

Report on an announced inspection of

HMP Peterborough

(Women)

4 – 8 April 2011

by HM Chief Inspector of Prisons

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Introduction

HMP Peterborough is a Category B local prison separately holding male and female prisoners and is a designated Young Offenders Institution for young women. We have reported on the male and female prisoners separately but the wide and complex range of prisoners held was an important part of the overall context for both parts of the prison.

At the time of the inspection, Peterborough held 360 women.

The women's prison had improved significantly since our last inspection. However, the wide range of women held created a structural barrier to further progress. The prison provided good or reasonably good outcomes across the range of the healthy prison areas, but it struggled to provide the necessary range of inputs to meet the needs of young adult women and those serving indeterminate sentences, particularly those at the beginning of life sentences. Peterborough had taken on these roles when HMP Bullwood Hall had been re-roled to take male foreign national prisoners. Bullwood Hall had a specialist role for these two groups and had been resourced accordingly. In the current setting, these young adults and lifers were minorities within a large local prison with a constantly changing population of remand and short-sentenced women.

In our 2006 report, we noted that young adult women had been received with little opportunity to prepare a suitable regime. It was also proposed that the prison should take lifers when there was no experience in dealing with them and had no psychology input, even though psychological assessments form a vital part of the first stage of a life sentence. We recommended that Peterborough should not undertake a specialist first stage lifer role for women until there were resources for specialist assessments and a clearly worked out strategy explaining how individual needs would be met. In the 2008 inspection, we found that provision for lifers and young adult women was still underdeveloped. Work with lifers was under-resourced and poorly supported with insufficient specialist staff. Living conditions were not suitable or adapted for women who would spend some years in the prison and there was no consideration of the specific needs of young adult women. At this inspection, while some of the previous deficiencies in sentence management had been addressed, there was still too little differentiation of a regime and provision for young adult women and lifers.

Because of the wide catchment area, some women had long journeys to the prison. Measures to identify and meet immediate needs on arrival required improvement. Like most women's local prisons, many women had a range of acute needs reflected in high levels of self-harm – an average of 225 incidents were reported each month involving 33 women. It was, therefore, positive to see some very supportive procedures to care for those at risk of self harm and suicide. Some women, poignantly but effectively, were distracted by the provision of colouring books. There were some excellent interventions for women with alcohol and drug problems, including robust but appropriate challenges to women's drug and medication acquisition-related behaviour. Just under half (similar to comparable prisons) of women said they had felt unsafe at some time in the prison. We were pleased to see the prison developing new ways of tackling anti-social behaviour with greater attention given to dealing with the underlying causes of the problem. The segregation unit was decent and professionally run with a focus on care. The use of force was not high.

Staff-prisoner relationships had much improved since our last inspection and were mostly very good. Personal officer work was particularly good but there were too many male officers, and on one occasion we found a single male officer in charge of the mother and baby unit overnight, which was inappropriate. The unit itself provided a safe and supportive environment.

Living conditions were clean and decent, although some cells designed for one were shared and cramped. Diversity work was effectively led by the director and deputy director. However, residential staff were over-reliant on the specialist diversity team to support foreign national prisoners rather than resolving some basic issues themselves. The quality of health care services was good, but there were problems with the appointments system and a high rate of non-attendance at clinics. It was unacceptable that women did not have the option of seeing a female GP.

Time out of cell and the number of activity places were better than in most local prisons, but those without an activity spent too long locked in their cells. When we checked in the working part of the day, almost a quarter of women were locked behind their doors. The learning and skills strategy was too generic and covered both male and female prisoners – there was insufficient focus on the needs of young women and those serving indeterminate sentences. The work training and education that was on offer was generally good, but the range of qualification obtainable was limited and at too low a level.

The resettlement strategy was not based on a comprehensive needs analysis, and the regime, interventions and services were not sufficiently tailored to the specific needs of the wide range of women held by the prison. There was no formal custody planning for women on remand or serving less than 12 months. There was a satisfactory range of interventions and services to support the resettlement of most women when they left the prison, but was not always sufficiently well targeted. As an example, recent OASys data indicated a much higher need for provision for young adult women with alcohol problems, but nothing different or specific for this group had been provided.

Even so, most women at Peterborough are held safely and decently and many benefit from a range of effective interventions to help them resettle successfully when they leave the prison and reduce the risk of reoffending.

Nick Hardwick
HM Chief Inspector of Prisons

July 2011

Fact page

Task of the establishment

Category B local prison for male and female prisoners. Designated as young offender institution for female prisoners.

Prison status

Privately operated by Sodexo Justice Services.

Region/Department

East of England

Number held

617 male and 370 female at unlock on 10 March 2011

Certified normal accommodation

480 male and 360 female

Operational capacity

624 male and 384 female

Date of last full inspection

2 – 13 October 2006

Brief history

Peterborough is operated under a 25-year DCMF contract awarded by the Ministry of Justice to Peterborough Prison Management Ltd., which sub-contracts the operator, Sodexo Justice Services (formerly Kalyx). It opened on 28 March 2005.

Short description of residential units

The residential unit for women is made up of two house blocks. Each house block has five wings and each wing has two landings. All wings are self contained with a servery, showers, baths and association space. All cells have fitted furniture and each wing has purpose-built double cells. Other cells are single, some of which have been adapted for two prisoners. There is a dedicated self-contained mother and baby unit with 12 rooms. One room has been designed for a mother with two babies.

Escort contractor

G4S

Health service commissioner and providers

In-house for primary care.

Mental health provision by Cambridge and Peterborough Foundation Trust.

Learning and skills providers

In-house

Healthy prison summary

Introduction

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

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

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

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

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

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

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

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

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

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

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

Safety

HP3 Some women had long journeys and arrived at the prison late. Reception procedures were welcoming but more focus on meeting immediate needs during reception and

first night interviews was needed. Induction arrangements were unsatisfactory. Most women felt safe and anti-social behaviour, usually about minor matters, was dealt with appropriately. Suicide and self-harm procedures were very good. The segregation unit provided some good care and support for troubled women. Use of force was not high but needed more oversight. Integrated drug treatment system support was very effective. Appropriate priority was given to drug supply reduction practice. Outcomes for women prisoners were reasonably good against this healthy prison test.

- HP4 Some women had long journeys and arrived late at the prison. Women prisoners travelled on escort vans with men and some of the vans we saw were covered in graffiti. Few women received any information about the prison before they arrived and, apart from women making planned progressive moves from Peterborough, most women transferring to and from the prison received little notice of their moves. There was relatively little use of the video link for court appearances.
- HP5 The reception area was bright and clean. Women were positive about their treatment in reception and more than the comparator¹ and than at the time of the last inspection said they were searched respectfully and had been treated well on arrival. Staff were friendly and welcoming and helped put women at their ease but the formal reception interviews did not focus sufficiently on meeting immediate needs.
- HP6 First night arrangements included private interviews with peer support workers and the first night officers but there was too much emphasis on collecting information rather than providing support. Some helpful practical information was supplied but few new arrivals were told what to expect the next day. Free telephone calls were offered but few got the opportunity to shower on the day of arrival. Most women felt safe on their first night and 80% of women in our survey against a comparator of 66% said so.
- HP7 Nearly all women in our survey said they had attended an induction programme but just over a half said it had covered everything they needed to know about the prison. The published induction programme did not run as scheduled and a computerised induction session contained incorrect and out of date information, with little staff involvement to explain things.
- HP8 In our survey, 45% of women, similar to the comparator, said they had felt unsafe in the prison at some time. This correlated with the prison's own surveys about safety but it was not clear how well this information and other detailed data on violence were used to help improve outcomes. The proportion of women who said they felt unsafe at the time of the survey reduced to 15%, which was again similar to the comparator. A new approach to dealing with anti-social behaviour was being developed, with greater emphasis on understanding and responding proportionately to incidents. Bullying for

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

and trading in medication had been identified as a concern and some action to address this was being taken. Most wings were relaxed but frictions often developed about minor matters caused by living communally. There was some good informal support for victims.

- HP9 As in other women's local prisons, there was a high level of self-harm but there had been only one apparently self-inflicted death since the prison had opened. Good investigations took place into incidents where there was serious self-injury. Assessment, care in custody and teamwork (ACCT) documents were of a high standard, with detailed initial assessments and good support from mental health nurses at reviews. Most care maps had clear targets and daily support records showed that women prisoners identified as at risk received a good standard of care. Women had good access to Listeners, who felt well supported.
- HP10 Although most rules were contained in induction information, many women prisoners said they did not understand them and that they were applied inconsistently. A proportionate approach to security was taken, with little evidence of unnecessary security restrictions. Analysis of security data was good, with relevant action taken.
- HP11 The segregation unit accommodation was clean and decent. Staff were professional and helpful, we saw good interactions with women prisoners and there was effective liaison and support from health care staff. There was a strong focus on care planning and good progress had been made in some difficult cases. Adjudication records we examined indicated they were mostly well conducted with appropriate punishments. Use of force was not high but it was not sufficiently well monitored to identify areas for improvement. There had been no use of special accommodation for some time until one recent occasion when we were not satisfied its use had been appropriate.
- HP12 The integrated drug treatment system (IDTS) was well established, with good joint working between the clinical management team and counselling, assessment, referral, advice and throughcare (CARAT) service, except CARAT workers did not attend clinical reviews. A good range of interventions tackled a broad range of drug-related issues. Dual diagnosis provision was well integrated with community agencies. The positive mandatory drug test rate was just below target and there was effective and well coordinated drug supply reduction practice.

