

Report on an announced inspection of

HMP & YOI New Hall

10 – 14 November 2008

by HM Chief Inspector of Prisons

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Introduction

New Hall is a busy, complicated local prison for women near Wakefield. It holds a needy and challenging population of sentenced and un-sentenced women, young adults and girls, as well as a mother and baby unit. Given this context, it is commendable that this full announced inspection found a reasonably safe and purposeful prison, beginning to focus on resettlement. However, there remained plenty of scope for improvement, including the need to improve staff-prisoner relationships.

A significant number of women arriving at New Hall had serious substance abuse, mental health and self-harm issues. The prison responded adequately to these challenges, but the high levels of risk demanded further progress. Admission arrangements were satisfactory, with good support for those with substance abuse issues, but reception remained a poor facility and first night arrangements needed strengthening. Anti-bullying and suicide prevention arrangements needed some improvement. There was relatively little use of force, segregation or special accommodation, although monitoring was weak. The availability of illegal drugs remained a concern.

Staff-prisoner relations were generally poor, not helped by a disproportionate number of male staff for a women's prison, which impeded proper supervision and raised decency issues. Some of the staff group also demonstrated outdated and inappropriate attitudes to the women in their care, particularly those with mental health issues. Managers needed to confront these issues and put in place a strategy to improve relationships, including a more effective personal officer scheme and mental health awareness training.

Despite improvements in some living areas, much of the dormitory accommodation remained cramped, cold and unfit for purpose. Women had inadequate access to showers. Work on diversity was beginning to get off the ground, but support for the significant numbers of foreign national women was underdeveloped and black and minority ethnic prisoners reported negatively about their treatment. The chaplaincy was well integrated into the life of the prison and provided a very good service. Healthcare was generally satisfactory. The mother and baby unit was bright and well resourced, but would benefit from greater involvement of childcare professionals in its everyday management.

The amount of time women spent out of cell was reasonable, although evening association was too often cancelled because of staff shortages. The quality and quantity of education was satisfactory, but there was insufficient provision for prisoners for whom English was not their first language. Work and skills provision was sufficient and access to the library and gym was reasonable.

There was a need for a clearer resettlement strategy based on a detailed analysis of the different groups of prisoners within the prison. Reasonable offender management arrangements were in place for those in scope, although there was a backlog in assessments and insufficient custody planning for the remainder of the population. Case management of indeterminate sentenced prisoners was reasonable, but more was required to address their needs adequately.

There were some sound resettlement and integration services, but these were insufficient to meet demand, particularly in areas such as housing, finance and work to address offending behaviour. We were also concerned to learn that the well regarded Together Women project, which helped women to resettle in West Yorkshire, was under threat. Substance abuse

services needed further development and there was a particular need for better support for the very high numbers of women reporting alcohol-related problems.

Managers of multi-functional women's prisons such as New Hall have to deal with a wide array of risks and needs among a diverse and complex population. Commendably, the prison had risen to some of these challenges. It provided a generally safe environment, with a reasonable amount of purposeful activity and an increased focus on resettlement. However, there remained much still to do, including expanding reintegration services and – in particular – improving the poor attitudes of some staff towards the women in their care. The task facing New Hall is huge and it is therefore of considerable concern that, not long after this inspection, it was announced that it was to amalgamate with Askham Grange prison near York. The wisdom of making New Hall's already difficult task more challenging by adding responsibility for this distant satellite must be open to question.

Anne Owers
HM Chief Inspector of Prisons

February 2009

Fact page

Task of the establishment

HMP New Hall is a local training prison for adult women, young adult women and juvenile girls.

Brief history

New Hall was originally used as a satellite prison for nearby HMP Wakefield. In 1961, its role was changed to hold young adult males. In 1987, it converted to a women's prison. It also has a mother and baby unit.

Area organisation

Yorkshire and Humberside

Number held

Adults:	330
Young adult women:	44
Girls:	24
Total:	398

Certified normal accommodation

393

Operation capacity

447

Last inspection

Announced: November 2004

Short unannounced: March 2006

Announced inspection juvenile unit: August 2007

Description of residential units

- Willow House (main residential area for remand and convicted adult women): 109 spaces in dormitories, single cells and doubled-up single cells.
- Maple House (mother and baby unit): 9 spaces.
- Rivendell Unit (juvenile girls): 28 spaces.
- Larch House (semi-open): 40 spaces in single rooms.
- Sycamore House (care and separation unit): 12 spaces.
- Oak House (first night centre and detoxification/stabilisation unit): 106 spaces, mostly in single cells, although 10 on Oak 2 are doubled.
- Poplar House:
 - Poplar 1 (young adults): 44 spaces.
 - Poplar 2 (longer-term sentenced women): 96 spaces, including 20 doubled-up single cells.

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |

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

... performing well against this healthy prison test.

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

... performing reasonably well against this healthy prison test.

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

... not performing sufficiently well against this healthy prison test.

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

... performing poorly against this healthy prison test.

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

Safety

- HP3 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.

- HP4 Few women had very long journeys to New Hall, but lack of space meant they were often kept waiting in vans outside the prison. Most women found vans uncomfortable and some travelled in vans with men. Many had long days at court and a number arrived after 7pm. The court video link was underused.
- HP5 The reception building was too small for the throughput of prisoners. In our survey, many more women than the comparator¹ said they had felt depressed or suicidal on arrival and, while there was some peer support from an Insider in reception, there was no Listener service. Interactions between staff and women in reception were positive, but insufficient attention was given to identifying and following up urgent issues to do with the welfare of children. The cells for new arrivals were well prepared, but almost half the women, many more than the comparator, said they had felt unsafe on their first night. Some good interviews to identify resettlement needs were carried out the morning after arrival and a well organised induction programme was professionally delivered.
- HP6 Many more women than the comparator said they had felt unsafe at some time in the prison, but the actual number who said they felt unsafe at the time of our survey was similar. Some areas of the prison were difficult to supervise, which made some women anxious. Although there was little indication that bullying was prevalent, potential and actual bullying behaviour was actively identified. Most incidents involved personal relationships and minor disputes. Investigations were mostly thorough, but did not always establish the underlying reasons for conflicts. Ongoing monitoring and review of suspected bullies was poor. Identified bullies were placed on a basic regime and required to complete a workbook on bullying before privileges were returned. There was little structured support for victims. A comprehensive monthly safer custody report covered indicators of violence and bullying, but included figures from the juvenile unit, making it difficult to get a clear picture of the position in the adult women's prison.
- HP7 There had been two self-inflicted deaths since 2005 and some progress had been made in implementing recommendations from investigations as part of a continuous improvement plan. Two other deaths had occurred within a day of release, but had not been investigated. There had been two recent internal investigations into serious near-fatal incidents, but not all were investigated. There were high levels of self-harm, but there was little consistent case management and few multidisciplinary reviews. The quality of care maps for those at risk varied and records suggested that many officers observed rather than interacted with women. Despite some good resources to help women, they were rarely identified in support plans or case reviews. There were only two Listeners, which was wholly insufficient. Some prison processes such as moving women at risk to the basic regime or using disciplinary procedures conflicted with care arrangements.

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

- HP8 The segregation unit was being refurbished to provide better facilities, including an association room. The regime was basic, but decent. Segregation reviews were well attended, but targets set were often limited to behaviour. The adjudications we observed were well conducted, but there was too much use of cellular confinement as a punishment.
- HP9 Use of force was relatively low but the figures for the juvenile unit were not disaggregated, which gave a misleadingly high picture of the overall position. Records were well kept with some evidence that de-escalation techniques were used. The level of use of force was monitored at security meetings, but there was little detailed scrutiny and analysis of trends. Although there was very little use of special accommodation, there was a need for better scrutiny. In one case, a woman was held in special accommodation overnight without exhibiting any violent behaviour.
- HP10 The reported mandatory drug testing (MDT) rate was a reasonable 5.8%, but would have doubled if Subutex positives had been included and almost doubled again if the high number of refusals and diluted samples had been taken into account. Many more women than the comparator said it was easy to get illegal drugs in the prison. A high proportion of security information reports were drug-related, but only 20 suspicion tests had been carried out with a very low positive rate of 10%. Women with substance use problems could begin their treatment on their first night and the high level of need was reflected in the fact that 80% of new arrivals went to the substance misuse unit. The unit provided a safe environment with a specialist but inexperienced team. Support services were limited and there was relatively inflexible maintenance prescribing.

Respect

- HP11 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.
- HP12 Women were negative about their treatment by officers. Significantly fewer than the comparator said most staff treated them with respect and a relatively high number said staff victimised them. Nevertheless, most interactions we observed between individual women and officers were positive and most women said they had a member of staff they could turn to for support. There were too few women officers and a number of women complained that male officers came into their rooms without warning. Some wing history sheets contained unacceptably derogatory comments and indicated little empathy or understanding of women with mental health problems. Regular consultation meetings were held, but until recently had been inconsistently chaired and action points were rarely followed up. The personal officer scheme was not effective. Although most women knew their personal officers, few found them helpful.

- HP13 Efforts had been made to make the best of some poor accommodation. The prison was kept clean and cells were generally well equipped. Most women had single cells, although some double cells were cramped and dormitories were too crowded, cold and not fit for use. Toilets in shared cells were inadequately screened. There was poor access to showers or baths and not all women were able to shower daily.
- HP14 Catering was satisfactory. The shop provided a reasonable service, but, depending on the day of arrival, women could wait up to 10 days before receiving their first order.
- HP15 A new incentives and earned privileges scheme with credit and warning slips had recently been introduced and was not yet embedded. Many women saw few advantages to being on enhanced. There was no monitoring of the application of the scheme across the prison. Some automatic moves to basic within the scheme were unacceptable, as was curtailment of unconvicted women's rights to visits. A high proportion of those on basic was women at risk of suicide and self-harm.
- HP16 The chaplaincy played an important and active part in the life of the prison and a wide range of chaplaincy volunteers provided services and activities for women. Pastoral care was a strength. The chaplaincy accommodation was well used, but space was short. Most faiths were well catered for. Women were free to attend services, but there were clashes with medication times on Sundays.
- HP17 Complaints forms were easily obtained, but many replies were poor and disrespectful or did not answer the points raised. There was no quality monitoring. Healthcare complaints did not provide appropriate confidentiality.
- HP18 There was no trained legal services officer and no ready access to legal services information. A good bail information scheme provided an efficient service.
- HP19 The diversity policy covered most relevant minorities, but did not set out how services would be delivered. There was little clarity about how disability was identified and appropriate services provided and, apart from obvious physical disabilities, there was little staff awareness of disability issues. Work on wider diversity issues was just beginning with the formation of a new disabled and older women's group and a group for lesbian and bisexual women, both of which had recently held their first meetings.
- HP20 Black and minority ethnic women represented 20% of the population and our survey highlighted some significant differences between their perceptions and those of white women. Although some black and minority ethnic women said they were reluctant to report racist incidents because they believed some staff were racist, incidents were well investigated, with good arrangements for independent scrutiny. Not all women were aware of the role of the race equality officer. Race and diversity representatives met the race equality officer regularly, but there were no wider groups for black and minority ethnic women.
- HP21 There were 41 foreign national women, including four detainees. Our survey showed some significant differences in perceptions compared to British women and over 90% of foreign national women said they had felt unsafe in the prison. The foreign national liaison officer had no allocated time and many foreign national women were unaware that there was one. The foreign national policy was not based on a needs analysis. There was little information in languages other than English. Telephone interpreting services were used, but it was not clear in what circumstances as no records were kept. Some foreign national women who could not speak English had very little

support or information and were quite distressed. There was no independent immigration advice.

- HP22 The mother and baby unit was a generally suitable environment, although mothers found the rooms cold at night. Childcare professionals were involved in running the unit, but it was managed by Prison Service staff and officers wore uniform, which was inappropriate. Mothers and babies were well supported by nursery nurses, which allowed mothers to go to work activities off the unit. A health visitor and a midwife attended weekly. Siblings and other family members were involved appropriately, but co-parents were not able to attend routine ante-natal appointments. Care planning was reasonably good for mothers who stayed on the unit, but not for those who had been separated from their babies.
- HP23 Women were generally satisfied with the overall quality of healthcare, but health services were stretched, with a number of vacancies and a reliance on agency staff. Reception screening was basic. Primary care was satisfactory, with timed appointments for a range of clinics, but it took too long for routine appointments to see a GP. Applications and movement slips compromised confidentiality. The inpatient facility had only a limited therapeutic regime and was usually full with mental health patients, so there was no provision for women with physical health needs. There was good dental provision and the pharmacy service was satisfactory. Few outside hospital appointments were cancelled and an innovative telemedicine service had just been introduced. Mental health services were generally good, but the social care needs of some women with mental health problems managed on the wings were not well met.

Purposeful activity

- HP24 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.
- HP25 Time out of cell was reasonably good and accurately recorded, with an average of 9.8 hours on Mondays to Thursdays. Good spot checks were made. During activity periods, between 20% and 30% of women were locked in their cells, but this was mainly accounted for by the number of women detoxifying or being stabilised on maintenance regimes, or who otherwise were unable to attend activities. Staff shortages meant evening association was often cancelled. Association facilities were mainly in good condition, but restricted on Willow House. Women were not allowed to associate in cells and were locked in their cells if they wanted to smoke, which meant many chose not to come out. Exercise was rarely cancelled, but there was no exercise period for women in full-time activity.
- HP26 There was a clear strategy to increase the range and levels of the learning and skills provision and progress on actions for improvement were monitored in an annual learning and skills development plan. All women received an individual information, advice and guidance (IAG) session during induction and had a basic skills assessment. These were appropriately used at follow-up sessions to guide and

support women. Few learning plans reflected individual needs or set targets for personal development. The range of education courses was satisfactory, but there were limited learning opportunities beyond level 2 and insufficient English for speakers of other languages. It was good to see some provision of evening classes. About half the women attended education each week and they were very positive about their participation. Teaching was generally satisfactory and the standard of learners' work and achievement of qualifications was good.

- HP27 There were sufficient work and other activity places. Most jobs gave women the opportunity to work in realistic work situations, with accreditation available in all workshops. While there was no part-time work, women at work could participate in a small number of other programmes, including literacy and numeracy. The allocation process to jobs and other activities was fair and effectively used information from IAG sessions to meet preferences and needs. Rates of pay for different activities were equitable, but too dependent on staff judgements of behaviour rather than work performance.
- HP28 The library was stocked with an appropriate range of materials, but space was limited. There were books in foreign languages, but no foreign newspapers. Access was reasonable. An outreach service was provided to the segregation unit and healthcare. There was a suitable range of legal books and access to Prison Service Orders.
- HP29 Physical education (PE) and healthy living were reasonably well promoted. The gym was well used and women could attend daily, mostly for recreational PE, but there were also satisfactory opportunities to participate in accredited courses. Facilities were satisfactory and included a cardiovascular suite adjacent to the main gym, a similar facility on Oak House and a new astroturf pitch.

Resettlement

- HP30 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.
- HP31 A reducing re-offending action plan based on the main pathways was based on a comprehensive needs analysis and outlined a range of appropriate priorities. There were links to the area strategy and policy was overseen at a monthly reducing re-offending group. However, there was no distinction in the strategy to outline how the specific needs of particular groups such as young adults, lifers or remand women would be met.
- HP32 Gateway assessments were undertaken shortly after arrival to record resettlement needs. Appropriate referrals were made, but there was no case management to make

this an effective custody planning system. Almost 70 women were in scope for formal offender management arrangements and there were reasonable links with offender managers in the community and regular contact with offender supervisors in the prison. There were over 63 outstanding offender assessments and the backlog had been at this level for some time. Public protection arrangements were good.

- HP33 Accredited programmes were limited to the new focusing on resettlement programme, the short duration drug programme and enhanced thinking skills (ETS). Around 50 women were waiting for ETS assessments. There was recognition that there was unmet need for suitable interventions for women in a number of areas and some plans had been made to extend the range.
- HP34 Casework for women sentenced to life was managed reasonably well, but there were gaps in interventions and facilities to meet their specific needs in what was a complex multi-function prison. Two special days for lifers had been held in the year with a further one planned. Lifer meetings had also been held, but changes in management responsibilities meant these had been irregular and lacking consistency of approach. A specific surgery for women subject to indeterminate sentences for public protection had been held.
- HP35 Help for women to obtain housing on release was restricted as there was a vacancy for a housing adviser and only limited cover from another prison. A full-time worker from the Together Women project provided some good support and guidance on resettlement matters, including housing, for women from Leeds, Bradford, Doncaster and Keighley. Otherwise, there was little established finance advice, but good benefit advice was provided by Jobcentre Plus. Bradford rape crisis provided counselling for women who had been sexually abused or were victims of rape and there were links with some street worker organisations. There was no pre-release course to help women prepare practically to gain employment or continue education.
- HP36 A visitors' centre provided a comfortable place to wait, but support services for visitors were limited. Visits did not all start at the advertised time and visitors said it was difficult to get through to the booking line. The visits room was bright and clean, with refreshments and a good supervised play area. However, this was not an appropriate environment for separation visits for mothers whose children were being fostered or adopted. Parenting and relationship courses were run and there were community services such as after adoption support, family mediation and other counselling services. Many women were mothers separated from their children and the problems this caused them were often hidden and unrecognised. There was no qualified family support worker, but there were plans to recruit one.
- HP37 The drug strategy was disjointed with infrequent meetings and had suffered from a lack of leadership, which was now being addressed. The counselling, assessment, referral, advice and throughcare service was focused mainly on front end assessments with some limited one-to-one work and only two short group workshops run each month. Many young adult women in particular identified alcohol problems in our survey and there were insufficient services to meet this need. The short duration drugs programme had had difficulties recruiting and retaining facilitators and lacked consistent leadership. Over 90 women were subject to voluntary drug testing, but in practice very few tests were done.

Main recommendations

- HP38 A new reception area adequate to meet the needs of the population should be provided.
- HP39 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.
- HP40 Sufficient showers, and the opportunities to use them, should be provided so that all women are able to shower daily.
- HP41 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.
- HP42 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.
- HP43 Sufficient alcohol services and interventions should be provided to meet the needs of all groups of women at New Hall.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Few women had long journeys, but many found the vans uncomfortable. Girls under 18 sometimes travelled in vans with adult women and women often travelled with men. Women were not given advance information about New Hall and many arrived too late to receive the planned first night procedures. Video link facilities were under used.
- 1.2 Few women prisoners had long journeys, but most found vans uncomfortable and few said they had been offered enough toilet breaks. The majority agreed they had been well treated by escort staff. The vans we saw were reasonably clean, but some cubicles contained a lot of graffiti. Reception staff said girls coming to the Rivendell Unit occasionally travelled with adults and that pregnant women sometimes travelled in vans rather than more suitable transport. Women often travelled in the same vans as male prisoners. At busy times, women were kept waiting in vans outside the prison.
- 1.3 Reception staff had recently begun to log each woman's time of booking in, when she had left court, her time of arrival at New Hall, what time the nurse arrived in reception and when the woman arrived on her residential wing. They also recorded if any pre-sentencing report or previous convictions information had arrived with the woman. The aim was for managers to discuss this information with the escort contractor, with whom the prison had good working relationships.
- 1.4 Many women arrived after 7pm and were too late to be seen by the first night officer (see section on first days in custody). In the first 10 days of November 2008, 21 women had arrived after 7pm, including two after 8pm and five after 9pm. Women were not given any advance information about what to expect on arrival.
- 1.5 Some women spent long days at court. One left New Hall at 7.21am and did not return until 6.10pm, even though her court appearance was cancelled mid-morning. Women's property went with them to court, but private cash did not so anyone who did not return had to make arrangements to recover it.
- 1.6 A video link included two consultation booths and one court facility, but between July and October 2008, only 89 women had used it for a court appearance compared to 513 women who had gone to court.

Recommendations

- 1.7 Women should be transported separately from girls or male prisoners.
- 1.8 Appropriate vehicles should be used for pregnant women.
- 1.9 Women should arrive before 7pm to allow essential first night procedures.

- 1.10 Women should be held in court cells for the minimum time.
- 1.11 Women should be offered the option of using the video link for suitable hearings.
- 1.12 Women should be given information about New Hall before arrival.

Housekeeping points

- 1.13 Reception staff should monitor the provision of toilet breaks for women.
- 1.14 Private cash should accompany unsentenced women to court.

First days in custody

Expected outcomes:

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

- 1.15 The reception area was too small to cope with the throughput of prisoners. All women were interviewed, but details of children were not consistently recorded. Not all women were interviewed by a first night officer on their day of arrival and few women said they had felt safe on their first night. Resettlement needs were assessed the day after arrival and referrals were made to support services when necessary. Induction was well planned and delivered.
- 1.16 Although clean and well maintained, the reception area was poorly designed and too small to cope with the number of women passing through. On average, 638 women passed through reception each month. Staff were polite, but did not wear name badges. Young adult women waited in a separate small holding room. There was bench seating with cushion pads and a display of information in English only, but nothing to pass the time in holding rooms.
- 1.17 In our survey, many more women than the comparator said they felt depressed or suicidal on arrival. An Insider (one of three) worked in reception, but no Listener. The Insider cleaned the area, provided meals and drinks and offered some support to new arrivals. She completed a checklist including the provision of information for the first 24 hours for each woman, but many recently arrived women were unaware that they had seen an Insider and did not understand her role. The Insider highlighted any further information required by the new arrival and gave this to reception staff.
- 1.18 Each woman was given a copy of an induction and advice booklet, but this was poorly produced. Information about anti-bullying, race equality, disability, older prisoners and visits was stapled to the booklet. The booklet was poorly photocopied and pages in both copies we saw were in the wrong order. There was a lot of text, not all of which was correct and it was in English only.
- 1.19 Each new arrival was interviewed by a reception officer in either the senior officer's office or the holding room if empty. We saw one interview taking place with the office door open and noise from the immediate area was distracting. The interviewing officer completed a cell-sharing risk assessment (CSRA) and the first part of a recently introduced 'gateway'

document. The second part was completed the following day. Many women were new to custody, but not all were asked if they understood the terms used in the CSRA. Any history of self-harm or substance misuse was recorded and women were asked how they were feeling and if they had any questions. They were also asked about children, but not necessarily their ages or care arrangements and women were not asked about any other dependents.

- 1.20 One woman gave the officer vague information about her 12 and 14 year old children, but this was not recorded and she was not asked for any more details to ascertain their safety. Reception officers did not have the contact details of local authority social service departments or emergency duty teams. Any childcare concerns, if identified, were referred to probation staff when on duty. Women were not told what would happen the following day, but referred to the information booklet. This applied even to one woman who had told officers she was dyslexic.
- 1.21 Women could buy a smoker's pack, but there was no alternative for non-smokers. Most we saw were also offered a shower and free telephone call, but the telephone could not be used in private. In our survey, less than half of women said they had been able to have a shower on arrival. Net bags containing an information booklet, new night wear, two pairs of knickers, toiletries and a plastic plate, bowl, mug and cutlery were given to new arrivals. Clean non-prison issue clothing was available to those who needed it. Women needing detoxification or stabilisation were given prison-issue tracksuits on the dedicated wing of Oak House.
- 1.22 Once initial reception procedures were complete, women waited in a second holding room to be taken to their accommodation. The room contained a display of information and a television.

First night

- 1.23 All young adult women were taken to Poplar House and others to Oak House. First night cells were properly prepared and contained a range of information, although only in English. A first night officer was on duty from 1.30pm to 9pm and interviewed new arrivals to complete an 'induction tracker'. This was done the following day if the woman arrived 'late'. Many women said they were locked in their cell on arrival on Oak House without an interview. In a sample of wing files, 14 trackers had been completed on the day of arrival, 16 the following day, five two days later and three up to five days after arrival. Some foreign national women did not have completed trackers (see section on foreign national prisoners). Women also signed a compact agreeing to abide by the wing rules.
- 1.24 The tracker contained a cell facilities checklist and covered whether the woman had been seen by healthcare, made a telephone call, knew about the Listeners/Samaritans scheme and had received the Insider's talk. It also recorded any concerns about children, pets or accommodation, although completed forms did not consistently record whether the woman had any children, their details and whereabouts. The tracker of one woman did not include that she had four children, three of whom were under 18, or that her mother had died a few days previously while the woman was in police custody. The mother's death was, however, noted on the CSRA.
- 1.25 Interviews did not take place in private and would not have encouraged women to ask for help or disclose anxieties. We saw one carried out in the busy Oak House foyer where other women were using the nearby telephone. In our survey, significantly fewer than the comparator said they had felt safe on their first night and very few foreign national women said they felt safe. Over a third said they were new to custody, but officers on duty during our night visit could not identify who they were.

Induction

- 1.26 All women, including those undergoing detoxification, went to the offender management unit the day after arrival to complete a gateway document. The interview was carried out in an open office with limited privacy. The document was reasonably comprehensive, based on resettlement pathways and included scaling questions to help women identify issues connected to their offending. They were asked about accommodation, financial and legal needs, drug and alcohol use, family and relationships, employment and education history, health and any self-harm issues. Women with children were asked their names, ages and care arrangements. Anyone who had been involved in prostitution was told about the support available. A summary document of need was produced and forwarded to wings for inclusion in wing files, but this was not done consistently and women were not given a copy. Appropriate referrals to services in the prison were made and women with benefits issues were seen by a benefit worker. All women were seen by a probation officer.
- 1.27 The 2.5-day induction programme was managed by education staff. It began on Monday mornings and Wednesday afternoons, so some women waited several days to attend. Women joined the induction programme once they had detoxified or were stabilised on medication and anyone who had completed the programme in the previous year was exempt.
- 1.28 The dedicated induction room was clean, bright and comfortable. A range of information about the regimes and services was displayed. Each session was delivered by a teacher and involved an information and guidance worker and a dedicated induction prison officer. Some sessions were delivered by staff from other areas such the gym and drug workers. Sessions were relaxed, informative and professionally delivered. Information was given verbally using various media and women were well engaged. In our survey, significantly more than the comparator said induction had covered everything they needed to know.

Recommendations

- 1.29 Staff should wear identification displaying their names and status.
- 1.30 Reception and first night staff should identify women with children, record the details accurately and, where necessary, take action to ensure the safety of children or other dependents.
- 1.31 Information given to women should be properly and accurately produced and provided in media other than the printed word.
- 1.32 Reception staff should give planned and specific first night information.
- 1.33 Women should be able to make a telephone call in private in reception.
- 1.34 All women should be able to shower on the day of arrival.
- 1.35 All women should have access to non-prison issue clothing.
- 1.36 All women should be interviewed in private by a first night officer on the day of their arrival, irrespective of their time of their arrival.

- 1.37 Night staff on Oak House should be aware of new arrivals experiencing their first time in custody.
- 1.38 All women should be explicitly offered the opportunity to speak to a Listener on their first night.
- 1.39 Gateway interviews should be carried out in private and women given a copy of the summary document.

Housekeeping points

- 1.40 Reception officers should have access to the telephone numbers of local social service departments and emergency duty teams.
- 1.41 Women should be given a week's supply of knickers.
- 1.42 Reception packs for non-smokers should be provided.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 There was a wide range and standard of accommodation. Efforts had been made to improve the environment, but some buildings were showing their age and Willow House was particularly poor, with dormitories unfit for use. Some cells were cramped and there was too little storage space. Access to showers was poor. Communal areas were largely clean and well maintained.
- 2.2 Accommodation was in dormitories, single cells and doubled up single cells (see fact page). Almost all the cells we looked at had curtains and all had quilts and kettles. Toilet screens had been provided, but were inadequate in the doubled up single cells. Most cells had a desk, chair and storage space for clothes, but few lockers had a key. Doubled up single cells were too small for two tables and women complained of too little storage space. Women with longer sentences, including life-sentenced women, also said they had insufficient storage space.
- 2.3 Most cells were in a decent state of repair. Many had recently been painted and were equipped with notice boards. Some cells, particularly on the young women's spur on Poplar House, were poorly ventilated and quite cold. The environment was largely clean and well maintained, although some parts, including the original accommodation of Willow House, were showing their age. The dormitories on Willow House, one of which contained eight beds, were too crowded, cold and unfit for use.
- 2.4 Few areas were suitable for women with disabilities. Two cells on Willow House had been knocked into one to create a disabled living area with a separate toilet, more space and a wider cell door suitable for wheelchair access. There was no formal system of carers, but other women offered informal assistance.
- 2.5 A range of notice boards on the residential units displayed information about the prison regime, but most was in English only. Communal areas were well maintained and there was a range of association equipment. Most areas had some comfortable seating and Poplar House had a large comfortable association area solely for use by life-sentenced prisoners. There was little interview space.
- 2.6 In our survey, significantly fewer than the comparator said their cell bell was answered within five minutes (see section on self-harm and suicide). We did not see bells unanswered, but not all wings carried out management checks.
- 2.7 Forty-four per cent of women said it was too noisy to sleep at night. We were told that some women persistently shouted out of windows to friends, although there was evidence that this was challenged by staff. On our night visit, the wings were quiet.
- 2.8 Whole prison consultation meetings took place monthly and most residential areas had a representative, but their names were not publicised and some women did not know who they

were. The lack of wing-based meetings meant it was difficult for women to raise issues relating to their own residential area. (See also section on staff-prisoner relationships.)

