learning and skills and work activities had improved and had a stronger vocational focus. The provision was well managed and effectively linked to prisoners' resettlement needs. Managers used data well for planning and monitoring purposes, but the quality improvement group was less effective in using data to set challenging targets for improvement. There were enough activity places to meet the needs of the prison and most prisoners were occupied. Literacy, language and numeracy provision had been expanded and improved, but the skills for life strategy did not focus enough on future targets. The increase in the amount of English as a second language provision was sufficient for the number of prisoners needing language teaching, but too few women chose to participate in it. Teaching, training and learning were good. Most learners achieved their qualifications.

Management of learning and skills and work

- 3.7 Learning and skills were well managed. The prison had a clear strategy for learning and skills, which effectively linked education, training and careers support to the resettlement needs of prisoners. The management structure for learning and skills supported a coherent and collaborative approach between the prison and its partners. Staff were experienced and well qualified.
- 3.8 The prison made very good use of data about the prison population and opportunities for employment on release to determine the range of work, training and education it provided. More detailed and useful performance data than at the previous inspection were available to managers. These were used appropriately to discuss performance with individual partners and to promote strategies for improvement. However, the analysis of the literacy and numeracy skills of prisoners entering the establishment was based on those who undertook a formal initial assessment; it did not include the high proportion of prisoners arriving from other establishments who had been assessed elsewhere.
- 3.9 Senior managers met regularly with delivery partners to monitor performance effectively and to agree on how provision could be developed and improved. The quality improvement group (QIG) was less effective in bringing about improvements, focusing too much on general discussions about operational issues rather than strategic developments and setting challenging and measurable targets for improvement.
- 3.10 The prison had made many improvements to the quality of provision. Although it had extended opportunities for prisoners to broaden their literacy, language and numeracy skills and had improved the quality and performance of these programmes, the skills for life strategy did not articulate how the provision would be developed further or how it would set challenging targets for improvement.
- 3.11 The updated pay policy was transparent. Pay rates were not a disincentive for prisoners attending education or training, either on a full- or part-time basis. Pay was differentiated to some extent to reflect the nature of different job roles and the hours worked.
- 3.12 The self-assessment process involved staff and partners and led to an accurate assessment of the provision. Weaknesses were identified and resulted in a clear action plan, which managers used to bring about improvements.

- 3.13 Managers monitored the quality of teaching, learning and assessment effectively. Prison service instructors were observed once a year and, although this was a useful assessment of their performance, there was too much variation in practice across the different areas. Many observations had not led to an action plan to help instructors to improve. Inspectors agreed with the prison that teaching and learning were good.
- 3.14 The way that prisoners were allocated to activities was effective and took into consideration their personal preferences and career aspirations. Waiting lists for popular courses and job roles were mainly managed well.

Recommendations

- 3.15 The prison should review and put into practice a comprehensive skills for life strategy, which should ensure that all prisoners' literacy and numeracy skills are analysed. It should also ensure that all non-English speakers are actively encouraged to develop their language skills.
- 3.16 The quality improvement group should focus more on overall performance and the strategic development of learning and skills and should set challenging and demanding targets for improvement.
- 3.17 The observation process for teaching, learning and assessment should be of a consistently high standard and should lead to a realistic action plan to improve staff performance.

Provision of activities

- 3.18 Most prisoners were occupied purposefully during the core day. The 382 purposeful activity places were enough for the current population. Sessions and work started promptly and time lost through late starts had been reduced.
- 3.19 The range of provision had a stronger focus on employability and flexibility to meet short sentence lengths than at our previous visit. Vocational training better reflected the labour market; education was available from entry level 1 up to level 3 and higher learning. Activities included: class-based and outreach literacy and numeracy; English for speakers of other languages (ESOL); study skills for higher level learners, information and communication technology; kitchen preparation; health and safety; and a daily programme in the health care centre. National vocational qualifications were offered in business administration, call centre working, catering and hairdressing. Excellent training had been developed to prepare learners for guaranteed work in high street photography shops. Prisoners assessed at entry level in literacy and/or numeracy were directed to part-time work with education. However, this arrangement did not extend to ESOL, where few learners chose to benefit from the improved service.
- 3.20 Learners could begin programmes at any time. Since the previous inspection the prison had developed more units that were relevant to the workshops and that were achievable in a short timescale. For the 8% of women who stayed in the workshops for longer than eight weeks, a level 2 performing manufacturing operations qualification was available. Women working in gardens could take a level 1 qualification, and, depending on the number of units they completed, achieve a certificate or diploma.

Quality of provision

- 3.21 Induction was thorough; the initial assessment of learners' skills was good and linked directly to decisions about prisoners' activities through the comprehensive information, advice and guidance service, which learners had good access to throughout their sentence. In vocational subjects, the initial assessment included work-related skills. For example, in industrial cleaning, learners were asked to self-assess different aspects of their cleaning skills and to demonstrate the skills practically. Training was then tailored accordingly.
- 3.22 Learning and skills and work provision was of a high standard and met learners' needs. Teaching, training and learning were good. Sessions were well-planned and paced to motivate learners and enable everyone to participate. This good provision helped prisoners to develop effective skills, knowledge and understanding, supporting them within their families, at work and in the wider community following release. Tutors and instructors set high standards and acted as positive role models. Orderlies and mentors were used well to support learning. Assessment was thorough; observations of learners working were used well to help them achieve their qualifications quickly.
- 3.23 Vocational tutors and trainers offered good coaching to develop learners' practical skills in the workplace. An excellent new programme prepared learners to work in Max Spielmann photography shops; 10 learners had already progressed to employment at the shops on their release. They could also achieve an externally accredited level 2 customer service qualification. In production workshops, catering and gardens, learners rotated tasks, showed a strong work ethic and had a good understanding of professional standards.
- 3.24 Individual learning plans had improved and formed a comprehensive record of learning, progress and achievements and staff referred and contributed to the plans. There was an increase in awareness of developing and recording 'soft skills'; learners developed the skills that were needed for the workplace, such as confidence, problem-solving, punctuality and taking responsibility for their own work. However, soft skills targets were not always detailed enough or time-bound, making them difficult to measure. They were not always recorded or monitored.

Recommendation

- 3.25 **Soft skills targets should be specific, time-bound and reviewed so that learners know when they have progressed and what they must do to improve.**

Education and vocational achievements

- 3.26 In 2010–11, 89% of learners achieved their qualifications. Education achievements were high in many subject areas, but low in skills for life and level 1 business administration. Data indicated improvements this year.
- 3.27 Prisoners' achievements in vocational qualifications were very high – 100% in catering, PE, gardens and workshops – but only 38% achieved level 2 in performing manufacturing operations. Staff changes had led to improvements in performing manufacturing operations and current learners were making good progress, with more taking the qualification.
- 3.28 All learners took a level 1 health and safety qualification before they began work in the workshops. All women who worked in the kitchens took a level 2 food preparation qualification

and wing cleaners were expected to take the level 2 cleaning qualification. However, PE qualifications were only available at level 1 and the skills some learners and orderlies developed teaching exercise sessions were not accredited.

- 3.29 Learners developed good skills and took pride in their work. For example, business administration learners provided administrative support to staff and organised charity fundraising events, while catering learners produced a range of food, including buffets for functions and a varied menu for the prison population. Garden learners maintained the grounds and learners in the Max Spielmann Academy developed photography, printing, customer service and selling skills to a professional standard.

Library

- 3.30 The library was small, but bright and welcoming with good displays. There were better resources and facilities than at our last inspection, including tables for individual and small group study, one free-standing computer, two computers with access to the virtual campus and one with internet access for staff to download information. Library staff liaised well with vocational staff to buy loan and reference books to support study. However, few tutors or prisoners regularly used the new resources.
- 3.31 The range of stock was reasonable and included books in 14 different languages, large print material, talking books, legal material and access to up to date Prison Service instructions. The highly popular music CD loan service offered a good stock.
- 3.32 Better recording equipment had led to the reinstatement of Storybook Mums. A number of displays and projects had been run, and the 'six-book challenge' offered for the first time.

Recommendation

- 3.33 **More frequent library activities should be offered to encourage the enjoyment of reading and writing.**

Housekeeping point

- 3.34 Staff and learners should be encouraged to maximise their use of the improved library facilities.

Physical education and healthy living

Expected outcomes:

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

- 3.35 The prison offered a satisfactory range of physical education provision. It had good links to the prison's healthy living promotion activities. Prisoners' achievement of level 1 qualifications was very high, but level 2 qualifications were no longer offered, which meant that opportunities for orderlies and more able prisoners were restricted. The prison had developed a well resourced theory classroom, but had been slow to make progress on accommodating resistance

machines. The sports hall was dated and in need of repair. Attendance data were reviewed regularly, but had not improved since our previous visit.

- 3.36 The PE programme included a satisfactory range of team games and individual fitness activities. Healthy living programmes for those with weight and self-esteem issues were available. Rehabilitation and antenatal and postnatal sessions were taught. There were good links with the healthy living nurse, who referred women with a range of physical and psychological issues. Support was given to women undergoing detoxification and to those with problems sleeping. The menu identified healthy eating options. The first night centre fitness suite had been set up.
- 3.37 Prisoners' achievements in PE qualifications were very high; all learners who completed their course achieved units or full qualifications. On offer were a 12-week course, which included introductory units in a range of sports, such as badminton and volleyball, and the Sports Leaders Award. However, level 2 qualifications were no longer available. Orderlies carried out tasks such as leading exercise sessions, which could lead to a level 2 qualification. Learners on PE courses were using a spacious, modern classroom, equipped with appropriate furniture and an electronic white board.
- 3.38 The sports hall was dated and the walls needed repairing. Although staff were investing their own time trying to improve the sports hall, a lot of work needed to be done to make the facility useable. Resistance machines had not yet been purchased, despite the fact that accommodation for the machines had been secured.
- 3.39 The prison had offered female staff training to use the injury treatment facility, but none had participated. This meant that no staff could offer hands-on injury treatment. However, female staff were qualified in exercise-based rehabilitation, and one was qualified in pre- and postnatal exercise.
- 3.40 Attendance data were reviewed at meetings with the head of learning and skills. The data were analysed to identify trends in attendance. This had led to improvements in the range and timetabling of provision; for example, it was now also offered on Friday afternoons and at weekends. Despite these improvements attendance remained unchanged, and was the same as the national comparator for other similar prisons.

Recommendations

- 3.41 Level 2 qualifications in PE for orderlies and more capable learners should be reintroduced.
- 3.42 The prison should update the practical facilities to accommodate resistance machines and repair the fabric of the sports hall walls.
- 3.43 Gym facilities should be updated to support delivery of fitness instructor courses. (Repeated recommendation 5.45)

Section 4: Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Strategic management of resettlement

Expected outcomes:

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

- 4.1 There was a comprehensive resettlement strategy and reducing reoffending action plan, based on a needs analysis. The analysis did not identify the needs of specific prisoner groups. A resettlement drop-in was soon to be introduced to enable women to obtain information from a variety of partnership agencies.
- 4.2 The 2012 resettlement strategy outlined the planned development of the resettlement function across all resettlement pathways. It included induction, case management, public protection, offending behaviour and 'through the gate' work. The strategy named voluntary and community sector partnership agencies and their point of contact within the prison, and outlined the terms of reference for the reducing reoffending policy group (RRPG).
- 4.3 The comprehensive reducing reoffending action plan 2012–13 detailed the delivery of provision under all pathways, plus an additional 'Supporting women from custody to community' pathway. The targets set included dates for completion and named those responsible for meeting them.
- 4.4 Both the strategy and action plan were based on needs identified in the 2011 needs analysis, comparative data from the 2009 analysis and information drawn from the offender assessment system (OASys). Although the action plan mentioned working with life-sentenced young adult and older women, there was no analysis of their specific needs or those of other specific prisoner groups.
- 4.5 The development of resettlement work was effectively led by regular RRPG meetings, chaired by the women's service development manager. A community partnerships manager coordinated the work of a number of voluntary and community partnership groups. A resettlement drop-in service was soon to be introduced to enable women to obtain information from a variety of partnership agencies.
- 4.6 In a recent four-month period there had been 18 applications for release on temporary licence (ROTL) from seven women, 11 of which had been approved. Offender supervisors' contributions to ROTL decisions revealed that there were clear links between public protection issues and women's resettlement needs.
- 4.7 Women completed exit interviews; their views on resettlement were collated and discussed at RRPG meetings to inform future provision (see also section on reintegration planning, paragraph 4.33).

Offender management and planning

Expected outcomes:

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

- 4.8 The offender management unit was well established and managed. All prisoners were allocated to an offender supervisor and caseloads were manageable. The OASys was up to date and of a high standard, and there was generally good contact with offender managers. Some difficulties arose when transferring some women to their home areas in preparation for release. Public protection was sound. Women with indeterminate sentences for public protection were effectively supported and parole reports were up to date.
- 4.9 Staff in the offender management unit (OMU) were accommodated in one location alongside staff carrying out a number of other functions, which promoted effective information-sharing. The unit was well established and managed, and there was sufficient administrative support.
- 4.10 There were the equivalent of 11.5 offender supervisors consisting of eight uniformed officers and 3.5 probation officers. A further uniformed officer worked temporarily in the unit. Supervisors were suitably trained. All prisoners were allocated to an offender supervisor who worked with them to identify their needs, support them during custody and prepare them for release.
- 4.11 The 81 women identified as very high risk, prolific and priority offenders, or serving indeterminate sentences for public protection (16) were generally managed by an offender supervisor from the probation service. Uniformed supervisors worked with other women – they included one who managed all those with sentences of less than 12 months, and another who managed remanded women.
- 4.12 Caseloads were manageable and all OMU staff were clear about their purpose to promote public protection and the reduction of reoffending. In our survey 83% of sentenced women said they had a named supervisor.
- 4.13 Gateway interviews, which establish prisoners' needs after release, had been replaced with a basic custody screening that was completed within five days of arrival. This enabled women to be stabilised on medication when necessary. Referrals were made as appropriate, but screening did not form the basis of a custody or sentence plan for unconvicted women, or for those serving less than 12 months. Referrals were not specifically followed up (see section on reintegration planning, paragraph 4.33).
- 4.14 The OASys was up to date and generally of good quality. Many more women than the comparator in our survey said they had sentence plans.
- 4.15 Sixty-eight per cent of case notes sampled from P-Nomis, the Prison Service computer system, referred to sentence plans, 74% of which were put together by offender supervisors. Supervisors' comments indicated that they had regular contact with women and showed that they liaised with internal departments, wing staff and external agencies. They also revealed that they often knew about family circumstances and how they affected the women's sentence and release.