Respect

- HP13 Staff-prisoner relationships were good, with some effective personal officer work. Living conditions were clean and decent. Women prisoners were actively involved in some useful diversity work across most strands. There was too little use of translated material and interpreting services to support women who did not speak or understand English well. A new application system was beginning to be more effective. The mother and baby unit provided positive support for mothers. Health services were good. Outcomes for women were good against this healthy prison test.
- HP14 Day-to-day interactions between staff and prisoners were mostly very good. In our survey, a very high 90% of women said most staff treated them with respect, which was much better than the comparator and than at the last full inspection. Most women had a member of staff they could turn to for help, although some said they found younger less experienced staff less helpful than others. There were too many male

staff for a women's prison. Consultation arrangements were good and progress was made on identified actions.

- HP15 In our survey, 71% of women, a big improvement on the 33% in 2006, said they had a personal officer. Of these, 74%, much better than previously, said they found them helpful and a number of women spoke very positively of the support they received from their personal officer. Personal officer entries in wing files were mostly good quality and there were regular and helpful management checks.
- HP16 The prison was clean and well maintained and women prisoners appreciated the good living conditions. Standards of accommodation were good but ventilation in cells was poor. Not all shared cells had lockable cupboards and chairs had to be used to reach upper bunks. Women had good access to toiletries, cleaning materials and showers but the latter provided little privacy. Most bedding was clean but some badly stained duvets needed replacing. Women were able to wear their own clothes and laundry facilities were provided. Unconvicted and convicted women prisoners shared cells. While they were asked if they were willing to do so during their reception interview, this was inappropriate and unlikely to be based on informed consent.
- HP17 Women prisoners were more positive than previously about the operation of the incentives and earned privileges (IEP) scheme. Almost a third were on the enhanced level of the scheme, which was monitored for consistency and fairness. Women were able to appeal against warnings or reductions in regime status and appeals were addressed promptly.
- HP18 A number of women complained to us about the standard of food. In our survey, 31%, similar to the comparator, said the food was good and satisfaction levels were similar among black and minority ethnic and foreign national women. There was one kitchen for the men's and women's prisons and some women suggested that menus were geared towards men's tastes. The food we tasted was satisfactory and prepared and served with regard to cultural and religious requirements. Women had some opportunities to eat together on the wings.
- HP19 There were excellent opportunities to order goods from the shop using very useful electronic kiosks on the wing that also allowed women to check their accounts. Some women were hampered in placing orders by slow transfer of monies from other prisons. Just over half of women in our survey, similar to the comparator, said the shop stocked a wide enough range of products to meet their needs but black and minority ethnic women were much less satisfied.
- HP20 A single overarching diversity policy provided some good guidance for individual diversity strands, although the area of sexuality needed further development. There was effective consultation with prisoners, which informed the agenda at monthly equality and inclusion action team meetings. Women with identified disabilities received good support but care plans were more focused on risk assessments than aimed at ensuring needs were met. Night staff were unaware of personal evacuation plans for those who would need help in an emergency.
- HP21 While black and minority ethnic women were more negative than white prisoners in some areas of our survey, it was good to see that they were reasonably positive about being treated with respect and about their safety and participation in learning and skills activities. Race relations structures were good, with active involvement of prisoner representatives, and the director and deputy director gave a strong lead in

promoting race equality. Investigations into the relatively few reported racist incidents were sound, with appropriate conclusions and follow up action. Ethnic monitoring arrangements were generally good, although the experience of different racial groups was not always sufficiently differentiated. Some areas of concern raised by women, such as allocation to specific jobs, were specially monitored.

- HP22 The diversity team supported foreign national women well but this was not consistently backed up by residential staff. Officers did not always use the good systems and services available to ensure that women received appropriate translated materials or that telephone interpreting services were used when necessary. In our survey, foreign national women reported poorly in their perceptions of their treatment in relation to the IEP scheme and whether they had a personal officer. This IEP problem had been identified and some monitoring was now taking place. Foreign national women prisoners were able to make a free five-minute telephone call to their family abroad but only if they gave up some visits.
- HP23 There were good chaplaincy facilities and a broad range of provision, with regular services for all main faiths. The chaplaincy team was active and visible throughout the prison, provided good pastoral support for women prisoners and was generally well involved in the work of the prison.
- HP24 There had been considerable improvement in satisfaction with the application and complaints system since 2006. Application forms had to be requested from officers but otherwise a recently introduced revised application system operated reasonably effectively and most were answered promptly. Complaints forms were freely available and appropriately logged but the quality of responses varied and not all dealt with the issues raised. Legal services officers saw all new arrivals and referred to bail services as necessary.
- HP25 The mother and baby unit provided a safe and supportive environment, with a positive emphasis on enabling mothers to exercise parental responsibility. A crèche and indoor and outdoor play areas were available. The unit had a servery, baby kitchen, showers, baths and telephones. Babies could stay with their mother up to the age of 18 months. The crèche was staffed by nursery nurses. Mothers spoke highly of the support they received in the unit. A requirement for mothers with young babies to remain in their rooms after 7.45pm was too restrictive. Care planning was good and extended to supporting pregnant women in other areas of the prison. On our night visit, there was only a male officer in charge of the unit, which we considered inappropriate.
- HP26 Health care services were well managed and effective relationships were being forged with the Cambridgeshire and Peterborough Foundation Trust, which was helping to deliver improvements. Fewer women than the comparator in our survey rated the overall quality of health care as good but this had improved from previously and many of the poorer perceptions were related to organisation and communication rather than the standard of services delivered. Women complained about delays in getting appointments to see a doctor or dentist but provision of services was good with only short waiting lists. However, the high rate of non-attendance indicated some problems with arrangements for appointments. Health care facilities were good and the department was fully staffed with a satisfactory skills mix but it was unacceptable that women did not have the option of seeing a woman GP. Nurses held lead speciality roles and there were good links with the wider prison. Mental health services were very good.

Purposeful activity

- HP27 Time out of cell and the number of activity places were comparatively good for a local prison. However, not all women were kept purposefully occupied and those without an allocated activity spent too long locked in their cells. Opportunities for women to spend time in the open air were too restricted. The range of learning and skills places was limited and most education and training was at a low level, with little for the more able women and those who spent longer periods at the prison such as life-sentenced women. The needs of young adult women were not sufficiently identified. Access to the library was poor. PE provision was satisfactory. Outcomes for women prisoners were reasonably good against this healthy prison test.
- HP28 Time out of cell was reasonably good for a local prison and most employed women spent about eight hours a day out of their cells. However, many unemployed prisoners, including women on the initial stages of IDTS, were only able to spend about three hours a day out of their cell. At a roll check during an activity period, almost a quarter of women were locked in their cells. Opportunities to spend time in the open air were too restricted, with only about 30 minutes a day and even less for working prisoners. Most women had regular daily association periods that were rarely cancelled.
- HP29 There were activity places for about 85% of women prisoners. Allocation arrangements to activities were satisfactory and attendance was good but not all available places were used efficiently. A 2009-12 learning and skills strategic plan had clear objectives, which were systematically monitored, but covered both the women's and the men's prison with no focus on the specific and different needs of women, including young women and those just beginning life sentences who would spend some time at the prison. Development of vocational skills was generally good and opportunities had increased from previously.
- HP30 Around 80 women were currently involved in some form of education in the prison. The quality of teaching and learning sessions in education was good but there was an insufficiently broad range of provision and long waiting lists for many courses. One woman was taking an Open University Course with the support of education staff but most of the education provision was at too low a level to provide progression opportunities or meet the needs of the more able. Achievement of qualifications was good for those women who stayed and completed courses but many did not. Turnover was high and data were insufficiently analysed and used to help deal with this problem.
- HP31 In our survey, many more women than the comparator said they had a job in the prison. There were about 125 jobs for women off the wing and 76 wing-based domestic jobs. In addition, there were 35 vocational places but mostly at a low level. There was some good skills development in work activities and training but too little accredited training provision above level 1. Individual coaching in vocational skills training and work was good, backed up by helpful peer support, although the skills of peer mentors acquired were not accredited or otherwise recognised. With some exceptions, the quality of work was mostly good and, although the range was limited, women gained some relevant work skills but these were not routinely recognised and recorded.

- HP32 The library was small but pleasant with an adequate stock but there was no qualified librarian to help support independent learning. Legal and prison materials were available and there was appropriate stock in languages other than English. Our survey suggested some difficulties with access. Only 35% of women against a comparator of 47% said they went to the library once a week.
- HP33 PE provision was satisfactory, with generally good facilities including an outdoor netball course and a trim trail. Some weight training equipment in the sports hall was not ideally suited for women. In our survey, 28% of women, similar to the comparator but much less than in 2006, said they went to the gym at least twice a week. The prison's data showed a recent increase in use and the introduction of new activities relevant to women had been popular. Daytime access to the gym was limited to small numbers attending accredited courses, which restricted the use of the facilities by other women. Healthy living was promoted and supported by a level 1 healthy living course.