Clothing and possessions

- 2.9 Apart from women on the detoxification/maintenance unit who wore tracksuits, women were able to wear their own clothes (see also section on first days in custody). They were allowed enough clothing in possession and this could be bought through catalogues or posted in by friends and family. New arrivals could also have clothes handed in on a visit within 28 days. Women said the postage was expensive for families and that it took a long time to get property from reception. Prison clothing was supplied for particular jobs such as wing cleaners. All prisoners were given a pack of bedding on arrival.
- 2.10 Some mattresses were daubed with graffiti, some of which was dated 2004. There were no problems in getting new mattresses, but there was no system for checking existing mattresses and some women simply accepted the poor condition. Women, including those serving long sentences, could not buy their own pillows from catalogues.
- 2.11 Each residential area had a laundry. Women were not allowed to wash underwear in the communal facilities, but were issued with hand-washing bowls and small drying frames.

Hygiene

- 2.12 The prison was largely clean and well maintained. Some rubbish was thrown out of windows, but was cleaned up promptly. In our survey, significantly more women than the comparator said they normally got cleaning materials every week. Each house had a supply of cleaning equipment, but women had limited time to clean their cells.
- 2.13 Women sharing a single cell were concerned about poor hygiene and lack of privacy, with toilets next to the end of the bunk bed separated only by a shower curtain.
- 2.14 Access to showers was a significant concern for many women and only 63% in our survey said they could shower daily. Showers on Willow House were in a large block accessible only during evening association and restricted to 10 women at a time. The showerheads were so low that women had to crouch down to shower properly. The two baths had been taken out of service. In the prison's own bullying survey, women said they felt vulnerable in the showers. Staff supervised outside the shower area and women said some staff challenged intimidating behaviour, but there were not always enough female staff on duty to supervise effectively. The dormitory area on Willow House had three showers, but these could be used only at weekends when it was considered there were enough staff to supervise them.
- 2.15 Poplar House contained just four showers and two baths for up to 96 women, many of whom said they washed in their cells. Access was slightly better and the showers were unlocked for part of the day, although there was no time for women to shower before going to work. The showers suffered from some mildew and poor ventilation. Oak House had six working showers on each spur. However, one recess had a bidet instead of a toilet and this was not used.

Recommendations

- 2.16 Cells designed for one prisoner should not be used to accommodate two.

- 2.17 Dormitories on Willow House should be removed from use.
- 2.18 All toilets should be effectively screened.
- 2.19 The bidet on Oak House should be replaced with a toilet.
- 2.20 Soiled and graffiti covered mattresses should be replaced and a system for regular checks introduced.
- 2.21 Wing-based consultation meetings should be held where women can raise domestic issues.
- 2.22 Showers should be refurbished as necessary.
- 2.23 The number of showers on Poplar House should be increased.
- 2.24 The showerheads on Willow House should be raised to a suitable height.
- 2.25 Baths should be available to all women.

Mother and baby unit

- 2.26 The mother and baby unit provided a safe, stimulating and supportive environment for mothers, babies and women in the later stage of pregnancy. The emphasis was on allowing mothers to exercise parental responsibility for their babies through informed choices. Better care planning was needed for pregnant women on the wings and those who were separated from their babies. Childcare professionals were not responsible for the daily running of the unit and discipline staff wore uniforms.
- 2.27 The mother and baby unit, Maple House, provided nine places for mothers and 10 babies in a separate single storey building with its own garden. The unit was rarely full and at the time of the inspection there were only three women and three babies.
- 2.28 Bedrooms were spacious and appropriately furnished and each had its own adjoining toilet and wash basin. The women found rooms cold at night. Mattresses, bedding and equipment were in suitable condition. There were appropriate bathing facilities and a kitchen for preparing and storing babies' bottles. Maple House also contained an Ofsted-registered crèche, dining/day room and offices. All areas of the building were clean, calm and quiet. The crèche was staffed by nursery nurses every weekday morning and three afternoons a week. It provided a safe and stimulating environment for babies while their mothers attended work, education or other appointments. The crèche was also available for mothers to use with their babies.
- 2.29 There were care plans for each baby and clear plans in case they had to leave the unit at short notice. All plans had been agreed with the mother and staff on the unit were fully aware of them. Where appropriate, mothers and their babies each had their own allocated social worker. Each child had a record of development that was regularly updated by the nursery nurses. Records were also kept of each mother's parenting skills, such as bathing her baby or preparing bottles. These stated whether the mother had been shown what to do and whether she was able to carry out a skill independently or still required support. There was a clear understanding that children were the responsibility of mothers and that staff were there to help

them exercise their parental responsibility. A midwife and a health visitor attended weekly, including for developmental checks and vaccinations. Representatives from the Mothers Union also visited regularly and the women spoke positively about these visits.

- 2.30 The nursery nurses occasionally took babies out of the prison to provide appropriate developmental contact with the outside world. Babies were also occasionally able to go home with other family members. When in contact, co-parents were encouraged to be involved, although this was difficult when they were in another prison. There was no provision for co-parents to attend scans, antenatal classes or routine antenatal appointments, although subject to risk assessment they were contacted when women went into labour and could attend the birth. Birth plans included who could be contacted and relevant contact information. Families usually saw mothers and their babies during standard visits in the visits hall, but a recent visits day on the unit had gone well and was expected to be repeated.
- 2.31 During the day, the unit was managed and run by a senior officer and a team of officers who had received the Prison Service mother and baby unit training. All wore prison uniforms, which was at odds with the ethos of creating as natural an environment as possible for babies. Childcare professionals were not involved in the management of the unit. At night, it was covered by an operational support grade (OSG). All permanently allocated staff, but not the OSG on duty at night, had been subject to enhanced Criminal Records Bureau checks and had received paediatric resuscitation training.
- 2.32 The mother and baby policy and procedures were dated 2006. New documents had been prepared, but were not yet in use. There was a policy outlining procedures to be followed in the event of a still birth, miscarriage or death of a child. Staff on the unit were aware of these and had found them helpful when supporting a woman following a miscarriage. Support for women following separation from their baby was good if they were on the unit, but less so following their return to the house blocks. Support was provided by the link worker in probation, but the care plans were not included in women's wing files.
- 2.33 Information in wing files was also scant for pregnant women on the house blocks. There were examples where, apart from records of women attending external hospital appointments for scans, there was no reference to a woman being pregnant, although there were some work-related risk assessments for pregnant women. There were 10 pregnant women in the rest of the prison during the inspection. One young adult woman on the unit had still been a juvenile when she moved to Maple House and gave birth. Additional support, such as a designated nurse at night, had been put in place to support her until she reached 18, but there were no protocols for such an eventuality.
- 2.34 Pregnant women in the prison were given information about the mother and baby unit and those interested in applying for a place were seen by unit staff. Women with babies under nine months were asked about this at their probation interview. There was a comprehensive system for gathering information about women applying for a place. All applicants already at New Hall were invited to the admissions board. The board also discussed all pregnant women in the prison and all mothers and babies on the unit at each meeting. Admissions boards followed the nationally agreed procedures. Every effort was made to ensure that temporary emergency admissions were dealt with quickly.

Recommendations

- 2.35 Care plans should be developed for all pregnant women in the prison and regularly reviewed.
- 2.36 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.
- 2.37 At least one member of staff trained in paediatric first aid should be available on the unit at all times.
- 2.38 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.
- 2.39 Staff should not wear prison uniforms in the mother and baby unit.
- 2.40 Childcare professionals should be involved in the daily management of the mother and baby unit.

Housekeeping point

- 2.41 Bedrooms on the mother and baby unit should be maintained at a suitable temperature for babies.

Staff-prisoner relationships

Expected outcomes:

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

- 2.42 Women were negative about their relationships with officers, reflected in poor survey results about being treated with respect and in a reported high level of victimisation by staff. Although most interactions we observed were positive, some wing history sheets indicated a very negative approach with unacceptably derogatory comments and little empathy or understanding of women with mental health problems. There were too few women officers.
- 2.43 In our survey, significantly less than the comparator said they were treated with respect by staff. Only a minority of young adult women said this was the case and the proportion was even lower among black and minority ethnic women. Half the black and minority ethnic women and just under a third of the women overall said they had been victimised by staff, which was significantly worse than the comparator. More positively, most women, similar to the comparator, said they had a member of staff they could turn to for help if they had a problem.

- 2.44 A measuring the quality of prison life (MQPL) survey carried out in 2007 was also relatively negative about relationships with staff. It was the lowest in the women's estate and low compared to the whole prison estate. Negative comments about staff were the third most common category of written comments and a significant proportion referred to staff attitudes towards prisoners as disrespectful. Some said it was difficult to get clear answers from staff and that staff did not listen to prisoners or ignored them. A minority of comments about staff were positive and said some officers were decent and helpful.
- 2.45 Women in MQPL group discussions described officers as antagonistic, sarcastic and disrespectful. A number said officers considered assertiveness to be indicative of an attitude problem. Women were positive about education staff. Our discussions with prisoners in groups and individually brought out very similar themes and, while acknowledging that some members of staff were supportive, women were very negative about the overall quality of relationships. All our groups identified staff attitudes as one of the main negative points about the prison.
- 2.46 Some women complained that male officers entered their rooms without warning. It was apparent that this issue had been raised previously and the governor had referred to it at a staff meeting in July 2008. There were too many male staff for a women's prison, with 42% male officers and 58% women.
- 2.47 Interactions we observed between officers and prisoners were mostly positive and relaxed. However, a number of entries in wing history sheets used disrespectful and inappropriate language and demonstrated little empathy or understanding of the difficulties of women prisoners, even those with clearly documented mental health problems. One read 'shouting and screaming claims she sees thing?...Childish behaviour...foul, rude, vile and abusive'. Another entry read 'no problem on the wing but...not shy of giving her opinion, enjoys talking to staff...can be draining of our time'. Another was 'quite abrupt, started to become above her station'. One, referring to a woman identified as at risk of suicide and self-harm whose baby was about to be adopted, read 'she is a very cheeky young person'. Another read 'questions everything...accused staff of being racist. Disgusting attitude'.
- 2.48 While clearly some of the women could be quite challenging, the use of such language in history sheets was indicative of a negative and unprofessional view of prisoners. Some files were no more than lists of derogatory comments about behaviour. Despite management checks, there was no evidence that inappropriate language or attitudes had been challenged by senior officers. Many responses to complaints were also disrespectful (see section on applications and complaints).
- 2.49 Most officers referred to women by their first name or used a title and surname, but officers and managers often inappropriately referred to adult women as girls, even in some written documents. Only 10% in our survey, against a comparator of 26%, said staff spoke to them most of the time during association. The layout of the older parts of the prison made informal interaction difficult and many women stayed in their rooms because of the way the smoking policy operated (see section on time out of cell).
- 2.50 As part of an effort to promote decency and improve relationships between staff and prisoners, regular consultation meetings were held. Until recently, they had been inconsistently chaired. Some prisoner representatives tended to use them to raise personal concerns and follow-up to action points was not clearly recorded at subsequent meetings.

Recommendations

- 2.51 Efforts should be made to increase the proportion of women officers to 78%.
- 2.52 Respectful language should be used in wing files, which should be regularly checked by managers and inappropriate comments challenged.
- 2.53 Adult women should not be referred to as girls.
- 2.54 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.
- 2.55 All residential staff should have mental health awareness training.

Personal officers

Expected outcomes:

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

- 2.56 The personal officer scheme was not effective. Although most women knew their personal officers, few found them helpful. While there were some examples of good entries in wing files, the majority were restricted to comments about behaviour. There were no care plans for women with special needs.
- 2.57 The formal personal officer scheme was described in a policy document dated September 2007. This set out some reasonable guidance for officers about using their skills to interact with women and gave some guidance and examples of regular paperwork likely to require a personal officer contribution, such as applications for home detention curfew and conduct reports for adjudications.
- 2.58 There was a requirement that weekly entries be made in wing history sheets, but it was not explicitly stated that personal officers should introduce themselves to women within a specified period. There was no specific guidance about what a good personal officer entry in a wing file should contain, but the policy stated that regular management checks would be made to ensure that 'regular records of contact have been made, incidents, adjudications and warnings recorded and also that positive (as well as negative) elements of the prisoner's behaviour are included'. This did not suggest that managers were looking for entries that included knowledge of the woman's circumstances, family, resettlement needs or progress with sentence plans.
- 2.59 In our survey, significantly more women than the comparator said they had a personal officer and the names of personal officers were on cell cards. Although most women knew who their personal officers were, significantly fewer than the comparator said they found their personal officer helpful. In groups, women agreed that in practice the role of personal officer meant very little and many said they had little contact with them. Nor did they necessarily see their personal officer as the person they would approach for any help.

- 2.60 The quality of personal officer entries in wing files varied considerably across the residential units, with some of the better ones on Oak House, the first night centre and substance management unit where women did not stay for long periods. Personal officer entries in the files of longer-term prisoners on Poplar House were not so good, although there were some notable exceptions. Few entries in wing files made any reference to family matters, sentence planning targets or resettlement issues. Comments were mainly confined to observations about behaviour on the residential unit and a number were overwhelmingly negative (see also section on staff-prisoner relationships).
- 2.61 Even positive entries demonstrated very little awareness or knowledge of the women's personal circumstances. This was unfortunate as some officers we spoke to clearly knew a lot about some of the women and their backgrounds. In many cases, it was not always the personal officer who completed the weekly entries. On Larch House, for example, all entries were completed at weekends by whoever was on duty, irrespective of whether they were the personal officer. Apart from on Oak House, few files indicated that personal officers had introduced themselves to the women they were responsible for or made any effort to talk to them before completing entries.
- 2.62 There were regular senior officer checks on many of the files, but very few commented on quality of entries. In some cases where senior officers had identified a need for more regular entries, this appeared to have had little effect and, although unusual, we saw some gaps of many weeks between entries.
- 2.63 There were no formal care plans on wing files for women with special needs, such as older prisoners and those with disabilities.

Recommendations

- 2.64 **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.**
- 2.65 **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.**
- 2.66 **Women with specific care needs should have regularly monitored care plans as part of their wing files.**

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Bullying was not a major problem. Many incidents were associated with relationship problems, although drugs were also sometimes a factor. Investigations did not always establish the underlying reasons for conflicts and there had not been a comprehensive internal survey of bullying. Ongoing monitoring was poor. Monthly management information was not disaggregated from the juvenile unit. A good level of resources was allocated to safer custody and the active use of the anti-bullying strategy, but there was not enough management oversight to ensure this was applied fairly and consistently.
- 3.2 The safer prisons meeting was chaired by a governor and met monthly. It was responsible for the governance of strategies for violence, anti-bullying strategies, suicide prevention and self-harm reduction. There was a standing agenda and a wide membership that included relevant departments, but representatives were often absent from meetings.
- 3.3 The anti-bullying policy had last been reviewed in October 2008. It described a three-stage strategy and the role of key staff. There was also a separate wider violence reduction and safer prisons strategy, which outlined ways of measuring, reporting and sharing information on the levels of violence.
- 3.4 The safer custody team was led by a governor. A principal officer acted as safer custody manager supported by two full-time coordinators for suicide prevention and violence reduction. The latter post had only recently been created. The team had full-time administrative support. An officer was also tasked to update the safer custody notice boards in many areas of the prison. New arrivals were given written information and advice about responding to bullying. A recently introduced safer prisons hotline was advertised to personal and legal visitors, but had had few calls.
- 3.5 Indicators of bullying and violence were monitored at the safer prisons meeting through the safer custody department monthly report. Not all the statistics for adult and young people were disaggregated from the juvenile figures, which made it difficult to get a clear indicator of trends in the prison. A health and safety officer kept a record of injuries to prisoners, but these were not well scrutinised by healthcare staff to check for non-accidental injury. The minutes of meetings did not always indicate that action was taken in response to concerns highlighted, such as to deal with identified concern about supervision of shower areas.
- 3.6 The design of some areas of Willow House made them difficult to supervise. Supervision of movements between units and activity areas was also difficult and some thought was being given to using additional officers. In our survey, more women than the comparator said they had felt unsafe in the prison at some time, but similar to the comparator said they felt unsafe at the time of the survey. They did not say there was much bullying and cited relationships and

personal disputes as the main source of conflict. Some staff said bullying was associated with prescribed medication and illicit drugs and some incidents reported to the safer prisons meeting indicated that some altercations were related to drugs.

- 3.7 Managers were unclear when the prison had completed its last full bullying survey. Short exit surveys concentrating on how women thought bullying was dealt with rather than their experience of it had been completed in March, May and October 2008. Themes arising included the need for staff to respond to bullying more seriously and for women to have more confidence to report it. A more recent internal snapshot of 100 prisoners' views of the quality of prison life with 71 returns did not give a very clear picture, but 26% said other prisoners had made insulting remarks about them and 7% said they had been hit or assaulted by another prisoner.
- 3.8 The three-stage anti-bullying strategy was actively used. Between May and August 2008, there had been 61 investigations into suspected bullying incidents. Most were reasonably thorough, but some did not enquire sufficiently into the reasons behind incidents and they did not always provide enough evidence to support decisions to place individuals on the strategy. Most investigations related to incidents involving verbal threats, name calling and perceptions by individual women that they were being ostracised. Investigations did not always establish the underlying reasons. Of the 61 investigations, 31 resulted in no further action, 10 women were placed on the first stage of the strategy and 20 on stage two. A central log of those placed on the strategy, including girls from the Rivendell Unit, was kept. At the time of the inspection, eight women in the prison were being monitored.
- 3.9 Stage one of the strategy involved a written warning and a signed agreement to refrain from bullying. Stage two, which required the authority of a senior manager, resulted in a downgrade of incentives and earned privileges level, which often meant a basic regime even where there had been no clear pattern of behaviour, and monitoring for a minimum of 28 days. Some privileges could be returned if progress was made in completing a four-module bullying awareness booklet. Sanctions also included a limit of two 30-minute visits a month, which unfairly penalised families and was contrary to the visits entitlements of unconvicted prisoners (see section on incentives and earned privileges). Both stages included daily monitoring and weekly reviews, but in many cases these were not completed. Monitoring booklets did not accompany women to their activities for supervisors or teachers to contribute their observations. If a woman's behaviour or attitude did not improve, she could be dealt with under a third stage involving good order or discipline procedures, but there was no evidence that this had been used as part of the strategy.
- 3.10 Some investigations considered the victim's views superficially, but there was little evidence of structured support. A useful and recent vulnerable women's policy introduced on 5 November 2008 aimed to identify and support those who appeared particularly vulnerable. This had yet to be embedded in practice.
- 3.11 There had been little formal training in the strategy, with only one session for 10 staff in the previous six months.

Recommendations

- 3.12 All representatives identified in the violence reduction and safer prisons policy should attend the monthly safer prisons meeting consistently.

- 3.13 Safer custody data should be collated and analysed for patterns and trends separately from the juvenile unit.
- 3.14 A clear system should be established to investigate fully all non-accidental injuries.
- 3.15 The safer custody meeting should record what action is proposed and taken in relation to identified concerns.
- 3.16 A full survey of perceptions of safety and experiences of bullying should be completed.
- 3.17 Visits should not be restricted as part of the anti-bullying strategy.
- 3.18 Women subject to the anti-bullying strategy should be consistently monitored.
- 3.19 Support plans should be developed for all victims of bullying in consultation with them.
- 3.20 All staff in prisoner contact roles should be trained in the anti-bullying strategy.

Self-harm and suicide

Expected outcomes:

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

3.21 Some progress had been made in learning lessons from deaths in custody, but not all serious near-fatal incidents of self-harm were investigated. Assessment, care in custody and teamwork procedures did not sufficiently include other disciplines or harness some good resources available to support women at risk. Despite high levels of self-harm, there was little consistent case management and some prison processes conflicted with the care of those at risk. There were not enough Listeners.

3.22 Management oversight of this area was through the monthly safer prisons meetings, but, as noted earlier, representatives did not attend consistently. Listeners attended regularly and presented a report of their work. A standing agenda ensured key issues were raised. A good level of resources was allocated to this area through the developing safer custody team (see section on bullying and violence reduction).

3.23 The suicide and self-harm policy document, which was around 140 pages long, was due for review in April 2009. It included much of the central guidance on the implementation of assessment, care in custody and teamwork (ACCT) procedures and was too detailed to be accessible.

3.24 A safer custody department monthly report with information about incidents of self-harm and open ACCTs was discussed at the safer prisons meeting. Some concerns had been raised about a recent rise in self-harm incidents, which correlated with lock-in times. Data were not always disaggregated from the juvenile population (see section on bullying and violence

reduction), but between May and August 2008, an average of 38 women self-harmed each month, with an average of 85 incidents monthly. A small number of women accounted for many incidents. Little qualitative information on the incidents of self-harm was collated. Some individual cases were discussed, but there was little about what women said would have helped them before they self-harmed.

- 3.25 There had been two self-inflicted deaths since 2005 and some progress had been made on recommendations from investigations through a continuous improvement plan. There had been a further two deaths within a day of release, but the circumstances had not been investigated either locally or by the Prisons and Probation Ombudsman (PPO) as discretionary investigations to see what, if any, lessons could be learned. Outcomes from investigation reports and inquests were raised at the safer prisons meeting and a progress report was given, but there was some delay following the deaths and any effective change in practice.
- 3.26 Following a death in 2005, concerns had been expressed that insufficient staff had been trained in resuscitation techniques. The coroner had raised this in April 2008 and in response the prison had decided that all discipline staff would be offered heart start training. Twenty-five officers had so far received this training, which was to be provided bi-annually. Healthcare staff were trained annually in the use of the defibrillator and around 60 staff (around 28% of all officers) were trained in first aid. However, there was no strategy to ensure that first aid trained staff were on duty at night.
- 3.27 A PPO recommendation following an investigation into a death in 2006 included the need to review ligature points. A survey had been completed and costs established, but no decision had been made on whether and when this work would be done. It had also taken some time to deal with concerns about the efficiency of radios to ensure that healthcare staff did not miss vital calls.
- 3.28 Investigations into serious near fatal incidents were not always completed. The policy was to investigate incidents where a prisoner required resuscitation or treatment in hospital but, in practice, the decision whether to carry out an investigation was made at the governor's daily briefing. The monthly safer custody report recorded that there had been eight occasions when women had required such treatment between May and August 2008, but only two internal investigations had been completed. One had been completed to an excellent standard. It described events leading up to the incident, highlighted concerns and made practical recommendations that, if acted on, would demonstrate effective learning, although there were similarities with previous recommendations from a death in custody.
- 3.29 A high number of women (12% between May and August 2008) were managed under ACCT procedures. Between May and August 2008, an average of 12% of the population was on an ACCT document. The number had been as high as 60, but the daily average was around 50 open ACCTs.
- 3.30 Few ACCTs reviews were multidisciplinary, with most including only a case manager and officer. They were often arranged at short notice, making it difficult for other staff to attend. The need for reviews to be planned had been raised at the safer prisons meeting. Counselling, assessment, referral, advice and throughcare (CARAT) staff had raised concerns that they were not invited to reviews. Few reviews had a consistent case manager and senior officers were not always detailed to the same work area. Many daily entries did not indicate that officers interacted effectively with women. Night staff entered a mark on a check sheet as evidence of their routine check rather than making individual written entries in the ongoing supervision record. The need to improve the quality of entries and management checks had been recognised. The suicide prevention coordinator had conducted weekly checks of open

ACCTs and highlighted areas for improvement. She reported her findings to the safer prisons meeting and deficiencies were reported back to individual managers for action.

- 3.31 The quality of care maps varied. Some were shallow and superficial, while others were more in-depth with clearly identified individuals for support. Some incentives and earned privileges (IEP) procedures and disciplinary action conflicted with the care and support intended through ACCT procedures. In some ACCTs, there was no reference to the prisoner being on the basic regime and there was no evidence that some IEP reviews had considered the impact of demoting a woman on an open ACCT to basic. Parallel processes operated without reference to each other and the paramount need to protect vulnerable women. Staff were too suspicious that women at risk were manipulative.
- 3.32 Efforts were made to ensure that women at risk were engaged in activities, but often ACCT documentation did not go with them to their activity areas. There were some good resources to support women through healthcare, probation and the chaplaincy, but they were rarely mentioned in appropriate personalised ACCT care maps. Supportive services included an after adoption service, counselling from Bradford rape crisis, counselling from mental health trained nurses and remedial gym. Bereavement support was offered through the chaplaincy and a chaplain routinely spoke to all women subject to ACCT procedures each week. A range of complementary therapies was also available. Personal officers or other key workers were not identified to support women at risk.
- 3.33 There was little evidence that strip clothing was used regularly, but its use was not routinely recorded. There were no cells built to safer cell specifications.
- 3.34 Staff working in the segregation unit, safer custody team and the SMU had been targeted for training and some had received mental health awareness training. However, not all staff in prisoner contact had completed ACCT foundation training, including some permanent night patrols. Not all senior officers had completed case manager training.
- 3.35 There had been problems recruiting, training and retaining Listeners and the scheme had almost been suspended as numbers had dropped from six to just two over the previous six months. Listeners were not used at night and a newly developed care suite was not in use. The two Listeners met fortnightly with the Samaritans and generally felt supported by staff. They worked alternate days and were called to all areas of the prison, including the segregation unit. They contributed to the induction course.
- 3.36 In our survey, 35% of women, against a comparator of 42%, said their cell call bell was responded to within five minutes. Principal officers had recently started checks when the cell alarm calls had taken over three minutes to be re-set by an officer. In the sample we looked at, many were explained by insufficient staff during exercise when one officer remained on the wing to monitor the high number of ACCTs (see section on residential units). During our night visit, not all staff indicated an awareness of the importance of entering cells urgently in an emergency.

Recommendations

- 3.37 **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.**

- 3.38 Recommendations from investigations into deaths in custody and lessons learned should be implemented quickly.
- 3.39 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.
- 3.40 ACCT procedures should be improved to ensure a multidisciplinary approach, consistency of case management and more effective care maps and daily monitoring.
- 3.41 All staff should be trained in ACCT procedures and particular attention given to training permanent night staff.
- 3.42 More Listeners should be recruited and retained to ensure 24-hour access to them, including the use of the care suite.
- 3.43 Cell alarm bells should be responded to promptly.
- 3.44 Some safer cells should be provided.
- 3.45 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.

Housekeeping point

- 3.46 A briefer suicide and self-harm policy document should be developed and promoted to staff, describing clearly the local procedures.

Diversity

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

- 3.47 The diversity policy covered most minority groups, but did not have an action plan. There was no formal monitoring of minority groups, but two support groups had recently been established. There was little provision for women with disabilities and identification of them was unreliable.
- 3.48 In our survey, 36% of women over 21 and 47% of young adult women identified themselves as gay or bisexual, and 15% of the women said they had a disability. There were 15 women in their 50s and four over 60, the oldest being 69.
- 3.49 The diversity policy (October 2008) included race equality, religion and belief, sexual orientation, gender reassignment, disabled and older prisoners and foreign national prisoners. Travellers as a group were not specifically mentioned, but there had been a display in the library promoting gypsy, Roma and traveller month in June 2008. The policy did not describe how the published aims would be met, monitored and evaluated. It included the terms of reference and membership of the diversity action team, led by the governor and including staff from across the establishment.