- 4.16 There was active supervision and quality assurance of all offender management work and the senior probation officer formally supervised the casework of all offender supervisors. Regular team meetings contributed to an integrated approach of offender management. Newsletters for prisoners and staff had been introduced to address issues raised in a prisoner survey about the OMU. An offender supervisor drop-in service had been introduced in Poplar House (see section on indeterminate sentence prisoners, paragraph 4.28).
- 4.17 In the survey, 85% of sentenced women said that they had a named offender manager. There was generally good contact with offender managers and use was made of telephone and video conferencing. Prisoners' families were not involved in sentence planning meetings.
- 4.18 Although overcrowding drafts were regularly received from HMPs Foston Hall and Peterborough, the prison's 2011 needs analysis highlighted that approximately 70% of prisoners were from the local area. Where possible women were given the opportunity to transfer to a local prison to prepare for release, but the prison found it increasingly difficult to transfer women to HMP Peterborough for this purpose.

Recommendations

- 4.19 **Women should have the opportunity to spend their last months in custody in the area where they will be discharged.**
- 4.20 **Family members should be involved in sentence planning when appropriate.**

Public protection

- 4.21 Public protection work was well integrated into the work of the OMU, and all prisoners were screened on arrival. The reasons for restricting contact or applying monitoring procedures were documented, and if any restrictions were applied, this was explained to prisoners by an offender supervisor.
- 4.22 A local public protection policy document had been drawn up and information about prisoners subject to public protection restrictions was available on the staff intranet.
- 4.23 A weekly risk management board, chaired by the senior probation officer and including a suitable cross section of staff, determined what, if any, restrictions were needed for new arrivals. The board also reviewed existing cases and any other concerns. Meetings considered applications for release on temporary licence, reviewed cell-sharing risk assessments and bullying incidents. Minutes of meetings demonstrated that the risk to previous or potential victims was considered.
- 4.24 On the public protection register, 23 women were identified as being a risk to children: 13 for harassment offences, 11 for being on the sex offender register and 19 for being on the violent and sexual offender register (ViSOR). Twenty-five women were subject to level 1 multi-agency public protection arrangements (MAPPA), 12 at level 2 and 73 women were MAPPA nominals, who had not been allocated a level. Offender supervisors contributed effectively to MAPPA.

Categorisation

- 4.25 Women were categorised within 24 hours of arrival following an interview with the observation, classification and allocations officer in the OMU. Recategorisation reviews for prisoners were managed by offender supervisors and were held annually for prisoners serving over four years, and every six months for those serving one to four years. Supervisors consulted staff involved with prisoners in recategorisation reviews.
- 4.26 Women received categorisation information in writing, including details of how to appeal.
- 4.27 Forty-five women had been recategorised to open prison conditions in 2011 and 2012, and planned progressive moves were made to HMP Askham Grange. Holds were placed on women as necessary. The establishment tried to keep 'local' women at the prison; however population pressure often made it necessary for them to be moved, usually to HMP Low Newton in Durham. (See also the section on offender management and planning, paragraph 4.18.)

Indeterminate sentence prisoners

- 4.28 Prisoners facing an indeterminate sentence were identified on remand and supported.
- 4.29 Each of the 17 life-sentenced women and 16 women serving indeterminate sentences for public protection had an allocated offender supervisor and managing indeterminate sentences and risk (MISAR) trained officer. Most were accommodated in Poplar House with a slightly more static population. Unchanged from the last inspection, some women told us that they found it unsettling to live with women serving relatively short sentences, although others were content. Some women spoke highly of the support they received from staff, while others were not so positive.
- 4.30 Women could invite family to two annual lifer days, but there were no events designed to enable prisoners to understand and engage with risk reduction, or to prepare for their eventual reintegration. Offender supervisors ran a monthly offender management drop-in service for prisoners in Poplar House.
- 4.31 There were no lifer forums. Managers said that forums in the past had been unsuccessful as women wanted to talk about their own circumstances rather than their needs as a group. Some women said that they would welcome such forums.
- 4.32 All prisoners had a current sentence plan and parole reports were up to date.

Reintegration planning

Expected outcomes:

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

- 4.33 Basic custody screening for all women included all resettlement pathways, but did not form the basis of a formal custody or sentence plan for unconvicted women, or for those serving less

than 12 months. However, women were beginning to receive a printed copy of this during the inspection. There were some effective 'through the gate' services, as well as support for accommodation, finance, benefits and debt needs. A resettlement drop-in service was soon to be introduced. Existing interventions met some, but not all, identified needs and managers were investigating ways of addressing this. There were good support services for women with emotional, sexual and physical trauma experiences and for sex workers.

- 4.34 Gateway interviews had been replaced with a basic custody screening (BCS) by an offender supervisor, which was completed within five days of arrival. This assessed need under each of the resettlement pathways. In the survey, of those who identified themselves as having problems on arrival, 49% said that they had received support from staff to help them deal with them.
- 4.35 Supervisors made referrals to relevant agencies in response to needs identified in the BCS, but screening did not form the basis of a formal custody or sentence plan for unconvicted women or for those serving less than 12 months. Referrals were not followed up. However, during the inspection, it was decided that prisoners would sign and receive a printed copy of their screening, and an electronic copy would be forwarded to their wing for information.
- 4.36 Some very effective 'through the gate' services were available. For example, the Together Women Project (TWP) supported women serving any sentence who were returning to the Leeds and Bradford areas, but signposted any woman to services in her home area. The prison-based project worker provided women with advice and support to address needs in custody, and helped them make a plan with community services to prepare for their release. She saw all women returning to Leeds and Bradford before their release to identify any unmet needs. From April 2010 to March 2011, 288 women had been assessed by the TWP (46% of all discharges to Leeds and Bradford) and 192 (67%) had a completed release action plan. The worker also recorded outcomes after release, for instance if a woman was attending a pre-arranged appointment.

Recommendation

- 4.37 **Follow-up basic custody screening (BCS) should be undertaken to ensure identified areas of concern have been addressed.** (Repeated recommendation 8.23)

Accommodation

- 4.38 In our survey 25% of women, similar to those in comparator prisons said they had housing problems on arrival and the prison's need analysis identified 41% of prisoners without a discharge address. Over a five-month period, 12% of women had been released without a fixed address.
- 4.39 Offender supervisors referred women to workers from Shelter and the TWP in the prison, who helped with housing needs, including safeguarded tenancies, arranging termination to avoid rent arrears, and organising payment of rent arrears. Help was provided to apply to bond schemes to obtain the financial deposit on privately rented accommodation. Prisoners referred themselves to accommodation workers and referrals were also made by staff.
- 4.40 There were some good links with housing organisations, particularly with local providers. Contacts with services in other areas were not as well developed, and the prison found it difficult to transfer some women back to prisons in their home areas just before their release

(see section offender management and planning, paragraph 4.18). This was likely to have had an impact on the level of support that could be provided. The short sentences many women received also made it difficult to secure suitable accommodation before their release. Women identified as leaving without an address were given information about how to apply for housing, how to access emergency accommodation and where to find help.

- 4.41 Workers also helped with debt and finance management and with signposting others in the prison such as the Jobcentre Plus worker. In our survey 62% of women said that they knew who in the prison could help them with accommodation.

Education, training and employment

- 4.42 Much of the education and vocational training offered at the prison was employment-related and had been carefully aligned to the needs of most prisoners and the employment opportunities available on release. Prisoners approaching release attended a three-week pre-release course, which helped them to develop the skills they needed to obtain employment and training once they had been released. When prisoners were approaching release they were kept on courses that would result in an employment-related qualification, or in the case of the Max Spielmann Academy, a guaranteed job, rather than moved to the pre-release course. The prison met its targets for the number of prisoners with employment or education on release; however these targets were not challenging.
- 4.43 The prison was beginning to develop effective links with employers. It had held its first job fair, involving 42 local and national employers. At least one of these had subsequently taken on prisoners on their release. Prisoners could not attend training courses or work outside the prison when they had been released on a temporary licence.
- 4.44 The prison transferred the records of prisoners who were moving to other establishments efficiently. It also made good use of the records of prisoners who returned to the establishment so that they could continue with their development.

Health care

- 4.45 Prisoners' health needs were addressed before they were released via a weekly pre-discharge clinic to which all prisoners were invited. They were given help to find a GP and were provided with harm minimisation advice, including condoms. Patients were given take-home medication and a medical summary for their GPs. Patients with serious and complex mental health problems received services using the care programme approach.

Drugs and alcohol

- 4.46 Links between the counselling, assessment, referral, advice and throughcare service (CARAT) team and the offender management unit had improved: an information sharing protocol was in place and an increase in referrals had been noted. Individual release plans were detailed, and preparation for release included the provision of harm reduction and overdose prevention advice.
- 4.47 Clinical integrated drug treatment system (IDTS) and CARAT services worked together to make sure that treatment continued when a prisoner was released, and the teams shared a database. The administration of methadone in the evenings had created problems in terms of throughcare, and women were now given their medication before leaving for court.

- 4.48 Clinical management protocols included providing those who wanted to remain abstinent with the opiate blocker naltrexone. After opiate detoxification, women could also opt to be reinitiated on a low level of buprenorphine before their release.
- 4.49 The CARAT service had established strong links with local drug intervention programme (DIP) teams, and DIP workers visited regularly. The video link could be used for contact with teams out of the area. The team put clients with primary alcohol problems in touch with community alcohol and counselling services. They were still not monitoring the number of young adults accessing the service to ensure their needs were being met.

Recommendation

- 4.50 **The CARAT team should monitor the number of young adults accessing its services and ensure that their needs are met.** (Repeated recommendation 8.68)

Finance, benefit and debt

- 4.51 In our survey 22% of women, similar to the comparators, said that they had arrived with money worries; 40% knew where to get help in the prison with their finances. The prison's own needs analysis identified that 43% of women had debt problems and that 38% wanted help to address finance issues.
- 4.52 The full-time Jobcentre Plus worker saw all newly arrived women at the first night centre the day after arrival. She closed existing benefit claims, advised prisoners on benefits and loans and grants, helped to preserve employment and organised benefit claims after release. If appropriate and with prisoners' permission, the worker would also contact family members to offer benefit advice. Advice was also available from the TWP worker (see above).
- 4.53 Prisoners could open bank accounts and had free access via wing telephones to the national debt line. A qualified debt advisor would soon be available to women in the drop-in centre (see section on strategic management of resettlement, paragraph 4.1).
- 4.54 Money management skills training was only available as a module on a larger pre-release course.

Recommendation

- 4.55 **A money management course should be available to prisoners outside of any pre-release course.**

Children, families and contact with the outside world

- 4.56 The appointment of a family support worker from Lincolnshire Action Trust, funded by Lloyds TSB bank, had made a significant impact on provision. Funding for the post was due to end and further financial support needed to be secured urgently.
- 4.57 The support worker was a key link between women and their families and external agencies, such as social services. She also assisted women and their families with legal proceedings, finding solicitors and providing updates on progress with cases. Lifers were offered help to re-establish contact with their children and two lifer family days were held each year.

- 4.58 The support worker coordinated family visits with New Hall Kidz, which provided and staffed the play areas. Visits took place six times a year. Any woman could apply for the visits and up to 20 families could attend at one time. The visits were limited to the children and grandchildren of women with their carers.
- 4.59 Women who were separated from their children were offered assistance by the support worker before and after separation and post-adoption. We were told after the inspection that these visits were always held in private. However, during the inspection we saw separation visits take place in the main visits hall without any privacy and the 'private' space offered was a conservatory attached to and visible from the main visits hall, which lacked sufficient privacy. (See main recommendation HP47.)
- 4.60 Wakefield Education and Triple P provided two parenting courses – parenting and family relationships and an accredited course based around playing and bonding with children.
- 4.61 Transport was still not provided for visitors to get them from the nearest mainline train station. Visits took place every afternoon except Monday and Friday. Visitors had access to a visits centre staffed by those on officer support grades and staff from New Hall Kidz. The centre was large enough to accommodate the number of people using it, but it closed at 2.30pm, which was too early. A range of information was on display for visitors. Visitors and prisoners complained about problems booking visits by telephone and email. It was not widely advertised that visits could be booked in the visits centre and many visitors were unaware of this. Except for foreign nationals, women could not exchange unused visiting orders for telephone credit.
- 4.62 Not all visits started at the advertised time and during the inspection, they finished early. Entry to visits was a lengthy procedure and women prisoners did not always arrive in the visits room on time. Searches were carried out respectfully and a separate, private search area was available. Visits staff said that the last visitors would be admitted at 2.30pm, which was too early. However, we observed one group of visitors that arrived after this time and was admitted.
- 4.63 The visits hall was a large, bright, well decorated room with soft furnishings. The play area was staffed during each session by play workers from New Hall Kidz, who provided structured play activities. There was also a teenage room for older children. Women could join their children in the play area. Refreshments were provided and there were also vending machines.
- 4.64 Staff kept a discreet distance during visits but were on hand to offer advice when it was needed. Courteous and friendly interaction took place between staff, visitors and women during visits. Staff also made sure that women could contact their visitors when they did not arrive. Women prisoners had to wear fluorescent bands, which were stigmatising.

Recommendations

- 4.65 **Transport should be provided to get visitors to and from the nearest mainline station.** (Repeated recommendation 8.89)
- 4.66 **The visitors' centre should not close until one hour after visits have ended.** (Repeated recommendation 8.91)
- 4.67 **Visits should start at the published time and last for the advertised duration.** (Repeated recommendation 8.93)

- 4.68 Women should not have to wear fluorescent bands in the visits room.
- 4.69 Women who don't have children should also be allowed family visits.
- 4.70 All women should be able to exchange unused visiting orders for telephone credit. (Repeated recommendation 8.100)

Housekeeping point

- 4.71 The on-site visits booking service should be more widely advertised.