Resettlement

- HP34 The resettlement strategy was not based on a comprehensive needs analysis and the regime, interventions and services were not sufficiently tailored to the specific needs of the wide range of women held. We were not satisfied that the prison was an appropriate environment or sufficiently resourced for young adult women and those beginning life sentences. Women prisoners were able to access some reasonably good reintegration services, although many failed to attend appointments. Offender management and sentence planning for eligible women were satisfactory but there was no formal custody planning system for the majority of women serving short sentences or on remand. Some good family work was provided. The range of interventions was limited. Outcomes for women were reasonably good against this healthy prison test.
- HP35 The current reducing reoffending business plan and resettlement strategy were not based on a fully comprehensive needs analysis of the population. The strategy was based on the resettlement pathways, including the additional ones for women, but there had been no examination or recognition of the different needs of specific groups of women prisoners such as young adult women and women beginning life sentences, which we had previously highlighted as a deficiency. It was not apparent that the prison was an appropriate place to provide suitable regimes for young adults or lifers. Oversight of the resettlement strategy and action plan to develop resettlement services was reasonably good. The range of offending behaviour work was limited and, while generally appropriate for a local prison, it was not clear that there were sufficient interventions for young adult women who spent their sentences at Peterborough or for women lifers.
- HP36 There was no formal custody planning system encompassing remand and short-term women prisoners who were the majority of the population and identification of needs was a little disjointed. A new pilot project to help ensure the resettlement needs of remand and short-term women were met was just beginning. Offender management did not have a high profile in the prison but OASys and sentence plans were up to date for eligible prisoners, although some were late and needed more in-depth analysis. Offender supervisors maintained regular contact with women formally in

scope for offender management but arrangements for other prisoners serving over 12 months were less well developed.

- HP37 Public protection arrangements were generally sound with good communication of information in the prison. Multi-agency public protection arrangement (MAPPA) procedures were well organised and offender supervisors attended MAPPA meetings in the community or provided reports when requested.
- HP38 Potential life-sentenced prisoners were identified. The lack of a specific strategy to manage life-sentenced and other indeterminate-sentenced women continued to be a major gap. There were few dedicated resources and no regular forensic psychology input as part of a multidisciplinary lifer team to provide individual assessments. This did not reflect the provision usually found in other prisons holding lifers at the beginning of their sentences. A separate and appropriately trained team in the offender management unit managed life-sentenced cases but the range of suitable purposeful activities and interventions was limited. Family lifer days for women had been popular but there were no special days to focus on aspects of the life sentence.
- HP39 A central facility known as the Link provided a range of good reintegration services. However, many women failed to turn up for booked appointments and the reasons needed examination. Some effective help for prisoners with housing needs was provided but specific outcomes were not always well monitored. A recent specialist finance advice service had just ended, leaving a gap in this area. JobCentre Plus provided advice on benefits and a level 1 money management course was run. The Link provided some basic finance awareness sessions but women prisoners were not helped to open a bank account before release. A good range of pre-release courses was run.
- HP40 Some work had been introduced to support the additional resettlement pathways for women who had been abused, raped or experienced domestic violence and for those who had been involved in prostitution. Despite the high level of identified need, a Rape Crisis counselling service had ended, leaving a significant gap and it was not clear that a proposed replacement service would replicate this provision. A programme designed to help women develop more positive relationships was delivered by Women's Aid. Women also received some good individual support from an officer dedicated to this area of work who had made good links with community agencies.
- HP41 Only two accredited offending behaviour programmes, the thinking skills programme and the building skills for recovery programme for substance users, were run. Staff had identified the lack of an intervention for women who had been involved in sex offending as a gap but there had been no formal offending behaviour needs analysis. Recent information obtained from OASys data suggested a need for targeted alcohol interventions for young adult women.
- HP42 There was some good provision to support the children and families pathway, including family visits, counselling, advocacy, mediation and Storybook Mums, helped by partnerships with external agencies. Parenting courses were run, although there were long waiting lists. A family liaison officer provided some good support to many women with a wide range of family issues. Visitors had difficulty booking visits by telephone. A visitors' centre provided only basic facilities and general advice about visiting but supportive services were provided through other routes. Entry and search procedures to visits were slow. The visits hall had fixed and regimented furniture.

There was an unsupervised play area but mothers were not allowed to play with their children during normal visits sessions.

- HP43 There was an up-to-date drug and alcohol strategy but it did not cover some of the gender-specific issues for women identified in a recent needs analysis and there was no associated action plan. Building skills for recovery had recently replaced the short duration programme for drug users. Initial feedback was positive and usefully the course included women who had a primary problem with alcohol. CARAT workers were allocated to cover specific geographic areas, which helped with effective release planning.

Main concerns and recommendations

- HP44 Concern: First night procedures did not have sufficient focus on identifying vulnerabilities and providing sufficient support to help women feel safe.

Recommendation: New arrivals should receive good personal support, which should ensure that immediate needs and anxieties are identified and addressed sensitively and that women understand what will happen to them on their first night and the following day.

- HP45 Concern: Induction arrangements were poorly structured, out of date and did not give women enough information to help understand procedures and settle in the prison.

Recommendation: An appropriate and up-to-date induction programme should be delivered shortly after arrival to ensure women understand prison regimes, know how to access services and are helped to cope with imprisonment.

- HP46 Concern: Foreign national women, particularly those who did not speak and understand English well, did not receive sufficient help from residential officers who relied too much on specialist staff.

Recommendation: Residential staff, particularly personal officers, should engage fully with foreign national women, using formal and professional telephone interpreters as necessary, to ensure they understand the prison's routines and procedures and know how to get help.

- HP47 Concern: Many women prisoners were dissatisfied with the quality of health services but services were reasonably good and much of the problem appeared to relate to poor communication and organisation of appointments, many of which were missed.

Recommendation: The health care appointment system should be reviewed to reduce the rate of non-attendance at clinics and ensure that women are able to access services quickly.

- HP48 Concern: The learning and skills provision did not cover the range of women's needs and there were too few opportunities for progression.

Recommendation: The leaning and skills curriculum should be reviewed in line with the annual needs analysis and prisoner forums to introduce more learning above level 1 and in subjects relevant to prisoners' length of stay, abilities and

interests and in particular to provide appropriate provision for young adult women and longer-stay prisoners such as those serving life sentences.

HP49 Concern: Neither the resettlement strategy nor custody planning identified and met the needs of the wide range of women held, including those of different ages, sentence length and status.

Recommendation: The resettlement strategy should be based on a comprehensive needs analysis and both it and the custody planning should identify and meet the specific needs of the full range of women prisoners held.

HP50 Concern: There was no custody planning for remand and short-sentenced women, who were the majority of the population, to ensure that their needs were identified and met in a systematic way.

Recommendation: All women prisoners, including unconvicted women, should have a thorough initial assessment of needs backed up by an effective custody planning process.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 The wide court catchment area meant some women prisoners had long journeys and many arrived after 7pm. Women travelled in vans with men. Not all those new to custody were given information in advance. Only prisoners making progressive moves received sufficient notice of their transfer. The video link was underused.
- 1.2 The prison received women prisoners from 11 court catchment areas, nearly twice the number as for men, and some therefore had long journeys. Many arrived after 7pm. In one recent four-month period, 94 women had arrived after 7pm, 62 after 7.30pm and 67 after 8pm. One woman had completed her court appearance at 11.25am and was recorded as leaving the magistrates' court at 3.40pm but did not arrive at Peterborough until 7pm after the van had stopped at two further courts en route.
- 1.3 Women prisoners were transported to the prison in the same vans as men. Fewer than half of women in our survey said the van was clean and some we saw were covered in graffiti. Few prisoners were given advance information about the prison.
- 1.4 Only women making progressive moves, such as to open conditions, were given 24 hours notice of their transfers. Others were told on the morning of their move, which did not leave enough time to let their family and friends know.
- 1.5 Prisoners arrived at court on time and their possessions accompanied them but their cash did not unless they had applied in advance. Those who did not apply and were subsequently released from court had either to return to the prison to collect their cash or wait for a cheque to be posted to them. Private cash was forwarded on transfer to another establishment.
- 1.6 The video link was underused. Only 179 out of 1,081 court appearances made by women in a recent six-month period had taken place using the video link.

Recommendations

- 1.7 Women prisoners should be held in court cells for the minimum possible period and arrive at the prison before 7pm except in exceptional circumstances.
- 1.8 Women prisoners should travel on separate van from men.
- 1.9 Unless there are security concerns, all women prisoners should receive 24 hours notice of transfer.
- 1.10 More use should be made of the video link for court appearances.

Housekeeping points

- 1.11 Advance information about the prison should be given to all those new to custody.
- 1.12 Private cash should be taken with unsentenced prisoners 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.

- 1.13 Reception was bright and clean and reception staff were friendly. The reception interview did not focus sufficiently on women's immediate needs. Not all women were able to shower on their first night and there was no clear first night strategy. First night cells were properly prepared. There was a published induction procedure but the programme did not always run to time. Not all the information given at induction was correct and there was too little involvement by staff.

Reception

- 1.14 The reception area was bright and clean, staff were friendly and the atmosphere was relaxed. Holding rooms were easily observed. In our survey, more women than the comparator said they had been well treated in reception.
- 1.15 Women prisoners disembarked vans promptly and were locked in a bare holding room but after a rub-down search, they moved to a comfortable room containing a wide range of booklets, leaflets and posters about the prison. All information was written. A television and newspapers were provided to pass the time. Women were not locked in the room and had easy access to a toilet. All were offered a hot drink and food depending on the time they arrived.
- 1.16 Those new to custody were seen in private by Connections peer workers, not all of whom properly explained their role. They gave the woman an appointment for a 'first steps' interview the following morning but did not say what this was. Women were given a copy of a guide to Peterborough and some clear practical information. They were also given several information leaflets, not all of which contained correct information. Later, the first night officer gave them a 66-page 'information portfolio' booklet that repeated some of the information already given. Women were not asked if they could read and the amount of written information provided suggested there was an expectation that all could read well. Despite the amount of written information provided, fewer than the comparator in our survey said they had been given information about what was going to happen to them. Staff did not check what information prisoners had been given by Connections workers or whether they had understood it.
- 1.17 All new arrivals were interviewed in private by a first night officer, during which the officer completed an immediate needs assessment. In some cases, the officer's attention was focused more on the computer than what the woman was saying and we saw some important

information was missed. Officers completed a housing needs form that was forwarded to housing staff and a cell-sharing risk assessment although the purpose of this was not explained. Women were asked if their family and friends knew where they were and about any dependants, including children. The whereabouts and care of any children was recorded. They were not given paper and a pen to write a letter. Women were given the opportunity to ask questions but were not asked how they were feeling.