- 3.50 A diversity meeting chaired by the deputy governor was held every other month and covered both staff and prisoner issues. The terms of reference detailed a membership of 24, but minutes of meetings showed only seven attendees in April, nine in June, eight in August and 12 in October 2008. Although prisoners were included in the membership, none had attended the last four meetings. This was also true of the foreign nationals manager and representatives from the Independent Monitoring Board, community agencies and staff associations. The race equality officer and a representative from the chaplaincy had attended only one of the last four meetings.
- 3.51 We were told that diversity issues were also discussed at the race equality action team (REAT) meeting, but from the minutes, there was little evidence of much discussion about diversity other than race.
- 3.52 There was no formal monitoring or analysis to ensure that the needs of women with disabilities and older women were identified and addressed, or to ensure that women from minority groups were not victimised or excluded from any activity. However, two support groups had recently begun. A lesbian, gay, bisexual and transgender (LGBT) group had been held in October 2008 attended by prisoners, the diversity manager and a community development worker from a local group. Issues raised were recorded with action to be taken and by whom. A disability and older women's group had met in September 2008. This was also well minuted with action points. The group had agreed to examine issues of work, accommodation and use of the gym for older women.
- 3.53 The published disability equality scheme 2006–11 was not based on a needs analysis. Prisoners had not been involved in its development and, although Disability Discrimination Act compliance was supposed to be a standing item at diversity meetings, this was not the case. The action plan did not appear to have been updated recently, with many set targets simply stating 'ongoing' or 'to be implemented in 2006'.
- 3.54 A full-time diversity manager had been in post since February 2008. She managed the race equality officer (REO) and disability liaison officer (DLO). Along with the REO, she had recently undertaken the training for trainers to deliver the new Prison Service diversity training package and planned to deliver the training to staff soon (see also section on race equality). The diversity manager produced a report for the REAT containing information about diversity events and race equality issues, but included little information and no monitoring figures for other minority groups.
- 3.55 Women were asked in reception if they had any disabilities, but were not asked again. Although managers thought they were asked about disability during the gateway interview the day after arrival (see section on first days in custody), this was not the case and women were simply asked about their 'general health'. The minutes of the diversity meetings clearly indicated an ongoing issue with the proper identification of prisoners with disabilities.
- 3.56 There was only one adapted cell for a woman with physical disabilities and little apparent provision of aids and adaptations such as hearing loops, disabled showers or lowered telephones. Depending on the nature of their disability, some women were precluded from moving to accommodation on other wings, such as Larch House, due to a lack of facilities. Some staff were able to sign to hearing impaired prisoners and one woman received good support and was visited daily by a signer.
- 3.57 The DLO was unavailable during the inspection. There was a list of 73 women with identified disability, but we saw no evacuation plans in files. There was little evidence in files that wing staff were aware of prisoners' needs, but some staff on Willow House showed some

awareness. Most staff could identify prisoners with an obvious physical disability, but other disabilities were seen as the responsibility of healthcare.

- 3.58 There were four prisoner race equality and diversity representatives (REDRs) and one disabled and older women prisoner representative. The REDRs met the REO to discuss prisoner issues (see section on race equality). The disabled and older prisoner representative met the DLO and diversity manager.
- 3.59 Diversity events were held to celebrate LGBT history month and a gypsy, Roma and traveller month. However; there were few general displays to promote diversity and some staff displayed little awareness of wider diversity issues. A monthly diversity newsletter was published and included information about the REDRs and the REO, planned diversity activities and articles about different cultures and religions.

Recommendations

- 3.60 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.
- 3.61 Suitably adapted accommodation should be provided to meet the needs of women with physical disabilities.
- 3.62 All women with disabilities and older women should be consulted about their individual needs and this should be recorded.
- 3.63 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.
- 3.64 Monitoring should be introduced to ensure that prisoners from minority groups are not inappropriately victimised or excluded from any activity.
- 3.65 All staff should receive diversity training.

Race equality

Expected outcomes:

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

- 3.66 Our survey highlighted some significant differences between the perceptions of black and minority ethnic women and white women, particularly in the areas of safety and respect. Some black and minority ethnic women described some staff who they believed were racist. There were race equality and diversity prisoner representatives, but no meetings for black women. Investigations into racist incident complaints were thorough and timely and quality assurance procedures were excellent.
- 3.67 Twenty per cent of prisoners were from black and minority ethnic backgrounds, but only 4% of staff. In our survey, significantly more black and minority ethnic prisoners compared to white

women said they had felt unsafe, many fewer said most staff treated them with respect and they reported far higher victimisation by other prisoners. Half said they had been victimised by staff. Some black and minority ethnic women said some staff were racist and did not understand their different cultural needs and experiences. A number said they were reluctant to report racist incidents. More positively, many more black and minority ethnic women than white women were involved in vocational or skills training and education.

- 3.68** The race equality action team (REAT) met bi-monthly and was chaired by the governor. Membership included managers from across many areas of the prison, including prisoner representatives. A representative from a local equality and human rights organisation had attended until recently, but the organisation had now closed. Less than half the members attended regularly and the last three meetings did not record any representation from healthcare or staff associations. The head of residence and representatives from the chaplaincy, probation and the Independent Monitoring Board had attended only one of the last three meetings. Membership did not include wing staff or anyone from catering or the library. Some identified action points were not followed up at subsequent meetings.
- 3.69** REAT meetings monitored trends identified by ethnic monitoring and took action when appropriate. Monitoring did not cover work allocation or accommodation, but the use of visits and searching procedures had been identified as areas that would be monitored over the next four months. Some examination of discrepancies in anti-bullying procedures and release on temporary licence had taken place. Monitoring figures were not displayed on the wings and staff and prisoners had little awareness of them.
- 3.70** Seventy-five per cent of REAT members had been trained in managing and promoting race equality in prisons, but all had yet to receive the recently introduced diversity training. There was no specific training for prisoner representatives (see also section on diversity).
- 3.71** A race equality action plan was published, monitored and updated. Race equality and diversity notice boards in all areas included the names and photographs of the REAT and the prisoner race equality and diversity representatives (REDRs). The race relations policy statement was displayed in nine languages. Notices gave information about how to report a racist incident and advertised that complaint forms were available in 20 languages, although the notice was only in English.
- 3.72** The REO was unavailable during the inspection. She received 15 hours for this work each week and had received REO and investigation training (see also section on diversity). She was known to most, but not all, prisoners and staff. The REDRs met regularly with the REO and minutes of meetings showed that some positive changes were made as a result, such as alarm clocks being provided for Ramadan and more scarves allowed in possession for Muslim women.
- 3.73** REDRs were identified by T-shirts, but did not routinely introduce themselves to new women on the wings. A number of prisoners were unaware of the REDRs and many staff could not name them (see also section on foreign nationals). Focus groups had been held to discuss impact assessments, but there were no general groups for black and minority ethnic women and it was unclear how REDRs shared information with women on the wings.
- 3.74** There were race equality and diversity staff on wings, but they received no additional time for this role, had received no specific training, did not attend the REAT and did not meet formally with anyone in the REAT.

- 3.75 Most racist incident report forms (RIRFs) related to verbal abuse between prisoners. RIRFs were placed in the general complaint boxes in all residential areas, all of which had a supply of RIRFs. The boxes were emptied by a clerk daily except at weekends and RIRFs were forwarded to the diversity manager. The RIRFs we saw were well investigated and timely, with copies of interviews and copy letters sent to the complainant. Each was signed off by the governor. Quality assurance of completed investigations was carried out by an external scrutiny panel held with HMPs Wealstun, Leeds and Wakefield. The panel was attended by prisoners, representatives from the prisons, area office, Kirklees equality and human rights council, West Yorkshire police and Bradford hate crimes alliance. A selection of RIRFs was scrutinised from each prison and the discussion and any recommended actions were recorded.
- 3.76 Between 1 April 2008 and the inspection, 31 RIRFs had been submitted in the adult prison. The diversity manager was notified about complaint forms where the racial element box had been highlighted and also attended violence reduction meetings.
- 3.77 Prisoners found to have acted in a racist way were warned about their inappropriate language/behaviour, given a verbal and written warning or placed on report for adjudication. An entry was always made in the incentives and earned privileges file and wing observation book, and when necessary the prisoner's name was included in the racist incident database maintained by the diversity manager. Some women had their cell-sharing risk assessment re-assessed and were moved to a single cell as a result.
- 3.78 Race impact assessments had been undertaken and prisoners and managers had been involved. Shortfalls identified were included in an action plan in the race equality action plan.
- 3.79 Black history month had been celebrated in October 2008, but there were few images and little displayed to promote and reflect the diversity of the population (see also section on diversity).

Recommendations

- 3.80 Race equality action team meetings should be held monthly and include all functional managers, wing and external community representatives.
- 3.81 The race equality action team should ensure that all action points are followed up.
- 3.82 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and promote race equality.
- 3.83 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.
- 3.84 Displays throughout the prison should portray images that reflect the racial diversity of the population and planned diversity activities should be widely promoted.
- 3.85 Ethnic monitoring should be expanded to cover accommodation, allocation to work and other relevant areas reflecting women's experience of the prison.

Good practice

- 3.86 *The racist incident report form scrutiny panel ensured independent checking and good quality assurance of investigations. The involvement of prisoners should also help promote confidence in the system.*

Foreign national prisoners

Expected outcomes:

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

- 3.87 There were 41 foreign national women, including four detainees. Our survey highlighted some significant differences between the views of foreign national and British prisoners. The policy was basic and there was no distinct foreign nationals committee. The foreign nationals manager received no allocated time and had no specific training. Many staff were unaware of the distinct needs of the group and foreign national women were not all receiving the services and support they should. There was little information in languages other than English. There were no links with any independent immigration advice and support groups.
- 3.88 There were 41 foreign national prisoners from 19 countries, including four detainees. In our survey, only 8% of foreign national women, compared to 64% of British women, said they had felt safe on their first night and 92% said they had felt unsafe at some time in the prison. Many more than British women said they had been victimised by staff. Foreign national women were also dissatisfied with the range of goods available in the shop.
- 3.89 Information and advice booklets for foreign national prisoners published by the Prison Reform Trust were available in 22 languages in reception, but reception staff were unaware of the content. The booklets were dated 2004. The questions asked by reception officers were translated into eight languages, but did not include Eastern European languages, Chinese or Vietnamese. The prisoner information booklet was available only in English, even though the policy stated that a specific information pack was provided for foreign national women. Reception staff said they did not give foreign national new arrivals any particular information about entitlements or access to support.
- 3.90 The foreign nationals policy, published in February 2008, was not based on a needs analysis and did not include a strategy for action based on agreed targets. It incorrectly stated that there was a foreign national orderly to support new arrivals and did not mention the race equality and diversity prisoner representatives (REDRs) or foreign nationals weekly drop-in sessions that were held. The information on release and resettlement focused on the formal processes, such as release on temporary licence, home detention curfew and the early release scheme, rather than practical support and activities, such as travel arrangements, contacting family and help with relationships, childcare, housing and work. The policy did not mention the facilitated removal scheme.
- 3.91 There was no separate foreign nationals committee and little attention was paid to foreign national issues at race equality action team (REAT) meetings. The minutes of April 2008 recorded prisoner representatives reporting that some officers 'shouted at foreign national

prisoners because they did not understand what the officer was saying'. Prisoners also reported that 'groups of prisoners, particularly foreign national prisoners...are put on dorms together' (the poorest accommodation). This appeared to be the case. The action point identified two managers to investigate this, but the minutes of the following two meetings did return to this issue. The minutes of July 2008 recorded that telephone cards and translation services 'were discussed', but there were no other details.

- 3.92 The foreign national manager (FNM) was a principal officer in the security department. He received no allocated time and had received no specific training. Foreign national women were identified in reception, but were not seen individually by the FNM, their personal officer or anyone else to record details of their status and domestic situation. No individual ongoing case work was undertaken. The names and photographs of the REDRs were displayed on wing notice boards, but they did not meet foreign national women individually and not all prisoners or wing staff were aware of their role or names. The REDRs did not meet the FNM to discuss foreign national issues.
- 3.93 A foreign national drop-in had operated since December 2007. Staff said it ran weekly, but this was not advertised and not all foreign national women or many staff were aware of it. Some women said it did not operate consistently and no meetings were recorded between July and October 2008. We asked 13 staff, including one principal officer, two senior officers and two operational support grades on different wings, about the drop-in. Only one officer and one senior officer knew it existed, but not when it ran. The principal officer could not name the FNM and one senior officer identified the race equality officer as the FNM. The names of attendees were not recorded, simply the action taken in response to individual questions rather than any issues raised as a group. There was no evidence that the meetings were used to develop services or peer support for foreign national women.
- 3.94 Telephone interpreting services were well used in reception, but there was little evidence that they were used by wing staff to communicate with women. There was no published list of staff and prisoners able and willing to interpret.
- 3.95 It was not clear that all foreign national women were receiving the support they required. Staff had received no specific training and the minutes of a foreign national meeting of September 2008, run by the women and young people's group, recorded that 'lack of staff awareness is an issue' at New Hall. Managers said women were supported by their personal officer, but there was no evidence for this or that staff were generally aware of their distinct needs. A range of information about foreign national issues was available for staff on the intranet, but comments in wing files showed little individual knowledge of the women.
- 3.96 Four wing files of foreign national women contained blank induction trackers. Three completed trackers noted that women had children, but did not record in whose care or their whereabouts. In one file, a personal officer had written that it was 'difficult to speak to her as she does not speak English'. Another file recorded 'compact signed – not sure if understood'. One file recorded that the woman did not speak English and that the induction tracker had been completed using a telephone interpreter. Less than 24 hours after arrival, she was given a verbal warning for not 'being up and dressed', although it was not clear she understood the rules.
- 3.97 One woman told us through a telephone interpreter that she had three children, one a six year old child, but this was not identified in her file. She said she had received no published information in her own language, did not receive visits and did not know she was entitled to a free telephone call. She was aware that foreign national drop-in sessions were held, but did not attend as she could not understand what was being said.

- 3.98 Only one file showed regular use of the telephone interpreting service to communicate with a prisoner. One file recorded that an officer had organised an international telephone card for a prisoner, but only three weeks after her arrival. None of the files seen recorded that women were receiving free calls abroad. Managers said that all those entitled to free calls were receiving them, but this was not the case and no records were kept.
- 3.99 The foreign nationals clerk maintained a comprehensive database of foreign national prisoners and regularly liaised with immigration staff. She maintained regular contact with the UK Border Agency about the detainees.
- 3.100 Most information was displayed in English, although details of the Prisons and Probation Ombudsman and drugs services were displayed in other languages. Some, but not all, telephones had a notice in several languages stating that calls were monitored.
- 3.101 There were no links with any independent immigration advice and support groups and no links with Hibiscus.

Recommendations

- 3.102 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.
- 3.103 Monitoring should ensure that foreign national prisoners are not discriminated against in their allocation to accommodation or other areas.
- 3.104 The foreign nationals manager should be appropriately trained and receive sufficient time to carry out the role.
- 3.105 Staff should be aware of the distinct needs of foreign national women and the facilities provided to support them.
- 3.106 Accurate records should be maintained of staff and prisoners able to act as interpreters.
- 3.107 There should be regular contact with accredited independent immigration and support agencies.
- 3.108 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.

Housekeeping point

- 3.109 Prisoner race equality and diversity representatives should introduce themselves to foreign national women to provide planned peer support.

Applications and complaints

Expected outcomes:

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

3.110 Women found it easy to get an application and complaints form, but fewer than the comparator said they were sorted out promptly. There was some lack of confidence in the complaints system. Most complaints were replied to on time, but responses were poor and there was no quality monitoring.

3.111 Women found it easy to get an application form and most said applications were dealt with fairly, but fewer said they were dealt with promptly. Most women we spoke to knew how the system operated. Applications were taken in the morning and logged on a central register before being put in the internal post. There was no record of any outcomes and no tracking system to evaluate the timeliness of responses. We looked at a number of applications to the finance department, all of which were being dealt with quickly.

3.112 Women also found it easy to get complaints forms, but many fewer than the comparator in our survey believed complaints were dealt with fairly and a high proportion said they had been encouraged to withdraw complaints. Some women said they had been told staff would find out if they made a complaint about an individual and were therefore reluctant to do so. The prison's complaints guidelines stated that complaints about staff should be directed to the wing senior or principal officer and women clearly knew these staff would be answering complaints. There had been 20 complaints against staff, mostly citing staff attitude.

3.113 Administrative staff emptied complaints boxes daily. The complaints clerk maintained a comprehensive database of complaints by topic, location and ethnicity. A quarterly report was compiled, but there was no analysis of trends or any issues arising. There had been just over 900 complaints to date in 2008, a third of which were flagged as confidential access. Property was the most frequent source of complaint and about a fifth related to the sending establishment.

3.114 Replies were often poor quality. Few addressed women by name and many were illegible. Replies did not always answer the question and some were unprofessional, including one that provided a staff member's version of an incident that was the subject of an ongoing governor's adjudication. Other responses were disrespectfully sarcastic. There was no quality monitoring.

3.115 Boxes for applications to see the Independent Monitoring Board (IMB) were provided and there were a number of posters advertising the IMB and the Prisons and Probation Ombudsman. In our survey, fewer women than the comparator said it was easy to see a member of the IMB.

Recommendations

3.116 Applications should be logged and tracked to ensure timeliness of replies.

3.117 Complaints should be monitored for trends and this should inform the performance monitoring processes.

- 3.118 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.
- 3.119 Complaints about staff should be dealt with by a senior manager.
- 3.120 The role of the Independent Monitoring Board should be better promoted through induction and prisoner consultation groups.

Legal rights

Expected outcomes:

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

- 3.121 There was no trained legal services officer, but the probation service provided a good bail information scheme. Most eligible women were seen in the first few days, but there was no weekend cover and some women were missed. There was an increasing range of bail options available for women.
- 3.122 There were no trained legal services officers. The previous post holder was on annual leave and none of the documentation or files were available during the inspection.
- 3.123 Information about legal issues was gathered from women on reception and during the gateway interview. The operational support grade conducting the gateway interview had copies of solicitors' directories. There was no information on the units about legal services or other specialist areas such as immigration advice. Most services for women were linked to bail rather than accessing solicitors for other matters.
- 3.124 Prisoners recalled on licence were given an information sheet explaining the procedures for recall. The terms and conditions of release on licence were explained to women as part of the discharge procedures.
- 3.125 Information about bail was well publicised and there were leaflets and information on most residential units, although all in English. In our survey, similar to the comparator said it was easy or very easy to get bail information.
- 3.126 Bail services were provided on weekdays by a probation service officer who worked 30 hours a week. There was no cover at weekends. The officer scrutinised a list of new receptions every day and saw all new remand and trial prisoners who came into scope. Appropriate cases were considered for the bail and accommodation support services provided by ClearSprings or approved premises. The local pathway project for women from the main courts and ClearSprings had combined to increase the number of bail opportunities for women in the area. The officer completed around 10 reports a month and had secured bail for 14 women over a three-month period. There were sometimes delays in getting relevant information due to the lack of access to the police national computer, which meant requests had to go through either another prison or solicitors.
- 3.127 There was limited cover for the post, although this was improving. However, for a three-month period earlier in the year the scheme had effectively been suspended due to sickness and in

one recent month the bail officer had failed to see 17 eligible women due to lack of cover or time. The prison had carried out a review of the effectiveness of the bail information scheme in October 2008 and had calculated that in the previous year under half of all eligible women had been seen. However, 54 had been bailed, which was an improvement on the previous year, but the prison concluded that the numbers bailed would have increased by 25% had cover been available.

- 3.128 In our survey, similar to the comparator said they could attend legal visits. There were four legal visits booths in the visits room. Similar to the comparator said staff had opened letters from solicitors when they were not present. There were few formal complaints about this and mail room staff said some mail from solicitors was not addressed properly.

Recommendations

- 3.129 Legal services officers should be properly trained.
- 3.130 NOMS should seek improved access to the police national computer system for New Hall.
- 3.131 Current information on relevant legal issues should be available to prisoners in a range of languages.
- 3.132 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.

Substance use

Expected outcomes:

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

- 3.133 Women dependent on drugs or alcohol could begin treatment immediately. A dedicated substance misuse unit provided women with a safe environment, but a shortage of substance misuse nurses and operational issues limited prescribing options. A clinically enhanced service under the integrated drug treatment system was due to be implemented in April 2009 and additional resources were required to introduce structured psychosocial support. The reported mandatory drug testing positive rate did not reflect actual use as there was a high use of buprenorphine and many refusals.

Clinical management

- 3.134 In our survey, 55% of women, against a comparator of 39%, said they had arrived with a drug problem and 47%, more than double the comparator, said they had an alcohol problem. Since April 2008, 787 women, 80% of all new arrivals, had first been admitted to the substance misuse unit.
- 3.135 The clinical team consisted of a specialist GP supported by three colleagues, an acting band six clinical manager, five band five nurses and three healthcare assistants. The absence of

three nurses (including the band seven clinical manager) since March 2008, long-term sick leave and three vacancies resulted in an unsettled, inexperienced team of nurses. Apart from one GP and the acting manager, no one had undertaken any training in the management of substance misuse.

- 3.136** Reception was staffed by substance misuse nurses and a GP. Following an assessment and screening, treatment began immediately. All women requiring detoxification, stabilisation and observation were admitted to Oak House 1. Comprehensive clinical management protocols had been developed in liaison with the primary care trust's (PCT) clinical director and the region's substance misuse specialist. In the previous seven months, 485 women had entered detoxification and 302 maintenance programmes. Operational rather than clinical reasons determined the number of maintenance regimes and the level of prescribing. This was also given as the reason for not providing secondary detoxification or retoxification before release.
- 3.137** Clinical reviews took place after one week, but women did not have comprehensive care plans. The clinical team liaised with counselling, assessment, referral, advice and throughcare (CARAT) staff about throughcare arrangements, but there was no multidisciplinary forum to meet and discuss care coordination (see section on resettlement pathways).
- 3.138** Oak House 1 could accommodate 52 women. Once stabilised, they moved to Oak House 2, which had 56 beds. There were appropriate facilities and processes to administer methadone. Buprenorphine was prescribed to only four women and consumption was closely supervised. Ten women who had been stabilised were also treated on an outpatient basis and received their methadone in Oak House 2. The prison was very concerned about this arrangement as it preferred everyone undergoing treatment to reside on the substance misuse unit. This seemed to be due to operational rather than clinical reasons.
- 3.139** Not all women admitted to the substance misuse unit were referred to the CARAT service and structured psychosocial support was lacking (see section on resettlement pathways). Women undergoing an alcohol detoxification programme could access the support of an outreach nurse from the community alcohol team. She offered brief interventions during her weekly sessions on the unit.
- 3.140** Oak House had its own gym, which was well used. Heat treatment and complementary therapies such as aromatherapy massage were also available. Women usually stayed in single cells on Oak House 1 for seven days and most on Oak House 2 were engaged in work or education courses.
- 3.141** Women with complex needs could be referred to a team of professional counsellors who provided a full-time service at the prison. A dual-diagnosis nurse had also been appointed within the mental health in-reach team. She carried an active caseload of 13 clients and accepted referrals from the substance misuse and CARAT services, but they were not represented at the mental health team's weekly referral and case discussion meeting.
- 3.142** New Hall had been allocated additional resources to implement the clinical aspects of the integrated drug treatment system. A local project team was meeting to discuss the new development and plans included an increase in the number of substance misuse nurses, facilities to dispense methadone on other units, the co-location of substance misuse and CARAT staff and more integrated working. It was not yet known whether CARAT resources would be available to provide women with structured psychosocial support.

Drug testing

- 3.143 The year-to-date random mandatory drug test (MDT) rate stood at 5.8% against a target of 7.5% in September 2008, but this did not provide an accurate indication of drug availability. If positive results for buprenorphine (Subutex) were added, the rate would double. There was also a high number of refusals and diluted samples, with 37 recorded between April and November 2008.
- 3.144 The weekend testing target was not consistently met and, while most security information reports related to drugs, only 20 suspicion tests had been carried out in the previous six months. These averaged a poor 10% positive rate. The testing pattern was predictable and MDT staff were diverted to other duties.
- 3.145 Testing facilities were purpose built, bright and clean. In line with other women's prisons, strip searches were intelligence-led rather than routine. Test results and finds indicated subutex as the drug most used. The main route into the prison was through the mail. Over 100 finds had been made in the previous six months. In our survey, 41% of women, against a comparator of 24%, said it was easy to get illegal drugs.

Recommendations

- 3.146 Clinical services should be extended to offer a more flexible prescribing regime incorporating longer-term maintenance, secondary detoxification and retoxification.
- 3.147 Substance misuse nurses should undertake training in the clinical management of problem drug users.
- 3.148 The mandatory drug testing programme should be adequately resourced to undertake the required level of weekend and target testing.
- 3.149 Positive results for buprenorphine and refused and diluted tests should be added to the mandatory drug testing positive rate and monitored monthly.

Good practice

- 3.150 *Women undergoing alcohol detoxification could access the support of an outreach nurse from the community alcohol service.*
- 3.151 *Women with complex needs could be referred to a professional full-time counselling service and a specialist dual-diagnosis nurse.*

Section 4: Health services

Expected outcomes:

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

4.1 Health services were stretched, with a number of vacancies and a reliance on agency staff. Reception screening was basic and little information on health services was available. Provision of primary care was satisfactory, with timed appointments for a range of clinics. However, women waited too long for a routine GP appointment and sometimes longer if they requested to see a woman doctor. Applications to see healthcare staff were not confidential and movement slips inappropriately stated the type of clinic being attended. The inpatient facility had a limited regime and women spent too much time in their rooms. Recently introduced telemedicine was not yet in regular use, but was a promising development. Mental health services appeared generally good, but the social care needs of some women managed on the wings were not well met.

General

- 4.2 Health services were commissioned by Wakefield District Primary Care Trust (PCT). The primary care and substance use services were provided by the PCT and mental health services by South West Yorkshire Mental Health Trust. A health needs assessment had been undertaken in 2007 and data updated in 2008. The joint strategy and commissioning board met regularly and included senior representatives from the prison and PCT. Sub-groups also met regularly. A quality improvement plan was regularly reviewed and updated.
- 4.3 The healthcare centre was centrally located. The primary care department was on the ground floor and the inpatient unit on the first floor, with access by stairs or lift. The external paths around the building were sloped so access was possible to both levels without the need to use steps. There were also healthcare rooms on Willow, Oak and Poplar Houses. Nurses were based in these rooms for most of the core day providing prisoners with good opportunities to consult with them. There were two substance misuse treatment rooms staffed by substance misuse nurses and a treatment room on Sycamore House where a nurse attended to administer medications. The primary care waiting area was welcoming, with comfortable seating and a range of health promotion literature. There was also a healthcare room in reception. The healthcare rooms included appropriate equipment, but some had dirty floors. The treatment rooms were equipped with a range of hatches, all of which were adequate for administering medication.
- 4.4 The main pharmacy room in the healthcare unit was small and basic, but adequate for storing and assembling medicines. The room did not have a hatch and so there was no direct interface with patients. It was clean and tidy. The pharmacy room and treatment rooms all had lockable metal cupboards used to store medicines. Fridges for thermolabile medicines all had suitable maximum/minimum thermometers, although some had not been properly monitored.
- 4.5 A few medicines in the pharmacy room had been re-packaged and returned to stock and some labels did not include all necessary information such as batch numbers and expiry dates. In the treatment rooms, there were several loose blister strips present as stock and some loose

ibuprofen tablets that had apparently been removed from their original container. The pharmacist confirmed that nurses sometimes prepared doses of medication in advance by removing them from their containers. A pack of Temgesic tablets contained one more blister strip than the dispensing label indicated, with the last blister strip apparently from the previous supply that had been added to the new container. All the rooms were equipped with controlled drugs cupboards, the keys for which were stored in adjacent key safes, to which all healthcare staff had keys.