Attitudes, thinking and behaviour

- 4.72 In our survey 72% of women, similar to those in comparator prisons, said they had been involved in an offending behaviour programme, and, also similar to those in comparator prisons, thought the experience would help them when they were released.
- 4.73 Accredited programmes included the thinking skills programme. Eight courses were run annually, each for 10 women. Prisoners were suitably prioritised and waiting lists were not excessive. The A-Z motivational course had been introduced in November 2011 and tutors were being trained to deliver the focus on resettlement course. Also available were 'The power to change' (see section on additional resettlement services, paragraph 4.80) and 'Next steps to recovery' (see section on substance misuse, paragraph 1.106) courses.
- 4.74 A probation offender supervisor and a psychologist provided 'two to one' work with sex offenders, and offender supervisors carried out one to one victim empathy work with prisoners with whom they worked.
- 4.75 Staff agreed that existing programmes met needs, but identified that additional interventions were necessary to help women address anger and emotional management as well as arson offences.
- 4.76 Senior managers were aware of this. Minutes of the interventions meeting in November 2011 recorded discussions about additional interventions, and staff had been given the task to identify suitable options.

Recommendation

- 4.77 Suitable interventions should be introduced to address identified needs.

Additional resettlement services

- 4.78 In the prison needs analysis, 38% of women said that they had experienced emotional abuse, 46% physical abuse, and 38% sexual abuse and/or rape. Twenty-one per cent said that they had been involved in sex work.
- 4.79 Women who had experienced abuse, rape or domestic violence were referred, and could self-refer, to two part-time trained independent domestic and sexual violence advocates based in the prison. They provided advice and counselling and focused on safety on release, linking women with services in the community before their release.

- 4.80 The workers delivered the Women's Aid 13-week 'Power to change' domestic abuse course to 10 women. Sessions could be delivered on a one to one basis for women who did not have a long enough sentence.
- 4.81 Women were also supported by three prison-based part-time counsellors from Bradford Rape Crisis. Each counsellor had a caseload of approximately 25 women and provided generic as well as specific counselling support. The waiting list for counselling was approximately one month.
- 4.82 A wing officer at the first night centre was the single point of contact, providing support for sex workers. She was also trained to deliver the 'sex workers in custody and community' (SWICC) training. She liaised with numerous women's groups; staff from many of the groups would visit the women in the prison and provide help and support on their release. She maintained contact with agencies one month after release to check on the progress of released women. The officer was supposed to have four hours each week to undertake this specific work, but rarely received it in practice, working in her own time to support women.
- 4.83 Two senior officers, 10 uniformed officers and 13 non-uniformed staff had undertaken SWICC training, but no governors had done so.
- 4.84 The TWP worker also referred women for support in the community and produced planned 'through the gate' packages for women on release (see above). Sexual health information was available through health care.

Recommendation

- 4.85 The officer providing support to sex workers should be allocated the hours designated for this work.

Housekeeping point

- 4.86 Governor grade staff should undertake the SWICC training.

Section 5: Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, or in the previous report where recommendations have been repeated.

Main recommendations

To the governor

-
- 5.1 The IDTS clinical team should be routinely notified when women on methadone treatment test positive for opiates in addition to their prescribed medicine. (HP43)
 - 5.2 Senior managers should ensure that all use of force is necessary and lawful. (HP44)
 - 5.3 Women should not be routinely placed in strip clothing when relocating to special accommodation and use of strip clothing should be recorded and justified by a senior manager in the associated records. Women should only have their clothes removed using officially approved control and restraint techniques. (HP45)
 - 5.4 The use of basic should be avoided for women at risk of suicide and self-harm and reviews should provide evidence that the implications for such downgrading have been considered in conjunction with the safer custody team. (HP46)
 - 5.5 An appropriate private venue should be provided for special visits, such as formal separation from children. (HP47)

Recommendations

To the governor

Courts, escort and transfers

- 5.6 Cash should automatically accompany all unconvicted prisoners to court. (1.8)
- 5.7 Women should be transported separately from girls or male prisoners. (1.9)
- 5.8 Women should arrive before 7pm to allow essential first night procedures. (1.10)
- 5.9 Women should be held in court cells for the minimum time. (1.11)

Early days in custody

- 5.10 All senior officers should give consistent and specific first night information to women during their reception interview. (1.18)
- 5.11 Staff should wear identification displaying their names and status. (1.19)

- 5.12 Information given to women should be properly and accurately produced and provided in media other than the printed word. (1.20)
- 5.13 Women should be able to make a telephone call in private in reception. (1.21)
- 5.14 All women should be able to shower on the day of arrival. (1.22)
- 5.15 All women should be interviewed in private by a first night officer on the day of their arrival, irrespective of the time of their arrival. (1.30)
- 5.16 All women should be explicitly offered the opportunity to speak to a Listener on their first night. (1.31)
- 5.17 Induction should take place on the first working day after reception. (1.38)

Bullying and violence reduction

- 5.18 Women subject to the anti-bullying strategy should be consistently monitored. (1.49)
- 5.19 Support plans should be developed for all victims of bullying in consultation with them. (1.50)
- 5.20 All staff in prisoner contact roles should be trained in the anti-bullying strategy. (1.51)

Self-harm and suicide

- 5.21 All staff should be trained in ACCT procedures. Permanent night staff should be given particular attention. (1.62)
- 5.22 More Listeners should be recruited and retained so that they are available 24 hours a day. Listener suites should be used. (1.63)
- 5.23 Safer cells should be provided. (1.64)
- 5.24 All use of strip clothing for women at risk of suicide and self-harm should be centrally recorded and monitored at the safer prisons meeting. Records outlining the use of special accommodation should indicate whether such clothing is used. (1.65)

Safeguarding

- 5.25 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.69)

Security

- 5.26 The clinical substance misuse service should be informed immediately of women testing positive for both methadone and other drugs. (1.76)
- 5.27 The establishment should develop and implement a detailed supply reduction plan. (1.77)

Discipline

- 5.28 Cellular confinement punishments should be used less frequently and should start at less than seven days. (1.89)
- 5.29 Special accommodation should be subject to regular management scrutiny and quality checks. (1.94)
- 5.30 Prisoners remaining in the segregation unit for significant periods should receive coordinated multidisciplinary support, underpinned by a care plan process. (1.98)
- 5.31 Segregation reviews should document long-term plans to progress a woman from segregation. (1.99)
- 5.32 Long-term residents on Sycamore House (the segregation unit) should, where possible, be able to participate in regime activities such as using the gym. (1.100)

Substance use

- 5.33 The substance misuse team should ensure that regular treatment reviews are undertaken for all women treated under the IDTS. (1.107)
- 5.34 The establishment should further develop service provision and care pathways for women with primary alcohol problems. (1.108)
- 5.35 Medication diversion should be minimised by ensuring consistent officer cover and by introducing clinical compliance testing. (1.109)
- 5.36 A dual diagnosis service should be developed for women who experience mental health and substance-related problems. (1.110)
- 5.37 Substance misuse teams should develop a mechanism for regular service user consultation. (1.111)

Residential units

- 5.38 Cells designed for one prisoner should not be used to accommodate two. (2.11)
- 5.39 All toilets should be effectively screened. (2.12)
- 5.40 Women should be given enough time to make telephone calls. (2.13)
- 5.41 Applications should be responded to within seven days. (2.14)
- 5.42 Women should be able to have clothing handed in on visits after the first week after their initial reception. (2.15)
- 5.43 At least one member of staff who is trained in paediatric first aid should be available in the unit at all times. (2.27)
- 5.44 Staff should not wear prison uniforms in the mother and baby unit. (2.28)

Staff-prisoner relationships

- 5.45 Efforts should be made to increase the proportion of women officers. (2.36)
- 5.46 Appropriate language should be used in wing files and inappropriate comments challenged by managers. (2.37)
- 5.47 Adult women should not be referred to as girls. (2.38)

Equality and diversity

- 5.48 Suitably adapted accommodation should be provided to meet the needs of women with physical disabilities. (2.65)
- 5.49 The disability equality scheme should set out how women with disabilities have been involved in its development, the methods for assessing the impact of policies and practice and the arrangements to help the establishment carry out its statutory duties. (2.66)
- 5.50 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and promote race equality. (2.67)
- 5.51 Monitoring of foreign national prisoners and those from minority groups should be expanded to reflect their experience of the prison and ensure that they are not victimised, discriminated against or excluded from any activities or allocation to work and accommodation. (2.68)
- 5.52 There should be regular contact with accredited independent immigration and support agencies. (2.69)

Faith and religious activity

- 5.53 The timings for dealing with medication issues should be reviewed to ensure that all women have the opportunity to attend Sunday services. (2.75)

Complaints

- 5.54 Applications should be logged and tracked to ensure timeliness of replies. (2.83)
- 5.55 Complaints about staff should be dealt with by a senior manager. (2.84)

Legal rights

- 5.56 Legal services officers should be properly trained. (2.90)
- 5.57 Current information on relevant legal issues should be available to prisoners in a range of languages. (2.91)

Health services

- 5.58 All clinical health care personnel should have up to date basic life support training. (2.105)

- 5.59 All clinical rooms should be fit for purpose and comply with contemporary infection control standards. (2.106)
- 5.60 Health care complaints should be handled in confidence. (2.107)
- 5.61 Applications and appointments for health care should be appropriately confidential. (2.119)
- 5.62 Appropriate inpatient care should be provided for women with physical as well as mental health needs where appropriate. (2.120)
- 5.63 The pharmacy and treatments rooms should be fit for purpose and refurbished or relocated as necessary. (2.126)
- 5.64 The pharmacists should be supported to develop pharmacy-led clinics and medicine use reviews. (2.127)
- 5.65 Security arrangements should be in place to ensure that an authorised health care professional has charge of the controlled drug cabinet keys at all times to prevent unauthorised access. (2.128)
- 5.66 The special sickness policy and patient group directions should be reviewed so that a supply of a wider range of remedies and medications available over the counter are on hand, reducing the need to consult a doctor. (2.129)
- 5.67 Medicines management practices on the wings should be subject to a regular clinical audit. (2.130)

Catering

- 5.68 Life-sentenced and long-term sentenced prisoners should have the opportunity to cater for themselves. (2.148)

Purchases

- 5.69 New arrivals should be able to receive orders from the prison shop within their first week. (2.156)
- 5.70 The range of products available to black and minority ethnic women should be improved. (2.157)

Time out of cell

- 5.71 Evening association should be longer so that women have time to use the phone and shower as well as to associate with each other. (3.4)
- 5.72 All women should be able to take exercise in the open air for one hour daily. (3.5)

Learning and skills and work activities

- 5.73 The prison should review and put into practice a comprehensive skills for life strategy, which should ensure that all prisoners' literacy and numeracy skills are analysed. It should also

ensure that all non-English speakers are actively encouraged to develop their language skills. (3.15)

- 5.74 The quality improvement group should focus more on overall performance and the strategic development of learning and skills and should set challenging and demanding targets for improvement. (3.16)
- 5.75 The observation process for teaching, learning and assessment should be of a consistently high standard and should lead to a realistic action plan to improve staff performance. (3.17)
- 5.76 Soft skills targets should be specific, time-bound and reviewed so that learners know when they have progressed and what they must do to improve. (3.25)
- 5.77 More frequent library activities should be offered to encourage the enjoyment of reading and writing. (3.33)

Physical education and healthy living

- 5.78 Level 2 qualifications in PE for orderlies and more capable learners should be reintroduced. (3.41)
- 5.79 The prison should update the practical facilities to accommodate resistance machines and repair the fabric of the sports hall walls. (3.42)
- 5.80 Gym facilities should be updated to support delivery of fitness instructor courses. (3.43)

Offender management and planning

- 5.81 Women should have the opportunity to spend their last months in custody in the area where they will be discharged. (4.19)
- 5.82 Family members should be involved in sentence planning when appropriate. (4.20)

Reintegration planning

- 5.83 Follow-up basic custody screening (BCS) should be undertaken to ensure identified areas of concern have been addressed. (4.37)
- 5.84 The CARAT team should monitor the number of young adults accessing its services and ensure that their needs are met. (4.50)
- 5.85 A money management course should be available to prisoners outside of any pre-release course. (4.55)
- 5.86 Transport should be provided to get visitors to and from the nearest mainline station. (4.65)
- 5.87 The visitors' centre should not close until one hour after visits have ended. (4.66)
- 5.88 Visits should start at the published time and last for the advertised duration. (4.67)
- 5.89 Women should not have to wear fluorescent bands in the visits room. (4.68)

- 5.90 Women who don't have children should also be allowed family visits. (4.69)
- 5.91 All women should be able to exchange unused visiting orders for telephone credit. (4.70)
- 5.92 Suitable interventions should be introduced to address identified needs. (4.77)
- 5.93 The officer providing support to sex workers should be allocated the hours designated for this work. (4.85)

Housekeeping points

Courts, escort and transfers

- 5.94 Prisoners attending trials should be able to shower daily. (1.12)

Self-harm and suicide

- 5.95 The equipment used to monitor cell call response times in reduced risk cells in Oak House should be repaired. (1.66)

Complaints

- 5.96 Complaints should be monitored by their status, by all protected characteristics and by the number upheld and refused. (2.85)

Health services

- 5.97 Health services should be fully integrated into the prison meetings structure to avoid misunderstandings. (2.108)
- 5.98 Clinical supervision should be recorded in staff members' personal files. (2.109)
- 5.99 Care plans should be updated by the review dates. (2.110)
- 5.100 Information on how to access health care should be available and on display throughout the wings. Health care literature should be audited to ensure that they can be used easily by prisoners with reading difficulties. (2.111)
- 5.101 There should be a health promotion strategy and systematic health promotion campaigning throughout the prison. (2.112)
- 5.102 Liquid medicines should be measured using appropriate British standard measures. (2.131)
- 5.103 The cleaning and calibration of methadone pumps should be recorded. (2.132)
- 5.104 Refrigerator temperatures should be recorded daily and action taken when temperatures are outside the acceptable range. (2.133)
- 5.105 Date checking should be formalised and documented. (2.134)

- 5.106 Old reference books should be discarded. (2.135)
- 5.107 Standard operating procedures should be reviewed and staff should be trained in those procedures. Staff training records should be maintained. (2.136)

Catering

- 5.108 The lunchtime meal should not be served before midday. (2.149)

Purchases

- 5.109 A survey of all prisoners' views of the canteen should be completed and findings considered. (2.158)

Learning and skills and work activities

- 5.110 Staff and learners should be encouraged to maximise their use of the improved library facilities. (3.34)

Reintegration planning

- 5.111 The on-site visits booking service should be more widely advertised. (4.71)
- 5.112 Governor grade staff should undertake the SWICC training. (4.86)

Examples of good practice

- 5.113 Almost nine out of 10 uniformed officers had been trained in raising awareness of how to help prisoners with mental health problems. This was exceptional being the highest penetration of training we have seen. (2.139)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Kieron Taylor	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Martin Owens	Inspector
Karen Dillon	Inspector
Colin Carroll	Inspector
Amy Summerfield	Researcher
Rachel Murray	Researcher

Specialist inspectors

Sigrid Engelen	Drugs inspector
Paul Tarbuck	Health services inspector
Sharon Monks	Pharmacist
Susan Bain	Ofsted inspector
Phil Romaine	Ofsted inspector
Marina Gaze	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The recommendations are further organised by whether they have now been achieved, partially achieved, not achieved or are no longer relevant. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report.