- 1.18 In our survey, only 21% of women, lower than the comparator, said they had been able to shower on their first day. The offer of a shower appeared to depend on what time they arrived at the prison. All women were given a free £1 telephone credit and all could choose between a smoker's or non-smoker's pack or £4 telephone credit as an alternative to either pack so women opting for a reception pack were hindered from telephoning their family or friends until they could buy credit from the shop. This made it difficult for mothers to maintain contact with their children. Depending on the day of arrival, reception packs might have to last over a week before the woman received her first shop order, which risked borrowing for items such as tobacco and potential bullying. Women transferring from another prisons often experienced delays with transfer of monies but could apply for a £10 advance.
- 1.19 Women moved fairly quickly through reception during the early afternoon but could spend some hours there when busy.

Recommendations

- 1.20 **Officer interviewing new arrivals should give good personal attention to prisoners to ensure immediate needs and anxieties are identified and met and explain to women what will happen on their first night and following day.**
- 1.21 **Prisoners' monies should transfer with them from other prisons without delay.**

Housekeeping points

- 1.22 The amount of written information given to women in reception should be reduced.
- 1.23 Connections workers should always explain their role and status to new arrivals.
- 1.24 Telephone credit should be included in reception packs rather than offered as a separate choice.

First night

- 1.25 A local operating procedure for the 'female prisoner induction' referred to first night provision but did not include a clear first night strategy. It did not describe how a woman would be supported on her first evening and night by wing staff or peer supporters, apart from stating that 'immediate issues' identified in reception would be 'dealt with as soon as practicable'. The local operating procedure referred to a first night welcome interview to ask how women were feeling and identify outstanding concerns and these were usually completed within 24 hours. There was also a checklist of those staff from other departments expected to see new arrivals, such as chaplains and bail officers, but this had been completed in only one file we looked at. Unconvicted women shared cells with sentenced prisoners. Although women were asked in reception whether they were willing to share, this was inappropriate and not based on proper informed consent.

- 1.26 Women went to the first night and induction wing on A1 or, if they needed detoxification or stabilisation, to B1. Young adult women went to E1. Cells were clean and properly prepared. Women were shown the cell facilities and those arriving early enough could join wing association, although many said they were simply locked up and, as in reception, they were not offered a shower. Anyone new to custody was put on hourly watch for their first night and, in our survey, more than the comparator said they had felt safe on their first night, but we did not see staff either in reception or in the first night wing to inform women of the Listener or Samaritans service.

Recommendations

- 1.27 Clear first night procedures should ensure that all new arrivals have their immediate needs met, including the opportunity to have a shower and are informed of the Listener and Samaritans service.
- 1.28 Unconvicted prisoners should not be asked to share cells with convicted prisoners unless they consent to share with a particular convicted prisoner.

Induction

- 1.29 The induction programme was expected to be delivered in 2.5 days but did not always run to time. On their first morning, women attended a gym induction and were expected to have a 'first steps' interview with a Connections worker in the Link. Many women failed to attend the interview and we saw Connections workers chasing these up to three weeks later. The Connections worker completed a questionnaire based on the resettlement pathways. Referrals could be made to a range of agencies, although this was not always explained to women. The questionnaire included numerous questions the woman had already answered and women were inappropriately asked to tell the Connections worker if they had a learning disability or drug or alcohol problems. Questions about the two gender-specific pathways, domestic violence and prostitution, were vague and poorly presented. Women were given useful information about the range of support available and could ask questions.
- 1.30 New arrivals were also seen by a range of individual staff on the wing, including a chaplain, a drugs worker, Adfam and legal and bail staff and had an education assessment during their first week.
- 1.31 A computer-based presentation took place on A1 and consisted of each woman reading information on computer before completing a quiz to show what she had learned. The programme appeared to have been designed for use with men and some of the information was incorrect. Connections workers and wing officers were not always present to answer questions and wing staff were not much involved in the actual delivery of induction.
- 1.32 Records showed that most women completed the education, gym and computer-based inductions in reasonable time. However, of five women we saw taking part in the computer-based induction, two had already been in the prison for 10 days and two for nearly two weeks. Women said they often found out information from other prisoners. Young women joined other women on A1 for the computer-based programme and women from B1 attended when they felt well enough or after five days.

Housekeeping point

- 1.33 Managers should review the appropriateness of some of the information requested by prisoner peer support workers.

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 Residential areas were clean and well maintained. The standard of accommodation was good but single cells used for two women were cramped. Ventilation in cells was poor. All women prisoners could wear their own clothes. There was good access to telephones but they could not be used in private.

Accommodation and facilities

- 2.2 There were 10 wings on two identical house blocks (see fact page). All cells had fitted furniture and single cells adapted for use by two women contained a fixed bunk bed but no ladder so women on the top bunk had to use a chair. These cells were cramped. All cells had privacy locks. The purpose-built double cells were spacious and had lockable cupboards, although not all women had keys to these. Cells were in good repair but cell windows were a sealed unit and ventilation was poor. Toilets were only partially screened and did not have lids. Some women had made their own lids out of cardboard. Women could eat together in dining areas and did not always eat in their cells. Only two cells were adapted for women with physical disabilities (see section on diversity).
- 2.3 Only women on the enhanced incentives and earned privileges (IEP) level could have a kettle. Other women were given a flask but these did not keep water hot overnight. Easy chairs and sofas were provided on wing landings. Cell observation panels were clear. Cell bell use and response times were recorded electronically and records showed that calls were answered quickly.
- 2.4 Every wing had a free-standing electronic kiosk where women could buy items such as telephone credit, order items from the shop, check their accounts, order meals and check timetables. It was planned that they would be used to book visits.
- 2.5 Prisoners were consulted every month about the routines and facilities. Minutes recorded what action had been taken and wing notice boards displayed the results of meetings. Comments books used to inform the consultation meetings were available on wings.

Telephones and mail

- 2.6 Each wing had two telephones for between 33 and 38 women prisoners but they were placed side by side in noisy areas and could not be used in private. Women said they could use the telephone daily but many said telephone calls were too expensive (see also section on first days in custody). Outgoing post was collected from wings and posted within 24 hours and women could send as many letters as they could afford. Prisoner consultation minutes recorded some dissatisfaction with the post and all incoming post was now date-stamped. The contract required that prisoners received their post within eight hours of its arrival but this was

not monitored. Prisoners with family members on a different wing or with a partner or family member in the adjoining men's prison could send mail through the internal post. The fact that mothers could send children's letters was advertised on wings but not all women were aware of this.

Recommendations

- 2.7 Cells designed for one prisoner should not be shared.
- 2.8 Ventilation in cells should be improved.
- 2.9 Women prisoners should be able to use the telephones in private.

Housekeeping points

- 2.10 A suitable and safe means of reaching top bunks should be provided.
- 2.11 Toilets should have lids.

Clothing and possessions

- 2.12 All women could wear their own clothes and those arriving without a change of clothes were given two sets of prison clothing, new underwear, nightclothes and socks and, if required, plimsolls. Women could then exchange items at the 'clothing shop' of donated clothes run in the Link by the Sue Ryder charity. Bras were not provided automatically but women could apply for one from a good stock held in reception. Clothing could be posted or brought in without an application during a woman's first two weeks at the prison. After this, an application was required. Women could also apply to have additional items of clothing and footwear up to their entitlement from the clothing shop.
- 2.13 Each wing had its own laundry and women were allocated a weekly wash. The comprehensive undated facilities list allowed women sufficient clothing and personal possessions. Only women on the enhanced IEP level could have their own hair dryer, tongs and straighteners.

Hygiene

- 2.14 All areas were very clean and women reported little difficulty getting cell cleaning materials. Monthly competitions were held for the cleanest wing.
- 2.15 Showers and baths on each landing were clean, well maintained and could be used in private. All women were given toiletries on arrival and women could shower daily.
- 2.16 Many women complained about the poor state of mattresses but all those we saw were in good condition. Mattresses were replaced when required. Some duvets and many of the pillows were badly stained.

Housekeeping point

- 2.17 Stained duvets and all pillows should be replaced and a system for checking and replacing them introduced.

Staff-prisoner relationships

Expected outcomes:

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

2.18 We observed positive interactions between prisoners and staff and most women said staff treated them with respect. More women than in 2006 said they had a member of staff they could turn to for help but some said younger staff were less helpful. There were too many male staff. Regular consultation meetings were held and showed that progress was made, with identified actions.

2.19 In our survey, a very high 90% of women said most staff treated them with respect. The interactions we observed between staff and prisoners were positive. All staff wore name badges and prisoners and staff used each others' first names. During association, staff were obviously engaged with prisoners and women spoke highly of staff on their wings. There was too high a proportion of male staff for a women's prison, with 68 men compared to just 40 women. Some women prisoners were over familiar with male staff without challenge. Although women were positive about most officers and a high proportion in our survey said they had a member of staff they could turn to for help, some said younger less experienced staff were often less helpful.