- 4.6 The dental surgery was in the healthcare centre. The standard of equipment was good and cross-infection controls appeared satisfactory.

Clinical governance

- 4.7 Clinical governance arrangements included the management and accountability of staff. All staff had job descriptions. There was nurse cover 24 hours a day with one inpatient nurse and one primary care nurse on duty at night. The head of healthcare was a registered general nurse (RGN). The primary care team for physical health included three band six and 10 band five RGNs. Three of these posts were vacant. Four nurses were nurse prescribers, one was also a first contact nurse and another had almost completed this training.
- 4.8 The primary care mental health team was led by a band seven registered mental health nurse (RMN) nurse and a band six nurse was seconded to the substance misuse team. There were nine band five nurse posts. One nurse from this group was seconded to the substance misuse team and two posts were vacant, although nurses had been appointed to these vacancies. Three band four healthcare support workers (HCSWs) supported the physical care team and three band three workers supported the primary mental health team. There were two band three vacancies for HCSW posts on the physical health team. The nursing vacancies and staff seconded to support the substance use team had led to a reliance on agency staff to cover the shortfall. Attempts had been made to reduce the impact of this by consistently using the same staff, who reported having a good induction before starting work.
- 4.9 Discipline support was provided by two officers allocated to healthcare for the core day. When clinics were running in the primary care centre, one officer was located in primary care and the other on the inpatient unit; otherwise both remained on the inpatient unit. There were two administration posts for the primary care outpatient departments, one of which was vacant, and no designated administration support for the inpatient unit.
- 4.10 Staff had good training opportunities and had undertaken basic life support and anaphylaxis training in the previous 12 months. Not all healthcare staff had completed assessment, care in custody and teamwork training. There were no formal arrangements for clinical supervision, although some staff accessed this and plans were being developed for all staff to receive clinical supervision in line with the PCT policy. Staff professional registrations were checked monthly and did not lapse.
- 4.11 A mental health in-reach team included a band seven RGN team leader, a band six mental health nurse, a band six dual-diagnosis nurse and a part-time administrator. The team leader post was vacant.
- 4.12 Other allied health professionals, such as an optician and podiatrist also visited the prison with appropriate service level agreements. PCT policies were used, with additional policies for practice specific to the prison environment such as reception. A midwife attended weekly.

- 4.13 GP services were provided by salaried GPs from Monday to Saturday. Clinics were available in the primary care centre and on the substance misuse unit, where any women requiring a GP on the evening of their reception were also seen. Two of the GPs were women. Posters advised women that they could request a woman doctor and that anyone seen by a male doctor would be accompanied by a chaperone, but this information was not included in the patient information leaflet outlining healthcare services. Out-of-hours medical cover was provided by the local on-call GP service and three of the senior nurses on a rota basis.
- 4.14 Two part-time pharmacists provided the equivalent of one full-time position. The pharmacy also employed one full-time technician, one part-time technician and one full-time pharmacy assistant. The medicines and therapeutics committee met monthly and was attended by all appropriate stakeholders.
- 4.15 Four dental sessions each week were provided by Wakefield District PCT Dental Services. Two female dentists divided the work between themselves.
- 4.16 There were five automated external defibrillators at strategic points around the site, each with a bag of emergency equipment. Staff said the equipment was checked weekly, but records did not reflect this and in some cases indicated that equipment had not been checked for a number of weeks. Where emergency equipment had been checked, items highlighted as needing to be restocked had not been replaced for a number of consecutive weeks.
- 4.17 Hard copies of clinical records were held in filing cabinets in one of the consultation rooms. An electronic records system (SystemOne) was also used. Records contained reasonable entries. Most of the clinical record was maintained on the electronic system, which was available in all treatment areas, including the healthcare room in reception. Old records were not routinely summarised on the electronic system and not all healthcare records were added to it. The inpatient care plans, for example, were maintained manually and kept in the hard copy of the clinical record. The use of the two record systems called into question whether all information was available to clinicians when making decisions. Results, letters and appointment information were scanned into the electronic record. Dental staff had access to the electronic clinical records, but recorded their treatment on a separate electronic system. Records of women who were released were kept in a filing system in the healthcare centre and retrieved if they returned to New Hall.
- 4.18 The system for managing healthcare complaints had been agreed between the prison and PCT, with complaints initially dealt with under the prison complaints system as local resolution. The prison complaints system did not allow for appropriate confidentiality and there were examples of women disclosing sensitive information in complaints. Responses included information telling the prisoner what avenues were available to her if she was not happy with the reply. All complaints were logged by the PCT, even when the prison system was used. Information about how to make a complaint about healthcare was not included in the patient information leaflet outlining healthcare services.

Primary care

- 4.19 New arrivals were seen by a member of the substance use team who carried out a first night health assessment. The first part of the assessment, which included recording blood pressure, weight and height and discussion of any requirement for urine testing for substance use or pregnancy, was carried out by a member of healthcare staff talking to the woman in a toilet, which was not an appropriate environment. The main reception screen took place in an appropriate separate room. The reception screen included a basic physical and mental health screen and was recorded on the computerised clinical record. Women were given a leaflet

outlining health services, but this was in English only. No verbal information was given about health services or how to access them.

- 4.20 Iris scanning recognition was used for women likely to be prescribed methadone so that the methadone administration system would recognise them when they attended to collect their medication. Women were asked if they had been immunised against Hepatitis B and those who had not could be referred for it. A GP was available on the induction wing to see anyone referred by the reception nurses and anyone who requested to see a doctor. There was no routine secondary health screen. Women with life-long conditions were referred to the appropriate nurse on the primary care team. Barrier protection had been purchased by healthcare, but was not yet made available.
- 4.21 Women wanting to see a member of the healthcare team were expected to complete a general application form and give it to a member of healthcare staff in the treatment room, which meant problems could sometimes be resolved immediately. However, some women put healthcare applications (which included reasons why they wanted a healthcare appointment) in the general application box on their wing, which did not provide an appropriate level of confidentiality.
- 4.22 Women were given timed appointment slots and did not have long waits in the healthcare waiting room. Movement slips stated the clinic being attended rather than just 'healthcare' and did not afford an appropriate level of clinical confidentiality. Appointments were screened by healthcare staff and were made on the electronic system. Night staff prepared appointment slips, which were delivered to the houses the night before the appointment. The waiting time for non-urgent GP appointments was five days, although more urgent cases were seen the same or next day. Women requesting to see a woman doctor could wait even longer.
- 4.23 Some primary care nurses took responsibility for specific life-long conditions and had received appropriate post-registration training. There were plans to train additional nurses to care for women with specific life-long conditions to ensure cover for absence. No nurse was designated for the care of older women, but a member of the pharmacy staff had recently taken responsibility for medication reviews for this group and referrals could be made to a nurse responsible for older people in the community.

Pharmacy

- 4.24 Prescription and administration charts were used to authorise and record medicine supplies. All prescriptions inspected were written correctly, although some did not include dosage instructions. Administrations were recorded correctly, but usually no record was made to indicate when patients did not attend to receive their medication. Patient medication records were maintained on the pharmacy computer for all prescribed medication, with the exception of various asthma inhalers that were issued as pre-packs by nurses.
- 4.25 A controlled drugs register was maintained in the pharmacy and separate registers were kept for the controlled drugs cupboards in each treatment room. Two treatment rooms in the substance use unit were equipped with Methasoft electronic dispensing systems, used to supply methadone mixture. The records maintained were a hybrid between the electronic registers provided by the Methasoft system and conventional paper registers. This was a confusing arrangement that seemed to have contributed to discrepancies identified. The system was not properly audited and was open to error or abuse. There was inadequate documentation for the movement of controlled drugs between treatment rooms.

- 4.26 All medicines, except for a few pre-packs of asthma inhalers, were supplied on a named-patient basis. Although the asthma inhalers were apparently supplied in accordance with prescriptions, there was no professional control by the pharmacists and the supplies were not recorded in the patient's medical record.
- 4.27 An in possession policy documented risk assessments carried out before allowing in possession supply. The pharmacists handed out a few medicines directly to patients who had received newly prescribed medicines and were available on demand for consultations, but overall contact between patients and pharmacy staff was limited. There were plans for the pharmacists to provide medication review clinics in 2009.
- 4.28 The pharmacists had been involved in the development of standard operating procedures and policies, but these were still only in draft form. The pharmacists provided prescribing data to the medicines and therapeutics committee and had undertaken some clinical audit. There were no pharmacy-led clinics, although pharmacy staff were involved in providing the smoking cessation service.
- 4.29 There was no formal policy for women reporting sick to nurses and no list of medicines approved for supply. In practice, supplies in such circumstances appeared to be limited to paracetamol and ibuprofen tablets. The pharmacy prepared pre-packs of six tablets to be given in possession, but single doses were sometimes administered at the nurses' discretion.

Dentistry

- 4.30 Women submitted written applications to see the dentist and the dental team managed their own waiting list. The waiting time was about three weeks. There were dental surgeries four mornings a week. Some slots were reserved at each dental clinic for women in pain to be seen urgently. Once treatment had begun, patients were allocated appointments until treatment had been completed. A number of women failed to attend for their appointments, but the reasons were not explored. Staff said it was usually possible to use a missed appointment for another patient on the waiting list. In our survey, significantly more women than the comparator said it was difficult to see a dentist and they were less satisfied with the quality of care received from the dentist.

Inpatients

- 4.31 There were 12 inpatient beds including one disabled cell, all in single rooms. Two of the rooms had Perspex doors. Staff said these were used for constant observation, but throughout the inspection one was occupied by a patient who did not require constant observation and did not have adequate privacy. The inpatient unit was staffed by mental health nurses and all 12 beds were being used for women with mental health problems. We were told that women with physical health needs could be located there, but none of the staff could remember when this had last happened.
- 4.32 Women in the inpatient unit spent a lot of time in their cells. Education staff visited each weekday giving the women an opportunity to attend education either on the unit or in the education centre in a small group. However, as there was only one officer on the unit while clinics were taking place in the primary care centre, a maximum of eight women could attend education on the unit or five in the education centre, so other women had to stay in their rooms. When there were shortages of staff in the evenings, the officers allocated to the inpatient unit were sometimes redeployed elsewhere and association was cancelled. All

inpatients had named nurses responsible for their care and care plans that were regularly reviewed and updated.

- 4.33 One girl from the juvenile unit was located in the adult inpatient unit. There was no protocol for such an eventuality and she could not mix with other patients on the unit. Efforts were made to enable her to return to her own unit for association and the nurse from the juvenile unit visited. The behavioural care plan used on the juvenile unit for this young person was consistently applied on the inpatient unit. Staff said she had been located in the inpatient unit for clinical reasons, but there was clear evidence that the allocation was to provide respite for staff on the juvenile unit. In any event, holding a child in such an environment was inappropriate.
- 4.34 Discipline officers in the inpatients unit worked closely with clinical staff and appeared to know the patients well.

Secondary care

- 4.35 The administrator oversaw the process for routine external clinical appointments. Four appointments could be accommodated each weekday, two in the morning and two in the afternoon, and staff said it was sometimes possible to increase this number when necessary. As soon as an external appointment had been made, women were placed on medical hold. All information relating to external appointments was entered in the appointment diary and on the electronic clinical record, with letters and other information received in hard copy scanned on to the system. There was no system routinely to identify women released before their appointment (see section on resettlement pathways), but any woman identified as having an outstanding clinical appointment due after her release was given this information when she left. If a woman declined to attend her appointment, the implications were explained to her and a disclaimer form completed. A new appointment was also booked.
- 4.36 Telemedicine had been introduced in September 2008, enabling some consultations to take place with consultants outside the prison without the patient leaving the prison. All nursing staff who would be using the equipment had been trained. It was not used during the inspection as there were no suitable appointments.

Mental health

- 4.37 Mental health services included primary, secondary and tertiary services. There were three sessions of psychiatry each week for primary care and in-reach patients. There was also one session a week by a clinical psychologist, one by a senior nurse consultant and four sessions by clinical nurse specialists (one for anger management, one for substance misuse, one looking at deliberate self-harm and one looking at dealing with trauma and abuse).
- 4.38 Referrals to the mental health team were accepted from anyone apart from the women themselves. Women could access the service through GP clinics, as they would in the local community. Weekly multidisciplinary meetings included nurses from the prison primary and secondary mental health services as well as a nurse from the local regional secure unit that provided dedicated female mental health services.
- 4.39 The primary care team carried out initial assessments and supported women with primary mental health needs. The in-reach team carried out further assessment and supported women with more severe mental health problems. The in-reach nurses carried caseloads of around 10 to 15 women each. They continued or commenced the care programme approach as appropriate. They used the electronic records system of their mental health trust and also

made entries in the prison clinical records. No women were waiting to be transferred to hospital mental health beds. When the need for this arose, staff said there were rarely any problems with transferring patients within the local area, but that problems sometimes arose when patients were not from the local area and responsible commissioners had to be identified and funding authorised.

- 4.40 The primary mental health team worked seven days a week. The waiting time for routine assessment was around 10 days, although staff said that anyone indicating an acute need for assessment was seen much sooner.

Recommendations

- 4.41 Appropriate nursing staff should be recruited as soon as possible to provide the required level of service.
- 4.42 All staff should have access to clinical supervision and records of this should be maintained.
- 4.43 Healthcare complaints should be handled in confidence.
- 4.44 All clinical information available should be accessible when any clinical consultations or decisions are made.
- 4.45 All women should receive a secondary health screen within 72 hours of arrival.
- 4.46 Applications and appointments for healthcare should be appropriately confidential.
- 4.47 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.
- 4.48 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.
- 4.49 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.
- 4.50 A special sick policy should be introduced and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied.
- 4.51 The pharmacists should be supported to develop pharmacy-led clinics and medicine use reviews.
- 4.52 The reasons for women's dissatisfaction and failure to attend dental appointments should be explored and appropriate action taken.
- 4.53 Appropriate inpatient care should be provided for women with physical as well as mental health needs where appropriate.

- 4.54 Women in the inpatient unit should have an appropriately therapeutic regime with satisfactory time out of cell.
- 4.55 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.

Housekeeping points

- 4.56 Floors in the treatment rooms should be thoroughly cleaned.
- 4.57 All appropriate staff should be trained in the use of maximum/minimum thermometers and temperatures should be recorded for all fridges used to store medicines daily. Where they exceed acceptable limits, remedial action should be taken and documented appropriately. Medicines should not be used if there is any doubt about the suitability of the storage conditions to which they have been exposed.
- 4.58 There should be a clear audit trail for the movement of controlled drugs around the prison, which should include written orders and signatures of receipt from nurses taking possession of controlled drugs transferred to or between the wings.
- 4.59 Medicines should remain in the original dispensing container until the point of administration. Doses should not be prepared in advance and medicines should not be transferred between containers by nursing staff.
- 4.60 All pre-packs should be dual-labelled. When the pre-pack is supplied, one of the labels should be removed from the pack and attached to the prescription chart, which should then be sent to the pharmacy so that the pharmacists can undertake a professional check, update the patient's record and replace the stock.
- 4.61 All stock medicines should be fully labelled in accordance with Medicines Act requirements. The label should include details of batch number and expiry date.
- 4.62 Emergency equipment should be checked in accordance with the policy and records of this maintained.
- 4.63 Reception interviews should be conducted only in an appropriate environment. The toilet area should be used only to obtain urine samples.

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 The effectiveness and quality of learning and skills provision was satisfactory, with a clear strategy and good achievement of qualifications in most areas. Teaching and learning were also satisfactory and there was an adequate range of full-time education, with some classes for women in the workshops, but there were few opportunities beyond level 2. There was not enough English for speakers of other languages provision. There were enough activities to occupy the population and accreditation was available in all workshops. The library was reasonably accessible and was adequately stocked, but space was limited. It hosted a range of additional activities to promote literacy, but no newspapers in foreign languages were available.
- 5.2 Leadership, management and the quality of learning and skills were satisfactory, with good achievement of qualifications in most areas. The standard of prisoners' work was good.
- 5.3 The OLASS contract was held by The Manchester College, which provided a satisfactory range of activity including arts and crafts, introduction to work, kitchen preparation, industrial cleaning, ICT, business administration, hairdressing, key skills and literacy and numeracy, with sufficient progression to level 2. There were limited opportunities to study at higher levels. Accredited programmes were run in horticulture, catering and physical education (PE). Three workshops produced clothing and bed sheets for the Prison Service, while a manufacturing workshop produced ceiling lights and packaged cleaning and household items for external contractors. Accreditation was available in all workshops. A few women were supported through distance and open learning programmes. Punctuality was satisfactory for education classes, but erratic in the workshops.
- 5.4 About 86 education places were available both morning and afternoon. Women at work could go to part-time education and some education was offered in healthcare and Sycamore House (the segregation unit). Hairdressing, art, ICT and healthy cookery were available on Tuesday and Thursday evenings. None of the classes were full, but there was a waiting list and reasons for absence were followed up.
- 5.5 Arrangements to support literacy and numeracy across the prison were good, although there was insufficient recording of progress and achievement in employability training. Leadership of skills for life provision was not fully effective due to staff absence and too little use was made of data to identify trends.
- 5.6 There was a clear strategy for learning and skills and links between education and training and the prison's approach to resettlement were effective. Progress on actions for improvement was monitored through an annual learning and skills development plan. Strategies and targets to

increase the range and levels of available learning and skills were based on analysis of data. In response, new accredited hairdressing, business administration and ICT programmes had been introduced along with provision for women with learning difficulties.

- 5.7 Non-accredited workshop places had reduced and there were advanced plans to introduce call centre training and Train to Gain programmes. The prison recognised the need to improve the range and level of provision as well as its links with employers. Working links between learning and skills and the providers of education and training were good.
- 5.8 Staff development was good and most tutors were well qualified and experienced. Mentoring arrangements effectively supported established staff and those new to teaching. Good use was made of professional development opportunities to improve the quality of teaching and assessment. Quality assurance of teaching and learning through observation was effective. However, the prison had not carried out the observation of non-OLASS tutors within the timescale required by its quality assurance procedure.
- 5.9 Resources were satisfactory. Accommodation in education was modern and well furnished, but some classrooms were too cramped. An appropriate range of equipment and teaching materials was available, but access to ICT in the workshops and library was inadequate.
- 5.10 Arrangements for information, advice and guidance (IAG) were satisfactory, delivered by Manchester College, SOVA, Connexions, nextstep and Jobcentre Plus. Coordination and sharing of information between the organisations was satisfactory. All women received an individual IAG session and assessment of their skills for life at induction. IAG sessions were available for all women before release or transfer to another establishment, and a resettlement programme had recently been introduced for women sentenced for one to four years and due for release on licence. The final part of this programme included access to employment agencies who visited the prison. However, most women did not routinely participate in a pre-release course that prepared them for applying for employment. Provision to ensure all women participated in training to develop and practise their job application skills before release was inadequate. Women did not have enough access to information on the range of employment opportunities available within commuting distance of their home (see also section on resettlement pathways).
- 5.11 An appropriate range of learning and skills data was collected and analysed and managers effectively identified and introduced actions leading to quality improvement. However, data were insufficiently used to identify trends that informed management actions and there were some weaknesses in evaluating learning to improve quality.
- 5.12 Women's achievement was good and course success rates were high. Short course unit accreditation in PE and the workshops was almost 100%, but not in horticulture. Women achieved well in literacy and numeracy. In 2007/08, 84 qualifications were gained in literacy, with a further 24 still in learning. In numeracy, 99 qualifications were gained. Few women who stayed at the prison long enough failed to finish and achieve their programme. Progression had improved, with prisoners now achieving at level 3.
- 5.13 Women participated enthusiastically and made good contributions to class discussions and learning activities. One woman in industrial cleaning had progressed to become an assessor for the course. Standards of practical work, such as in cookery, were good and women took pride in their efforts. Many developed personally during vocational programmes, demonstrating good team work skills or increased confidence in making a contribution to longer-term goals such as entering college on release.

- 5.14 Teaching was satisfactory overall and some was good. Most tutors were supportive and actively encouraged women to participate. Some rooms were too cramped. In some cases, the quality of learning achieved was not well recorded. A range of different individual learning or training plans was used and, where available, linked to sentence plans. They did not identify the standard of skills and knowledge gained and demonstrated in classes and workshops.
- 5.15 Tutors did not systematically receive initial assessment scores and some were not aware of women's individual support needs until they arrived in class. Targets were frequently too broad and few tutors set personalised targets or gave detailed written feedback about progress and achievement. There was insufficient recognition and recording of personal development in individual learning plans. There were separate systems to recognise individual achievements in the education department and the prison as a whole, but these were not coordinated.
- 5.16 There were good flexible arrangements to support and meet literacy and numeracy needs across the establishment. In addition to designated classes, there were arrangements to embed literacy and numeracy across programmes and to support literacy and numeracy development in the workshops. Outreach work took place on the wings for women who were unable or unwilling to attend classes. There was also adequate outreach provision in Sycamore House (segregation unit) and healthcare.
- 5.17 Links between the short duration drug programme, accredited programmes and personal, social and health education programmes sessions to support those on intensive offending behaviour courses were good. However, there was insufficiently effective leadership of skills for life provision due to the absence of a skills for life coordinator.
- 5.18 There was insufficient provision to meet the language needs of women for whom English was not a first language. The existing two English for speakers of other languages (ESOL) sessions a week provided too little continuity for those with very little English. The current accreditation scheme did not adequately cater for their level and was designed for a longer stay than was appropriate for most women. On other programmes, there were women with a higher level of English skills who could have improved their achievements with ESOL support.
- 5.19 There were enough full and part-time work places to meet the needs of the population (approximately 407 places) and waiting lists were low. The prison generally managed to employ all the population at any one time.
- 5.20 Work and training provided the majority of activity places. Women could work and attend some education, including literacy and numeracy. A few women were engaged in some mundane and repetitive work such as cleaning or assembly and packaging. Allocation to jobs and other activities was fair and effectively used information from IAG sessions to meet preferences and needs.
- 5.21 Those participating in education were not disadvantaged in pay. However, pay was too dependent on staff judgements of prisoner behaviour rather than work performance.

Library

- 5.22 The library service was provided by Wakefield metropolitan district council. Two part-time librarians and a librarian assistant worked a total of 48.75 hours a week supported by two orderlies. The library was open daily every morning and afternoon from Monday to Thursday and on Friday and Saturday mornings and there were evening sessions from Tuesday to Thursday.

- 5.23 The library stock was satisfactory, with an appropriate range of fiction, non-fiction, easy reader and audio books. There was an adequate stock of large print books, newspapers and books in languages other than English, but no foreign newspapers. Music CDs were available, but were not loaned for use on the houses. There was a satisfactory stock of books supporting educational and vocational programmes and a suitable range of legal books, including appropriate reference material and Prison Service Orders.
- 5.24 All women were given an induction to the library and about half were members. The library provided an outreach service to Sycamore House (segregation unit) and healthcare. Links with the education department were satisfactory and there were facilities to provide an inter-library loan service.
- 5.25 Arrangements to meet the needs of library users with a visual impairment were adequate and one computer included a word processing programme. Additional activities such as Storybook Mums, writing and story telling workshop were run, but there were no links with the Toe by Toe programme.
- 5.26 The library was adequately decorated and maintained, but had limited space for individual study group activities or to display stock. Book loss was high at about 6% a year.

Recommendations

- 5.27 A range of programmes above level 2 should be provided.
- 5.28 The language development needs of all women for whom English is not a first language should be met.
- 5.29 The recording of women's progress and achievement should be improved.
- 5.30 Better use should be made of data to identify trends and improve the quality of provision.
- 5.31 The pay policy should be reviewed to ensure it reflects performance at work rather than the subjective assessments of attitude and behaviour.
- 5.32 More computer facilities should be provided in the library.
- 5.33 Women should be able to borrow music CDs for use on the houses.
- 5.34 Efforts should be made to reduce the library book loss rate.
- 5.35 Adequate space should be provided in the library for individual and group study.
- 5.36 Foreign newspapers should be available in the library.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education

inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.37 Facilities for physical education (PE) were generally adequate, but becoming dated. The classroom for PE was not suitable and the sports injury treatment facility could not be used as all qualified staff were male. Fewer women in our survey than the comparator said they used the gym regularly. The range of health promotion activities was good, as were support links with external agencies and the prison's substance misuse unit.
- 5.38 Physical education (PE) was promoted through the induction course, the training opportunities handbook and notice boards in the gym, on the wings and on corridors. A satisfactory range of individual and team activities was available. Timetables and information about classes, special activities and evening/weekend provision were clearly displayed.
- 5.39 The PE facilities were generally adequate, but becoming dated. There was a large gym and two fitness suites for adults with cardiovascular equipment. One was located next to the gym and the second in Oak House 1 (substance misuse unit), where a heat therapy unit was available. Outdoor facilities comprised an astroturf pitch that had been renewed in early 2008.
- 5.40 The full-time PE course provided a number of qualifications and success rates were high. However, there were no resistance machines so the prison was unable to offer fitness instructor qualifications. The small teaching room was unsuitable for proposed class sizes. A small study area and a computer could be used by women working for national vocational qualifications (NVQs). The prison also offered recreational gym each weekday evening except Fridays, on Friday afternoon and at weekends. Women could attend seven times a week, but in our survey, significantly fewer than the comparator said they went to the gym at least twice a week.
- 5.41 All women were health screened at reception by healthcare staff and had to be confirmed as 1A to gain full use of all gym facilities. Non-contact PE was offered to those with physical needs. A sports injury treatment facility could not be used because all qualified staff were male, but general treatment of injury and exercise referral sessions were available in the open environment of the gym. Accidents were recorded and investigated and a log maintained of all incidents.
- 5.42 There was a good range of health promotion activities and links with external agencies to support these, such as with the Wakefield women's centre. Links with the substance misuse unit through the 'Tackling Drugs through Sport' programme supported women on detoxification programmes. There were well-developed plans to introduce a new health and nutrition programme that linked with the kitchen. Active promotion of healthy eating also took place in some education provision such as hairdressing and cookery.
- 5.43 Prisoners were given clean PE kit, a towel and shampoo for each session. Showers in the gym were adequate and in suitably screened individual cubicles.

Recommendations

- 5.44 A theory-teaching classroom should be developed for physical education suitable for teaching and the planned group sizes.
- 5.45 Gym facilities should be updated to support delivery of fitness instructor courses.

- 5.46 Female staff should be trained to use the injury treatment facility.
- 5.47 Data on the use of the gym should be reviewed to ensure an accurate picture of participation is obtained.

Faith and religious activity

Expected outcomes:

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

- 5.48 The chaplaincy department played a significant part in prison life. It provided a good range of services and activities, underpinning a strong ethos of pastoral care. Most faiths were catered for and women were free to attend services, but there was some clash with medication on Sundays.
- 5.49 There was a Church of England coordinating chaplain and a full-time Catholic chaplain. They were supported by six part-time chaplains, whose attendance commitments ranged between eight and 30 hours. All were of a Christian denomination apart from the Muslim chaplain, who was employed for 16 hours a week. There was no Buddhist chaplain, but efforts were being made to appoint one. Sikh, Jehovah's Witness, Latter Day Saints and Spiritualist faith leaders could be called on when necessary. A large number of volunteers were active in the chaplaincy.
- 5.50 Women had good access to chaplains and all new arrivals were seen within 24 hours. Chaplains brought all new arrivals to the chapel to carry out induction, but some women could wait up to three weeks for a formal chaplaincy induction. However, this did not prevent women from attending services immediately.
- 5.51 Four Christian services were held every Sunday, mainly due to space restrictions in the chapel. These were well attended, but a number of women said they had problems attending because services clashed with medication timing. Women did not have to apply in advance to attend. Roman Catholic mass was held every Thursday and a group for Muslim women took place weekly led by a Muslim chaplain, who described good support for the recent period of Ramadan. All Muslim women we spoke to were satisfied with the arrangements for them to practise their faith. The chaplaincy also provided a range of evening activities including choir and a film club, and hosted bereavement and parenting groups.
- 5.52 Facilities were reasonable, with a bright and welcoming main chapel and a smaller world faith area. However, the space was inadequate to cope with the number of women using them. There was a lack of private space for women requiring counselling and too little office space for the chaplaincy team.
- 5.53 The chaplaincy team was motivated and proactive and all members shared duties. They met monthly and attended quarterly away days. Chaplains clearly contributed to the overall running of the prison, attending a range of meetings including the senior management team, safer custody and security.