Safety	
Prisoners, particularly the most vulnerable, are held safely.	
<p>At the last inspection, in 2008, admissions procedures were satisfactory, but more attention to first night arrangements was needed. Induction was good. Potential bullies were identified, but ongoing monitoring was erratic. Although some good individual care was provided, procedures for managing those at risk of suicide and self-harm needed improvement and some prison processes were at odds with support for those at risk. There was relatively little use of force, segregation or special accommodation, but insufficient management scrutiny. The reported mandatory drug testing positive rate did not reflect a high use of illegal drugs. A good first night prescribing service helped support safety for most women who arrived with substance misuse problems. The prison was performing reasonably well against this healthy prison test.</p>	
Main recommendations	
A new reception area adequate to meet the needs of the population should be provided. (HP38)	Achieved
Sufficient alcohol services and interventions should be provided to meet the needs of all groups of women at New Hall. (HP43)	Partially achieved
Recommendations	
Women should be transported separately from girls or male prisoners. (1.7)	Not achieved (Recommendation repeated, 1.9)
Appropriate vehicles should be used for pregnant women. (1.8)	Achieved
Women should arrive before 7pm to allow essential first night procedures. (1.9)	Not achieved (Recommendation repeated, 1.10)
Women should be held in court cells for the minimum time. (1.10)	Not achieved (Recommendation repeated, 1.11)
Women should be offered the option of using the video link for suitable hearings. (1.11)	Achieved
Women should be given information about New Hall before arrival. (1.12)	Not achieved
Staff should wear identification displaying their names and status. (1.29)	Not achieved (Recommendation repeated, 1.19)
Reception and first night staff should identify women with children, record the details accurately and, where necessary, take action to ensure the safety of	Achieved

children or other dependents. (1.30)	
Information given to women should be properly and accurately produced and provided in media other than the printed word. (1.31)	Not achieved (Recommendation repeated, 1.20)
Reception staff should give planned and specific first night information. (1.32)	Partially achieved
Women should be able to make a telephone call in private in reception. (1.33)	Not achieved (Recommendation repeated, 1.21)
All women should be able to shower on the day of arrival. (1.34)	Not achieved (Recommendation repeated, 1.22)
All women should have access to non-prison issue clothing. (1.35)	Achieved
All women should be interviewed in private by a first night officer on the day of their arrival, irrespective of the time of their arrival. (1.36)	Not achieved (Recommendation repeated, 1.30)
Night staff on Oak House should be aware of new arrivals experiencing their first time in custody. (1.37)	Achieved
All women should be explicitly offered the opportunity to speak to a Listener on their first night. (1.38)	Not achieved (Recommendation repeated, 1.31)
Gateway interviews should be carried out in private and women given a copy of the summary document. (1.39)	No longer relevant
All representatives identified in the violence reduction and safer prisons policy should attend the monthly safer prisons meeting consistently. (3.12)	Achieved
Safer custody data should be collated and analysed for patterns and trends separately from the juvenile unit. (3.13)	Achieved
A clear system should be established to investigate fully all non-accidental injuries. (3.14)	Achieved
The safer custody meeting should record what action is proposed and taken in relation to identified concerns. (3.15)	Achieved
A full survey of perceptions of safety and experiences of bullying should be completed. (3.16)	Achieved
Visits should not be restricted as part of the anti-bullying strategy. (3.17)	Achieved
Women subject to the anti-bullying strategy should be consistently monitored. (3.18)	Not achieved (Recommendation repeated, 1.49)
Support plans should be developed for all victims of bullying in consultation with them. (3.19)	Not achieved (Recommendation repeated, 1.50)
All staff in prisoner contact roles should be trained in the anti-bullying strategy. (3.20)	Not achieved (Recommendation repeated, 1.51)
The monthly safer custody report should include more qualitative information about incidents, including feedback from women about what would have helped prevent self-harm incidents. (3.37)	Partially achieved
Recommendations from investigations into deaths in custody and lessons learned should be implemented quickly. (3.38)	Partially achieved
Investigations into all serious or near-fatal incidents should be completed and lessons promptly disseminated locally and to the safer custody group in Prison Service headquarters. (3.39)	Partially achieved
ACCT procedures should be improved to ensure a multidisciplinary approach, consistency of case management and more effective care maps	Partially achieved

and daily monitoring. (3.40)	
All staff should be trained in ACCT procedures and particular attention given to training permanent night staff. (3.41)	Not achieved (Recommendation repeated, 1.62)
More Listeners should be recruited and retained to ensure 24-hour access to them, including the use of the care suite. (3.42)	Not achieved (Recommendation repeated, 1.63)
Cell alarm bells should be responded to promptly. (3.43)	Achieved
Some safer cells should be provided. (3.44)	Not achieved (Recommendation repeated, 1.64)
All use of strip clothing for women at risk of suicide and self-harm should be centrally recorded and monitored at the safer prisons meeting. Records of the use of special accommodation should indicate whether such clothing is used. (3.45)	Not achieved (Recommendation repeated, 1.65)
Clinical services should be extended to offer a more flexible prescribing regime incorporating longer-term maintenance, secondary detoxification and retoxification. (3.146)	Achieved
Substance misuse nurses should undertake training in the clinical management of problem drug users. (3.147)	Achieved
The mandatory drug testing programme should be adequately resourced to undertake the required level of weekend and target testing. (3.148)	Achieved
Positive results for buprenorphine and refused and diluted tests should be added to the mandatory drug testing positive rate and monitored monthly. (3.149)	Achieved
Target searching and suspicion mandatory drug tests arising from security information reports should take place expeditiously and the timing and outcome tracked. (6.13)	Achieved
The removal of courtesy keys on Poplar House should be preceded by a formal warning and authorised by a senior officer. Decisions should be monitored by the residential manager to ensure they are consistent and fair. (6.14)	Achieved
The criteria for admission to Larch House should not automatically exclude life-sentenced women and should be applied consistently. (6.15)	Achieved
Women should be informed in writing about the outcome of their re-categorisation boards and told how to appeal. (6.16)	Achieved
Cellular confinement punishments should be used less frequently and should start at less than seven days. (6.29)	Not achieved (Recommendation repeated, 1.89)
Use of force figures should be disaggregated from the juvenile unit and analysed monthly for trends. (6.30)	Achieved
Planned use of force should be filmed. (6.31)	Achieved
Special accommodation should not be used unless in exceptional circumstances when the woman is violent and not able to be managed by alternative means. (6.32)	Partially achieved
Special accommodation forms should be maintained with the original register and subject to regular management scrutiny and quality checks. (6.33)	Not achieved (Recommendation repeated, 1.94)
Segregation reviews should document long-term plans to progress a woman from segregation. (6.34)	Not achieved (Recommendation repeated, 1.99)
Long-term residents on Sycamore House should, where possible, be able to	Not achieved

participate in regime activities such as using the gym. (6.35)	(Recommendation repeated, 1.100)
Personal officer entries in wing files should evidence discussion with women about their sentence plan targets as part of their progression through the incentives and earned privileges scheme. (6.42)	Partially achieved
Women being considered for demotion to basic should be invited to attend the incentives and earned privileges review. (6.43)	Achieved
The use of basic should be avoided for women at risk of suicide and self-harm and reviews should evidence that the implications for such downgrading have been considered in conjunction with the safer custody team. (6.44)	Not achieved (Main recommendation repeated, HP46)
Appeals against the decisions of an incentives and earned privileges board should be considered by a manager senior to the principal officer responsible for endorsing the work of the board. (6.45)	Achieved
Automatic downgrades, except following adjudication for the most serious offences, should not be part of the incentives and earned privileges scheme, and movement through the scheme should be based on a pattern of behaviour. (6.46)	Not achieved
Unconvicted women's visits should not be restricted through the incentives and earned privileges scheme. (6.47)	Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2008, while there were some good individual interactions, women generally had a poor view of officers. A negative culture among some staff was manifested in unacceptable comments in history sheets, disrespectful replies to complaints and little active personal officer work. Efforts had been made to ameliorate poor living conditions, but women could not shower daily. Cramped and cold dormitories were unfit for purpose. The chaplaincy provided very good support. Some positive work on diversity was just beginning, but support for foreign national women was underdeveloped. Healthcare was satisfactory, but services were stretched. The prison was not performing sufficiently well against this healthy prison test.

Main recommendations

Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners, including the development of an effective personal officer scheme. (HP39)	Achieved
Sufficient showers, and the opportunities to use them, should be provided so that all women are able to shower daily. (HP40)	Achieved
A comprehensive foreign national strategy should be developed based on a needs analysis, and should include an action plan with agreed targets overseen by a discreet multidisciplinary foreign national committee that ensures the specific needs of foreign national women are met. (HP41)	Partially achieved

Recommendations

Cells designed for one prisoner should not be used to accommodate two. (2.16)	Not achieved (Recommendation repeated, 2.11)
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Dormitories on Willow House should be removed from use. (2.17)	Achieved
All toilets should be effectively screened. (2.18)	Not achieved (Recommendation repeated, 2.12)
The bidet on Oak House should be replaced with a toilet. (2.19)	No longer relevant
Soiled and graffiti covered mattresses should be replaced and a system for regular checks introduced. (2.20)	Achieved
Wing-based consultation meetings should be held where women can raise domestic issues. (2.21)	Achieved
Showers should be refurbished as necessary. (2.22)	Achieved
The number of showers on Poplar House should be increased. (2.23)	Achieved
The showerheads on Willow House should be raised to a suitable height. (2.24)	Achieved
Baths should be available to all women. (2.25)	Achieved
Care plans should be developed for all pregnant women in the prison and regularly reviewed. (2.35)	Achieved
Women who give birth during their sentence and are separated from their children should have care plans that reflect their special circumstances and which residential staff understand and take into account. (2.36)	Achieved
At least one member of staff trained in paediatric first aid should be available on the unit at all times. (2.37)	Not achieved (Recommendation repeated, 2.27)
There should be clear protocols to ensure a young woman's safety if she is admitted to the mother and baby unit in the main prison. (2.38)	Achieved
Staff should not wear prison uniforms in the mother and baby unit. (2.39)	Not achieved (Recommendation repeated, 2.28)
Childcare professionals should be involved in the daily management of the mother and baby unit. (2.40)	Achieved
Efforts should be made to increase the proportion of women officers to 78%. (2.51)	Not achieved (Recommendation repeated, 2.36)
Respectful language should be used in wing files, which should be regularly checked by managers and inappropriate comments challenged. (2.52)	Partially achieved
Adult women should not be referred to as girls. (2.53)	Not achieved (Recommendation repeated, 2.38)
Consultation meetings should clearly identify those responsible for taking forward action points and a clear report on progress should be made and recorded at subsequent meetings. (2.54)	Achieved
All residential staff should have mental health awareness training. (2.55)	Achieved
Personal officers should actively engage with the women prisoners for whom they are responsible, get to know their personal circumstances and sentence planning and resettlement needs and complete entries in wing files to build up an accurate chronological account of a woman's time at New Hall and any significant events affecting her. (2.64)	Achieved
The personal officer policy should give clear guidance to officers about the quality of entry expected in wing files, which should cover family matters, sentence planning targets and resettlement issues as well as how the woman conforms to the prison regime. (2.65)	Achieved
Women with specific care needs should have regularly monitored care plans as part of their wing files. (2.66)	Achieved

The diversity policy should include all identifiable minority groups based on a needs analysis and an action plan to meet agreed targets should be developed. (3.60)	Partially achieved
Suitably adapted accommodation should be provided to meet the needs of women with physical disabilities. (3.61)	Not achieved (Recommendation repeated, 2.65)
All women with disabilities and older women should be consulted about their individual needs and this should be recorded. (3.62)	Partially achieved
The disability equality scheme should set out how women with disabilities have been involved in its development, the methods for assessing the impact of policies and practice and the arrangements to help the establishment carry out its duty under the Disability Discrimination Act. (3.63)	Not achieved (Recommendation repeated, 2.66)
Monitoring should be introduced to ensure that prisoners from minority groups are not inappropriately victimised or excluded from any activity. (3.64)	Not achieved
All staff should receive diversity training. (3.65)	Not achieved
Race equality action team meetings should be held monthly and include all functional managers, wing and external community representatives. (3.80)	Partially achieved
The race equality action team should ensure that all action points are followed up. (3.81)	Achieved
All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and promote race equality. (3.82)	Not achieved (Recommendation repeated, 2.67)
Groups of black and minority ethnic prisoners should meet together to discuss issues of importance to them. These views should be reported to the race equality action team and action taken fed back to black and minority ethnic prisoners. (3.83)	Partially achieved
Displays throughout the prison should portray images that reflect the racial diversity of the population and planned diversity activities should be widely promoted. (3.84)	Achieved
Ethnic monitoring should be expanded to cover accommodation, allocation to work and other relevant areas reflecting women's experience of the prison. (3.85)	Not achieved
All foreign national women should be seen individually on arrival and given information about services available and their immigration status in a language they understand and a record kept of their immigration status, domestic situation and any identified needs. (3.102)	Partially achieved
Monitoring should ensure that foreign national prisoners are not discriminated against in their allocation to accommodation or other areas. (3.103)	Not achieved
The foreign nationals manager should be appropriately trained and receive sufficient time to carry out the role. (3.104)	Partially achieved
Staff should be aware of the distinct needs of foreign national women and the facilities provided to support them. (3.105)	Achieved
Accurate records should be maintained of staff and prisoners able to act as interpreters. (3.106)	Achieved
There should be regular contact with accredited independent immigration and support agencies. (3.107)	Not achieved (Recommendation repeated, 2.69)
The foreign national drop-in meetings should seek to identify and promote foreign national issues, and areas of concern raised at meetings should be fed back to the foreign national committee meeting and acted on. This work should be widely publicised. (3.108)	Not achieved