2.20 Good monthly consultation meetings had been held regularly since November 2010 and there were well used information desks and comments books. Meetings were well attended by staff from different disciplines and prisoner representatives. Minutes recorded identified actions and clearly showed what progress had been made, about which women were kept informed.

Recommendation

- 2.21 Efforts should be made to increase the proportion of women officers to 70%.

Personal officers

Expected outcomes:

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

- 2.22 Staff understood their responsibilities as personal officers. Entries in wing files were generally good and sufficiently detailed. Personal officer work was sometimes hindered by frequent cell moves for many women in their first few months. Regular and helpful management checks were carried out.
- 2.23 The published personal officer scheme outlined the requirements of staff and managers. Staff were clear about what was expected of them and many spoke positively about the value of the scheme. The scheme was cell-based and its effectiveness was hindered by the number of times women moved cells, and therefore changed personal officer, in their early months in custody at Peterborough.
- 2.24 In our survey, 71% of women, similar to the comparator but a big improvement on 2006, said they had a personal officer and more than the comparator said they found their personal officer helpful. Entries in wing files were usually made weekly and contained enough detail to build up a picture of what had happened to the women while in custody. Staff referred to significant events in and out of custody and recorded what had been done to assist women in need of help. Personal officers could contribute to women's sentence plans and attend sentence plan reviews when staffing levels allowed.
- 2.25 Senior officers made effective checks of 10% of wing files each week. They identified areas where improvements were needed and made supplementary comments about the women.

Recommendation

- 2.26 **Women prisoners should not move cell unnecessarily during their time in custody at Peterborough and thus impair relationships with personal officers.**

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 Responses to questions about safety in our survey were similar to other women's local prisons. Detailed data were collated on indicators of violence but it was not clear that this was used to improve outcomes. Bullying for, and trading in, medication had been identified as a problem and some action had been taken to address this. Most wings felt relaxed but frictions often developed about petty differences. A new approach was being developed with more emphasis on understanding and responding to anti-social behaviour proportionately rather than routinely punishing it. There was good informal support for victims.
- 3.2 A monthly violence reduction meeting was chaired by the head of women's prison. Most relevant departments were represented, although attendance was not consistent. Prisoners did not attend and attempts to recruit prisoner violence reduction representatives had been unsuccessful. Most standing agenda items related to audit and action plans. The safer custody coordinator provided a detailed monthly report but there was little recorded discussion of outcomes for prisoners or how data collated about safety were used to inform the strategy.
- 3.3 The safer custody policy and strategy was described in a local operating procedure last reviewed in July 2010. There was little scope in the strategy for discretion to respond to prisoner's individual circumstances, which resulted in an overly punitive response to what were in some cases relatively minor incidents. The flaws in this approach had recently been recognised and greater attention was now being given to the reasons underpinning the behaviour. In appropriate cases, women were supported in appealing against sanctions and a more proportionate approach was taken. A new local operating procedure awaiting ratification by the senior management team outlined a policy with a focus on seeking an explanation and understanding from women about their anti-social behaviour. There was more emphasis on promoting positive social behaviour through improvement plans and targets with less emphasis on punishment.
- 3.4 A safer custody hotline was advertised and had been used occasionally by prisoners' families or friends to relay concerns or enquire about their welfare. There were safer custody displays around the prison and a safer custody folder on each wing advised women of the help available.
- 3.5 A senior prison custody officer worked as the full-time safer custody coordinator supported by a full-time prison safer custody officer who had recently taken on some administrative duties for both the men's and women's prisons. Together they monitored the operation of the suicide prevention and violence reduction strategies and cell-sharing risk assessment procedures. They met all new arrivals individually and gave them a safer custody information pack.

- 3.6 In our survey, the number of women who said they had been victimised by another prisoner was similar to the comparator, as were the numbers who said they had felt unsafe in the prison or felt unsafe at the time of the survey. A safer prisons survey was conducted annually. Outcomes of the 2011 survey had not yet been discussed at the violence reduction meeting. Many responses were similar to previous years but more women, 38% compared to 28% in 2010, said they did not feel safe from being hurt or injured by other prisoners.
- 3.7 The number of assaults had increased from 100 in 2009 to 133 in 2010, an average of 10 a month. This increase was mainly accounted for by a small number of women with complex needs including mental health problems. The number of recorded fights had remained similar over the period. Bullying for medication had been identified as an issue and more women than the comparator in our survey said they had been victimised because of drugs. An analysis of security intelligence had led to improved supervision when issuing medication and spot checks of prisoners allowed to keep medication in their rooms. The safer custody coordinator attended the medicines management committee, which also provided a good link.
- 3.8 Staff were alert to the need to report incidents of bullying to the safer custody team for investigation. The overall number of referrals had changed little in recent years, with an average of 58 a month. Investigations into incidents were reasonably thorough. They were completed by the safer custody team, often in consultation with wing managers. Many involved petty name-calling and disagreements but staff were aware of where this could lead to exclusion of individuals by others.
- 3.9 Women identified as being involved in anti-social behaviour were often referred to interventions, usually the thinking skills programme, as part of harm minimisation plans but it was not clear how many were subsequently assessed as suitable or had completed the intervention following the referral.
- 3.10 Support arrangements for victims were not sufficiently formalised, although women had good access to the safer custody team who were well known and well regarded by women. The development of formal victims support plans was work in progress.
- 3.11 A small number of women required protection due to the high profile nature of their case or because of their offence. In most cases, they were accommodated for short periods in health care or on the separation and care unit but usually reintegrated on to main location.
- 3.12 Officers received training in the anti-bullying strategy as part of their initial training and subsequent refresher training was delivered through short staff briefings or at full staff meetings.

Recommendations

- 3.13 **Women prisoner representatives should be included in the violence reduction meeting.**
- 3.14 **Violence reduction meetings should include discussion on emerging trends or concerns identified in the safer custody coordinator's monthly report and how these are being addressed.**
- 3.15 **Formalised procedures to support victims should be developed.**

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.

- 3.16 A good level of care was provided for women at risk of self-harm. Assessment, care in custody and teamwork procedures were completed to a high standard. There were some good resources to support women but these were not effectively used. Some good informal support was provided by the safer custody team and the team was well regarded. Listeners provided good support but there were not enough of them.
- 3.17 The suicide and self-harm prevention team met monthly chaired by head of women's prison. Meetings were reasonably well attended by representatives from a range of departments along with the Samaritans and Listeners. Good attention was given to the Listeners scheme and discussions included issues raised in the safer custody coordinator's monthly report. There was an active approach to resolving problems. The local operating procedure was up to date and specific to women. A policy statement had been translated into eight languages and these were displayed with other safer custody information on notice boards in various areas of the prison.
- 3.18 The safer custody coordinator presented a detailed monthly report about the operation of assessment, care in custody and teamwork (ACCT) procedures. Information was provided on incidents of self-harm, the circumstances of individuals and the actions taken to reduce risks.
- 3.19 There has been one apparent self-inflicted death in 2007 of a woman prisoner but recommendations from the investigation or the prison's action plan in response to these had not been shared with the safer custody team. Some target dates set for actions to be completed had passed. Levels of self-harm were high, with on average 225 reported incidents each month involving around 33 women. There was a good focus on women who self-harmed for the first time with a view to identifying points of vulnerability. Some detailed investigations took place following serious self-injury, usually involving overdoses of medication. These included a description of the reasons given by women for their actions and made some practical recommendations about their care. A safer custody information leaflet outlined the support available for those at risk of self-harm and was given to all new arrivals by safer custody staff following reception. This had been translated into eight languages.
- 3.20 On average, 31 ACCT documents were opened each month and 16 opened on one day of the inspection. There were 40 ACCT assessors from different departments who completed assessments for the men's and women's prisons. All residential senior officers had been trained as case managers with responsibility for chairing ACCT reviews. ACCT documents were of a high standard. Assessments were detailed and most reviews were attended by mental health nurses. Many care maps had clear targets. Daily support records showed good levels of care and women spoke highly of the care provided by most residential staff. A range of methods was used as distractions for women who self-harmed, including stress balls, colouring packs and diaries for women to record their thoughts. There were a number of ACCT

management checks, which often commented on the good quality interactions. The ACCT documents indicated some of the best levels of care we have found in a local women's prison with this number of women at risk of self-harm. Multidisciplinary enhanced case reviews and single point referral meetings provided additional support plans for women with complex needs. Women we spoke to whose cases were discussed at these meetings spoke positively about their care.