Recommendations

- 5.54 A Buddhist chaplain should be available as required.
- 5.55 The timings of the issuing of medication should be reviewed to ensure that all women have the opportunity to attend Sunday services.
- 5.56 Additional accommodation should be provided to support the work of the chaplaincy.

Time out of cell

Expected outcomes:

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

- 5.57 Most women had a reasonable amount of time out of cell, but limited facilities and unnecessary restrictions reduced the uptake of association and it was regularly cancelled due to staff shortages. A range of evening activities was provided. There was no daily exercise period for women in full-time activity.
- 5.58 The core day was published on most wing notice boards. It provided for 11.75 hours out of cell from Monday to Thursday, 8.25 hours on Friday and 7.5 on Saturday and Sunday. The published regime times were adhered to. The average daily unlock hours was 9.8. This was reasonably good and accurately recorded, and good spot checks were made. In our survey, only 16% of women said they spent 10 or more hours out of their cell on a weekday. We conducted a roll check and found 30% of women locked in their cells. This was around 16% when we discounted those on the substance management unit and first night centre who had not yet been allocated to activity. In a similar check by the prison, 23% were locked in their cells and the reasons were mostly appropriate.
- 5.59 Association was offered four evenings a week and during the day on Fridays and at weekends. Facilities were reasonable, with pool tables, board games and, in some areas, table football, communal television and music. Larch House had a separate communal lounge and Poplar House had a lounge for lifers. On Willow House, only 50 women at a time were allowed in the association room, which was a reasonably well equipped room, but cramped and noisy. An adjacent association room for enhanced prisoners was largely unused.
- 5.60 Association was frequently cancelled and this had occurred 52 times between August and October 2008. Cancellations were reasonably spread across residential units with the exception of Willow House where cancellations had been more frequent. Cancellations were usually announced at short notice and the usual recorded reason was staff shortages. There was no in-cell association and cell doors were locked during association periods. As smoking was allowed only in-cell with the door locked, many women chose not to come out of their rooms. In our survey, only 34% of women, against a comparator of 53%, said they went on association more than five times a week. We saw some staff interacting with women during association, but only 10% of women, against a comparator of 26%, said staff spoke to them most of the time during association.

- 5.61 An hour of exercise in the fresh air was scheduled daily and was recorded. Exercise was rarely cancelled and adequately supervised. However, there was no exercise period for women in full-time activity.

Recommendations

- 5.62 Better use should be made of the enhanced association room on Willow House to provide more space for all women during association.
- 5.63 When association is cancelled, this should be done equitably and women given notice at the earliest opportunity.
- 5.64 Women should be able to smoke in their rooms without removing themselves from association for the entire period.
- 5.65 All women should be able to take exercise in the open air for one hour daily.

Section 6: Good order

Security and rules

Expected outcomes:

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

- 6.1 The security department was busy, but information was dealt with promptly. The major concern was the supply and movement of drugs in the prison, but recommendations to search or drug test women following security intelligence was not always followed up. Security was generally proportionate. Some rules were inconsistently applied.
- 6.2 Security was managed by a small but busy department that was staffed from Monday to Saturday. Staff were sometimes required to cover other areas and the department was regularly depleted at weekends. The stability of the department had been affected by many changes in functional head, with seven heads of security in three years.
- 6.3 Around 300 security information reports (SIRs) were received each month, most relating to behaviour and drugs. Reports about drugs accounted for about a third of all SIRs and there were reports of drugs coming into the prison through reception and on visits. Subutex was the main source of concern. SIRs were usually dealt with within 48 hours. However, there was no tracking system to ensure that recommended outcomes from SIRs were met and no system to ensure that target searching and mandatory drug testing suspicion tests were completed within a proper timeframe.
- 6.4 Target searching was passed to residential managers, but in many cases it was unclear whether searches took place. During the summer, just nine target searches had been completed in three months. Similarly, suspicion-based mandatory drug tests yielded very little (see section on substance misuse).
- 6.5 Staff believed that mail was a particularly vulnerable area and there had been eight finds in mail in one month. The prison did not have its own dog team and was reliant on the area team, which typically attended three or four times a week. Staffing in the mail room was not always consistent and staff deployed there were sometimes not as security aware as others.
- 6.6 Security meetings took place monthly and were chaired by the governor or deputy governor. Attendance was variable, with sometimes no representative from residential areas and never more than one residential manager. A police liaison officer was based at the prison full-time and provided a good link with external partnership agencies.
- 6.7 There were a high number of incidents, but almost all were attributable to self-harm. Security was proportionate and women moved around either by free-flow or with movement slips. Seven women were on closed visits, all for drug-related intelligence or attempts to pass contraband on visits. This was normally for three months, but cases were regularly reviewed.

Five visitors were on closed visits following intelligence received about passing drugs and they were reviewed monthly.

- 6.8 The levels of searching were appropriate. Routine strip searching had ceased at the end of October 2008 and been replaced by risk assessment searching.
- 6.9 Residential houses had local rules, but these were not consistently displayed. Most women signed compacts about what was expected of them, although some were out of date, including the wing compact on Poplar House, where the information about courtesy keys was covered on a separate sheet. The policy stated that women who abused the privilege could have their keys removed on the authorisation of a senior officer, but records showed that such authorisation had been given in only two of 10 cases in one month. Keys were removed without warning by officers for incidents such as women having another person in their cell or smoking with the door open. Women said officers often threatened to remove courtesy keys if another prisoner was talking to them in the doorway.
- 6.10 Some rules were unnecessarily strict and inconsistently applied. This included the rule not allowing in-cell association, although staff incorrectly believed that it was allowed on Willow House at certain times. Locking cell doors during association was also not always consistently done and staff had differing understanding of this rule. Rules on smoking were applied too restrictively compared to other prisons (see also section on time out of cell).
- 6.11 There was lack of clarity about the use of Larch House. The prison's criteria stated that this was not an option for life-sentenced women or those on remand, but one woman on remand for a murder charge was held there. Women lifers, many of whom were extremely compliant and had been at the prison for a number of years, were not allowed to live there.

Categorisation

- 6.12 Re-categorisation reviews were the responsibility of the offender management unit and linked to sentence planning. Most reviews took place on time, but there were very few movements to the open estate. Between May and August 2008, there had been 68 categorisation reviews resulting in 13 movements to open or semi-open conditions. No records were kept of how long it took for a woman to move. Categorisation and transfer decisions took into account domestic circumstances and sentence planning targets, including outstanding targets. There was no record that women were notified in writing of the outcome of the decision or their rights of appeal.

Recommendations

- 6.13 Target searching and suspicion mandatory drug tests arising from security information reports should take place expeditiously and the timing and outcome tracked.
- 6.14 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.
- 6.15 The criteria for admission to Larch House should not automatically exclude life-sentenced women and should be applied consistently.
- 6.16 Women should be informed in writing about the outcome of their re-categorisation boards and told how to appeal.

Discipline

Expected outcomes:

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

- 6.17 Adjudications were reasonably well conducted, but the starting point of seven days for cellular confinement was too high. The segregation unit was basic, but decent. Use of force was low, but figures were not disaggregated from the juvenile unit. Documentation was mostly completed well. There was little use of special accommodation, but it was not always justified and there was too little management scrutiny of these areas.
- 6.18 The number of adjudications was high at around 160 a month. They were reasonably well conducted and women were given the opportunity to put their case and helped to do so. Women with drug problems were often referred to the counselling, assessment, referral, advice and throughcare (CARAT) service for additional help and other issues, such as release planning or risk, were identified. There were few appeals, although women were given information how to. Records showed that enquiries were generally properly carried out. Only one or two cases a month were referred to the independent adjudicator.
- 6.19 There was agreed guidance on punishments and a quarterly standardisation meeting discussed issues such as trends, ethnicity, repeat offenders against discipline and other statistical information. The prison aimed to ensure that minor issues were dealt with through the incentives and earned privileges scheme rather than discipline procedures. There was little evidence of inappropriate charges and the number had dropped significantly in recent months.
- 6.20 Cellular confinement as a punishment was often given for the more serious charges, typically for drug offences or violent behaviour. The starting point was invariably seven days, which was high and led to too much use. Cellular confinement accounted for half of the women in the segregation unit, although October 2008 figures indicated that six out of 29 women were located in cellular confinement compared with 18 out of 39 in January 2008.

Use of force

- 6.21 There had been 141 spontaneous uses of force in 2008 and 16 planned interventions. The vast majority took place on the juvenile unit and records were not disaggregated, so the figure was misleadingly high. Documentation was completed properly and included details of the events leading up to incidents. Use of force was monitored at a quarterly meeting, which acted as a quality control of documentation. A detailed and up-to-date spreadsheet was held centrally and incidents were discussed at security meetings, but there was no analysis of long-term trends. A control and restraint meeting had taken place in September 2008 and was to be held quarterly. Most incidents took place in the segregation unit.
- 6.22 There was evidence of de-escalation, but not all forms were filed with a completed report of injury form. A camera had recently been obtained to film planned interventions and staff had been trained, but it was not used.
- 6.23 Special accommodation had been used 11 times in 2008 (twice by juvenile girls). The original documentation was not always retained and only four forms were kept centrally, although others were located on wing records or had been moved when the prisoner had been

transferred. Of those we saw, one woman had been held in special accommodation overnight without exhibiting violent behaviour and another had been checked only on the hour rather than more frequently as required by Prison Service guidelines.

Segregation unit

- 6.24 The segregation unit had been renamed Sycamore House and was undergoing extensive refurbishment. There were 10 cells, but two were being converted into an adjudication room, allowing the existing adjudication room to become an association area.
- 6.25 There were eight women in segregation: four on cellular confinement, three on good order (including one held under the protocol for the management of women prisoners whose behaviour causes disruption to the regime) and one located for her own protection in an adjoining annexe. Two had been held on the unit since April 2008. Both had been given employment and had received decent treatment during their long stay. General access to activities was limited. Some education was provided, but women had little contact with a teacher and this was mainly material to work on in-cell. Women on the unit could not use the gym, but library books were provided and there was limited access to the chapel and visits.
- 6.26 The regime was basic but decent, providing daily exercise, showers and use of telephones during the day. A segregation monitoring group met monthly and discussed issues such as adherence to Prison Service Orders, statistical analysis of who was located there and for how long, ethnicity and a review of those held for long periods.
- 6.27 Segregation reviews were well attended by a multidisciplinary group of staff, but targets were frequently limited to behavioural requirements such as 'remain adjudication free' or 'comply with unit regime' rather than a care plan about how these women could be managed long-term. However, there had been some success moving longer stayers on.
- 6.28 Staff reported good working relationships with healthcare and safer custody. High numbers on the unit remained on open assessment, care in custody and teamwork documents during their stay and presented multiple needs in terms of behaviour, mental health and problems in coping with the wider prison community.

Recommendations

- 6.29 Cellular confinement punishments should be used less frequently and should start at less than seven days.
- 6.30 Use of force figures should be disaggregated from the juvenile unit and analysed monthly for trends.
- 6.31 Planned use of force should be filmed.
- 6.32 Special accommodation should not be used unless in exceptional circumstances when the woman is violent and not able to be managed by alternative means.
- 6.33 Special accommodation forms should be maintained with the original register and subject to regular management scrutiny and quality checks.
- 6.34 Segregation reviews should document long-term plans to progress a woman from segregation.

- 6.35 Long-term residents on Sycamore House should, where possible, be able to participate in regime activities such as using the gym.

Incentives and earned privileges

Expected outcomes:

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

- 6.36 The incentives and earned privileges scheme was new and not yet established. Some improvements in the policy had been included, such as links to safer custody, but these were not followed and too many women at risk were on the basic level. Some aspects, such as curtailment of visits for unconvicted prisoners on basic, were not acceptable. Most women appeared content to remain on the standard regime, which helped maintain reasonable behaviour.
- 6.37 A new incentives and earned privileges (IEP) policy had been implemented in October 2008, but not all documents and information on residential areas had been updated. New arrangements to collate data to help monitor the operation of the scheme were not yet in operation. The new scheme had introduced some improvements, including credit as well as warning slips, both of which were used by officers. Three warning or credit slips triggered a review board. Prisoners could also now apply for enhancement rather than relying on officers' recommendation.
- 6.38 Personal officers were required to make fortnightly entries in prisoners' wing history files, but few referred to a woman's progress towards sentence plan targets, as required by the IEP scheme before progression to enhanced level. Weekly IEP boards were held, which considered collated comments, but women did not usually attend. The safer custody team was supposed to be contacted when someone on an assessment, care in custody and teamwork (ACCT) document was being considered for basic, but there was little evidence that this was done. Of the 19 women on basic, 12 were or had recently been on an ACCT.
- 6.39 Principal officers were required to monitor and endorse each completed board to ensure that it had been run correctly and fairly. However, appeals from boards were also referred to the wing principal officer for review and action. There was no central record of how often appeals had been heard.
- 6.40 The few significant differentials between regime levels included personal bedding, PlayStations and art and craft materials. There were many other items that an enhanced woman could purchase if she had sufficient funds. Other privileges were allowed on initial visits, but as a woman had to be at New Hall for at least a month before achieving enhanced level, few had this opportunity. Access to additional personal cash and visits were also available, but not all women had the outside support to benefit. Other enhanced privileges were limited to certain locations, such as use of the enhanced association room on Willow House.
- 6.41 The scheme did not appear to act as a motivation for many women, most of whom seemed content to remain on standard level. On one day of the inspection, 19 women were on basic, 238 were on standard and 110 were on enhanced. Six of those on basic had been demoted for bullying. The policy listed eight circumstances where women could automatically be

downgraded to basic, including proven adjudications for drugs or possession of a mobile telephone, damage to a cell or refusing to work. This risked women being subject to double jeopardy. Unconvicted women's rights to visits were restricted to 1.5 hours a week, which did not meet their entitlements. In theory, women remained on basic for a minimum of 14 days, but were reviewed every seven days with targets set for progression. There were few examples where this was done, but the scheme was new and had yet to be embedded.

Recommendations

- 6.42 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.
- 6.43 Women being considered for demotion to basic should be invited to attend the incentives and earned privileges review.
- 6.44 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.
- 6.45 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.
- 6.46 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.
- 6.47 Unconvicted women's visits should not be restricted through the incentives and earned privileges scheme.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The kitchen and serveries were clean and well maintained. Religious, cultural and dietary requirements were observed and menus were varied, with sufficient fruit and vegetables. Women were generally satisfied with the quality of food. Breakfast packs were issued the evening before use.
- 7.2 The main kitchen was in a purpose-built building close to the residential units. It was large, clean and well ordered. Food was stored in proper conditions and regular stock control and quality checks were made and recorded. About 12 women were employed and required to undertake a kitchen preparatory course before starting work. Levels 1 and 2 national vocational qualifications (NVQ) in catering were available, with four women studying level 1 and one level 2.
- 7.3 Attached to the kitchen was a dining hall used by women on Willow House. The atmosphere was relaxed and women were generally satisfied with their meals, particularly mentioning the quantity and quality of fruit and vegetables. The other houses had their own serveries, which were cleaned and maintained to high standard.
- 7.4 Small breakfast packs were issued during the evening meal and many women said they had eaten the contents before morning. Pre-select lunch and dinner menus were offered on a three-week cycle. The selection was balanced, with a wide range of choices. The catering manager made good efforts to ensure supplies were of a good standard, reflected in the quality of vegetables and fruit. Women with poor literacy or English skills relied on the symbols and abbreviations in the menu. Some items were incorrectly labelled as halal. The appropriateness of certain items labelled as 'healthy eating', such as sausage and onions and pasties, was also questionable. A common complaint was the lack of variety of salads, although salad baguettes were offered every lunch and some salad at every dinner.
- 7.5 There was no food complaints book in the main dining hall and those on the other residential houses were kept in staff offices. None of the women we asked knew of their existence. A monthly catering consultation meeting was held and the catering manager had been responsive to feedback and requests from the committee, although until recently only two or three women had attended the meetings. In our survey, 36% of women, significantly better than the comparator, said the food was good or very good. Two catering surveys had taken place over the last two quarters and some of the themes emerging from them had influenced the range of choices.

Recommendations

- 7.6 Menu items should be correctly labelled, including appropriate use of the 'healthy option' indicator.

- 7.7 Breakfast packs should be issued on the morning they are to be eaten.
- 7.8 Comments/complaints books should be readily available to all women and the catering manager should respond to these.

Prison shop

Expected outcomes:

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

- 7.9 The shop service was generally adequate, but some women could wait more than a week after arrival before receiving an order. Women could influence the product range offered, but the change of service provider was having a detrimental effect on orders. Changes in the product list and offers were poorly communicated.
- 7.10 The prison shop was contracted to Aramark, whose base at HMP Wealstun provided items to all the prisons in the West Yorkshire area. However, in line with changes to the national contract, this service was being decommissioned and New Hall was moving to a new provider. This meant some stock was not being replaced and was causing some problems. Similar numbers of women to the comparator said the shop sold a wide enough range to meet their needs, but significantly fewer foreign national women said this was the case compared to British nationals.
- 7.11 In our survey, many fewer women than in similar prisons reported getting access to the shop within 24 hours of arrival. Arrangements meant that women could wait up to 10 days before receiving their first order. Officers issued order sheets each Thursday for a delivery on Saturday morning, which included the detail of the amount of money women could spend.
- 7.12 The shop list was reviewed every quarter when representatives from each wing canvassed other prisoners for suggestions. Changes to the contract meant there had not been a meeting since April 2008, although there was evidence that the prison responded to women's needs. A supplier of black and minority ethnic cosmetics had been sourced and the prison had introduced an ethical supplier for women who did not wish to use products tested on animals. Women could also make individual applications for hobby materials.
- 7.13 Women could order catalogue goods through Aramark and this system generally worked well, although there had been considerable delays in re-crediting accounts when items were out of stock or goods were faulty. The shop manager said women could wait up to eight weeks for refunds, but women complained of longer delays. Clothing, music, newspapers and magazines could also be bought from catalogues through Aramark, although the demise of this service meant the finance department was administering some services to meet the shortfall. Women were not charged for a print out of their monies, but staff on the wings did not provide a simple enquiry service using the local inmate database system.

Recommendations

- 7.14 New arrivals should be able to obtain orders from the prison shop within their first week.

- 7.15 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.

Housekeeping point

- 7.16 Prison staff should provide a simple finance enquiry service on the wings.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 A comprehensive reducing re-offending document detailed delivery of provision under the key strategic pathways. It was supported by a needs analysis, but the strategy did not differentiate between the different groups of women held at New Hall.
- 8.2 A three-year reducing re-offending action plan published in 2008 was comprehensive and detailed the prison's delivery of provision under the key resettlement pathways. Included in this was public protection. Development objectives had been identified under each resettlement pathway along with identified lead responsibility and timescales. The document was linked to the Yorkshire and Humberside reducing re-offending strategy plan.
- 8.3 Both provision and the outlined strategic developments under each pathway were appropriately linked to the outcomes of a 2007 needs analysis, undertaken across the whole establishment. There were plans to repeat this in 2009 and then every two years. However, neither the needs analysis nor the strategic framework differentiated between the different groups of women held at New Hall. The particular needs of young adults, for example, were not specifically identified and nor were those of indeterminate-sentenced women.
- 8.4 The reducing re-offending strategy group met monthly. Usually just four managers attended but minutes showed that meetings were focused and appropriate. A further multidisciplinary resettlement meeting also took place at least monthly, and sometimes more frequently, with a wider attendance including representatives from respective pathways. The chair of this meeting also attended the strategy group and there were reasonable links between the two.

Offender management and planning

Expected outcomes:

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

- 8.5 Attempts to assess all new arrivals' resettlement needs were positive, but required follow-up evaluations and pre-release meetings to ensure effectiveness. The offender management unit offered appropriate help and support to those women in scope, but for others serving over 12 months there was little support and help to meet sentence planning targets. There were backlogs with offender assessment system assessments. Public protection arrangements were generally good. Indeterminate-sentenced women required better support and provision to meet their specific needs.

Offender management and planning

- 8.6 All new arrivals had their resettlement needs evaluated through the gateway assessment (see also section on first days in custody). The tool had been introduced in June 2008 and updated to include first night assessments only three weeks before the inspection. The resettlement aspect of gateway was usually undertaken the day after arrival by staff based in the offender management unit (OMU). The document was reasonably comprehensive and included scaling questions to encourage women to assess the extent to which identified issues were a concern to them. A summary document of need was produced and forwarded to wings and, where concerns were identified, referrals were made to pathway leads.
- 8.7 While a useful tool, the model was undermined by a lack of formal follow-up. Summary documents were not consistently held in wing files and, although personal officers were expected to know about identified issues and support appropriate work, there was little evidence of this. Although pathway leads picked up referrals, there was no system of formal feedback, no subsequent meetings to assess progress and no pre-release reviews. No exit interviews or surveys were undertaken on which to assess the effectiveness of the current approach. Up to 80% of new arrivals were drug dependent so completing an assessment so soon after arrival, especially with no subsequent follow-up, might not produce an accurate analysis of need. This concern was compounded by the completion of the assessment in a large open-plan office affording little privacy.
- 8.8 For women on remand or serving sentences of less than 12 months (about half the population), the gateway assessment was the only means by which their resettlement needs were identified. In our survey, across a range of questions relating to whether women knew who to contact in the prison about help with resettlement, responses were consistently worse than the comparators.
- 8.9 Forty-seven women were in scope for offender management 2 (OM2). Five offender supervisors were officer grades and one was a probation officer. Allocation of OM2 cases was based on numbers and staff capacity rather than experience and capability. Each offender supervisor had wider work responsibilities that might include programme facilitation and offender assessment system (OASys) assessments. Considerable frustration was expressed by staff across the OMU at officer offender supervisors being regularly redeployed to cover other duties.
- 8.10 Links with community-based offender managers was generally good. Offender managers invariably chaired sentence planning boards for in scope women and there were rarely problems in obtaining such support. Video conferencing facilities were available if necessary, but were rarely used for such purposes.
- 8.11 Although offender supervisors were allocated specific cases, contact logs, which included copies of emails and details of telephone calls as well as actual prisoner contact, were available on the P drive of the prison's intranet. This meant that up-to-date information was accessible even in the absence of the caseworker. From an analysis of a random selection of files and contact logs, offender supervisors clearly had a good understanding of their prisoners and saw them regularly, usually about monthly, although there were some exceptions.
- 8.12 Twenty-nine per cent of women were serving over 12 months, not including indeterminate-sentenced women. For these women, contact with the OMU was limited to the annual OASys assessment and sentence planning board. Again, cases were allocated on a proportionate basis and included some staff who did not undertake the wider offender supervision role.

- 8.13 An offender supervisor always attended non-in scope sentence planning boards, but this was not necessarily the person who undertook the OASys review. Copies of targets set at these meetings were contained in OMU files and copied to wings, but they were often not found in wing files. No one had specific responsibility to encourage or support the completion of objectives and personal officers did not consistently attend sentence planning boards.
- 8.14 Since the beginning of 2008, an average of 5.4 OASys assessments a month had been undertaken. The backlog had remained fairly consistent and, at the time of the inspection, was 63 with little evidence of a strategy to tackle it. A quality assurance system was in place for OASys with probation staff gatekeeping all completed documents.
- 8.15 Across the Yorkshire and Humberside area, a benchmarking exercise had been undertaken as a means of ensuring consistency. There was, however, no system for quality checks of work subsequently undertaken. Although the probation officer acting as an OM2 offender supervisor received monthly supervision, which included case management reviews, this did not extend to other officer grade offender supervisors.

Public protection

- 8.16 Of the 82 women subject to public protection, 38 were indeterminate prisoners. The public protection strategy group met monthly, but attendance was sometimes quite poor. Issues covered were appropriate and linked well to the weekly risk management board. Either the head of reducing re-offending or her deputy (the senior probation officer) chaired the weekly meetings. Meetings reviewed all new arrivals from the previous week, those requiring a review or any new cases where information had come to light. Attendance was multidisciplinary and included detailed and wide-ranging discussions from specialist and wing-based staff.

Indeterminate-sentenced prisoners

- 8.17 There were 41 indeterminate-sentenced prisoners: 22 lifers and 19 indeterminate sentence for public protection (IPPs). The latter group fell under offender management phase 3 (OM3) and all but two of these cases had probation officers allocated as offender supervisors. The 22 life-sentenced women were not covered by offender management, but had also appropriately been allocated to probation staff who managed them in much the same way as IPP cases.
- 8.18 Lifers and IPP women were able to receive some one-to-one work through probation, particularly around victim issues. Psychology one-to-one work was, however, extremely limited, primarily due to recent staff shortages. Additional cover had just been provided.
- 8.19 Most of the 41 indeterminate-sentenced women were accommodated on Poplar 2, along with other women serving sentences of over two years. There was, however, little recognition of their specific needs other than a separate association room. Some said they found it disturbing to live on a wing with women serving relatively short sentences.
- 8.20 Eight officers on Poplar 2 had undertaken lifer training and were allocated as personal officers. They had a good understanding of the women for whom they were responsible. Only two lifer forums had taken place in the previous year and, despite minutes from the last meeting in July indicating the plan to introduce weekly lifer meetings and more regular lifer forums, neither had happened. Women we spoke to were frustrated that such promises were not kept. Two lifer days had been arranged to date in 2008 and another was planned for December.

- 8.21 The prison managed IPP prisoners slightly differently from lifers. IPP prisoners were not included in lifer days or meetings, yet had little specifically for themselves. One IPP surgery had been run earlier in the year, but this was not a regular event. IPP prisoners and lifers expressed concern about the limited facilities for them and their problems in obtaining progressive moves, and there were delays with parole reviews.

Recommendations

- 8.22 Women identified as substance misusers at reception should have their gateway assessment undertaken only after they have been clinically stabilised.
- 8.23 Follow-up gateway reviews should be undertaken to ensure identified areas of concern have been addressed.
- 8.24 Pre-release meetings should be undertaken to identify any unmet resettlement needs.
- 8.25 Resettlement exit questionnaires should be undertaken to help ascertain the effectiveness of pathway provision.
- 8.26 OASys assessments should be up to date.
- 8.27 Offender supervisors should not be redeployed to other duties.
- 8.28 Offender supervisors should receive regular casework supervision.
- 8.29 Offender management unit quality assurance should be extended to incorporate casework.
- 8.30 Regular meetings should be held consistently with life-sentenced women to help meet their specific needs.
- 8.31 Appropriate support should be provided for women serving indeterminate sentences for public protection.
- 8.32 The prison should ensure that all documentation required for parole reviews is completed and submitted on time.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

8.33 Housing needs were identified, but at the time of the inspection, there was no housing adviser. Some good support for local women was provided by the Together Women project, but funding was in danger. The range of employment-related accredited qualifications was satisfactory, as was the information, advice and guidance service, but there was no routine use of a job skills or pre-release resettlement course to help reintegration. Women were given healthcare discharge letters and, when necessary, five days' medication, but there was no system to identify outstanding external medical appointments. Women's financial situation was not formally assessed, but some support was provided by a financial adviser and there was good benefits advice. Women were not helped to open bank accounts.