Applications should be logged and tracked to ensure timeliness of replies. (3.116)	Not achieved (Recommendation repeated, 2.83)
Complaints should be monitored for trends and this should inform the performance monitoring processes. (3.117)	Achieved
A sample of complaints should routinely be quality assured by senior managers to ensure a decent standard of reply. Where appropriate, staff completing replies should be given advice and guidance on how to improve their responses. (3.118)	Achieved
Complaints about staff should be dealt with by a senior manager. (3.119)	Not achieved (Recommendation repeated, 2.84)
The role of the Independent Monitoring Board should be better promoted through induction and prisoner consultation groups. (3.120)	Achieved
Legal services officers should be properly trained. (3.129)	Not achieved (Recommendation repeated, 2.90)
NOMS should seek improved access to the police national computer system for New Hall. (3.130)	Achieved
Current information on relevant legal issues should be available to prisoners in a range of languages. (3.131)	Not achieved (Recommendation repeated, 2.91)
Trained cover should be provided to ensure that all eligible women are seen for bail applications and this should be monitored by a designated manager. (3.132)	Achieved
Appropriate nursing staff should be recruited as soon as possible to provide the required level of service. (4.41)	Achieved
All staff should have access to clinical supervision and records of this should be maintained. (4.42)	Partially achieved
Healthcare complaints should be handled in confidence. (4.43)	Not achieved (Recommendation repeated, 2.107)
All clinical information available should be accessible when any clinical consultations or decisions are made. (4.44)	Achieved
All women should receive a secondary health screen within 72 hours of arrival. (4.45)	Achieved
Applications and appointments for healthcare should be appropriately confidential. (4.46)	Not achieved (Recommendation repeated, 2.119)
Security arrangements should be in place to ensure that the controlled drug cabinet key is under the control of an authorised healthcare professional at all times to prevent unauthorised access. (4.47)	Not achieved (Recommendation repeated, 2.128)
The use of electronic and paper controlled drugs registers for methadone mixture in the substance use unit should be reviewed to ensure that all transactions are clearly and accurately recorded, preferably in a single register. (4.48)	Achieved
Records of administration of medicines should include details of all occasions when the patient refuses medication or fails to attend and issues relating to drug compliance should be followed up where appropriate. (4.49)	Not achieved
A special sick policy should be introduced and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate	Partially achieved

medicines can be supplied. (4.50)	
The pharmacists should be supported to develop pharmacy-led clinics and medicine use reviews. (4.51)	Not achieved (Recommendation repeated, 2.127)
The reasons for women's dissatisfaction and failure to attend dental appointments should be explored and appropriate action taken. (4.52)	Achieved
Appropriate inpatient care should be provided for women with physical as well as mental health needs where appropriate. (4.53)	Not achieved (Recommendation repeated, 2.120)
Women in the inpatient unit should have an appropriately therapeutic regime with satisfactory time out of cell. (4.54)	No longer relevant
There should be clear protocols to ensure the safety of girls from the Rivendell Unit admitted to the inpatient unit, which should happen only for clinical reasons. (4.55)	Achieved
A Buddhist chaplain should be available as required. (5.54)	Achieved
The timings of the issuing of medication should be reviewed to ensure that all women have the opportunity to attend Sunday services. (5.55)	Not achieved (Recommendation repeated, 2.75)
Additional accommodation should be provided to support the work of the chaplaincy. (5.56)	Achieved
Menu items should be correctly labelled, including appropriate use of the 'healthy option' indicator. (7.6)	Achieved
Breakfast packs should be issued on the morning they are to be eaten. (7.7)	Partially achieved
Comments/complaints books should be readily available to all women and the catering manager should respond to these. (7.8)	Achieved
New arrivals should be able to obtain orders from the prison shop within their first week. (7.14)	Not achieved (Recommendation repeated, 2.156)
The consultation meetings between the shop managers and prisoners should be reinstated and women's views taken into account, particularly with regard to the new contract and to ensure the needs of minority groups are met. (7.15)	Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2008, time out of cell was reasonably good and accurately recorded, but evening association was too often cancelled. Education provision was satisfactory with some good achievements, but there was insufficient English for speakers of other languages. There were sufficient activities to keep women active and acquire some work skills. There was reasonable access to the library and the gym was well attended. The prison was performing reasonably well against this healthy prison test.

Recommendations

A range of programmes above level 2 should be provided. (5.27)	Achieved
The language development needs of all women for whom English is not a first language should be met. (5.28)	Partially achieved

The recording of women's progress and achievement should be improved. (5.29)	Achieved
Better use should be made of data to identify trends and improve the quality of provision. (5.30)	Achieved
The pay policy should be reviewed to ensure it reflects performance at work rather than the subjective assessments of attitude and behaviour. (5.31)	Achieved
More computer facilities should be provided in the library. (5.32)	Achieved
Women should be able to borrow music CDs for use on the houses. (5.33)	Achieved
Efforts should be made to reduce the library book loss rate. (5.34)	Achieved
Adequate space should be provided in the library for individual and group study. (5.35)	Achieved
Foreign newspapers should be available in the library. (5.36)	Achieved
A theory-teaching classroom should be developed for physical education suitable for teaching and the planned group sizes. (5.44)	Achieved
Gym facilities should be updated to support delivery of fitness instructor courses. (5.45)	Not achieved (Recommendation repeated, 3.43)
Female staff should be trained to use the injury treatment facility. (5.46)	Partially achieved
Data on the use of the gym should be reviewed to ensure an accurate picture of participation is obtained. (5.47)	Achieved
Better use should be made of the enhanced association room on Willow House to provide more space for all women during association. (5.62)	No longer relevant
When association is cancelled, this should be done equitably and women given notice at the earliest opportunity. (5.63)	Achieved
Women should be able to smoke in their rooms without removing themselves from association for the entire period. (5.64)	Achieved
All women should be able to take exercise in the open air for one hour daily. (5.65)	Not achieved (Recommendation repeated, 3.5)

Resettlement

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

At the last inspection, in 2008, a needs-based reducing re-offending action plan set out a pathway-based resettlement strategy, but did not address how the particular needs of specific groups would be met. Offender management worked effectively for those in scope, but there were some backlogs with assessments. A new system assessed the resettlement needs of all women. It made appropriate referrals and had the potential to be the basis of a custody plan. Lifer casework was satisfactory, but more attention to their specific needs was needed. Reintegration services and family support, particularly for mothers separated from their children, needed further development. The drugs strategy lacked integration and more provision for those with offences linked to alcohol was needed. The prison was performing reasonably well against this healthy prison test.

Main recommendations

A resettlement strategy should be developed based on the identified needs of particular groups of women at the prison with action plans setting out how those specific needs will be met. (HP42)	Partially achieved
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Recommendations	
Women identified as substance misusers at reception should have their gateway assessment undertaken only after they have been clinically stabilised. (8.22)	Achieved
Follow-up gateway reviews should be undertaken to ensure identified areas of concern have been addressed. (8.23)	Not achieved (Recommendation repeated, 4.37)
Pre-release meetings should be undertaken to identify any unmet resettlement needs. (8.24)	No longer relevant
Resettlement exit questionnaires should be undertaken to help ascertain the effectiveness of pathway provision. (8.25)	Achieved
OASys assessments should be up to date. (8.26)	Achieved
Offender supervisors should not be redeployed to other duties. (8.27)	Achieved
Offender supervisors should receive regular casework supervision. (8.28)	Achieved
Offender management unit quality assurance should be extended to incorporate casework. (8.29)	Achieved
Regular meetings should be held consistently with life-sentenced women to help meet their specific needs. (8.30)	Partially achieved
Appropriate support should be provided for women serving indeterminate sentences for public protection. (8.31)	Achieved
The prison should ensure that all documentation required for parole reviews is completed and submitted on time. (8.32)	Achieved
The future of the Together Women project at New Hall should be clarified with a view to ensuring continuity of service. (8.46)	Achieved
A job skills or pre-release course should be introduced for all women. (8.47)	Achieved
Effective links should be developed with employers to help women find employment after release. (8.48)	Achieved
A system should be established to make nurses aware of women's planned external appointments so that this information can be given to them on release. (8.49)	Achieved
Women's financial needs and issues should be formally identified and assessed, with appropriate services provided to meet identified need and provide ongoing help. (8.50)	Achieved
All women should be helped to open a bank account before release. (8.51)	Achieved
The substance misuse strategy should be re-launched under new leadership, increase its profile and ensure that monthly meetings are attended by all relevant departments. (8.63)	Achieved
The substance misuse policy document should be informed by the needs analysis and contain performance targets, a detailed action plan and a staff training strategy. (8.64)	Partially achieved
CARAT staff should be co-located and have consistent access to a group work room. (8.65)	Partially achieved
Under the integrated drug treatment system, the CARAT service should be resourced to provide structured psychosocial support on a one-to-one and group work basis, with the CARAT and clinical substance misuse services working together. (8.66)	Achieved
The CARAT service should review and implement joint working protocols with other providers. Joint work should be formalised to facilitate joint care planning and care coordination. (8.67)	Partially achieved
The CARAT team should monitor the number of young adults accessing its services and ensure that their needs are met. (8.68)	Not achieved (Recommendation

	repeated, 4.50)
Continuation funding for the alcohol worker should be identified. (8.69)	Achieved
The need for a drug/alcohol treatment programme for the longer-term population with a high level of need should be assessed and provided if necessary. (8.70)	Achieved
Consistent management support and officer cover should be provided for the short duration programme team. (8.71)	No longer relevant
The compulsory education element of the short duration programme should be reviewed and alternative activities and peer support should be explored. (8.72)	No longer relevant
The required level of voluntary drugs testing should take place. (8.73)	No longer relevant
There should be enough telephones to meet women's needs, they should be available during the day and women should be able to use them in private. (8.87)	Partially achieved
Visitors should be able to book their next visit before the current visit ends. (8.88)	Achieved
Transport should be provided to get visitors to and from the nearest mainline station. (8.89)	Not achieved (Recommendation repeated, 4.65)
Closed visits should be authorised only when there is a significant risk justified by security intelligence. (8.90)	Achieved
The visitors' centre should provide appropriate support and advice to prisoners' families and should not close until one hour after visits have ended. (8.91)	Not achieved (Recommendation repeated, 4.66)
Appropriate alternatives to photographic identification should be allowed for visitors. (8.92)	Achieved
Visits should start at the published time and last for the advertised duration. (8.93)	Not achieved (Recommendation repeated, 4.67)
Women should not have to wear a coloured bib in the visits room. (8.94)	Not achieved
The visits room should be furnished to allow easy contact between women and their visitors. (8.95)	Achieved
Women should be able to play with their children in the play area. (8.96)	Achieved
Information about the resettlement services provided to women should be advertised to families and visitors. (8.97)	Achieved
Family visits should be provided for women other than those who have children and for older children. (8.98)	Partially achieved
An appropriate private venue should be provided for special visits, such as formal separation from children. (8.99)	Not achieved (Main recommendation repeated HP47)
Women should be able to exchange unused visiting orders for telephone credit. (8.100)	Not achieved (Recommendation repeated, 4.70)
Women identified as carers should be given free telephone calls to maintain contact with their children. (8.101)	Achieved
A qualified family support worker should be employed to help mothers maintain contact with their families and to provide advice on other family matters. (8.102)	Achieved
The needs analysis planned for 2009 should identify the needs of women who have experienced abuse, rape and/or domestic violence and women who have been involved in prostitution to ensure that existing provision is sufficient. (8.114)	Achieved

Appendix III: 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	16	241	73.9
Recall	1	25	7.3
Convicted unsentenced	3	22	7.3
Remand	4	32	10.1
Civil prisoners	0	3	0.3
Detainees	0	0	0.3
Total	24	324	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	7	55	17.9
Less than 6 months	1	33	9.8
6 months to less than 12 months	1	18	5.9
12 months to less than 2 years	5	41	12.9
2 years to less than 4 years	5	51	16.2
4 years to less than 10 years	2	32	9.8
10 years and over (not life)	2	57	16.5
ISPP	0	7	2
Life	1	30	9
Total	24	324	100

Age	Number of prisoners	%
Minimum age: 18		
Under 21 years	24	9.2
21 years to 29 years	118	33.1
30 years to 39 years	121	33.9
40 years to 49 years	64	17.9
50 years to 59 years	15	4.2
60 years to 69 years	6	1.7
70 plus years	0	0
Maximum age: 69		
Total	348	100

Nationality	18–20 yr olds	21 and over	%
British	24	291	90.7
Foreign nationals	0	33	9.3
Total	24	324	100

Security category	18–20 yr olds	21 and over	%
Cat B	0	1	0.3
Fem Closed	2	92	26.3
Fem Open	0	2	0.6
Fem Semi	0	1	0.3
Unclassified	22	228	72.5
Total	24	324	100