- 3.21 The death in custody investigation in 2007 had recommended the need to strengthen links with families of women who self-harm. Although we saw several references to the importance of prisoners' relationships with their families, women who self-harmed were not routinely asked if they wanted their family to be contacted, which the local policy encouraged. In a small number of cases, families had attended case reviews, as had the family support officer.
- 3.22 We saw some references in ACCT documents to the resources available to support women but few women at risk of self-harm used the good resources in the Link, which were not sufficiently well integrated into the ACCT process (see section on resettlement). The safer custody officer ran a popular arts and crafts group, which provided an informal support group for women at risk. Some women we spoke to valued the support gained from such informal self-help approaches. Individual gym sessions were available and one woman, conscious of her body deeply scarred from years of self-harm, told us how these sessions had helped her. Bereavement counselling was available. Some services, including the Rape Crisis counselling service, were no longer being delivered leaving a significant gap, and it was not clear that a proposed replacement service would replicate this provision. There were substantial waiting lists for some counselling services.
- 3.23 It was good to see that self-harming behaviour was managed without resort to use of strip clothing, which had not been used in recent years. Two cells in health care were equipped with cameras but these had rarely been used for prisoners at risk of self-harm.
- 3.24 A list of useful contacts in the community was given to women being discharged who had recently been subject to ACCT procedures. There was good communication with others agencies before release and with other prisons when women at risk were being transferred. Safer custody staff were alerted where foreign national women had been served a notice of deportation.
- 3.25 All officers completed ACCT foundation training as part of their initial training. Refresher training was delivered through staff briefings. There had been some specific training for case managers to improve the quality of reviews.
- 3.26 There was a small team of only four Listeners. Further training for more was planned. The need to retain sufficient trained Listeners had been a recommendation from the death investigation report in 2007. Listeners introduced themselves to all new arrivals in reception. There was no Listener on A1, where most women spent their first night, although they were seen by Connections workers. There was a Listener suite on this landing but no record was kept of how often it had been used. The Listener team felt well supported by staff and by Samaritans through a weekly meeting. Portable telephones with a direct line to Samaritans were available and women could call free telephone help lines from wing telephones, including the prison's bullying hotline and Samaritans.
- 3.27 The cell call system allowed prisoners to speak to staff through an intercom, which aided safety. All officers and managers carried ligature knives but some staff, such as chaplains, who carried cell keys were not issued with a ligature knife. Resuscitation equipment was available

on residential units and in health care and regular checks were made of the contents of emergency response kits by the safer custody team.

Recommendations

- 3.28 Recommendations from the death in custody investigation and the prison's response to these should be discussed with the safety custody team and periodically reviewed to ensure compliance is maintained.
- 3.29 Prisoners should routinely be asked if they want their friends or families contacted following an incident of self-harm and, in appropriate cases, invited to reviews.
- 3.30 The resources available in the Link should be better promoted in the care plans for women subject to assessment, care in custody and teamwork procedures.
- 3.31 More Listeners should be recruited and retained.

Mothers and babies

Expected outcomes:

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

- 3.32 The mother and baby unit provided a safe and supportive environment for mothers, babies up to 18 months and women in the later stages of pregnancy. There was a good emphasis on enabling mothers to exercise parental responsibility. Women spoke highly of the unit and felt well supported by staff and safe. A requirement for mothers with young babies to remain in their rooms after 7.45pm was too restrictive. Good support was provided to pregnant women in other areas of the prison.
- 3.33 The mother and baby unit was a two storey purpose-built building with its own garden area. All areas of the building were clean, calm and quiet. Downstairs was a crèche, a television room, telephones, baby kitchen, dining area, access to gardens and adjoining offices. Work had started to develop a range of play areas and a vegetable patch in the garden. Upstairs there were 12 rooms for mothers, one of which could accommodate twins. The rooms were well decorated and appropriately furnished. Mattresses, bedding and equipment were in a suitable condition. There were suitable bathing facilities and a kitchen for preparing and storing babies' bottles. Mothers were encouraged to prepare and cook for their babies in the kitchen. Women were expected to stay in their room after 7.45pm, which was unnecessary and too restrictive for women looking after young babies.
- 3.34 The unit was managed by a senior prison custody officer supported by a team of five prison custody officers. The generally high male-female staff ratio in the prison was reflected on the unit and it was inappropriate that male officers were left on their own in charge at night, as happened during the inspection.
- 3.35 Mothers were encouraged to attend work, education or other appointments. An Ofsted-registered crèche was staffed by two nursery nurses during the week, supported by a recently appointed team leader who was planning to develop the facilities for babies on the unit. The crèche was appropriately equipped to provide a stimulating experience for the children.

- 3.36 All permanently allocated staff had been subject to enhanced criminal record bureau checks and had received paediatric resuscitation training. Two were first aid-trained. Two new members of staff had yet to receive their mother and baby unit training, which was being revised.
- 3.37 Staff made considerable effort to engage with pregnant women at an early stage. Pregnant women or women with children under 18 months were identified in reception and seen by a member of the mother and baby unit within 48 hours. Pregnant women were given information about the unit. Women already at Peterborough were invited to attend the admissions board to discuss their application. Every effort was made to ensure that emergency admissions were dealt with quickly. A comprehensive application assessment was undertaken to assess the suitability of applicants to the unit, including relevant social services reports.
- 3.38 Pregnancy care plans were agreed quickly and all pregnant women were seen monthly until they were 35-weeks pregnant, after which they were seen weekly. A midwife attended twice a week and visited the women on the unit and held clinics in health care. Every pregnant woman received a catering pack. Not all women received their own medication from health care in a timely way.
- 3.39 Each baby had a multidisciplinary care plan and a regularly updated record of their development. Those we saw were comprehensive and child focused. A health visitor attended weekly. Babies were registered with a local GP practice, where they attended for immunisations or if they were unwell. Nursery nurses regularly took babies for excursions out of the prison to provide appropriate developmental contact with the outside world. Arrangements could be made for babies to go home with other family members for identified periods. Where relevant, partners were encouraged to be involved but there was no routine provision for them to attend scans, antenatal classes or routine antenatal appointments with women, although subject to risk assessment they were contacted when women went into labour and could attend the birth of the baby.
- 3.40 The mother and baby local operating procedures were up to date and outlined procedures to be followed in the event of a still birth, miscarriage or termination of pregnancy. Separation support plans were put in place as necessary to support the mother and baby as early as possible and family members were involved where appropriate. Visiting arrangements for family members were very good and, following relevant checks, family members were encouraged to visit mothers and babies on the unit.
- 3.41 There were generally good links with child protection agencies. Staff sometimes experienced difficulties getting responses from social services in the women's home areas and discussions had started with the local services team with the aim of providing social work support for all women on the unit before release.

Recommendations

- 3.42 **Mothers with young babies should not be required to remain in their rooms after 7.45pm.**
- 3.43 **Provision should be made for partners to be involved in antenatal care and preparation for birth with their pregnant partner.**

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.

- 3.44 The application system operated reasonably effectively and replies were prompt but forms were not freely available and had to be submitted early in the day. Complaint forms were freely available but the standard of response varied and not all responses addressed the issues raised.
- 3.45 A new local operating procedure of March 2011 gave clear instructions to staff on managing applications and complaints. It also encouraged staff to deal with everyday matters informally at the earliest opportunity and there were examples of this happening. Women had to ask staff for application forms and submit them by 8am to be forwarded to appropriate departments the same day. An officer was assigned to deal with applications daily, collecting them from the wings and recording them in a central log. The system worked well and most were responded to within 72 hours.
- 3.46 Complaints forms were freely available. Completed forms were collected by the night orderly officer and logged by the complaints clerk. The main subjects of complaint were health care and medication issues, property and wages/finance. Confidential access complaints were delivered directly to the director, who referred any that were not suitable to other managers but it was not always clear that these received a final substantive response. Records showed that overall response times had improved in the previous year. Some responses were comprehensive but others were short and did not fully address the issues raised. Statistics were analysed and trends monitored through monthly compliance meetings. Quality assurance was carried out by the compliance manager and the director checked responses to all confidential access complaints.
- 3.47 Posters on wings explained how to contact the Independent Monitoring Board and the Prisons & Probation Ombudsman's free telephone number was printed on the back of women's identity cards.

Recommendations

- 3.48 Women prisoners should have free access to application forms and should be able to submit these throughout the day.
- 3.49 Responses to complaints should be comprehensive and address the matter raised.

Legal rights

Expected outcomes:

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

3.50 Legal services officers saw all new arrivals and referred to bail services as necessary. Prisoners were told about their legal rights at induction and could freely exercise these rights while in prison.

3.51 A trained legal services officer (LSO) was available five days a week and interviewed all new arrivals within 24 hours or on Monday morning if women arrived over the weekend. All women were given a leaflet explaining the services offered and this was available in a number of languages. The LSO checked that women understood their status (convicted or remanded) and were aware of their right to speak to a solicitor and to appeal against conviction or sentence. Child care, dependency, accommodation and bail issues were identified and referred as necessary. Legal visits took place daily in designated booths. Video conferencing could be used but take-up was low. Access to Justice computers used by prisoners conducting their own defence or appeals had been withdrawn and it was unclear whether or not they would be reintroduced.

3.52 The bail service worked closely with LSOs to source suitable bail addresses for remand prisoners. This service was advertised throughout the prison on notice boards.

Recommendation

3.53 Prisoners should have appropriate IT facilities to help conduct defences and appeals.

Faith and religious activity

Expected outcomes:

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

3.54 Regular services were held for all main faiths and recent changes meant women no longer had to apply to attend services. The chaplaincy team was active in the work of the prison and provided good pastoral support to women prisoners.

3.55 A full-time Church of England chaplain was the coordinating chaplain for both the men's and women's prisons and led a well integrated chaplaincy team. A female lead chaplain had specific responsibilities for the women's prison but all chaplains were expected to work on both sides of the prison. The team was represented on the security committee, the violence reduction committee, complex needs meetings and assessment, care in custody and teamwork reviews. A member of the chaplaincy team saw all new receptions the day after arrival. The range of work of the chaplaincy team was described in a leaflet and on numerous posters. A bright and large multi-faith room was an excellent place for all faiths to worship.

3.56 All faiths were well catered for, with both a female Muslim chaplain and a Catholic priest added to the team since the last inspection. Women no longer needed to apply to attend religious services. All major faith festivals were celebrated and a recent Eid el-Fitr event had been particularly successful.