Accommodation

- 8.34 The prison's needs analysis identified that almost half of women had no accommodation set up for their release and that appropriate housing was the most frequently stated factor that would contribute to not re-offending. In our survey, more than half of women, significantly more than the comparator, said they needed help finding accommodation for release.
- 8.35 The full-time worker had left in August 2008, since when provision had been restricted to cover from another prison only one day in every 10 when high priority cases were picked up. There was a significant backlog of cases. A volunteer had recently been recruited to offer some help, but could only send letters advising women of the current situation. A worker had been recruited, but was not expected to take up post for several weeks.
- 8.36 Referrals for accommodation help could come directly from prisoners, other staff or through the gateway assessment. Despite this, only 33% of women, against a comparator of 58%, said they knew who to contact in the prison to get help with accommodation.
- 8.37 A full-time worker was provided by the Together Women project covering Leeds, Bradford, Doncaster and Keighley. The service did not offer direct housing, but gave advice and support to women from these areas and had appropriate links in the area to help access to available accommodation. The service was well used and had 30 active cases and a further 26 on the waiting list. However, funding was due to run out in March 2009 and there was no indication that further funding would be provided.

Education, training and employment

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

- 8.38 Activities were based on a needs assessment and understanding of employment opportunities in the main areas of release. The prison provided a suitable range of training to prepare women for work, training or education on release. A satisfactory variety of employment-related accredited qualifications were available. Arrangements for information, advice and guidance were satisfactory and women were helped to find employment in their home area before release. However, they did not routinely complete an appropriate job skills course or pre-release resettlement course and there were few links with employers.

Mental and physical health

- 8.39 Prisoners were invited to a pre-discharge review. The wing nurses prepared discharge letters for women to take to their GP in the community if treatment had been received in the prison. Women taking prescribed medication were also given at least five days' medication to take home. Women who had not previously been registered with a GP in the community were not helped to do this, but were given the contact number for NHS Direct and advised to use this to find a GP following their release. If a woman had an outstanding external medical appointment, the details were sometimes passed on to them when they left, but there was no formal system to identify such appointments so this did not happen routinely.
- 8.40 The primary care trust policy was followed for women needing palliative care, with patients supported by specialist nurses from the community.
- 8.41 The mental health in-reach team arranged care programme approach reviews for patients before release and community care providers were invited to attend. Staff said these arrangements were more successful for women released to the local area as links with teams further away were more difficult to establish.

Finance, benefit and debt

- 8.42 There was no formal assessment of each woman's financial situation, although they were asked about any immediate concerns about finance, benefits or debt at the gateway interview. When required, a referral was made to the Together Women project representative who would either schedule an appointment for the monthly visit of a financial adviser or email the adviser for more urgent advice.
- 8.43 There was good provision of benefits advice, with specialist input from a JobCentre Plus adviser. All women saw the adviser during their gateway interview and could make as many follow-up appointments as necessary.
- 8.44 There was good monitoring of attendance at appointments on release through the Jobcentre Plus IT system, which took place monthly. The service was well advertised and women spoke highly of the provision available.
- 8.45 A budgeting and money management course was run as part of the personal, social, health and education group work provision, with courses brought forward when demand dictated, usually through the sentence planning process. However, women were not helped to open bank accounts.

Recommendations

- 8.46 The future of the Together Women project at New Hall should be clarified with a view to ensuring continuity of service.
- 8.47 A job skills or pre-release course should be introduced for all women.
- 8.48 Effective links should be developed with employers to help women find employment after release.

- 8.49 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.
- 8.50 Women's financial needs and issues should be formally identified and assessed, with appropriate services provided to meet identified need and provide ongoing help.
- 8.51 All women should be helped to open a bank account before release.

Drugs and alcohol

- 8.52 The drug and alcohol strategy lacked cohesion and joint work between providers was not sufficiently strong. The counselling, assessment, referral, advice and throughcare service met assessment targets, but offered little ongoing support to women. An alcohol worker had been appointed. The delivery of the short duration programme was affected by staff shortages and inconsistent leadership. Few voluntary drug tests were undertaken.
- 8.53 The drug strategy was disjointed and lacked leadership. The committee met infrequently and attendance was poor, and links with community planning bodies had not been developed. A drug strategy/integrated drug treatment system (IDTS) governor had been appointed and planned to re-launch the strategy and heighten its profile in the prison. The policy document had been reviewed by an external specialist in October 2008 and awaited finalisation. The draft incorporated alcohol services, but did not include performance targets, an action plan and a staff training strategy. A needs analysis was under way.
- 8.54 The counselling, assessment, referral, advice and throughcare (CARAT) team consisted of a manager, a senior practitioner and six workers from Lifeline, including a dedicated alcohol post. One member of staff was on long-term sick leave. The team was accommodated at four different sites, which made communication and administrative support difficult. Consistent access to group work facilities was also difficult. The service focused on meeting its triage assessment key performance target of 930 a year, but lacked the resources to offer much ongoing intervention and support. In our survey, only 67% of women, against a comparator of 91%, said they had received help with their drug or alcohol problems. Only 44% of young adults, compared to 82% of women over 21, knew who to contact for help with a drug or alcohol problem. CARAT staff did not monitor the number of young adults engaging with the service and no one took particular responsibility for this client group.
- 8.55 CARAT staff offered weekly induction input to women on general location. The three team members based on Oak House (substance use unit) did not see all new arrivals automatically and substance misuse nurses did not refer all women to the service (see section on substance use). CARAT staff and substance misuse nurses liaised over individual clients, but joint work had not been formalised.
- 8.56 Two IDTS workshops ran each month, but the service was not currently resourced to roll out additional modules or to offer structured IDTS key worker sessions. At the end of October 2008, the CARAT active caseload stood at 169, excluding primary alcohol users, with another 17 files suspended. Ongoing one-to-one work with women was minimal.
- 8.57 In our survey, a very high 47% of women, against a comparator of 21%, said they had alcohol problems on arrival. Of particular concern was that 64% of young adults said they had an alcohol problem and 61% of the young adults thought they would still have a problem on leaving prison. In a 12-month pilot project, a dedicated alcohol interventions worker had been

appointed to the CARAT team to focus on the needs of women with alcohol-only problems. She had seen 61 women and held a current caseload of 39, including seven young adults. Five women were on the waiting list. The worker offered assessments, brief interventions, the IDTS alcohol workshop and referrals to community agencies. Women could attend a five-day alcohol awareness course run by the education department, but ongoing support was limited. Alcoholics Anonymous groups were not run and women complained that they had to transfer to HMP Send to undertake an alcohol treatment programme.

- 8.58 The CARAT service was represented at relevant multi-agency meetings in the prison, but information-sharing was not sufficiently robust. CARAT care plans were not forwarded to sentence planning and joint working protocols were out of date. The manager was reviewing these.
- 8.59 CARAT staff had developed good links with local drug intervention programmes (DIPs), but relatively few young adults in our survey knew who to contact for external drug/alcohol agencies. The service linked in with the substance misuse team to ensure treatment continuation on release.
- 8.60 Women with drug and alcohol problems serving short sentences or on remand could attend the short duration programme (SDP), which was on target to reach 120 starts and 78 completions. The course was open to those maintained on methadone, but it was not suitable for long-term prisoners and those with a high level of need. The programme team was unsettled due to staff turnover and sickness as well as inconsistent leadership. It currently consisted of a treatment manager, one officer and one psychology assistant. There were two vacancies and the prison was advertising the treatment manager post. Programme officers had previously often been diverted to other duties and the programme had not achieved the quality of delivery score required to pass the previous year's audit.
- 8.61 Morning sessions were supplemented by a nutrition and healthy eating course run four afternoons a week by the education department. Attendance at this was compulsory, which was not appropriate. SDP staff were keen to develop alternative activities and post-programme support, but lacked the necessary resources. The head of offender management and her deputy were responsible for programme management and the CARAT lead acted as the throughcare and continuity manager. A CARAT worker based in the offender management unit acted as the SDP link, but opportunities to see programme participants were restricted as the course was full time.
- 8.62 Women undertaking the SDP all signed drug testing compacts, but testing took place only once during the course. Overall, 92 voluntary drug testing (VDT) compacts were in operation against a target of 90, but testing was infrequent. Only 14 tests had been conducted in September 2008 and only 26 in October. The testing suite was on Poplar 2 and a senior officer coordinated VDT, but officers were rarely freed up to undertake this task. The prison did not run a compliance testing scheme and VDT was not linked to the incentives and earned privileges scheme. The positive rate averaged 12%.

Recommendations

- 8.63 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.
- 8.64 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.

- 8.65 CARAT staff should be co-located and have consistent access to a group work room.
- 8.66 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.
- 8.67 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.
- 8.68 The CARAT team should monitor the number of young adults accessing its services and ensure that their needs are met.
- 8.69 Continuation funding for the alcohol worker should be identified.
- 8.70 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.
- 8.71 Consistent management support and officer cover should be provided for the short duration programme team.
- 8.72 The compulsory education element of the short duration programme should be reviewed and alternative activities and peer support should be explored.
- 8.73 The required level of voluntary drugs testing should take place.

Children and families of offenders

- 8.74 Some houses did not have enough telephones and they could not be used in private. The visitors' centre provided little support. The visits booking line was difficult to reach and visits did not start on time. The visits room was comfortable and included a good play area. A number of support groups and courses were available for women and there were family days and evening visits. Special visits did not take place in an appropriate venue and there was no family support worker.
- 8.75 Prisoners were told about mail, telephones and visits on arrival and during induction. The information booklet given to prisoners contained the wrong visits booking number, with the correct number included on the information sheet stapled to the booklet. The booklet also incorrectly advised that visits were available every day.
- 8.76 Prisoners could send as many letters as they could afford and there were no restrictions on how many they received. On weekdays, telephones could be used only during evening association, when not all family and friends would be available and which took no account of different time zones. Women had to ask to use a telephone at other times. All residential houses had telephones, but there were too few on Oak, Willow and Poplar Houses and they could not be used in private. No telephones were suitable for use by women in wheelchairs or with a hearing impairment.
- 8.77 Public transport services to the prison were poor, with only one bus an hour. Taking a taxi from or to the nearest train stations cost about £12 each way. The operational support grade (OSG) staff working in the visitors' centre said they 'had no idea' about public transport, although

information was provided for visitors. The visitors' centre closed at 3.15pm, leaving visitors without a car with nowhere to wait or shelter after leaving the prison.

- 8.78** Visits ran from Tuesday to Thursday and at weekends from 2pm to 4pm. Women on the enhanced regime of the incentives and earned privileges scheme could have two visiting orders (VO) and two privilege VOs (PVO), those on standard got two VOs and one PVO and those on basic two VOs. PVOs could not be used at weekends. All visits had to be booked through the dedicated telephone line which was open in the mornings and for one hour in the evenings. Visitors complained that it was difficult to get through and we found the line engaged every time we tried. There was no facility to leave a number for a call back and no call queuing system.
- 8.79** The visitors' centre was being enlarged. It was warm and comfortable, with refreshments and clean toilet facilities. It was open 1.5 hours before visits and contained a limited display of information about local and national support groups, but nothing about services such as counselling support and family mediation. It was staffed by OSGs, who confirmed the booking and identification, but were not expected to engage with visitors to offer advice, information and support. There was a small play area staffed by workers who also staffed the play area in the visits room. The play workers did engage with visitors and there were plans to increase this provision in the larger visitors' centre.
- 8.80** All visitors booked in at the visitors' centre. Their VOs were numbered according to time of arrival and they were called in groups to the main gate. Only photographic identification was accepted. Once in the prison, visitors were searched by staff and a drug dog and then waited outside by a locked gate without cover to be escorted to the visits room. Search staff did not have a facility on which to place a baby for searching or while the carer was searched. Visitors indicated by the dog could have a closed visit or leave. No individual risk assessment was carried out or additional security intelligence required. The closed visit area was out of sight of the main room. Prisoners on closed visits could not have refreshments, but their visitors could.
- 8.81** Visits did not start at the advertised time. During the inspection, visitors who arrived in the visitors' centre at least 30 minutes before the published visits time arrived in the visits room up to 20 minutes late on two occasions. The visits room was bright and clean. Seating was regimented, but colourful and comfortable. Prisoners were already seated before their visitors arrived. They had to wear a coloured bib and sit on an identified seat, even though visitors' hands had been stamped with ultra-violet ink. Prisoners could not sit next to their visitors. A spacious and well-equipped play area was run and supervised at every session by two qualified play workers from a charity, but women could not play with their children in the area. Women whose visitors did not arrive had to wait until 3.30pm before they were allowed to leave, which many found difficult.
- 8.82** As well as letters, telephone calls and visits, women could receive emails from family and friends at a cost to the sender of 30 pence. The service had been well used since its introduction in April 2008. Storybook Mums, allowing women to record stories for their children, was run through the library. Many women received inter-prison telephone calls with partners or family members in other establishments and the video link facility was used for inter-prison visits. In our survey, half of the women said they had children under 18. Very few said they knew who to contact in the prison to get help about relationships. However, family mediation was available, accessed through probation, and those with identified need could attend parentcraft and relationship courses in education. Women involved in adoption proceedings or whose child had been adopted could get support from the Yorkshire branch of After Adoption.

- 8.83 About six family days a year were run during school holidays for children and grandchildren up to the age of 15. They ran in the visits room from 10am to 2pm and were open to all women. Lunch was provided free and women did not have to use a visiting order. The visit could include one carer. There were no special visits for older children or other family members. Two pilot evening visits had taken place and more were planned.
- 8.84 We saw one mother having her final visit with two children before adoption during a domestic visits session. This was inappropriate. She had to wear a bib and sit in the usual identified chair. Supervising staff and other prisoners and visitors were nearby, with one couple seated immediately adjacent. A probation officer took photographs of the children for the mother and the children's life story books, during which the prisoner was allowed to remove her bib. Staff said women and children considered 'old enough' were consulted about the venue for special visits, although a child was unlikely to have enough knowledge of the prison to make an informed choice.
- 8.85 Women who did not get visits could not exchange unused VOs for extra telephone credit and there was no facility for primary carers with no telephone credit to have free calls with their children. There was no provision for women to receive incoming calls from children or to deal with arrangements for them.
- 8.86 Comments in prisoners' wing files did not indicate that officers actively supported women to maintain relationships and few demonstrated that officers were aware of women's domestic situations. There was no qualified family support worker to help women maintain or rebuild relationships and contact with their children and family, to advise those involved in child protection procedures and to act as a bridge between them and their children's carers. Funding had recently been agreed to provide such a worker.

Recommendations

- 8.87 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.
- 8.88 Visitors should be able to book their next visit before the current visit ends.
- 8.89 Transport should be provided to get visitors to and from the nearest mainline station.
- 8.90 Closed visits should be authorised only when there is a significant risk justified by security intelligence.
- 8.91 The visitors' centre should provide appropriate support and advice to prisoners' families and should not close until one hour after visits have ended.
- 8.92 Appropriate alternatives to photographic identification should be allowed for visitors.
- 8.93 Visits should start at the published time and last for the advertised duration.
- 8.94 Women should not have to wear a coloured bib in the visits room.
- 8.95 The visits room should be furnished to allow easy contact between women and their visitors.
- 8.96 Women should be able to play with their children in the play area.

- 8.97 Information about the resettlement services provided to women should be advertised to families and visitors.
- 8.98 Family visits should be provided for women other than those who have children and for older children.
- 8.99 An appropriate private venue should be provided for special visits, such as formal separation from children.
- 8.100 Women should be able to exchange unused visiting orders for telephone credit.
- 8.101 Women identified as carers should be given free telephone calls to maintain contact with their children.
- 8.102 A qualified family support worker should be employed to help mothers maintain contact with their families and to provide advice on other family matters.

Housekeeping points

- 8.103 Visitors should be able to wait under cover after the dog search.
- 8.104 Somewhere safe should be provided to search or leave a baby while the carer is searched.
- 8.105 Women whose visitors fail to attend should not have to wait in the visits room.
- 8.106 Women using the closed visit facilities should be able to have refreshments.

Attitudes, thinking and behaviour

- 8.107 A reasonable range of accredited programmes was provided, but more were needed. Over 12% of women were waiting to be assessed for the enhanced thinking skills programme.
- 8.108 Three nationally accredited programmes – enhanced thinking skills (ETS), focusing on resettlement (FOR) and the short duration drugs intervention programme (see above section on drugs and alcohol) – were run. ETS was well established and 50 courses had been completed since it started. Five programmes a year were scheduled and in 2007–08, 43 women out of 50 starters had completed the course. Only 11 out of 20 starters had completed to date in 2008–09. The prison had to rely on treatment management cover from area and the course was due to be replaced by the thinking skills programme in January 2009. Fifty women were waiting to be assessed for ETS/thinking skills.
- 8.109 The FOR programme had only recently been introduced and was currently delivering its second course. Although restricted to women serving over 12 months and in their last three months of custody, those able to access the programme were offered an appropriate range of interventions and support.
- 8.110 Strategically the prison had identified an appropriate range of programmes that it wanted to try to implement, based on its own needs analysis. Included in this were programmes orientated to alternatives to violence, emotional management and restorative justice. Although the prison had recently failed to secure funding for the introduction of the prisons – addressing substance

related offending (P-ASRO) in favour of HMP Holloway, it hoped to introduce the CARE (addressing violence and emotional management) programme in the near future.

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

- 8.111** A range of counselling was available and women were told about this during their gateway interview, although the interview environment did not encourage disclosure. There was no needs analysis to inform the pathways.
- 8.112** The establishment referred to these two additional pathways for women as 'health and wellbeing' in an attempt to 'take away some of the stigma'. A range of counselling was available to women through Bradford Rape Crisis (BRC), the chaplaincy, counsellors from a local college and one-to-one work through the mental health in-reach team. A self-harm specialist was also available. Women also had access to a full-time worker from the Together Women project (see above section on reintegration planning) who provided a range of support services. Wakefield well woman centre had recently run one eight-session course designed to build women's self-esteem, confidence and personal development. Alternative therapies such as yoga and Indian head massage were also provided.
- 8.113** Women were told about the counselling services during the gateway interview (see section on first days in custody). They were also asked whether they had been involved in prostitution, but the interview was not carried out in private and the environment did not encourage women to talk in confidence. There was no analysis to inform the pathways, although one was planned for 2009.

Recommendation

- 8.114** 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.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations to the Governor

- 9.1 A new reception area adequate to meet the needs of the population should be provided. (HP38)
- 9.2 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)
- 9.3 Sufficient showers, and the opportunities to use them, should be provided so that all women are able to shower daily. (HP40)
- 9.4 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)
- 9.5 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)
- 9.6 Sufficient alcohol services and interventions should be provided to meet the needs of all groups of women at New Hall. (HP43)

Recommendations to NOMS

Legal rights

- 9.7 Women should be transported separately from girls or male prisoners. (1.7)
- 9.8 Appropriate vehicles should be used for pregnant women. (1.8)
- 9.9 Women should arrive before 7pm to allow essential first night procedures. (1.9)
- 9.10 Women should be held in court cells for the minimum time. (1.10)
- 9.11 Legal services officers should be properly trained. (3.129)
- 9.12 NOMS should seek improved access to the police national computer system for New Hall. (3.130)

Recommendation to the Head of Criminal Justice Women's Strategy Unit

Resettlement pathways

- 9.13 The future of the Together Women project at New Hall should be clarified with a view to ensuring continuity of service. (8.46)

Recommendations to the Governor

Courts, escorts and transfers

- 9.14 Women should be offered the option of using the video link for suitable hearings. (1.11)
- 9.15 Women should be given information about New Hall before arrival. (1.12)

First days in custody

- 9.16 Staff should wear identification displaying their names and status. (1.29)
- 9.17 Reception and first night staff should identify women with children, record the details accurately and, where necessary, take action to ensure the safety of children or other dependents. (1.30)
- 9.18 Information given to women should be properly and accurately produced and provided in media other than the printed word. (1.31)
- 9.19 Reception staff should give planned and specific first night information. (1.32)
- 9.20 Women should be able to make a telephone call in private in reception. (1.33)
- 9.21 All women should be able to shower on the day of arrival. (1.34)
- 9.22 All women should have access to non-prison issue clothing. (1.35)
- 9.23 All women should be interviewed in private by a first night officer on the day of their arrival, irrespective of their time of their arrival. (1.36)
- 9.24 Night staff on Oak House should be aware of new arrivals experiencing their first time in custody. (1.37)
- 9.25 All women should be explicitly offered the opportunity to speak to a Listener on their first night. (1.38)
- 9.26 Gateway interviews should be carried out in private and women given a copy of the summary document. (1.39)

Residential units

- 9.27 Cells designed for one prisoner should not be used to accommodate two. (2.16)

- 9.28 Dormitories on Willow House should be removed from use. (2.17)
- 9.29 All toilets should be effectively screened. (2.18)
- 9.30 The bidet on Oak House should be replaced with a toilet. (2.19)
- 9.31 Soiled and graffiti covered mattresses should be replaced and a system for regular checks introduced. (2.20)
- 9.32 Wing-based consultation meetings should be held where women can raise domestic issues. (2.21)
- 9.33 Showers should be refurbished as necessary. (2.22)
- 9.34 The number of showers on Poplar House should be increased. (2.23)
- 9.35 The showerheads on Willow House should be raised to a suitable height. (2.24)
- 9.36 Baths should be available to all women. (2.25)

Mother and baby unit

- 9.37 Care plans should be developed for all pregnant women in the prison and regularly reviewed. (2.35)
- 9.38 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)
- 9.39 At least one member of staff trained in paediatric first aid should be available on the unit at all times. (2.37)
- 9.40 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)
- 9.41 Staff should not wear prison uniforms in the mother and baby unit. (2.39)
- 9.42 Childcare professionals should be involved in the daily management of the mother and baby unit. (2.40)

Staff-prisoner relationships

- 9.43 Efforts should be made to increase the proportion of women officers to 78%. (2.51)
- 9.44 Respectful language should be used in wing files, which should be regularly checked by managers and inappropriate comments challenged. (2.52)
- 9.45 Adult women should not be referred to as girls. (2.53)
- 9.46 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)

- 9.47 All residential staff should have mental health awareness training. (2.55)

Personal officers

- 9.48 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)
- 9.49 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)
- 9.50 Women with specific care needs should have regularly monitored care plans as part of their wing files. (2.66)

Bullying and violence reduction

- 9.51 All representatives identified in the violence reduction and safer prisons policy should attend the monthly safer prisons meeting consistently. (3.12)
- 9.52 Safer custody data should be collated and analysed for patterns and trends separately from the juvenile unit. (3.13)
- 9.53 A clear system should be established to investigate fully all non-accidental injuries. (3.14)
- 9.54 The safer custody meeting should record what action is proposed and taken in relation to identified concerns. (3.15)
- 9.55 A full survey of perceptions of safety and experiences of bullying should be completed. (3.16)
- 9.56 Visits should not be restricted as part of the anti-bullying strategy. (3.17)
- 9.57 Women subject to the anti-bullying strategy should be consistently monitored. (3.18)
- 9.58 Support plans should be developed for all victims of bullying in consultation with them. (3.19)
- 9.59 All staff in prisoner contact roles should be trained in the anti-bullying strategy. (3.20)

Self-harm and suicide

- 9.60 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)
- 9.61 Recommendations from investigations into deaths in custody and lessons learned should be implemented quickly. (3.38)
- 9.62 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)

- 9.63 ACCT procedures should be improved to ensure a multidisciplinary approach, consistency of case management and more effective care maps and daily monitoring. (3.40)
- 9.64 All staff should be trained in ACCT procedures and particular attention given to training permanent night staff. (3.41)
- 9.65 More Listeners should be recruited and retained to ensure 24-hour access to them, including the use of the care suite. (3.42)
- 9.66 Cell alarm bells should be responded to promptly. (3.43)
- 9.67 Some safer cells should be provided. (3.44)
- 9.68 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)

Diversity

- 9.69 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)
- 9.70 Suitably adapted accommodation should be provided to meet the needs of women with physical disabilities. (3.61)
- 9.71 All women with disabilities and older women should be consulted about their individual needs and this should be recorded. (3.62)
- 9.72 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)
- 9.73 Monitoring should be introduced to ensure that prisoners from minority groups are not inappropriately victimised or excluded from any activity. (3.64)
- 9.74 All staff should receive diversity training. (3.65)

Race equality

- 9.75 Race equality action team meetings should be held monthly and include all functional managers, wing and external community representatives. (3.80)
- 9.76 The race equality action team should ensure that all action points are followed up. (3.81)
- 9.77 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and promote race equality. (3.82)
- 9.78 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)

- 9.79 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)
- 9.80 Ethnic monitoring should be expanded to cover accommodation, allocation to work and other relevant areas reflecting women's experience of the prison. (3.85)

Foreign national prisoners

- 9.81 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)
- 9.82 Monitoring should ensure that foreign national prisoners are not discriminated against in their allocation to accommodation or other areas. (3.103)
- 9.83 The foreign nationals manager should be appropriately trained and receive sufficient time to carry out the role. (3.104)
- 9.84 Staff should be aware of the distinct needs of foreign national women and the facilities provided to support them. (3.105)
- 9.85 Accurate records should be maintained of staff and prisoners able to act as interpreters. (3.106)
- 9.86 There should be regular contact with accredited independent immigration and support agencies. (3.107)
- 9.87 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)

Applications and complaints

- 9.88 Applications should be logged and tracked to ensure timeliness of replies. (3.116)
- 9.89 Complaints should be monitored for trends and this should inform the performance monitoring processes. (3.117)
- 9.90 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)
- 9.91 Complaints about staff should be dealt with by a senior manager. (3.119)
- 9.92 The role of the Independent Monitoring Board should be better promoted through induction and prisoner consultation groups. (3.120)

Legal rights

- 9.93 Current information on relevant legal issues should be available to prisoners in a range of languages. (3.131)

- 9.94 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)

Substance use

- 9.95 Clinical services should be extended to offer a more flexible prescribing regime incorporating longer-term maintenance, secondary detoxification and retoxification. (3.146)
- 9.96 Substance misuse nurses should undertake training in the clinical management of problem drug users. (3.147)
- 9.97 The mandatory drug testing programme should be adequately resourced to undertake the required level of weekend and target testing. (3.148)
- 9.98 Positive results for buprenorphine and refused and diluted tests should be added to the mandatory drug testing positive rate and monitored monthly. (3.149)

Health services

- 9.99 Appropriate nursing staff should be recruited as soon as possible to provide the required level of service. (4.41)
- 9.100 All staff should have access to clinical supervision and records of this should be maintained. (4.42)
- 9.101 Healthcare complaints should be handled in confidence. (4.43)
- 9.102 All clinical information available should be accessible when any clinical consultations or decisions are made. (4.44)
- 9.103 All women should receive a secondary health screen within 72 hours of arrival. (4.45)
- 9.104 Applications and appointments for healthcare should be appropriately confidential. (4.46)
- 9.105 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)
- 9.106 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)
- 9.107 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)
- 9.108 A special sick policy should be introduced and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (4.50)
- 9.109 The pharmacists should be supported to develop pharmacy-led clinics and medicine use reviews. (4.51)

- 9.110 The reasons for women's dissatisfaction and failure to attend dental appointments should be explored and appropriate action taken. (4.52)
- 9.111 Appropriate inpatient care should be provided for women with physical as well as mental health needs where appropriate. (4.53)
- 9.112 Women in the inpatient unit should have an appropriately therapeutic regime with satisfactory time out of cell. (4.54)
- 9.113 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)

Learning and skills and work activities

- 9.114 A range of programmes above level 2 should be provided. (5.27)
- 9.115 The language development needs of all women for whom English is not a first language should be met. (5.28)
- 9.116 The recording of women's progress and achievement should be improved. (5.29)
- 9.117 Better use should be made of data to identify trends and improve the quality of provision. (5.30)
- 9.118 The pay policy should be reviewed to ensure it reflects performance at work rather than the subjective assessments of attitude and behaviour. (5.31)
- 9.119 More computer facilities should be provided in the library. (5.32)
- 9.120 Women should be able to borrow music CDs for use on the houses. (5.33)
- 9.121 Efforts should be made to reduce the library book loss rate. (5.34)
- 9.122 Adequate space should be provided in the library for individual and group study. (5.35)
- 9.123 Foreign newspapers should be available in the library. (5.36)