Ethnicity	18-20 yr olds	21 and over	%
White			
Irish	0	1	0.3
Irish Traveller/Gypsy	0	0	0
Any other background	0	15	4.2
English/Welsh/Scottish/N. Ireland	23	260	81.3
Mixed			
Any other background	0	5	1.4
White and Asian	0	1	0.3
White and Black African	0	2	0.6
White and Black Caribbean	0	4	1.1
Asian or Asian British			
Indian	0	4	1.1
Pakistani	0	3	0.9
Bangladeshi	0	0	0
Other Asian	0	6	1.7
Black or Black British			
Caribbean	0	5	1.4
African	0	3	0.8
Other Black	0	6	1.7
Chinese or other ethnic group			
Chinese	0	0	0
Other ethnic group	0	3	0.8
Not stated	1	5	1.7
Total	24	323	99.7

Religion	18-20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	1	77	22.1
Roman Catholic	4	60	17.9
Other Christian denominations	2	30	9
Muslim	0	12	3.9
Sikh	0	3	0.8
Hindu	0	1	0.3
Buddhist	0	6	1.7
Jewish	0	0	0
Other	0	1	0.3
No religion	16	128	41.7
Total	24	324	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3	46	12.9
1 month to 3 months	5	1.4	70	19.6
3 months to 6 months	4	1.1	49	13.7
6 months to 1 year	3	0.8	45	12.6

1 year to 2 years	4	1.1	33	9.2
2 years to 4 years	0	0	26	7.3
4 years or more	0	0	0	0
Total	17	4.8	269	75.4

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	1.1	25	7
1 month to 3 months	2	0.6	17	4.8
3 months to 6 months	1	0.3	9	2.5
6 months to 1 year	0	0	2	0.6
1 year to 2 years	0	0	2	0.6
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	7	2	55	15.4

Appendix IV: 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 31 January 2012 the prisoner population at HMP & YOI New Hall was 349. The sample size was 175. Overall, this represented 50% 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. Sixteen 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;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

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

Response rates

In total, 147 respondents completed and returned their questionnaires. This represented 42% of the prison population. The response rate was 84%. In addition to the 16 respondents who refused to complete a questionnaire, 11 questionnaires were not returned and one was returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 against comparator figures for all prisoners surveyed in women's local prisons. This comparator is based on all responses from prisoner surveys carried out in seven women's local prisons since 2008.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP & YOI New Hall in 2008.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 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 2012 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, 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 is excluded). The actual numbers will match up as the data is 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 has been weighted for comparison purposes.

Survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	11	(8%)
	<i>21 - 29</i>	54	(37%)
	<i>30 - 39</i>	47	(32%)
	<i>40 - 49</i>	23	(16%)
	<i>50 - 59</i>	6	(4%)
	<i>60 - 69</i>	4	(3%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	113	(78%)
	<i>Yes - on recall</i>	9	(6%)
	<i>No - awaiting trial</i>	10	(7%)
	<i>No - awaiting sentence</i>	12	(8%)
	<i>No - awaiting deportation</i>	1	(1%)
Q1.4	How long is your sentence?		
	Not sentenced	23	(16%)
	<i>Less than 6 months</i>	11	(8%)
	<i>6 months to less than 1 year</i>	15	(10%)
	<i>1 year to less than 2 years</i>	20	(14%)
	<i>2 years to less than 4 years</i>	37	(26%)
	<i>4 years to less than 10 years</i>	22	(15%)
	<i>10 years or more</i>	3	(2%)
	<i>IPP (indeterminate sentence for public protection)</i>	7	(5%)
	<i>Life</i>	5	(3%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	10	(7%)
	<i>No</i>	134	(93%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	138	(100%)
	<i>No</i>	0	(0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	137	(99%)
	<i>No</i>	2	(1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>	106	(73%)
	<i>White - Irish</i>	5	(3%)
	<i>White - other</i>	10	(7%)
	<i>Black or black British - Caribbean</i>	5	(3%)
	<i>Black or black British - African</i>	1	(1%)
	<i>Black or black British - other</i>	1	(1%)
	<i>Asian or Asian British - Chinese</i>	1	(1%)
	<i>Asian or Asian British - other</i>	1	(1%)
	<i>Mixed race - white and black Caribbean</i>	5	(3%)
	<i>Mixed race - white and black African</i>	3	(2%)
	<i>Mixed race - white and Asian</i>	1	(1%)
	<i>Mixed race - other</i>	2	(1%)

Asian or Asian British - Indian.....	1 (1%)	Arab.....	0 (0%)
Asian or Asian British - Pakistani ..	0 (0%)	Other ethnic group.....	3 (2%)
Asian or Asian British - Bangladeshi.....	0 (0%)		

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

Yes.....	11 (8%)
No.....	130 (92%)

Q1.10 What is your religion?

None	42 (30%)	Hindu.....	1 (1%)
Church of England.....	46 (32%)	Jewish.....	0 (0%)
Catholic.....	32 (23%)	Muslim	6 (4%)
Protestant.....	2 (1%)	Sikh	1 (1%)
Other Christian denomination	7 (5%)	Other.....	1 (1%)
Buddhist	4 (3%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/straight.....	102 (72%)
Homosexual/gay.....	14 (10%)
Bisexual.....	25 (18%)

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

Yes.....	35 (24%)
No.....	109 (76%)

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

Yes.....	2 (1%)
No.....	139 (99%)

Q1.14 Is this your first time in prison?

Yes.....	57 (39%)
No.....	88 (61%)

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

Yes.....	83 (57%)
No.....	63 (43%)

Section 2: Courts, transfers and escorts

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

Less than 2 hours.....	99 (67%)
2 hours or longer.....	42 (29%)
Don't remember	6 (4%)

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

My journey was less than two hours.....	99 (68%)
Yes.....	28 (19%)
No.....	16 (11%)
Don't remember	3 (2%)

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

My journey was less than two hours.....	99 (68%)
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Yes	5 (3%)
No.....	40 (27%)
Don't remember	2 (1%)

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

Yes	100 (69%)
No.....	40 (28%)
Don't remember	4 (3%)

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

Yes	113 (78%)
No.....	27 (19%)
Don't remember	4 (3%)

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

Very well.....	40 (27%)
Well.....	69 (47%)
Neither.....	28 (19%)
Badly.....	3 (2%)
Very badly	3 (2%)
Don't remember	4 (3%)

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

Yes, someone told me	121 (83%)
Yes, I received written information.....	4 (3%)
No, I was not told anything.....	19 (13%)
Don't remember	4 (3%)

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

Yes	118 (81%)
No.....	22 (15%)
Don't remember.....	5 (3%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?

Less than 2 hours	76 (53%)
2 hours or longer.....	58 (40%)
Don't remember	10 (7%)

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

Yes	124 (85%)
No	19 (13%)
Don't remember	3 (2%)

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

Very well.....	39 (27%)
Well.....	70 (48%)
Neither.....	22 (15%)
Badly.....	10 (7%)
Very badly	5 (3%)
Don't remember	1 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	10 (7%)	<i>Physical health</i> 27 (19%)
	<i>Housing problems</i>	35 (25%)	<i>Mental health</i> 40 (28%)
	<i>Contacting employers</i>	0 (0%)	<i>Needing protection from other prisoners</i> 4 (3%)
	<i>Contacting family</i>	30 (21%)	<i>Getting phone numbers</i> 31 (22%)
	<i>Childcare</i>	9 (6%)	<i>Other</i> 11 (8%)
	<i>Money worries</i>	31 (22%)	Did not have any problems 38 (27%)
	<i>Feeling depressed or suicidal</i>	53 (38%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes	50 (35%)	
	No.....	53 (38%)	
	Did not have any problems	38 (27%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>	125 (87%)	
	<i>A shower</i>	50 (35%)	
	<i>A free telephone call</i>	125 (87%)	
	<i>Something to eat</i>	113 (78%)	
	<i>PIN phone credit</i>	52 (36%)	
	<i>Toiletries/ basic items</i>	103 (72%)	
	Did not receive anything	2 (1%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>	89 (63%)	
	<i>Someone from health services</i>	101 (71%)	
	<i>A Listener/Samaritans</i>	58 (41%)	
	<i>Prison shop/ canteen</i>	37 (26%)	
	Did not have access to any of these	17 (12%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>	70 (50%)	
	<i>What support was available for people feeling depressed or suicidal</i>	63 (45%)	
	<i>How to make routine requests (applications)</i>	56 (40%)	
	<i>Your entitlement to visits</i>	56 (40%)	
	<i>Health services</i>	69 (50%)	
	<i>Chaplaincy</i>	76 (55%)	
	Not offered any information	33 (24%)	
Q3.9	Did you feel safe on your first night here?		
	Yes	108 (74%)	
	No.....	34 (23%)	
	<i>Don't remember</i>	4 (3%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	Have not been on an induction course	15 (10%)	
	<i>Within the first week</i>	55 (38%)	
	<i>More than a week</i>	66 (46%)	
	<i>Don't remember</i>	8 (6%)	

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 15 (11%)
 Yes 73 (53%)
 No..... 42 (30%)
 Don't remember 9 (6%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 25 (19%)
 Within the first week 36 (27%)
 More than a week 53 (40%)
 Don't remember 20 (15%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to.....

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	14 (10%)	46 (34%)	25 (19%)	23 (17%)	12 (9%)	15 (11%)
<i>Attend legal visits?</i>	23 (18%)	54 (43%)	20 (16%)	5 (4%)	2 (2%)	22 (17%)
<i>Get bail information?</i>	7 (6%)	30 (25%)	19 (16%)	14 (11%)	12 (10%)	40 (33%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters 15 (11%)
 Yes 64 (45%)
 No..... 62 (44%)

Q4.3 Can you get legal books in the library?
 Yes 49 (36%)
 No..... 9 (7%)
 Don't know 79 (58%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	108 (76%)	34 (24%)	0 (0%)
<i>Are you normally able to have a shower every day?</i>	130 (90%)	13 (9%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	135 (95%)	4 (3%)	3 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	121 (85%)	19 (13%)	2 (1%)
<i>Is your cell call bell normally answered within five minutes?</i>	66 (47%)	61 (44%)	12 (9%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	89 (64%)	51 (36%)	0 (0%)
<i>If you need to, can you normally get your stored property?</i>	51 (37%)	51 (37%)	37 (27%)

Q4.5	What is the food like here?		
	Very good.....	10 (7%)	
	Good.....	38 (27%)	
	Neither.....	39 (27%)	
	Bad.....	40 (28%)	
	Very bad.....	16 (11%)	
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/don't know	10 (7%)	
	Yes.....	83 (59%)	
	No.....	48 (34%)	
Q4.7	Can you speak to a Listener at any time if you want to?		
	Yes.....	95 (67%)	
	No.....	16 (11%)	
	Don't know.....	31 (22%)	
Q4.8	Are your religious beliefs respected?		
	Yes.....	84 (59%)	
	No.....	12 (8%)	
	Don't know/N/A.....	47 (33%)	
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	Yes.....	98 (70%)	
	No.....	3 (2%)	
	Don't know/N/A.....	40 (28%)	
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend	38 (27%)	
	Very easy.....	43 (31%)	
	Easy.....	30 (22%)	
	Neither.....	6 (4%)	
	Difficult.....	4 (3%)	
	Very difficult.....	2 (1%)	
	Don't know.....	16 (12%)	

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	121 (86%)		
	No.....	8 (6%)		
	Don't know.....	11 (8%)		
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are applications dealt with fairly?	17 (13%)	78 (60%)	36 (27%)
	Are applications dealt with quickly (within seven days)?	17 (14%)	44 (36%)	61 (50%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	90 (66%)		
	No.....	11 (8%)		

Don't know 35 (26%)

Q5.4 Please answer the following questions about complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	69 (50%)	28 (20%)	41 (30%)
Are complaints dealt with quickly (within seven days)?	69 (52%)	24 (18%)	39 (30%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	22 (17%)
No.....	104 (83%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	37 (27%)
Very easy	19 (14%)
Easy	26 (19%)
Neither	35 (26%)
Difficult.....	12 (9%)
Very difficult	6 (4%)

Section 6: Incentive and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	15 (11%)
Yes	81 (58%)
No	32 (23%)
Don't know	11 (8%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	15 (11%)
Yes	75 (54%)
No.....	37 (26%)
Don't know	13 (9%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes	15 (11%)
No.....	127 (89%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

I have not been to segregation in the last 6 months	110 (81%)
Very well.....	8 (6%)
Well.....	6 (4%)
Neither.....	6 (4%)
Badly.....	4 (3%)
Very badly.....	2 (1%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?