3.57 A number of faith-based classes were run. Every Tuesday evening, different faiths held a six-week block of classes. It was currently the turn of Quaker teachings classes. Qur'an classes

were held immediately after Friday prayers but these were about to be moved to a separate day. The coordinating chaplain ran a one-to-one restorative justice pilot course with two women. There was very good support for bereaved or terminally ill women. The coordinating chaplain was the first point of contact for families informing the prison of a death of a prisoner's family member and continued to liaise throughout for funeral escort applications.

3.58 A prison visitor scheme was run through the chaplaincy.

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.

3.59 The integrated drug treatment system was well established, although CARAT workers rarely attended clinical reviews. Efforts to challenge prisoners' drug acquisition behaviours and the use of alternative therapies were proving effective. Dual diagnosis provision was well integrated with community agencies. Mandatory drug testing rates were just below target and the well-coordinated supply reduction strategy was proving effective.

Clinical management

- 3.60 The integrated drug treatment system (IDTS) had been launched in January 2010. Women were assessed in reception by primary care nurses and then referred to IDTS nurses if a substance use problem was disclosed. The IDTS nurses attended reception most evenings and there were plans to extend their time in reception to daytime assessments once the remaining IDTS nurse post vacancy was filled.
- 3.61 First night prescribing was in place, with a GP on duty each evening until 9pm and the specialist substance misuse GP on call or available to give telephone guidance.
- 3.62 The drug stabilisation wing had good treatment facilities. IDTS nurses allocated IDTS prisoner first night accommodation and ensured that women medically at risk received the best care. Complicated alcohol detoxifications were cared for in the health care inpatient centre.
- 3.63 Of the 87 women on the IDTS programme, 76 were receiving methadone maintenance, 11 were detoxing off methadone and 10 were on Subutex. In all, 13% of the caseload were detoxing. Prescribing regimes were flexible, including Subutex (buprenorphine) and Naltrexone, with a re-toxication regime available to women at risk of relapse near to release. Prisoners received regular in-depth clinical reviews with an IDTS nurse and a GP, although counselling, assessment, referral, advice and throughcare (CARAT) workers rarely attended. However, communication between the IDTS clinical team and the CARAT team was very good.
- 3.64 The specialist substance misuse GP was robust in challenging prisoners' drug and medication acquisition-related behaviour. While there was clearly an empathic understanding of the difficulties faced by addicted prisoners, the use of alternative and complimentary therapies helped to guide prisoners with chronic pain and sleep problems away from dependence on

pharmaceutical remedies. Prisoners we spoke to said this approach, while hard, allowed rapid positive change in drug use as fewer abusable drugs were prescribed. The 'tackling drugs through physical education' course run by gym staff that had been piloted on the men's side of the prison was not available to women.

- 3.65 A full-time and highly experienced dual-diagnosis nurse worked closely with the CARAT and IDTS teams and the mental health in-reach team. Her liaison work with a wide range of community agencies improved throughcare and resettlement opportunities for dually-diagnosed prisoners on their release.

Recommendations

- 3.66 Clinical reviews for prisoners on the integrated drug treatment system (IDTS) should involve the GP and the prisoner's named CARAT worker and IDTS nurse.
- 3.67 The tackling drugs through physical education course should be run for women prisoners.

Good practice

- 3.68 *The challenging of drugs acquisition behaviours and implementation of alternatives to pharmaceutical remedies to pain and sleeping problems were positive steps towards encouraging prisoners to lead drug-free lives.*

Drug testing

- 3.69 The positive random mandatory drug testing (MDT) rate for the six months to January 2011 was 6.31% against a key performance target of 6.5%. The average suspicion testing rate in the same period was 18.8%. No suspicion tests had fallen outside the 72-hour testing window. The MDT suite was clean, tidy and appropriately equipped.
- 3.70 The security department oversaw a well coordinated supply reduction strategy, under which all prison discipline staff received full drugs awareness training. Security staff targeted specific areas and times for searches by supervising medication runs on occasions according to intelligence, so tackling the medication diversion issues. Two drug dog handlers, each with a passive and an active dog, worked full-time at the prison. One active dog was also trained to detect mobile telephones. Security searches in the six months to January 2011 had resulted in 10 drugs finds and four mobile telephones.

Section 4: Diversity

Expected outcomes:

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

- 4.1 The overarching diversity policy provided good guidance for all diversity strands, but some such as sexuality needed further development. A clear commitment to diversity work was demonstrated by the deputy director. There were good consultation arrangements across most strands. Good support was provided by a committed diversity manager.
- 4.2 An overarching diversity policy (the equality and inclusion policy) provided good guidance for all strands, although the sexuality strand was underdeveloped. The policy covered both the men's and women's prisons and appeared to meet the needs of women as well as men but this had not been established by a gender impact assessment. The policy focused on supporting the needs of all prisoners and underlined the prison's commitment to positive diversity work. The equality and inclusion action team (EIAT) met monthly, chaired by the deputy director, and had good functional representation. All strands were standing agenda items and issues arising from a broad range of consultation with prisoners also informed the agenda. An EIAT action plan was updated monthly, grouping and then monitoring action points raised in each meeting. Ethnic monitoring data were reviewed each month, although the prison did not routinely monitor age, nationality, disability and religion.
- 4.3 The deputy director provided a strong lead for diversity work. Apart from chairing the EIAT meeting, she reviewed all racist incident report forms before closure and engaged regularly with prisoners through focus groups. A full-time equality and inclusion (E&I) manager was responsible for leading on work for all strands apart from foreign nationals, which had a full-time lead officer reporting to the E&I manager. There were seven diversity representatives, with at least one on each wing. They had received no formal training and not all saw their roles in the same way, with a few more interested in their own issues unrelated to diversity. Each representative had a folder of comprehensive information but many prisoners were unaware of these and the EIAT was consulting prisoners about how best to communicate the ongoing diversity work. Meaningful impact assessments were ongoing, with a good emphasis on establishing the views of prisoners within each strand.
- 4.4 All staff received diversity training during their initial training but no refresher training was provided. A researcher/lecturer from Cambridge University who provided independent quality assurance of the racist incident report form process had carried out some cultural awareness training with groups of prisoners and staff specifically aimed at challenging preconceptions and stereotypes. Ninety-five per cent of managers had received the 'spirit of inclusion' training, a diversity awareness package, and the E&I manager reported greater engagement with him by prison managers since this training had been introduced.

Recommendations

- 4.5 Equality monitoring should extend beyond race to ensure equality of treatment.

- 4.6 Prisoner diversity representatives should receive appropriate training to understand and effectively carry out their role.

Race equality

- 4.7 Black and minority ethnic prisoners reported broadly similar experiences to those of white prisoners. There were good arrangements to monitor areas highlighted as a concern by prisoners, although ongoing ethnic monitoring information was not separated into each racial group. Few racist incident report forms were submitted and the process was well managed.
- 4.8 About 24% of women prisoners were from a black and minority ethnic background. In our survey, black and minority ethnic women reported negative perceptions of reception and first night procedures but reported generally similarly to white prisoners in questions on safety and relationships, although fewer said they had a member of staff they could turn to for support.
- 4.9 Ethnic monitoring data were routinely monitored by the EIAT. Where areas were indicated as 'out of range', action points were raised to investigate why and meeting minutes indicated that the actions were completed promptly. No area had experienced a sustained trend in the previous six months. However, data were not separated into each racial group, such as white other or Asian. The prison monitored areas other than those required by NOMS, including allocation to jobs.

Managing racist incidents

- 4.10 Few racist incident report forms (RIRFs) were submitted, with just 41 in the previous six months. Forms were freely available on units. Completed forms were collected from locked posting boxes at least three times a week by the diversity manager. Any general complaints where the box to indicate a racist nature had been ticked were automatically referred to the diversity manager. All reported incidents were minor, requiring minimal investigation. The person submitting the RIRF received a reply within seven days stating what was happening and that an update would be provided within 28 days. Outcomes appeared appropriate. The deputy director saw all forms before they were closed, making additional comments or recommending further action where necessary. RIRF data were also routinely monitored by the EIAT to identify and respond to potential patterns and trends.
- 4.11 Charges against prisoners deemed to be involved in a racist incident were automatically referred to the independent adjudicator. A prisoner found guilty of such a charge was automatically considered for stage two of the anti-bullying scheme and underwent one-to-one work with the diversity manager to establish the reasons behind such behaviour.

Race equality duty

- 4.12 A black and minority ethnic prisoner focus group met regularly and all women had an open invitation to attend. Any issues arising were added to the EIAT agenda.
- 4.13 Once a month, a day was dedicated to celebrating the culture and heritage of different nationalities, which had included Pakistan and Haiti. More were planned for Portugal, the Czech Republic and Slovakia.

- 4.14 Women currently or previously convicted of a racially aggravated offence were not routinely identified at reception and staff did not have easy access to any related database so that they would be aware of them.

Recommendations

- 4.15 Ethnic monitoring should extend to specific groups within the black and minority ethnic population to check for equality of outcomes.
- 4.16 Processes should be introduced to ensure that women prisoners currently or previously convicted of a racially aggravated offence are identified and that staff are aware of such women on their wing.

Religion

- 4.17 Religious provision for women was outlined in the local diversity policy. Religion was a standing agenda item at the monthly EIAT meeting.
- 4.18 The local diversity policy identified religion as a diversity strand, outlining how the religious needs of women would be met and what faith provision was formally available. The coordinating chaplain regularly attended EIAT meetings, where religion was a standing agenda item.