Physical education and health promotion

- 9.124 A theory-teaching classroom should be developed for physical education suitable for teaching and the planned group sizes. (5.44)
- 9.125 Gym facilities should be updated to support delivery of fitness instructor courses. (5.45)
- 9.126 Female staff should be trained to use the injury treatment facility. (5.46)
- 9.127 Data on the use of the gym should be reviewed to ensure an accurate picture of participation is obtained. (5.47)

Faith and religious activity

- 9.128 A Buddhist chaplain should be available as required. (5.54)

- 9.129 The timings of the issuing of medication should be reviewed to ensure that all women have the opportunity to attend Sunday services. (5.55)
- 9.130 Additional accommodation should be provided to support the work of the chaplaincy. (5.56)

Time out of cell

- 9.131 Better use should be made of the enhanced association room on Willow House to provide more space for all women during association. (5.62)
- 9.132 When association is cancelled, this should be done equitably and women given notice at the earliest opportunity. (5.63)
- 9.133 Women should be able to smoke in their rooms without removing themselves from association for the entire period. (5.64)
- 9.134 All women should be able to take exercise in the open air for one hour daily. (5.65)

Security and rules

- 9.135 Target searching and suspicion mandatory drug tests arising from security information reports should take place expeditiously and the timing and outcome tracked. (6.13)
- 9.136 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)
- 9.137 The criteria for admission to Larch House should not automatically exclude life-sentenced women and should be applied consistently. (6.15)
- 9.138 Women should be informed in writing about the outcome of their re-categorisation boards and told how to appeal. (6.16)

Discipline

- 9.139 Cellular confinement punishments should be used less frequently and should start at less than seven days. (6.29)
- 9.140 Use of force figures should be disaggregated from the juvenile unit and analysed monthly for trends. (6.30)
- 9.141 Planned use of force should be filmed. (6.31)
- 9.142 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)
- 9.143 Special accommodation forms should be maintained with the original register and subject to regular management scrutiny and quality checks. (6.33)
- 9.144 Segregation reviews should document long-term plans to progress a woman from segregation. (6.34)

- 9.145 Long-term residents on Sycamore House should, where possible, be able to participate in regime activities such as using the gym. (6.35)

Incentives and earned privileges

- 9.146 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)
- 9.147 Women being considered for demotion to basic should be invited to attend the incentives and earned privileges review. (6.43)
- 9.148 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)
- 9.149 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)
- 9.150 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)
- 9.151 Unconvicted women's visits should not be restricted through the incentives and earned privileges scheme. (6.47)

Catering

- 9.152 Menu items should be correctly labelled, including appropriate use of the 'healthy option' indicator. (7.6)
- 9.153 Breakfast packs should be issued on the morning they are to be eaten. (7.7)
- 9.154 Comments/complaints books should be readily available to all women and the catering manager should respond to these. (7.8)

Prison shop

- 9.155 New arrivals should be able to obtain orders from the prison shop within their first week. (7.14)
- 9.156 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)

Offender management and planning

- 9.157 Women identified as substance misusers at reception should have their gateway assessment undertaken only after they have been clinically stabilised. (8.22)

- 9.158 Follow-up gateway reviews should be undertaken to ensure identified areas of concern have been addressed. (8.23)
- 9.159 Pre-release meetings should be undertaken to identify any unmet resettlement needs. (8.24)
- 9.160 Resettlement exit questionnaires should be undertaken to help ascertain the effectiveness of pathway provision. (8.25)
- 9.161 OASys assessments should be up to date. (8.26)
- 9.162 Offender supervisors should not be redeployed to other duties. (8.27)
- 9.163 Offender supervisors should receive regular casework supervision. (8.28)
- 9.164 Offender management unit quality assurance should be extended to incorporate casework. (8.29)
- 9.165 Regular meetings should be held consistently with life-sentenced women to help meet their specific needs. (8.30)
- 9.166 Appropriate support should be provided for women serving indeterminate sentences for public protection. (8.31)
- 9.167 The prison should ensure that all documentation required for parole reviews is completed and submitted on time. (8.32)

Resettlement pathways

- 9.168 A job skills or pre-release course should be introduced for all women. (8.47)
- 9.169 Effective links should be developed with employers to help women find employment after release. (8.48)
- 9.170 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)
- 9.171 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)
- 9.172 All women should be helped to open a bank account before release. (8.51)
- 9.173 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)
- 9.174 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)
- 9.175 CARAT staff should be co-located and have consistent access to a group work room. (8.65)
- 9.176 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)

- 9.177 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)
- 9.178 The CARAT team should monitor the number of young adults accessing its services and ensure that their needs are met. (8.68)
- 9.179 Continuation funding for the alcohol worker should be identified. (8.69)
- 9.180 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)
- 9.181 Consistent management support and officer cover should be provided for the short duration programme team. (8.71)
- 9.182 The compulsory education element of the short duration programme should be reviewed and alternative activities and peer support should be explored. (8.72)
- 9.183 The required level of voluntary drugs testing should take place. (8.73)
- 9.184 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)
- 9.185 Visitors should be able to book their next visit before the current visit ends. (8.88)
- 9.186 Transport should be provided to get visitors to and from the nearest mainline station. (8.89)
- 9.187 Closed visits should be authorised only when there is a significant risk justified by security intelligence. (8.90)
- 9.188 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)
- 9.189 Appropriate alternatives to photographic identification should be allowed for visitors. (8.92)
- 9.190 Visits should start at the published time and last for the advertised duration. (8.93)
- 9.191 Women should not have to wear a coloured bib in the visits room. (8.94)
- 9.192 The visits room should be furnished to allow easy contact between women and their visitors. (8.95)
- 9.193 Women should be able to play with their children in the play area. (8.96)
- 9.194 Information about the resettlement services provided to women should be advertised to families and visitors. (8.97)
- 9.195 Family visits should be provided for women other than those who have children and for older children. (8.98)
- 9.196 An appropriate private venue should be provided for special visits, such as formal separation from children. (8.99)
- 9.197 Women should be able to exchange unused visiting orders for telephone credit. (8.100)

- 9.198 Women identified as carers should be given free telephone calls to maintain contact with their children. (8.101)
- 9.199 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)
- 9.200 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)

Housekeeping points

Courts, escorts and transfers

- 9.201 Reception staff should monitor the provision of toilet breaks for women. (1.13)
- 9.202 Private cash should accompany unsentenced women to court. (1.14)

First days in custody

- 9.203 Reception officers should have access to the telephone numbers of local social service departments and emergency duty teams. (1.40)
- 9.204 Women should be given a week's supply of knickers. (1.41)
- 9.205 Reception packs for non-smokers should be provided. (1.42)

Mother and baby unit

- 9.206 Bedrooms on the mother and baby unit should be maintained at a suitable temperature for babies. (2.41)

Self-harm and suicide

- 9.207 A briefer suicide and self-harm policy document should be developed and promoted to staff, describing clearly the local procedures. (3.46)

Foreign national prisoners

- 9.208 Prisoner race equality and diversity representatives should introduce themselves to foreign national women to provide planned peer support. (3.109)

Health services

- 9.209 Floors in the treatment rooms should be thoroughly cleaned. (4.56)
- 9.210 All appropriate staff should be trained in the use of maximum/minimum thermometers and temperatures should be recorded for all fridges used to store medicines daily. Where they exceed acceptable limits, remedial action should be taken and documented appropriately.

Medicines should not be used if there is any doubt about the suitability of the storage conditions to which they have been exposed. (4.57)

- 9.211 There should be a clear audit trail for the movement of controlled drugs around the prison, which should include written orders and signatures of receipt from nurses taking possession of controlled drugs transferred to or between the wings. (4.58)
- 9.212 Medicines should remain in the original dispensing container until the point of administration. Doses should not be prepared in advance and medicines should not be transferred between containers by nursing staff. (4.59)
- 9.213 All pre-packs should be dual-labelled. When the pre-pack is supplied, one of the labels should be removed from the pack and attached to the prescription chart, which should then be sent to the pharmacy so that the pharmacists can undertake a professional check, update the patient's record and replace the stock. (4.60)
- 9.214 All stock medicines should be fully labelled in accordance with Medicines Act requirements. The label should include details of batch number and expiry date. (4.61)
- 9.215 Emergency equipment should be checked in accordance with the policy and records of this maintained. (4.62)
- 9.216 Reception interviews should be conducted only in an appropriate environment. The toilet area should be used only to obtain urine samples. (4.63)

Prison shop

- 9.217 Prison staff should provide a simple finance enquiry service on the wings. (7.16)

Resettlement pathways

- 9.218 Visitors should be able to wait under cover after the dog search. (8.103)
- 9.219 Somewhere safe should be provided to search or leave a baby while the carer is searched. (8.104)
- 9.220 Women whose visitors fail to attend should not have to wait in the visits room. (8.105)
- 9.221 Women using the closed visit facilities should be able to have refreshments. (8.106)

Good practice

Race equality

- 9.222 The racist incident report form scrutiny panel ensured independent checking and good quality assurance of investigations. The involvement of prisoners should also help promote confidence in the system. (3.86)

Substance use

- 9.223 Women undergoing alcohol detoxification could access the support of an outreach nurse from the community alcohol service. (3.150)
- 9.224 Women with complex needs could be referred to a professional full-time counselling service and a specialist dual-diagnosis nurse. (3.151)

Appendix 1: Inspection team

Nigel Newcomen	HM Deputy Chief Inspector of Prisons
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Hayley Folland	Inspector
Martin Owens	Inspector
Keith McInnis	Inspector
Sigrid Engelen	Drugs inspector
Mandy Whittingham	Healthcare inspector
Steve Gasgoigne	Pharmacy inspector
Samantha Booth	Researcher
Rachel Murray	Researcher
Nigel Bragg	Ofsted team leader
Susan Bain	Ofsted inspector
Ann Jackson	Ofsted inspector

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	N° of Women	N° of YOs	%
Sentenced	244	39	79.05
Convicted but unsentenced	23	4	7.54
Remand	40	3	12.01
Civil prisoners	1		0.28
Detainees (single power status)	4		1.12
Detainees (dual power status)			
Total	312	46	100

(ii) Sentence	N° of Sentenced Women	N° of Sentenced YOs	%
Less than 6 months	38	4	11.73
6months to less than 12 months	16	4	5.59
12 months to less than 2 years	32	12	12.29
2 years to less than 4 years	73	11	23.46
4 years to less than 6 years	32	6	10.61
6 years to less than 8 years	13	1	3.91
8 years to less than 10 years	1		0.28
10 years and over (less than life)	4		1.12
Life	35	1	10.05
Total	244	39	100

(iii) Length of stay	N° of Women	N° of YOs	%
Less than 1 month	78	6	23.36
1 month to 3 months	71	16	24.30
3 months to 6 months	50	11	18.44
6 months to 1 year	64	9	20.39
1 year to 2 years	27	4	8.66
2 years to 4 years	19		5.31
4 years or more	3		0.84
Total	312	46	100

(iv) Main Offence	N° of Women	N° of YOs	%
Violence against the person	74	10	23.46
Sexual offences	5	2	1.95
Burglary	30	4	9.5
Robbery	45	11	15.64
Theft & handling	38	5	12.01
Fraud and forgery	11		3.07
Drugs offences	46	2	13.41
Other offences	57	11	18.99
Civil offences	2		0.55
Offence not recorded/holding warrant	4	1	1.4
Total	312	46	100

(v) Age	N° of Women	N° of YO's	%
18 years to 20 years		46	12.85
21 years to 29 years	143		39.94
30 years to 39 years	98		27.37
40 years to 49 years	52		14.52
50 years to 59 years	15		4.9
60 years to 69 years	4		1.2
70 plus years			
Maximum age	69		
Total	312	46	100

(vi) Home address	N° of Women	N° of YO's	%
Within 50 miles of the prison	150	20	47.49
Between 50 and 100 miles of the prison	93	17	30.72
Over 100 miles from the prison	35	4	10.89
Overseas	4		1.12
NFA	30	5	9.78
Total	312	46	100

(vii) Nationality	N° of Women	N° of YO's	%
British	284	40	90.50
Foreign national	28	6	9.5
Total	312	46	100

(viii) Ethnic Group	N° of Women	N° of YO's	%
White			
British	258	33	81.28
Irish	5	1	1.67
Other White	9	6	4.19
Mixed			
White and Black Caribbean	8	2	2.79
White and Black African			
White and Asian			
Other mixed	3	2	1.4
Asian or Asian British			
Indian	3	1	1.12
Pakistani	5		1.4
Bangladeshi	1		0.28
Other Asian	1		0.28
Black or Black British			
Caribbean	2		0.84
African	7		1.95
Other Black	2		0.56
Chinese or other ethnic group			

Chinese	5		1.4
Other ethnic group	3		0.84
Total	312	46	100

(ix) Religion	N° of Women	N° of YOs	%
Baptist	1		0.28
Church of England	106	6	31.28
Roman Catholic	82	8	25.14
Other Christina denominations	8		2.23
Muslim	9	1	2.79
Sikh	2	1	0.84
Hindu			
Buddhist	5		1.4
Jewish	1		
Other	2	1	0.84
No religion	96	29	34.91
Total	312	46	100

Appendix 3: 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 13 October 2008, the prisoner population at HMPYOI New Hall was 386. The sample size was 125. Overall, this represented 32% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. Two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 117 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 94%. In addition to the three respondents who refused to complete a questionnaire, three questionnaires were not returned and two were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in all women's prisons. This comparator is based on responses from prisoner surveys carried out in 14 women's prisons since April 2003.
- The current survey responses in 2008 against comparator figures for all prisoners surveyed in local women's prisons. This comparator is based on responses from prisoner surveys carried out in six local women's prisons since April 2003.
- A comparison within the current survey between responses of adult respondents and young adults, those under the age of 21.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between those who are British nationals and those who are foreign nationals.

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.

Summary

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

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

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

Section 1: About You

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

Q1.1 What wing or houseblock are you currently living on?

Q1.2 How old are you?

Under 21	13%
21 - 29.....	47%
30 - 39.....	26%
40 - 49.....	11%
50 - 59.....	3%
60 - 69.....	0%
70 and over.....	0%

Q1.3 Are you sentenced?

Yes.....	68%
Yes - on recall.....	8%
No - awaiting trial.....	13%
No - awaiting sentence.....	10%
No - awaiting deportation.....	1%

Q1.4 How long is your sentence?

Not sentenced	25%
Less than 6 months.....	12%
6 months to less than 1 year.....	7%
1 year to less than 2 years.....	13%
2 years to less than 4 years.....	19%
4 years to less than 10 years.....	13%
10 years or more.....	1%
IPP (Indeterminate Sentence for Public Protection)	5%
Life.....	4%

Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

Not sentenced	28%
6 months or less.....	35%
More than 6 months.....	36%

Q1.6	How long have you been in this prison?		
	<i>Less than 1 month</i>	19%	
	<i>1 to less than 3 months</i>	23%	
	<i>3 to less than 6 months</i>	19%	
	<i>6 to less than 12 months</i>	15%	
	<i>12 months to less than 2 years</i>	12%	
	<i>2 to less than 4 years</i>	9%	
	<i>4 years or more</i>	4%	
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	<i>Yes</i>	11%	
	<i>No</i>	89%	
Q1.8	Is English your first language?		
	<i>Yes</i>	90%	
	<i>No</i>	10%	
Q1.9	What is your ethnic origin?		
	<i>White - British</i>	82%	<i>Asian or Asian British - Bangladeshi</i> 0%
	<i>White - Irish</i>	4%	<i>Asian or Asian British - Other</i> 1%
	<i>White - Other</i>	4%	<i>Mixed Race - White and Black Caribbean</i> 3%
	<i>Black or Black British - Caribbean</i>	1%	<i>Mixed Race - White and Black African</i> 0%
	<i>Black or Black British - African</i>	0%	<i>Mixed Race - White and Asian</i> 0%
	<i>Black or Black British - Other</i>	1%	<i>Mixed Race - Other</i> 0%
	<i>Asian or Asian British - Indian</i>	1%	<i>Chinese</i> 3%
	<i>Asian or Asian British - Pakistani</i>	2%	<i>Other ethnic group</i> 0%
Q1.10	What is your religion?		
	<i>None</i>	34%	<i>Hindu</i> 0%
	<i>Church of England</i>	32%	<i>Jewish</i> 0%
	<i>Catholic</i>	24%	<i>Muslim</i> 4%
	<i>Protestant</i>	0%	<i>Sikh</i> 1%
	<i>Other Christian denomination</i>	2%	<i>Other</i> 1%
	<i>Buddhist</i>	2%	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>	63%	
	<i>Homosexual/Gay</i>	20%	
	<i>Bisexual</i>	17%	

Other..... 1%

Q1.12 Do you consider yourself to have a disability?

Yes..... 16%
No..... 84%

Q1.13 How many times have you been in prison before?

0	1	2 to 5	More than 5
37%	14%	28%	21%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
54%	42%	4%

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

Yes..... 50%
No..... 50%

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	9%	38%	16%	26%	7%	4%	0%
Your personal safety during the journey	17%	48%	14%	9%	7%	4%	1%
The comfort of the van	3%	12%	9%	41%	34%	2%	1%
The attention paid to your health needs	9%	27%	25%	21%	7%	5%	5%
The frequency of toilet breaks	4%	9%	13%	24%	33%	5%	12%

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
29%	42%	23%	3%	3%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
21%	54%	16%	6%	2%	2%

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

	Yes	No	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	84%	16%	0%

Before you arrived here did you receive any written information about what would happen to you?	11%	81%	7%
When you first arrived here did your property arrive at the same time as you?	85%	11%	5%

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

<i>Didn't ask about any of these</i>	13%	<i>Money worries</i>	15%
<i>Loss of property</i>	14%	<i>Feeling depressed or suicidal</i>	60%
<i>Housing problems</i>	29%	<i>Health problems</i>	60%
<i>Contacting employers</i>	13%	<i>Needing protection from other prisoners</i>	14%
<i>Contacting family</i>	66%	<i>Accessing phone numbers</i> ...	41%
<i>Ensuring dependants were being looked after</i>	27%	<i>Other</i>	5%

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

<i>Didn't have any problems</i>	20%	<i>Money worries</i>	16%
<i>Loss of property</i>	11%	<i>Feeling depressed or suicidal</i>	48%
<i>Housing problems</i>	26%	<i>Health problems</i>	33%
<i>Contacting employers</i>	6%	<i>Needing protection from other prisoners</i>	4%
<i>Contacting family</i>	32%	<i>Accessing phone numbers</i> ...	25%
<i>Ensuring dependants were looked after</i>	5%	<i>Other</i>	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	94%	4%	3%
When you were searched, was this carried out in a respectful way?	85%	9%	6%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
26%	43%	20%	7%	3%	2%

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

<i>Information about what was going to happen to you</i>	52%
--	-----

<i>Information about what support was available for people feeling depressed or suicidal.....</i>	62%
<i>Information about how to make routine requests.....</i>	34%
<i>Information about your entitlement to visits.....</i>	39%
<i>Information about health services.....</i>	45%
<i>Information about the chaplaincy.....</i>	44%
Not offered anything.....	23%

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

<i>A smokers/non-smokers pack.....</i>	77%
<i>The opportunity to have a shower.....</i>	48%
<i>The opportunity to make a free telephone call.....</i>	84%
<i>Something to eat.....</i>	84%
Did not receive anything.....	3%

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

<i>Chaplain or religious leader.....</i>	42%
<i>Someone from health services.....</i>	77%
<i>A listener/Samaritans.....</i>	8%
Did not meet any of these people.....	15%

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

<i>Yes.....</i>	8%
<i>No.....</i>	92%

Q3.9 Did you feel safe on your first night here?

<i>Yes.....</i>	58%
<i>No.....</i>	35%
<i>Don't remember.....</i>	7%

Q3.10 How soon after your arrival did you go on an induction course?

<i>Have not been on an induction course.....</i>	22%
<i>Within the first week.....</i>	37%
<i>More than a week.....</i>	34%
<i>Don't remember.....</i>	7%

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course.....</i>	23%
<i>Yes.....</i>	51%
<i>No.....</i>	18%
<i>Don't remember.....</i>	7%

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

Very easy Easy Neither Difficult Very difficult N/A

Communicate with your solicitor or legal representative?	11%	25%	19%	29%	11%	5%
Attend legal visits?	10%	52%	12%	12%	3%	10%
Obtain bail information?	6%	22%	20%	16%	10%	26%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	13%
Yes.....	43%
No.....	44%

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	55%	33%	5%	7%
Are you normally able to have a shower every day?	63%	36%	0%	1%
Do you normally receive clean sheets every week?	88%	9%	2%	2%
Do you normally get cell cleaning materials every week?	77%	20%	2%	2%
Is your cell call bell normally answered within five minutes?	36%	51%	6%	7%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	54%	2%	0%
Can you normally get your stored property, if you need to?	23%	41%	27%	8%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
5%	31%	21%	30%	13%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	9%
Yes.....	50%
No.....	41%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	42%	41%	1%	2%	3%	12%
An application form	46%	46%	3%	1%	1%	3%

Q4.7 Have you made an application?

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

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

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	14%	51%	35%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	14%	38%	47%

Q4.9 Have you made a complaint?

Yes.....	45%
No.....	55%

Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	56%	16%	28%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	57%	18%	25%
Were you given information about how to make an appeal?	35%	25%	40%

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	55%
Yes.....	17%
No.....	29%

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
32%	11%	25%	19%	12%	1%

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	51%	12%	38%
Are you able to speak to a religious leader of your faith in private if you want to?	58%	3%	39%

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

Yes	No	<i>Don't know</i>
47%	25%	28%

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

Yes	No
-----	----

Is there a member of staff you can turn to for help if you have a problem?	77%	23%
Do most staff treat you with respect?	56%	44%

Section 5: Safety

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

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

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

Yes..... 16%
No..... 84%

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

Never felt unsafe	44%	<i>At meal times</i>	21%
<i>Everywhere</i>	7%	<i>At health services</i>	3%
<i>Segregation unit</i>	5%	<i>Visit's area</i>	3%
<i>Association areas</i>	26%	<i>In wing showers</i>	34%
<i>Reception area</i>	4%	<i>In gym showers</i>	9%
<i>At the gym</i>	7%	<i>In corridors/stairwells</i>	7%
<i>In an exercise yard</i>	25%	<i>On your landing/wing</i>	14%
<i>At work</i>	12%	<i>In your cell</i>	6%
<i>During Movement</i>	14%	<i>At religious services</i>	3%
<i>At education</i>	6%		

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

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

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

<i>Insulting remarks (about you or your family or friends)</i>	15%	<i>Because you were new here</i>	10%
<i>Physical abuse (being hit, kicked or assaulted)</i>	1%	<i>Because of your sexuality</i>	0%
<i>Sexual abuse</i>	0%	<i>Because you have a disability</i>	2%
<i>Because of your race or ethnic origin</i>	3%	<i>Because of your religion/religious beliefs</i>	3%
<i>Because of drugs</i>	5%	<i>Being from a different part of the country than others</i>	4%
<i>Having your canteen/property taken</i>	7%	<i>Because of your offence/crime</i>	4%

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

Yes..... 29%

No..... 71%

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

<i>Insulting remarks (about you or your family or friends).....</i>	16%	<i>Because of your sexuality....</i>	2%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	3%	<i>Because you have a disability.....</i>	3%
<i>Sexual abuse.....</i>	1%	<i>Because of your religion/religious beliefs.....</i>	3%
<i>Because of your race or ethnic origin.....</i>	2%	<i>Being from a different part of the country than others....</i>	4%
<i>Because of drugs.....</i>	5%	<i>Because of your offence/crime.....</i>	5%
<i>Because you were new here.....</i>	4%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised..... 61%
 Yes..... 11%
 No..... 28%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes..... 33%
 No..... 67%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes..... 32%
 No..... 68%

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
24%	17%	7%	5%	5%	43%

Section 6: Health services

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

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	9%	4%	25%	11%	37%	15%
The nurse	5%	10%	58%	8%	15%	4%
The dentist	14%	1%	5%	4%	28%	48%
The optician	29%	2%	6%	8%	29%	27%

Q6.2 Are you able to see a pharmacist?

Yes..... 33%
 No..... 67%

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	13%	14%	33%	13%	19%	7%
The nurse	2%	32%	34%	13%	13%	6%
The dentist	34%	5%	13%	10%	19%	19%
The optician	44%	10%	12%	15%	7%	13%

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	2%	12%	35%	17%	23%	11%

Q6.5 Are you currently taking medication?

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

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

<i>Not taking medication</i>	29%
Yes.....	34%
No.....	37%

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

Yes.....	50%
No.....	50%

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

<i>Do not have any issues / Not receiving any help</i>	61%
<i>Doctor</i>	23%
<i>Nurse</i>	13%
<i>Psychiatrist</i>	12%
<i>Mental Health In Reach team</i>	21%
<i>Counsellor</i>	16%
<i>Other</i>	1%

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

	Yes	No
Drugs	55%	45%
Alcohol	48%	52%

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

	Yes	No
Drugs	12%	88%
Alcohol	5%	95%

- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
 Yes..... 55%
 No..... 15%
Did not / do not have a drug or alcohol problem..... 30%
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**
 Yes..... 47%
 No..... 23%
Did not / do not have a drug or alcohol problem..... 30%
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**
 Yes..... 34%
 No..... 12%
Did not have a problem/Have not received help..... 54%
- Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**
- | | Yes | No | Don't know |
|---------|-----|-----|------------|
| Drugs | 14% | 64% | 22% |
| Alcohol | 10% | 67% | 23% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
 Yes..... 32%
 No..... 16%
 N/A..... 52%

Section 7: Purposeful Activity

- Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)**
- | | |
|---|-----|
| Prison job..... | 50% |
| Vocational or skills training..... | 7% |
| Education (including basic skills)..... | 39% |
| Offending behaviour programmes..... | 11% |
| <i>Not involved in any of these</i> | 26% |
- Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?**
- | | <i>Not been involved</i> | Yes | No | Don't know |
|------------------------------------|--------------------------|-----|-----|------------|
| Prison job | 17% | 49% | 22% | 12% |
| Vocational or skills training | 30% | 41% | 18% | 11% |
| Education (including basic skills) | 19% | 58% | 12% | 11% |

Offending behaviour programmes	27%	44%	20%	9%
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Q7.3 How often do you go to the library?

<i>Don't want to go</i>	6%
<i>Never</i>	16%
<i>Less than once a week</i>	18%
<i>About once a week</i>	53%
<i>More than once a week</i>	2%
<i>Don't know</i>	5%

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	<i>Don't know</i>
36%	25%	6%	5%	12%	11%	5%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
19%	8%	43%	4%	22%	4%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	17%
<i>2 to less than 4 hours</i>	18%
<i>4 to less than 6 hours</i>	9%
<i>6 to less than 8 hours</i>	11%
<i>8 to less than 10 hours</i>	17%
<i>10 hours or more</i>	16%
<i>Don't know</i>	12%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
5%	4%	12%	35%	35%	10%

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

<i>Do not go on association</i>	13%
<i>Never</i>	21%
<i>Rarely</i>	25%
<i>Some of the time</i>	30%
<i>Most of the time</i>	5%
<i>All of the time</i>	4%

Section 8: Resettlement

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

<i>Still have not met him/her</i>	24%
<i>In the first week</i>	29%
<i>More than a week</i>	30%
<i>Don't remember</i>	17%

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	25%	20%	20%	13%	13%	9%
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					25%
	Yes					45%
	No					30%
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					54%
	<i>Very involved</i>					13%
	<i>Involved</i>					14%
	<i>Neither</i>					3%
	<i>Not very involved</i>					11%
	<i>Not at all involved</i>					4%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					56%
	Yes					36%
	No					7%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					58%
	Yes					20%
	No					22%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?					
	<i>Not sentenced</i>					27%
	Yes					27%
	No					46%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	Yes					21%
	No					79%
Q8.9	Have you had any problems with sending or receiving mail?					
	Yes					38%
	No					54%
	<i>Don't know</i>					8%
Q8.10	Have you had any problems getting access to the telephones?					
	Yes					43%
	No					48%
	<i>Don't know</i>					9%

Q8.11 Did you have a visit in the first week that you were here?
Not been here a week yet..... 4%
 Yes..... 36%
 No..... 57%
 Don't remember..... 3%

Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)
Don't know what my entitlement is 25%
 Yes..... 63%
 No..... 12%

Q8.13 How many visits did you receive in the last week?