Yes.....	101 (74%)
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	No.....	36 (26%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	119 (84%)
	No.....	22 (16%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	60 (43%)
	No.....	80 (57%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	9 (6%)
	Never.....	23 (16%)
	Rarely.....	30 (21%)
	Some of the time.....	48 (33%)
	Most of the time.....	21 (15%)
	All of the time.....	13 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	26 (18%)
	In the first week.....	53 (37%)
	More than a week.....	52 (37%)
	Don't remember.....	11 (8%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/ I have not met him/ her	26 (19%)
	Very helpful.....	42 (30%)
	Helpful.....	41 (30%)
	Neither.....	14 (10%)
	Not very helpful.....	11 (8%)
	Not at all helpful.....	4 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes.....	50 (35%)
	No.....	94 (65%)
Q8.2	Do you feel unsafe now?	
	Yes.....	18 (13%)
	No.....	118 (87%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	94 (69%)
	Everywhere.....	8 (6%)
	Segregation unit.....	1 (1%)
	Association areas.....	12 (9%)
	Reception area.....	7 (5%)
	At the gym.....	4 (3%)
	In an exercise yard.....	15 (11%)
	At work.....	9 (7%)
	During movement.....	15 (11%)
	At education.....	6 (4%)
	At mealtimes.....	11 (8%)
	At health services.....	7 (5%)
	Visits area.....	2 (1%)
	In wing showers.....	17 (13%)
	In gym showers.....	5 (4%)
	In corridors/stairwells.....	10 (7%)
	On your landing/wing.....	12 (9%)
	In your cell.....	8 (6%)
	At religious services.....	2 (1%)

Q8.4 Have you been victimised by other prisoners here?
 Yes 40 (29%)
 No..... 99 (71%)

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

<i>Insulting remarks (about you or your family or friends)</i>	17 (12%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (7%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	27 (19%)
<i>Having your canteen/property taken</i>	9 (7%)
<i>Medication</i>	3 (2%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	4 (3%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	4 (3%)
<i>You are from a different part of the country than others</i>	3 (2%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	4 (3%)
<i>You were new here</i>	6 (4%)
<i>Your offence/ crime</i>	10 (7%)
<i>Gang related issues</i>	0 (0%)

Q8.6 Have you been victimised by staff here?
 Yes 31 (22%)
 No..... 108 (78%)

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

<i>Insulting remarks (about you or your family or friends)</i>	14 (10%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (3%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	11 (8%)
<i>Medication</i>	3 (2%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	2 (1%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	2 (1%)
<i>You are from a different part of the country than others</i>	2 (1%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	4 (3%)
<i>Your age</i>	1 (1%)
<i>You have a disability</i>	1 (1%)
<i>You were new here</i>	3 (2%)
<i>Your offence/ crime</i>	1 (1%)
<i>Gang related issues</i>	2 (1%)

Q8.8 If you have been victimised by prisoners or staff did you report it?
Not been victimised 83 (66%)
 Yes..... 29 (23%)

No..... 14 (11%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	14 (10%)	10 (7%)	38 (27%)	13 (9%)	53 (38%)	13 (9%)
	The nurse	9 (7%)	26 (19%)	64 (46%)	15 (11%)	21 (15%)	3 (2%)
	The dentist	25 (18%)	5 (4%)	15 (11%)	9 (7%)	39 (28%)	44 (32%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	22 (16%)	15 (11%)	38 (27%)	26 (19%)	27 (19%)	12 (9%)
	The nurse	11 (8%)	21 (15%)	58 (43%)	23 (17%)	14 (10%)	9 (7%)
	The dentist	43 (31%)	5 (4%)	27 (20%)	24 (18%)	21 (15%)	17 (12%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						11 (8%)
	<i>Very good</i>						12 (9%)
	<i>Good</i>						47 (34%)
	<i>Neither</i>						24 (18%)
	<i>Bad</i>						27 (20%)
	<i>Very bad</i>						16 (12%)
Q9.4	Are you currently taking medication?						
	Yes						98 (70%)
	No.....						42 (30%)
Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?						
	<i>Not taking medication</i>						42 (30%)
	<i>Yes, all my meds</i>						23 (16%)
	<i>Yes, some of my meds</i>						42 (30%)
	<i>No</i>						34 (24%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						62 (44%)
	No.....						78 (56%)
Q9.7	Are you being helped/supported by anyone in this prison? (E.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)						
	<i>Do not have any emotional or mental health problems</i>						78 (58%)
	Yes						36 (27%)
	No.....						21 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	60 (43%)
	No.....	80 (57%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	40 (29%)
	No.....	99 (71%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	24 (18%)
	<i>Easy</i>	26 (19%)
	<i>Neither</i>	15 (11%)
	<i>Difficult</i>	9 (7%)
	<i>Very difficult</i>	9 (7%)
	<i>Don't know</i>	53 (39%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	1 (1%)
	<i>Easy</i>	2 (1%)
	<i>Neither</i>	8 (6%)
	<i>Difficult</i>	14 (10%)
	<i>Very difficult</i>	48 (35%)
	<i>Don't know</i>	64 (47%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	15 (11%)
	<i>No</i>	123 (89%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	14 (10%)
	<i>No</i>	121 (90%)
Q10.7	Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not/do not have a drug problem</i>	67 (49%)
	<i>Yes</i>	50 (37%)
	<i>No</i>	19 (14%)
Q10.8	Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not/do not have an alcohol problem</i>	99 (72%)
	<i>Yes</i>	24 (18%)
	<i>No</i>	14 (10%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/did not receive help</i>	79 (59%)
	<i>Yes</i>	45 (34%)
	<i>No</i>	10 (7%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	
						<i>Very difficult</i>	
	Prison job	18 (13%)	32 (23%)	64 (46%)	12 (9%)	9 (7%)	3 (2%)
	Vocational or skills training	28 (21%)	22 (17%)	54 (41%)	17 (13%)	7 (5%)	3 (2%)
	Education (including basic skills)	21 (16%)	32 (24%)	56 (43%)	14 (11%)	5 (4%)	3 (2%)

Offending behaviour programmes	37 (29%)	17 (13%)	36 (28%)	15 (12%)	13 (10%)	9 (7%)
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Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	23 (17%)
Prison job	87 (64%)
Vocational or skills training.....	24 (18%)
Education (including basic skills).....	38 (28%)
Offending behaviour programmes.....	23 (17%)

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

	Not been involved	Yes	No	Don't know
Prison job	19 (16%)	53 (45%)	34 (29%)	13 (11%)
Vocational or skills training	21 (21%)	56 (56%)	18 (18%)	5 (5%)
Education (including basic skills)	19 (17%)	67 (61%)	17 (15%)	7 (6%)
Offending behaviour programmes	26 (28%)	43 (46%)	16 (17%)	8 (9%)

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

Don't want to go	16 (11%)
Never.....	21 (15%)
Less than once a week.....	29 (21%)
About once a week.....	63 (45%)
More than once a week.....	11 (8%)

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

Don't use it	27 (20%)
Yes.....	82 (60%)
No.....	27 (20%)

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

Don't want to go	48 (35%)
0.....	41 (30%)
1 to 2.....	17 (12%)
3 to 5.....	20 (15%)
More than 5.....	11 (8%)

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

Don't want to go	56 (40%)
0.....	33 (24%)
1 to 2.....	37 (27%)
3 to 5.....	6 (4%)
More than 5.....	7 (5%)

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

Don't want to go	8 (6%)
0.....	4 (3%)
1 to 2.....	8 (6%)
3 to 5.....	19 (14%)
More than 5.....	99 (72%)

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

Less than 2 hours	16 (12%)
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2 to less than 4 hours.....	21 (15%)
4 to less than 6 hours.....	15 (11%)
6 to less than 8 hours.....	40 (29%)
8 to less than 10 hours.....	14 (10%)
10 hours or more.....	21 (15%)
Don't know	10 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	67 (50%)
	No.....	66 (50%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	67 (48%)
	No.....	73 (52%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	44 (33%)
	No.....	90 (67%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	25 (19%)
	Very easy	12 (9%)
	Easy.....	33 (25%)
	Neither.....	9 (7%)
	Difficult.....	24 (18%)
	Very difficult.....	23 (17%)
	Don't know	8 (6%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	23 (16%)
	Yes	100 (71%)
	No.....	18 (13%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/NA	41 (29%)
	No contact.....	27 (19%)
	Letter.....	24 (17%)
	Phone	10 (7%)
	Visit	58 (41%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	106 (83%)
	No.....	22 (17%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	23 (17%)
	Yes.....	81 (59%)

No..... 34 (25%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/ not sentenced..... 57 (41%)
 Very involved..... 22 (16%)
 Involved..... 33 (24%)
 Neither..... 9 (6%)
 Not very involved..... 11 (8%)
 Not at all involved..... 7 (5%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/not sentenced..... 57 (41%)
 Nobody..... 23 (17%)
 Offender supervisor..... 32 (23%)
 Offender manager..... 30 (22%)
 Named/ personal officer..... 16 (12%)
 Staff from other departments..... 12 (9%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced..... 57 (41%)
 Yes..... 58 (42%)
 No..... 10 (7%)
 Don't know..... 14 (10%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/not sentenced..... 57 (41%)
 Yes..... 25 (18%)
 No..... 35 (25%)
 Don't know..... 23 (16%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced..... 57 (41%)
 Yes..... 32 (23%)
 No..... 21 (15%)
 Don't know..... 30 (21%)

Q13.10 Do you have a needs based custody plan?
 Yes..... 11 (9%)
 No..... 52 (41%)
 Don't know..... 65 (51%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 29 (23%)
 No..... 99 (77%)

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

	<i>Do not need help</i>	Yes	No
Employment	21 (18%)	49 (42%)	46 (40%)
Accommodation	25 (20%)	62 (49%)	39 (31%)
Benefits	22 (17%)	71 (55%)	35 (27%)
Finances	25 (22%)	35 (31%)	53 (47%)
Education	25 (22%)	51 (44%)	39 (34%)

Drugs and alcohol 26 (22%) 65 (55%) 28 (24%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 23 (17%)
Yes 70 (50%)
No 46 (33%)

Main comparator and comparator to last time



Prisoner survey responses HMP & YOI New Hall 2012

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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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		147	976	147	117
SECTION 1: General information					
1.2	Are you under 21 years of age?	8%	12%	8%	13%
1.3	Are you sentenced?	84%	71%	84%	76%
1.3	Are you on recall?	6%	7%	6%	8%
1.4	Is your sentence less than 12 months?	18%	31%	18%	31%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%	5%	5%
1.5	Are you a foreign national?	7%	14%	7%	11%
1.6	Do you understand spoken English?	100%		100%	
1.7	Do you understand written English?	99%		99%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	17%	25%	17%	11%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	6%	8%	
1.1	Are you Muslim?	4%	6%	4%	5%
1.11	Are you homosexual/gay or bisexual?	28%	24%	28%	37%
1.12	Do you consider yourself to have a disability?	24%	19%	24%	15%
1.13	Are you a veteran (ex-armed services)?	2%		2%	
1.14	Is this your first time in prison?	39%	48%	39%	37%
1.15	Do you have any children under the age of 18?	57%	52%	57%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	29%	30%	29%	26%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	60%		60%	
2.3	Were you offered a toilet break?	11%		11%	
2.4	Was the van clean?	70%		70%	
2.5	Did you feel safe?	79%		79%	
2.6	Were you treated well/very well by the escort staff?	74%	73%	74%	75%
2.7	Before you arrived here were you told that you were coming here?	83%		83%	
2.7	Before you arrived here did you receive any written information about coming here?	3%		3%	
2.8	When you first arrived here did your property arrive at the same time as you?	81%	80%	81%	85%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	53%		53%	
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	86%	85%	85%
3.3	Were you treated well/very well in reception?	74%	67%	74%	69%
	When you first arrived:				
3.4	Did you have any problems?	73%	79%	73%	80%
3.4	Did you have any problems with loss of property?	7%	13%	7%	11%
3.4	Did you have any housing problems?	25%	29%	25%	26%
3.4	Did you have any problems contacting employers?	0%	5%	0%	6%
3.4	Did you have any problems contacting family?	21%	34%	21%	32%
3.4	Did you have any problems ensuring dependants were being looked after?	6%	10%	6%	5%
3.4	Did you have any money worries?	22%	26%	22%	16%
3.4	Did you have any problems with feeling depressed or suicidal?	38%	36%	38%	47%
3.4	Did you have any physical health problems?	19%		19%	
3.4	Did you have any mental health problems?	28%		28%	
3.4	Did you have any problems with needing protection from other prisoners?	3%	8%	3%	4%
3.4	Did you have problems accessing phone numbers?	22%	28%	22%	25%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	49%		49%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	87%	87%	87%	77%
3.6	A shower?	35%	47%	35%	48%
3.6	A free telephone call?	87%	83%	87%	84%
3.6	Something to eat?	79%	82%	79%	84%
3.6	PIN phone credit?	36%		36%	
3.6	Toiletries/basic items?	72%		72%	

Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	63%		63%	
3.7 Someone from health services?	71%		71%	
3.7 A Listener/Samaritans?	41%		41%	
3.7 Prison shop/ canteen?	26%	16%	26%	8%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	50%	53%	50%	52%
3.8 Support was available for people feeling depressed or suicidal?	45%	55%	45%	62%
3.8 How to make routine requests?	40%	41%	40%	34%
3.8 Your entitlement to visits?	40%	46%	40%	39%
3.8 Health services?	50%	52%	50%	45%
3.8 The chaplaincy?	55%	48%	55%	44%
3.9 Did you feel safe on your first night here?	74%	69%	74%	58%
3.10 Have you been on an induction course?	90%	86%	90%	78%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	59%	58%	59%	67%
3.12 Did you receive an education (skills for life) assessment?	81%		81%	
SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	44%	43%	44%	36%
4.1 Attend legal visits?	61%	59%	61%	62%
4.1 Get bail information?	30%	26%	30%	28%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	36%	46%	43%
4.3 Can you get legal books in the library?	36%		36%	
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	76%	58%	76%	60%
4.4 Are you normally able to have a shower every day?	90%	91%	90%	64%
4.4 Do you normally receive clean sheets every week?	95%	86%	95%	89%
4.4 Do you normally get cell cleaning materials every week?	85%	78%	85%	78%
4.4 Is your cell call bell normally answered within five minutes?	47%	50%	47%	38%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	64%	64%	44%
4.4 Can you normally get your stored property, if you need to?	37%	30%	37%	26%
4.5 Is the food in this prison good/very good?	34%	25%	34%	36%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	47%	59%	50%
4.7 Are you able to speak to a Listener at any time if you want to?	67%	66%	67%	48%
4.8 Are your religious beliefs are respected?	59%	59%	59%	51%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	70%	60%	70%	58%
4.10 Is it easy/very easy to attend religious services?	53%		53%	