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
5%	64%	30%	1%	0%

Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?
 Yes..... 45%
 No..... 55%

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

<i>Don't know who to contact</i>	36%	<i>Help with your finances in preparation for release</i>	16%
<i>Maintaining good relationships</i>	10%	<i>Claiming benefits on release</i>	45%
<i>Avoiding bad relationships</i>	8%	<i>Arranging a place at college/continuing education on release</i>	26%
<i>Finding a job on release</i>	33%	<i>Continuity of health services on release</i>	22%
<i>Finding accommodation on release</i>	33%	<i>Opening a bank account</i>	12%

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

<i>No problems</i>	23%	<i>Help with your finances in preparation for release</i>	36%
<i>Maintaining good relationships</i>	16%	<i>Claiming benefits on release</i>	38%
<i>Avoiding bad relationships</i>	27%	<i>Arranging a place at college/continuing education on release</i>	27%
<i>Finding a job on release</i>	53%	<i>Continuity of health services on release</i>	35%
<i>Finding accommodation on release</i>	53%	<i>Opening a bank account</i>	36%

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	25%
Yes.....	32%
No.....	42%



Prisoner Survey Responses HMP/YOI New Hall 2008

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

Key to tables

Any percent highlighted in green is significantly better		HMP & YOI New Hall	All women's prisons comparator	HMP & YOI New Hall	Local women's prisons comparator
Any percent highlighted in blue is significantly worse					
Any percent highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		117	1133	117	568
SECTION 1: General Information					
2	Are you under 21 years of age?	13%	8%	13%	12%
3a	Are you sentenced?	76%	83%	76%	70%
3b	Are you on recall?	8%	5%	8%	5%
4a	Is your sentence less than 12 months?	19%	21%	19%	28%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%	5%	3%
5	Do you have six months or less to serve?	36%	44%	36%	43%
6	Have you been in this prison less than a month?	19%	27%	19%	30%
7	Are you a foreign national?	11%	19%	11%	13%
8	Is English your first language?	90%	87%	90%	91%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	11%	30%	11%	24%
10	Are you Muslim?	5%	7%	5%	6%
11	Are you homosexual/gay or bisexual?	37%	21%	37%	24%
12	Do you consider yourself to have a disability?	15%	14%	15%	16%
13	Is this your first time in prison?	37%	56%	37%	47%
14	Have you been in more than 5 prisons this time?	4%	2%	4%	1%
15	Do you have any children under the age of 18?	50%	56%	50%	55%
SECTION 2: Transfers and Escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	47%	49%	47%	51%
1b	Was your personal safety during the journey good/very good?	65%	60%	65%	62%
1c	Was the comfort of the van good/very good?	14%	16%	14%	15%
1d	Was the attention paid to your health needs good/very good?	36%	36%	36%	36%
1e	Was the frequency of toilet breaks good/very good?	13%	13%	13%	13%
2	Did you spend more than four hours in the van?	3%	8%	3%	7%
3	Were you treated well/very well by the escort staff?	75%	73%	75%	74%
4a	Did you know where you were going when you left court or when transferred from another prison?	84%	81%	84%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	16%	11%	14%
4c	When you first arrived here did your property arrive at the same time as you?	85%	84%	85%	82%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	14%	16%	14%	16%
1c	Housing problems?	29%	37%	29%	39%
1d	Problems contacting employers?	13%	15%	13%	15%
1e	Problems contacting family?	66%	63%	66%	64%
1f	Problems ensuring dependants were looked after?	27%	31%	27%	32%
1g	Money problems?	15%	20%	15%	19%
1h	Problems of feeling depressed/suicidal?	60%	63%	60%	66%
1i	Health problems?	60%	63%	60%	65%
1j	Problems in needing protection from other prisoners?	14%	18%	14%	19%
1k	Problems accessing phone numbers?	41%	53%	41%	55%
2	When you first arrived:				
2a	Did you have any problems?	80%	72%	80%	77%
2b	Did you have any problems with loss of property?	11%	10%	11%	11%
2c	Did you have any housing problems?	26%	22%	26%	26%
2d	Did you have any problems contacting employers?	6%	3%	6%	3%
2e	Did you have any problems contacting family?	32%	26%	32%	29%
2f	Did you have any problems ensuring dependants were being looked after?	5%	8%	5%	10%
2g	Did you have any money worries?	16%	23%	16%	24%
2h	Did you have any problems with feeling depressed or suicidal?	47%	30%	47%	36%
2i	Did you have any health problems?	33%	28%	33%	34%
2j	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	6%
2k	Did you have problems accessing phone numbers?	25%	30%	25%	32%
3a	Were you seen by a member of health services in reception?	94%	86%	94%	82%
3b	When you were searched in reception, was this carried out in a respectful way?	85%	79%	85%	79%
4	Were you treated well/very well in reception?	69%	75%	69%	72%
5	On your day of arrival, were offered any of the following information:				
5a	Information about what was going to happen to you?	52%	47%	52%	46%
5b	Information about what support was available for people feeling depressed or suicidal?	62%	47%	62%	48%
5c	Information about how to make routine requests?	34%	35%	34%	33%
5d	Information about your entitlement to visits?	39%	41%	39%	40%
5e	Information about health services?	45%	53%	45%	51%
5f	Information about the chaplaincy?	44%	53%	44%	52%

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	77%	82%	77%	86%
6b	The opportunity to have a shower?	48%	47%	48%	41%
6c	The opportunity to make a free telephone call?	84%	65%	84%	76%
6d	Something to eat?	84%	78%	84%	82%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	42%	50%	42%	46%
7b	Someone from health services?	77%	77%	77%	72%
7c	A listener/Samaritans?	8%	31%	8%	26%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	22%	8%	20%
9	Did you feel safe on your first night here?	58%	76%	58%	71%
10	Have you been on an induction course?	78%	90%	78%	87%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	67%	64%	67%	59%
SECTION 4: Legal Rights and Respectful Custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	36%	44%	36%	41%
1b	Attend legal visits?	62%	56%	62%	61%
1c	Obtain bail information?	28%	23%	28%	26%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	37%	43%	41%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	55%	58%	55%	55%
3b	Are you normally able to have a shower every day?	63%	93%	63%	90%
3c	Do you normally receive clean sheets every week?	88%	78%	88%	78%
3d	Do you normally get cell cleaning materials every week?	77%	74%	77%	76%
3e	Is your cell call bell normally answered within five minutes?	35%	42%	35%	42%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	65%	44%	61%
3g	Can you normally get your stored property, if you need to?	23%	34%	23%	25%
4	Is the food in this prison good/very good?	36%	37%	36%	29%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	44%	50%	45%
6a	Is it easy/very easy to get a complaints form?	83%	83%	83%	79%
6b	Is it easy/very easy to get an application form?	93%	86%	93%	82%
7	Have you made an application?	87%	82%	87%	79%

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SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	59%	60%	59%	52%
8b	Do you feel applications are dealt with promptly? (within 7 days)	45%	51%	45%	42%
9	Have you made a complaint?	45%	53%	45%	52%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	37%	46%	37%	40%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	42%	46%	42%	41%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	37%	22%	37%	23%
10c	Were you given information about how to make an appeal?	25%	31%	25%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	36%	42%	36%	31%
13a	Do you feel your religious beliefs are respected?	51%	62%	51%	59%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	61%	58%	58%
14	Are you able to speak to a Listener at any time, if you want to?	48%	69%	48%	68%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	81%	77%	77%
15b	Do most staff, in this prison, treat you with respect?	57%	75%	57%	73%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	59%	36%	59%	43%
2	Do you feel unsafe in this prison at the moment?	16%	14%	16%	19%
4	Have you been victimised by another prisoner?	28%	27%	28%	30%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	15%	17%	15%	19%
5b	Hit, kicked or assaulted you?	1%	6%	1%	8%
5c	Sexually abused you?	0%	1%	0%	2%
5d	Victimised you because of your race or ethnic origin?	3%	5%	3%	5%
5e	Victimised you because of drugs?	5%	2%	5%	3%
5f	Taken your canteen/property?	7%	5%	7%	6%
5g	Victimised you because you were new here?	10%	7%	10%	9%
5h	Victimised you because of your sexuality?	0%	2%	0%	2%
5i	Victimised you because you have a disability?	2%	3%	2%	4%
5j	Victimised you because of your religion/religious beliefs?	3%	2%	3%	3%
5k	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
5l	Victimised you because of your offence/crime?	4%	6%	4%	6%

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	29%	19%	29%	21%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	16%	9%	16%	10%
7b	Hit, kicked or assaulted you?	3%	2%	3%	3%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	2%	2%	2%	2%
7e	Victimised you because of drugs?	5%	3%	5%	3%
7f	Victimised you because you were new here?	4%	4%	4%	5%
7g	Victimised you because of your sexuality?	4%	2%	4%	3%
7h	Victimised you because you have a disability?	2%	2%	2%	2%
7i	Victimised you because of your religion/religious beliefs?	3%	2%	3%	2%
7j	Victimised you because you were from a different part of the country?	4%	3%	4%	2%
7k	Victimised you because of your offence/crime?	5%	2%	5%	2%
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	27%	53%	27%	50%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	33%	32%	33%	36%
10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	21%	32%	22%
11	Is it easy/very easy to get illegal drugs in this prison?	41%	23%	41%	24%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	29%	35%	29%	30%
1b	Is it easy/very easy to see the nurse?	67%	57%	67%	52%
1c	Is it easy/very easy to see the dentist?	6%	19%	6%	15%
1d	Is it easy/very easy to see the optician?	8%	19%	8%	18%
2	Are you able to see a pharmacist?	33%	44%	33%	46%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	55%	52%	55%	46%
3b	The nurse?	67%	62%	67%	58%
3c	The dentist?	28%	43%	28%	39%
3d	The optician?	39%	43%	39%	38%
4	The overall quality of health services?	48%	45%	48%	39%

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Healthcare continued					
5	Are you currently taking medication?		72%	66%	72%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?		48%	52%	48%
7	Do you feel you have any emotional well being/mental health issues?		50%	48%	50%
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?		19%	11%	19%
8b	A doctor?		47%	46%	47%
8c	A nurse?		26%	31%	26%
8d	A psychiatrist?		25%	29%	25%
8e	The Mental Health In-Reach Team?		43%	51%	43%
8f	A counsellor?		32%	35%	32%
9a	Did you have a drug problem when you came into this prison?		55%	26%	55%
9b	Did you have an alcohol problem when you came into this prison?		47%	15%	47%
10a	Have you developed a drug problem since you have been in this prison?		12%	15%	12%
10b	Have you developed an alcohol problem since you have been in this prison?		5%	4%	5%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?		79%	90%	79%
12	Have you received any help or intervention whilst in this prison?		67%	91%	67%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?		74%	84%	74%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)		36%	28%	36%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)		33%	20%	33%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?		67%	68%	67%
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?		49%	55%	49%
1b	Vocational or skills training?		7%	14%	7%
1c	Education (including basic skills)?		39%	43%	39%
1d	Offending Behaviour Programmes?		11%	19%	11%

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Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	82%	81%	82%	72%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	59%	56%	59%	55%
2bi	Have you been involved in vocational or skills training whilst in prison?	70%	66%	70%	57%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	59%	63%	59%	57%
2ci	Have you been involved in education whilst in prison?	81%	75%	81%	70%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	72%	71%	72%	64%
2di	Have you been involved in offending behaviour programmes whilst in prison?	73%	57%	73%	49%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	60%	62%	60%	57%
3	Do you go to the library at least once a week?	55%	48%	55%	37%
4	On average, do you go to the gym at least twice a week?	28%	39%	28%	34%
5	On average, do you go outside for exercise three or more times a week?	27%	45%	27%	42%
6	On average, do you spend ten or more hours out of your cell on a weekday?	16%	26%	16%	22%
7	On average, do you go on association more than five times each week?	34%	56%	34%	53%
8	Do staff normally speak to you most of the time/all of the time during association?	10%	27%	10%	26%
SECTION 8: Resettlement					
1	Do you have a personal officer?	76%	71%	76%	65%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	54%	72%	54%	69%
For those who are sentenced:					
3	Do you have a sentence plan?	60%	55%	60%	47%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	61%	73%	61%	70%
5	Can you achieve some/all of you sentence plan targets in this prison?	83%	85%	83%	77%
6	Are there plans for you to achieve some/all your targets in another prison?	48%	35%	48%	46%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	37%	45%	37%	47%
8	Do you feel that any member of staff has helped you to prepare for release?	21%	28%	21%	24%
9	Have you had any problems with sending or receiving mail?	38%	34%	38%	40%
10	Have you had any problems getting access to the telephones?	43%	21%	43%	24%
11	Did you have a visit in the first week that you were here?	36%	36%	36%	40%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	63%	72%	63%	70%

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Resettlement continued					
13	Did you receive one or more visits in the last week?	31%	34%	31%	37%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	45%	61%	45%	58%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	10%	29%	10%	28%
15c	Avoiding bad relationships?	8%	22%	8%	21%
15d	Finding a job on release?	33%	48%	33%	47%
15e	Finding accommodation on release?	33%	60%	33%	59%
15f	With money/finances on release?	17%	39%	17%	37%
15g	Claiming benefits on release?	45%	53%	45%	54%
15h	Arranging a place at college/continuing education on release?	26%	43%	26%	39%
15i	Accessing health services on release?	22%	43%	22%	40%
15j	Opening a bank account on release?	13%	33%	13%	26%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	16%	18%	16%	19%
16c	Avoiding bad relationships?	27%	23%	27%	26%
16d	Finding a job?	53%	56%	53%	61%
16e	Finding accommodation?	53%	43%	53%	46%
16f	Money/finances?	36%	47%	36%	45%
16g	Claiming benefits?	39%	38%	39%	43%
16h	Arranging a place at college/continuing education?	27%	34%	27%	36%
16i	Accessing health services?	35%	24%	35%	27%
16j	Opening a bank account?	36%	38%	36%	42%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	43%	59%	43%	60%



HMP/YOI New Hall 2008 (YA survey responses)

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

Key to tables

		HMP/YOI New Hall Young Adults	HMP/YOI New Hall Adults
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		15	101
SECTION 1: General Information			
2	Are you under 21 years of age?		
3a	Are you sentenced?	86%	74%
3b	Are you on recall?	14%	7%
4a	Is your sentence less than 12 months?	28%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	4%
5	Do you have six months or less to serve?	54%	33%
6	Have you been in this prison less than a month?	14%	20%
7	Are you a foreign national?	15%	10%
8	Is English your first language?	92%	90%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	15%	10%
10	Are you Muslim?	0%	5%
11	Are you homosexual/gay or bisexual?	47%	36%
12	Do you consider yourself to have a disability?	20%	15%
13	Is this your first time in prison?	40%	37%
14	Have you been in more than 5 prisons this time?	0%	5%
15	Do you have any children under the age of 18?	27%	54%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	40%	47%
1b	Was your personal safety during the journey good/very good?	66%	64%
1c	Was the comfort of the van good/very good?	0%	17%
1d	Was the attention paid to your health needs good/very good?	27%	37%
1e	Was the frequency of toilet breaks good/very good?	6%	14%
2	Did you spend more than four hours in the van?	0%	3%
3	Were you treated well/very well by the escort staff?	66%	76%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	84%
4b	Before you arrived here did you receive any written information about what would happen to you?	0%	13%
4c	When you first arrived here did your property arrive at the same time as you?	66%	88%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		

SECTION 3: Reception, first night and induction

1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	0%	15%
1c	Housing problems?	22%	29%
1d	Problems contacting employers?	0%	15%
1e	Problems contacting family?	72%	65%
1f	Problems ensuring dependants were looked after?	0%	31%
1g	Money problems?	0%	16%
1h	Problems of feeling depressed/suicidal?	50%	61%
1i	Health problems?	57%	60%
1j	Problems in needing protection from other prisoners?	0%	16%
1k	Problems accessing phone numbers?	28%	42%
2	When you first arrived:		
2a	Did you have any problems?	79%	80%
2b	Did you have any problems with loss of property?	9%	11%
2c	Did you have any housing problems?	9%	28%
2d	Did you have any problems contacting employers?	9%	6%
2e	Did you have any problems contacting family?	50%	30%
2f	Did you have any problems ensuring dependants were being looked after?	0%	6%
2g	Did you have any money worries?	21%	16%
2h	Did you have any problems with feeling depressed or suicidal?	70%	44%
2i	Did you have any health problems?	30%	33%
2j	Did you have any problems with needing protection from other prisoners?	0%	4%
2k	Did you have problems accessing phone numbers?	30%	25%
3a	Were you seen by a member of health services in reception?	86%	95%
3b	When you were searched in reception, was this carried out in a respectful way?	86%	85%
4	Were you treated well/very well in reception?	74%	69%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	54%	51%
5b	Information about what support was available for people feeling depressed or suicidal?	77%	60%
5c	Information about how to make routine requests?	40%	33%
5d	Information about your entitlement to visits?	54%	36%
5e	Information about health services?	47%	45%
5f	Information about the chaplaincy?	40%	45%

Key to tables

Any percent highlighted in green is significantly better	HMPYOI New Hall Young Adults	HMPYOI New Hall Adults
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued		
6	On your day of arrival, were you offered any of the following:	
6a	A smokers/non-smokers pack?	66% 78%
6b	The opportunity to have a shower?	34% 51%
6c	The opportunity to make a free telephone call?	60% 87%
6d	Something to eat?	74% 85%
7	Within the first 24 hours did you meet any of the following people:	
7a	The chaplain or a religious leader?	40% 43%
7b	Someone from health services?	77% 77%
7c	A listener/Samaritans?	0% 9%
8	Did you have access to the prison shop/canteen within the first 24 hours?	6% 8%
9	Did you feel safe on your first night here?	53% 59%
10	Have you been on an induction course?	85% 76%
For those who have been on an induction course:		
11	Did the course cover everything you needed to know about the prison?	58% 68%
SECTION 4: Legal Rights and Respectful Custody		
1	In terms of your legal rights, is it easy/very easy to:	
1a	Communicate with your solicitor or legal representative?	23% 37%
1b	Attend legal visits?	61% 62%
1c	Obtain bail information?	7% 31%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36% 45%
3	For the wing/unit you are currently on:	
3a	Are you normally offered enough clean, suitable clothes for the week?	28% 59%
3b	Are you normally able to have a shower every day?	64% 63%
3c	Do you normally receive clean sheets every week?	78% 89%
3d	Do you normally get cell cleaning materials every week?	74% 77%
3e	Is your cell call bell normally answered within five minutes?	36% 36%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	16% 48%
3g	Can you normally get your stored property, if you need to?	20% 24%
4	Is the food in this prison good/very good?	36% 36%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	61% 49%
6a	Is it easy/very easy to get a complaints form?	85% 83%
6b	Is it easy/very easy to get an application form?	100% 92%
7	Have you made an application?	85% 87%

Key to tables

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	Percentages which are not highlighted show there is no significant difference	HMP/YOI New Hall Young Adults	HMP/YOI New Hall Adults
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	50%	60%
8b	Do you feel applications are dealt with promptly? (within 7 days)	39%	46%
9	Have you made a complaint?	40%	46%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	0%	43%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	35%	42%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	50%	36%
10c	Were you given information about how to make an appeal?	16%	26%
12	Is it easy/very easy to see the Independent Monitoring Board?	16%	39%
13a	Do you feel your religious beliefs are respected?	44%	53%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	47%	61%
14	Are you able to speak to a Listener at any time, if you want to?	40%	48%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	78%
15b	Do most staff, in this prison, treat you with respect?	40%	59%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	53%	59%
2	Do you feel unsafe in this prison at the moment?	14%	15%
4	Have you been victimised by another prisoner?	15%	31%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	15%	15%
5b	Hit, kicked or assaulted you?	0%	1%
5c	Sexually abused you?	0%	0%
5d	Victimised you because of your race or ethnic origin?	0%	3%
5e	Victimised you because of drugs?	0%	5%
5f	Taken your canteen/property?	0%	8%
5g	Victimised you because you were new here?	0%	12%
5h	Victimised you because of your sexuality?	0%	0%
5i	Victimised you because you have a disability?	0%	2%
5j	Victimised you because of your religion/religious beliefs?	0%	3%
5k	Victimised you because you were from a different part of the country?	0%	4%
5l	Victimised you because of your offence/crime?	0%	4%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	28%	29%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	22%	16%
7b	Hit, kicked or assaulted you?	7%	2%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	0%	2%
7e	Victimised you because of drugs?	7%	4%
7f	Victimised you because you were new here?	0%	4%
7g	Victimised you because of your sexuality?	0%	4%
7h	Victimised you because you have a disability?	0%	2%
7i	Victimised you because of your religion/religious beliefs?	0%	3%
7j	Victimised you because you were from a different part of the country?	0%	4%
7k	Victimised you because of your offence/crime?	7%	5%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	0%	30%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	34%
10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	32%
11	Is it easy/very easy to get illegal drugs in this prison?	44%	40%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	27%	29%
1b	Is it easy/very easy to see the nurse?	66%	67%
1c	Is it easy/very easy to see the dentist?	0%	7%
1d	Is it easy/very easy to see the optician?	6%	8%
2	Are you able to see a pharmacist?	50%	30%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	70%	54%
3b	The nurse?	64%	67%
3c	The dentist?	10%	31%
3d	The optician?	57%	37%
4	The overall quality of health services?	61%	46%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
		HMP/YOI New Hall Young Adults	HMP/YOI New Hall Adults
Healthcare continued			
5	Are you currently taking medication?	53%	74%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	26%	50%
7	Do you feel you have any emotional well being/mental health issues?	36%	51%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	19%	19%
8b	A doctor?	19%	51%
8c	A nurse?	19%	28%
8d	A psychiatrist?	59%	21%
8e	The Mental Health In-Reach Team?	41%	43%
8f	A counsellor?	19%	34%
9a	Did you have a drug problem when you came into this prison?	25%	59%
9b	Did you have an alcohol problem when you came into this prison?	64%	44%
10a	Have you developed a drug problem since you have been in this prison?	7%	12%
10b	Have you developed an alcohol problem since you have been in this prison?	15%	4%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	44%	82%
12	Have you received any help or intervention whilst in this prison?	63%	68%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	41%	77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	50%	34%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	61%	29%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	37%	71%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	34%	52%
1b	Vocational or skills training?	0%	8%
1c	Education (including basic skills)?	53%	37%
1d	Offending Behaviour Programmes?	6%	11%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	100%	80%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	26%	63%
2bi	Have you been involved in vocational or skills training whilst in prison?	89%	67%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	44%	60%
2ci	Have you been involved in education whilst in prison?	86%	79%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	70%	72%
2di	Have you been involved in offending behaviour programmes whilst in prison?	89%	70%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	44%	62%
3	Do you go to the library at least once a week?	47%	56%
4	On average, do you go to the gym at least twice a week?	15%	29%
5	On average, do you go outside for exercise three or more times a week?	20%	28%
6	On average, do you spend ten or more hours out of your cell on a weekday?	34%	14%
7	On average, do you go on association more than five times each week?	47%	33%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	10%
SECTION 8: Resettlement			
1	Do you have a personal officer?	80%	75%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	33%	57%
For those who are sentenced:			
3	Do you have a sentence plan?	50%	61%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	50%	61%
5	Can you achieve some/all of you sentence plan targets in this prison?	85%	83%
6	Are there plans for you to achieve some/all your targets in another prison?	35%	48%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	25%	38%
8	Do you feel that any member of staff has helped you to prepare for release?	22%	20%
9	Have you had any problems with sending or receiving mail?	28%	38%
10	Have you had any problems getting access to the telephones?	36%	43%
11	Did you have a visit in the first week that you were here?	50%	33%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	72%	62%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	40%	30%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	50%	44%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	8%	9%
15c	Avoiding bad relationships?	0%	8%
15d	Finding a job on release?	33%	32%
15e	Finding accommodation on release?	18%	35%
15f	With money/finances on release?	25%	14%
15g	Claiming benefits on release?	33%	46%
15h	Arranging a place at college/continuing education on release?	33%	24%
15i	Accessing health services on release?	18%	21%
15j	Opening a bank account on release?	18%	11%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	22%	16%
16c	Avoiding bad relationships?	22%	27%
16d	Finding a job?	57%	52%
16e	Finding accommodation?	44%	54%
16f	Money/finances?	50%	33%
16g	Claiming benefits?	57%	36%
16h	Arranging a place at college/continuing education?	36%	26%
16i	Accessing health services?	36%	35%
16j	Opening a bank account?	28%	37%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	33%	44%



Key Question Responses (Ethnicity and Nationality) HMP/YOI New Hall 2008

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

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		12	102	12	102
1.3	Are you sentenced?	43%	80%	58%	79%
1.7	Are you a foreign national?	36%	6%		
1.8	Is English your first language?	46%	97%	20%	98%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			39%	7%
1.10	Are you Muslim?	25%	2%	8%	3%
1.13	Is this your first time in prison?	50%	35%	81%	34%
2.3	Were you treated well/very well by the escort staff?	58%	78%	50%	78%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	67%	87%	67%	85%
3.2a	Did you have any problems when you first arrived?	91%	79%	91%	80%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	93%	92%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	91%	86%	61%	88%
3.4	Were you treated well/very well in reception?	54%	71%	36%	72%
3.9	Did you feel safe on your first night here?	43%	62%	8%	64%
3.10	Have you been on an induction course?	81%	77%	83%	76%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	18%	38%	19%	39%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	54%	56%	70%	54%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3b	Are you normally able to have a shower every day?	46%	66%	36%	65%
4.3e	Is your cell call bell normally answered within five minutes?	33%	37%	21%	38%
4.4	Is the food in this prison good/very good?	28%	36%	25%	38%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	52%	28%	52%
4.6a	Is it easy/very easy to get a complaints form?	46%	87%	54%	86%
4.6b	Is it easy/very easy to get an application form?	70%	95%	92%	93%
4.9	Have you made a complaint?	8%	50%	18%	49%
4.13a	Do you feel your religious beliefs are respected?	64%	50%	54%	50%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	70%	56%	57%	58%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	79%	83%	76%
4.15b	Do most staff, in this prison, treat you with respect?	36%	59%	50%	57%
5.1	Have you ever felt unsafe in this prison?	81%	55%	92%	55%
5.2	Do you feel unsafe in this prison at the moment?	0%	16%	21%	15%
5.4	Have you been victimised by another prisoner?	72%	24%	36%	28%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	28%	0%	8%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	2%	0%	3%
5.6	Have you been victimised by a member of staff?	50%	27%	21%	30%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	1%	9%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	2%	0%	3%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
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	Percentages which are not highlighted show there is no significant difference				
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	46%	32%	18%	34%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	39%	31%	28%	32%
5.11	Is it easy/very easy to get illegal drugs in this prison?	28%	43%	0%	46%
6.1a	Is it easy/very easy to see the doctor?	28%	30%	25%	30%
6.1b	Is it easy/ very easy to see the nurse?	72%	67%	81%	66%
6.7	Do you feel you have any emotional well being/mental health issues?	44%	51%	33%	52%
7.1a	Are you currently working in the prison?	10%	53%	50%	50%
7.1b	Are you currently undertaking vocational or skills training?	23%	6%	12%	7%
7.1c	Are you currently in education (including basic skills)?	57%	36%	37%	40%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	0%	13%	0%	12%
7.3	Do you go to the library at least once a week?	64%	54%	28%	57%
7.4	On average, do you go to the gym at least twice a week?	39%	27%	36%	26%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	16%	8%	17%
7.7	On average, do you go on association more than five times each week?	43%	34%	30%	36%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	7%	10%	0%	11%
8.1	Do you have a personal officer?	72%	79%	61%	77%
8.9	Have you had any problems sending or receiving mail?	46%	37%	36%	37%
8.10	Have you had any problems getting access to the telephones?	67%	39%	64%	39%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	50%	65%	71%	63%