Main comparator and comparator to last time

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	86%		86%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	69%	63%	69%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	42%	49%	42%	45%
5.3	Is it easy to make a complaint?	66%		66%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	41%	41%	41%	37%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	38%	49%	38%	42%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%		17%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	33%	30%	33%	36%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	52%	58%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	46%	54%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%	11%	
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/ well by staff?	54%		54%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	74%	76%	74%	57%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	79%	84%	77%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	43%		43%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	27%	24%	10%
7.5	Do you have a personal officer?	82%	71%	82%	76%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	74%	72%	74%	54%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	35%	42%	35%	59%
8.2	Do you feel unsafe now?	13%	16%	13%	16%
8.4	Have you been victimised by other prisoners here?	29%	29%	29%	28%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	12%	17%	12%	15%
8.5	Hit, kicked or assaulted you?	6%	8%	6%	1%
8.5	Sexually abused you?	0%	1%	0%	0%
8.5	Threatened or intimidated you?	20%		20%	
8.5	Taken your canteen/property?	6%	7%	6%	7%
8.5	Victimised you because of medication?	2%		2%	
8.5	Victimised you because of debt?	2%		2%	
8.5	Victimised you because of drugs?	2%	5%	2%	5%
8.5	Victimised you because of your race or ethnic origin?	3%	5%	3%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%
8.5	Victimised you because of your nationality?	3%		3%	
8.5	Victimised you because you were from a different part of the country?	2%	3%	2%	4%
8.5	Victimised you because you are from a traveller community?	2%		2%	
8.5	Victimised you because of your sexual orientation?	2%	2%	2%	0%
8.5	Victimised you because of your age?	2%	3%	2%	
8.5	Victimised you because you have a disability?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	4%	8%	4%	10%
8.5	Victimised you because of your offence/crime?	7%	6%	7%	4%
8.5	Victimised you because of gang related issues?	0%	3%	0%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	22%	19%	22%	29%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	8%	10%	16%
8.7	Hit, kicked or assaulted you?	3%	2%	3%	3%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	8%		8%	
8.7	Victimised you because of medication?	2%		2%	
8.7	Victimised you because of debt?	1%		1%	
8.7	Victimised you because of drugs?	2%	3%	2%	5%
8.7	Victimised you because of your race or ethnic origin?	2%	3%	2%	2%
8.7	Victimised you because of your religion/religious beliefs?	1%	2%	1%	3%
8.7	Victimised you because of your nationality?	2%		2%	
8.7	Victimised you because you were from a different part of the country?	2%	2%	2%	4%
8.7	Victimised you because you are from a traveller community?	1%		1%	
8.7	Victimised you because of your sexual orientation?	3%	3%	3%	4%
8.7	Victimised you because of your age?	1%	2%	1%	
8.7	Victimised you because you have a disability?	1%	2%	1%	2%
8.7	Victimised you because you were new here?	2%	4%	2%	4%
8.7	Victimised you because of your offence/crime?	1%	4%	1%	5%
8.7	Victimised you because of gang related issues?	2%	1%	2%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	68%	52%	68%	27%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	34%	29%	34%	29%
9.1	Is it easy/very easy to see the nurse?	65%	55%	65%	67%
9.1	Is it easy/very easy to see the dentist?	15%	14%	15%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	45%	49%	45%	55%
9.2	The nurse?	63%	62%	63%	67%
9.2	The dentist?	34%	43%	34%	28%
9.3	The overall quality of health services?	47%	42%	47%	48%
9.4	Are you currently taking medication?	70%	69%	70%	72%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	66%		66%	
9.6	Do you have any emotional well being or mental health problems?	44%	47%	44%	50%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	63%		63%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	43%	44%	43%	55%
10.2	Did you have a problem with alcohol when you came into this prison?	29%	35%	29%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	23%	37%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	2%		2%	
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	6%	11%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%		10%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	73%		73%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	63%		63%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	82%	80%	82%	74%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP & YOI New Hall 2012	Local women's Comparator	HMP & YOI New Hall 2012	HMP & YOI New Hall 2008
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	70%		70%	
11.1 Vocational or skills training?	58%		58%	
11.1 Education (including basic skills)?	67%		67%	
11.1 Offending Behaviour Programmes?	42%		42%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	64%	56%	64%	49%
11.2 Vocational or skills training?	18%	15%	18%	7%
11.2 Education (including basic skills)?	28%	44%	28%	39%
11.2 Offending Behaviour Programmes?	17%	13%	17%	11%
11.3 Have you had a job while in this prison?	84%	82%	84%	
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	53%	57%	53%	
11.3 Have you been involved in vocational or skills training while in this prison?	79%	67%	79%	
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	71%	57%	71%	
11.3 Have you been involved in education while in this prison?	83%	84%	83%	
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	74%	67%	74%	
11.3 Have you been involved in offending behaviour programmes while in this prison?	72%	66%	72%	
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	64%	58%	64%	
11.4 Do you go to the library at least once a week?	53%	50%	53%	58%
11.5 Does the library have a wide enough range of materials to meet your needs?	60%		60%	
11.6 Do you go to the gym three or more times a week?	23%	22%	23%	24%
11.7 Do you go outside for exercise three or more times a week?	9%	42%	9%	28%
11.8 Do you go on association more than five times each week?	72%	62%	72%	38%
11.9 Do you spend ten or more hours out of your cell on a weekday?	15%	25%	15%	16%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	51%	57%	51%	45%
12.2 Have you had any problems with sending or receiving mail?	48%	37%	48%	41%
12.3 Have you had any problems getting access to the telephones?	33%	21%	33%	47%
12.4 Is it easy/ very easy for your friends and family to get here?	34%		34%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP & YOI New Hall 2012	Local women's Comparator	HMP & YOI New Hall 2012	HMP & YOI New Hall 2008
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	85%		85%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	27%		27%	
13.2	Contact by letter?	24%		24%	
13.2	Contact by phone?	10%		10%	
13.2	Contact by visit?	59%		59%	
13.3	Do you have a named offender supervisor in this prison?	83%		83%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	70%	50%	70%	60%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	67%	72%	67%	61%
Who is working with you to achieve your sentence plan targets:					
13.6	nobody?	29%		29%	
13.6	Offender supervisor?	40%		40%	
13.6	Offender manager?	37%		37%	
13.6	Named/ personal officer?	20%		20%	
13.6	Staff from other departments?	15%		15%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	71%	85%	71%	83%
13.8	Are there plans for you to achieve any of your targets in another prison?	30%		30%	
13.9	Are there plans for you to achieve any of your targets in the community?	39%		39%	
13.10	Do you have a needs based custody plan?	9%		9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	23%	25%	23%	21%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	52%		52%	
13.12	Accommodation?	62%		62%	
13.12	Benefits?	67%		67%	
13.12	Finances?	40%		40%	
13.12	Education?	57%		57%	
13.12	Drugs and alcohol?	70%		70%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	60%	58%	60%	43%

Diversity Analysis



Key question responses (ethnicity) HMP&YOI New Hall 2012

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		24	121
1.3	Are you sentenced?	78%	86%
1.5	Are you a foreign national?	26%	3%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	90%	100%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	13%	7%
1.1	Are you Muslim?	12%	3%
1.12	Do you consider yourself to have a disability?	16%	26%
1.13	Are you a veteran (ex-armed services)?	0%	2%
1.14	Is this your first time in prison?	39%	38%
2.6	Were you treated well/very well by the escort staff?	70%	75%
2.7	Before you arrived here were you told that you were coming here?	75%	85%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	87%
3.3	Were you treated well/very well in reception?	63%	77%
3.4	Did you have any problems when you first arrived?	70%	73%
3.7	Did you have access to someone from health care when you first arrived here?	75%	70%
3.9	Did you feel safe on your first night here?	75%	75%
3.10	Have you been on an induction course?	100%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	44%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	83%	74%
4.4	Are you normally able to have a shower every day?	78%	93%
4.4	Is your cell call bell normally answered within five minutes?	44%	47%
4.5	Is the food in this prison good/very good?	26%	36%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	61%
4.7	Are you able to speak to a Listener at any time if you want to?	65%	67%
4.8	Do you feel your religious beliefs are respected?	69%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	74%	68%
5.1	Is it easy to make an application?	83%	88%
5.3	Is it easy to make a complaint?	66%	67%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	9%
7.1	Do most staff in this prison treat you with respect?	66%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	91%	84%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	13%	26%
7.4	Do you have a personal officer?	87%	80%
8.1	Have you ever felt unsafe here?	22%	37%
8.2	Do you feel unsafe now?	9%	14%
8.3	Have you been victimised by other prisoners?	39%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	31%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	13%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	22%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	4%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	9%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%
9.1	Is it easy/very easy to see the doctor?	39%	34%
9.1	Is it easy/ very easy to see the nurse?	60%	66%
9.4	Are you currently taking medication?	66%	71%
9.6	Do you feel you have any emotional well being/mental health issues?	39%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	36%
11.2	Are you currently working in the prison?	68%	63%
11.2	Are you currently undertaking vocational or skills training?	27%	15%
11.2	Are you currently in education (including basic skills)?	37%	27%
11.2	Are you currently taking part in an offending behaviour programme?	27%	15%
11.4	Do you go to the library at least once a week?	61%	51%
11.6	do you go to the gym three or more times a week?	32%	19%
11.7	Do you go outside for exercise three or more times a week?	17%	8%
11.8	On average, do you go on association more than five times each week?	62%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	17%	15%
12.2	Have you had any problems sending or receiving mail?	62%	46%
12.3	Have you had any problems getting access to the telephones?	52%	30%

Diversity Analysis



Key question responses (disability) HMP & YOI New Hall 2012

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

Key to tables

	Any 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		35	109
1.3	Are you sentenced?	85%	84%
1.5	Are you a foreign national?	6%	7%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	97%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	19%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	7%
1.1	Are you Muslim?	0%	6%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	37%	40%
2.6	Were you treated well/very well by the escort staff?	63%	78%
2.7	Before you arrived here were you told that you were coming here?	80%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	88%
3.3	Were you treated well/very well in reception?	71%	75%
3.4	Did you have any problems when you first arrived?	94%	66%
3.7	Did you have access to someone from health care when you first arrived here?	62%	75%
3.9	Did you feel safe on your first night here?	71%	74%
3.10	Have you been on an induction course?	86%	92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	46%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	71%	78%
4.4	Are you normally able to have a shower every day?	83%	92%
4.4	Is your cell call bell normally answered within five minutes?	59%	43%
4.5	Is the food in this prison good/very good?	34%	33%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	62%
4.7	Are you able to speak to a Listener at any time if you want to?	63%	69%
4.8	Do you feel your religious beliefs are respected?	66%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	77%	67%
5.1	Is it easy to make an application?	89%	85%
5.3	Is it easy to make a complaint?	67%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	9%
7.1	Do most staff, in this prison, treat you with respect?	79%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	84%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	24%
7.4	Do you have a personal officer?	80%	83%
8.1	Have you ever felt unsafe here?	46%	30%
8.2	Do you feel unsafe now?	23%	10%
8.3	Have you been victimised by other prisoners?	36%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	3%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	27%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	6%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	0%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%
8.7	Have you been victimised because of your age? (By staff)	3%	0%
8.7	Have you been victimised because you have a disability? (By staff)	3%	0%
9.1	Is it easy/very easy to see the doctor?	36%	34%
9.1	Is it easy/ very easy to see the nurse?	66%	66%
9.4	Are you currently taking medication?	91%	63%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	72%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	40%
11.2	Are you currently working in the prison?	55%	67%
11.2	Are you currently undertaking vocational or skills training?	12%	19%
11.2	Are you currently in education (including basic skills)?	19%	31%
11.2	Are you currently taking part in an offending behaviour programme?	10%	19%
11.4	Do you go to the library at least once a week?	62%	50%
11.6	Do you go to the gym three or more times a week?	6%	29%
11.7	Do you go outside for exercise three or more times a week?	3%	12%
11.8	On average, do you go on association more than five times each week?	59%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	19%
12.2	Have you had any problems sending or receiving mail?	59%	43%
12.3	Have you had any problems getting access to the telephones?	30%	33%

Diversity Analysis



Key question responses (sexual orientation) HMP & YOI New Hall 2012

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

Key to tables

	Any 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		39	102
1.3	Are you sentenced?	79%	87%
1.5	Are you a foreign national?	2%	7%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	15%	16%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	98%	99%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	16%	4%
1.1	Are you Muslim?	6%	4%
1.12	Do you consider yourself to have a disability?	23%	25%
1.13	Are you a veteran (ex-armed services)?	2%	1%
1.14	Is this your first time in prison?	30%	41%
2.6	Were you treated well/very well by the escort staff?	67%	77%
2.7	Before you arrived here were you told that you were coming here?	85%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	86%
3.3	Were you treated well/very well in reception?	77%	73%
3.4	Did you have any problems when you first arrived?	57%	78%
3.7	Did you have access to someone from health care when you first arrived here?	68%	71%
3.9	Did you feel safe on your first night here?	87%	71%
3.10	Have you been on an induction course?	84%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	41%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	75%
4.4	Are you normally able to have a shower every day?	87%	92%
4.4	Is your cell call bell normally answered within five minutes?	42%	47%
4.5	Is the food in this prison good/very good?	23%	36%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	61%
4.7	Are you able to speak to a Listener at any time if you want to?	71%	65%
4.8	Do you feel your religious beliefs are respected?	56%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	67%
5.1	Is it easy to make an application?	86%	88%
5.3	Is it easy to make a complaint?	77%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	60%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	8%
7.1	Do most staff, in this prison, treat you with respect?	66%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	89%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	26%
7.4	Do you have a personal officer?	79%	83%
8.1	Have you ever felt unsafe here?	23%	38%
8.2	Do you feel unsafe now?	14%	11%
8.3	Have you been victimised by other prisoners?	19%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	6%	0%
8.5	Have you been victimised because of your age? (By prisoners)	2%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	40%	15%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	0%
8.7	Have you been victimised because of your sexual orientation? (By staff)	10%	0%
8.7	Have you been victimised because of your age? (By staff)	2%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	0%
9.1	Is it easy/very easy to see the doctor?	30%	35%
9.1	Is it easy/ very easy to see the nurse?	59%	66%
9.4	Are you currently taking medication?	65%	73%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	41%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	54%	31%
11.2	Are you currently working in the prison?	63%	63%
11.2	Are you currently undertaking vocational or skills training?	16%	17%
11.2	Are you currently in education (including basic skills)?	24%	30%
11.2	Are you currently taking part in an offending behaviour programme?	10%	17%
11.4	Do you go to the library at least once a week?	57%	52%
11.6	do you go to the gym three or more times a week?	21%	21%
11.7	Do you go outside for exercise three or more times a week?	8%	8%
11.8	On average, do you go on association more than five times each week?	78%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	17%	14%
12.2	Have you had any problems sending or receiving mail?	47%	49%
12.3	Have you had any problems getting access to the telephones?	40%	31%