Foreign nationals

- 4.19 There was some good support for foreign national women, including interpreting services, but they were not fully used by residential staff. In our survey, foreign national women reported poorly in their perceptions of their treatment under the incentives and earned privileges scheme and whether they had a personal officer. Prisoners were entitled to a free telephone call to their home country only if they gave up visiting entitlements. Independent advice and guidance was about to be introduced through bi-weekly visits from Detention Advisory Services.
- 4.20 There were 44 foreign national women, about 13% of the population. In our survey, perceptions of foreign national women were broadly similar to those of other women in many areas but they reported poorly in relation to their treatment under the incentives and earned privileges (IEP) scheme and whether they had a personal officer. Foreign national prisoners were a standing agenda item at EIAT meetings and any issues were identified through good consultation with them and a caseworker from Hibiscus who provided valuable support.
- 4.21 A full-time foreign national coordinator met foreign national prisoners during induction and aimed to identify any immediate issues. He and his colleagues from the men's prison were working closely together to develop staff awareness of foreign national issues and were due to give a presentation at a full staff training day. He monitored the location of foreign national women by their first language to prevent potential isolation. He had also begun to monitor foreign national prisoners by incentives and earned privileges level after they had raised concerns in this area, which was reflected in our survey results.

- 4.22 A database of foreign national women provided information on the level of each woman's spoken English but it did not indicate how well or whether they could read or write English. Some staff incorrectly assumed that one led on from the other and in one example of this, a Polish woman with little English was given the standard induction booklet even though there was a version available in her own language. There was an excellent supply of translated information. There was a lack of engagement between wing staff and women who did not speak English and professional telephone interpreting services were little used. A common comment in wing files was 'does not speak English well but otherwise no issues'. In our survey, only 50% of foreign national women said they had a personal officer compared to 73% of British women.
- 4.23 Foreign national prisoners could apply for a five-minute telephone call to their home country but only if they gave up visits entitlements. Many foreign national women were unaware they could apply for this call.
- 4.24 A Hibiscus caseworker attended the prison between four and six times a month and provided excellent support to foreign national women. All new foreign national women were routinely seen to identify any issues or concerns and ongoing support was provided as required in a range of areas, including deportation appeals, accommodation and employment on release. Establishing contact with social services for women whose children had been taken into care was particularly important. Hibiscus supported foreign national focus groups and every quarter arranged special events, such as arranging for a question and answer session with a lawyer. The service provided by Hibiscus was much valued by women prisoners and prison managers.
- 4.25 The UK Border Agency criminal casework directorate attended the prison two days a month to meet prisoners identified for deportation and provide updates about their case. Independent advice and guidance was due to be introduced the following week with Detention Advisory Services attending biweekly.

Recommendation

- 4.26 **Foreign national women should routinely receive a free telephone call to their family abroad without surrendering visits.**

Housekeeping point

- 4.27 Women foreign national prisoners should be given information translated into their own language wherever possible regardless of their ability to read English.

Disability and older prisoners

4.28 There was no care planning system for women with disabilities whose needs were identified and adjustments were made through a risk assessment process. Few women had been identified as needing additional support. There was no formal consultation with prisoners with disabilities but there was a forum for older prisoners.

- 4.29 In our survey, 15% of women said they had a disability. The prison had a list of just three women with a disability who needed additional support. Such prisoners were identified either at reception, which lacked privacy, or by completing a form at induction, which required them to be able to read and write English. A database indicated that 39 prisoners (12% of the total

population) who had declared themselves to have a disability had been interviewed by the diversity manager, suggesting that identification procedures were satisfactory but not fully comprehensive. The diversity manager described a good working relationship with health care and was confident that he would be informed of prisoners identified as requiring additional physical assistance following the reception health care screen.

- 4.30 The three identified women had personal emergency evacuation plans and staff knew who they were and where the plans were kept. These women also had regularly reviewed risk assessments and carried identification cards listing their immediate needs for staff but the emphasis was on minimising risk rather than care. There were two adapted cells but the one on the young women's wing had never been required. The cells were slightly larger but basic, with lowered sinks, cell bells and beds and a wider door for wheelchair access. Prisoners who had used these cells and others who had required adaptations such as grab rails said they were confident staff would arrange any necessary adjustments. Some prisoners found it difficult to shower and the shower chair provided was not much help. There was no formal carer system but prisoners said other prisoners and staff helped them when necessary.
- 4.31 There was no formal consultation with women with disabilities. Consultation with older women was better, with a recently-introduced regular forum open to women over the age of 50. Issues arising were mostly effectively addressed at the EIAT meeting, although one request for extra bedding as older women felt the cold more was dismissively described as not an age-related issue. Prisoners who reached retirement age of 60 were not required to work. These prisoners and those unable to work because of disability were supposed to be unlocked outside patrol states but staff did not adhere to this. Where prisoners wanted to work despite their age or disability, efforts were made to adapt working environments to allow them to do so. Retirement pay for older women was low, at £6.50, and they were still required to pay £1 towards their television.

Recommendations

- 4.32 Systems should be established to ensure that all women prisoners with a disability are identified on reception, have appropriate care plans and are routinely consulted.
- 4.33 A formal prisoner paid carer scheme for women requiring additional ongoing support should be introduced.
- 4.34 Retirement pay should be increased to be sufficient for those with no other source of income and retired prisoners should not have to pay for their television.

Housekeeping point

- 4.35 Prisoners of retirement age and those unable to work due to disability should be unlocked throughout the core day in line with the equality and inclusion policy.

Sexual orientation and gender

- 4.36 Formal consultation arrangements for gay and bisexual prisoners had just begun. No formal support services were provided.

- 4.37 In our survey, 24% of women described themselves as gay or bisexual. Formal consultation with gay and bisexual women had recently begun but minutes from the EIAT meeting indicated that emerging issues had yet to be addressed. There were no external formal support agencies providing help. The local diversity policy described how the individual needs of transgender prisoners should be met but none had yet been received.
- 4.38 Women awareness staff programme (WASP) training was now routinely delivered as part of Sodexo's initial officer training, covering approximately 120 staff. The diversity managers from both the women's and the men's prisons were trained to deliver WASP and this was slowly being rolled out across the rest of the staff group.

Recommendation

- 4.39 Details of external support networks and how gay or bisexual prisoners can contact them should be widely available.

Section 5: Health services

Expected outcomes:

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

5.1 Overall primary care services were good and the range was adequate for the needs of the population, with substantial improvements since 2006. Pharmacy services and medicines management were satisfactory, although some issues required attention. Dental services provided a good level of care. Mental health services were good and primary mental health and in-reach services had recently integrated. Women complained about delays in obtaining appointments to see a doctor or dentist but provision of services was good, with only short waiting lists. It was unsatisfactory that there was no woman GP. Some problems with the organisation of appointments were indicated by the high rate of non-attendance at some clinics. Health care facilities were good and the department was fully staffed, with a satisfactory skills mix. Nurses held lead speciality roles and there were good links with the wider prison.

General

- 5.2 Sodexo provided 24-hour primary care nursing services on a long-term contract with the Ministry of Justice as part of the private finance initiative. Mental health services were provided by Cambridge and Peterborough NHS Foundation Trust (CPFT) and 24-hour medical services by Cimmaron UK, a GP locum agency. Strategic partnership arrangements were monitored through the prison partnership board, which met quarterly and was chaired by the prison director. Senior staff and clinical leads from the prison attended the meeting we observed, as did representatives from Cambridge and Peterborough NHS Foundation Trust and NHS Cambridgeshire. There was a good focus on developing and improving delivery of health services. The health needs assessment, prison health indicators and the health delivery plan had been completed in 2010 and were actively reviewed. The head of offender health was a member of the senior management team. The management structure worked well and there were good working relationships among the health care team. Working relationships between health care staff and other departments were good and those with NHS Cambridgeshire had improved.
- 5.3 The health care centre was clean and tidy and consisted of four consulting rooms, a pharmacy, a dental suite, an in-patient area, a day room and adjoining offices. Two house blocks contained areas for administering medication. The nursing team helped administer methadone and subutex to support the integrated drug treatment system (IDTS). A large health care room in the reception area was used solely by health care staff but was not on a separate health care suite key to ensure equipment and patient records were appropriately stored. The room was adequately equipped but had no sluicing facilities.
- 5.4 In our survey, more women than in 2006 but fewer than the comparator, said the quality of health care services was good. We found services were generally good. A range of specialist and nursing clinics was provided on weekdays. Clinics such as well woman, smoking cessation, nutrition and long-term conditions including asthma, diabetes and heart disease were run, although women were dissatisfied with access to some health services.

- 5.5 We saw women treated respectfully. Named nurses held lead roles for women with specific needs, such as asthma and diabetes. There were also named nurses for the inpatient area and triage. While a fairly new system, this was effective in promoting continuity of care. There was no lead for older women or women with a disability. One nurse was being trained to set up a blood-borne virus (BBV) clinic in the department and there were plans to have a lead nurse responsible for pain management.

Recommendation

- 5.6 **Services for older women and women with disabilities should be developed and a lead nurse identified.**

Housekeeping point

- 5.7 The health care room in reception should be secured with a health care suite key and have sluicing facilities for the disposal of waste samples.

Clinical governance

- 5.8 A range of Sodexo health policies and procedures reflected the prison system. There had been a recent infection control audit and clinical audit had been undertaken in December 2010. Clinical governance meetings were held quarterly and there was good representation from relevant organisations. Monitoring of clinical governance, complaints and incidents took place at the clinical governance committee and reported to the prison partnership board. Deaths in custody were well monitored through the partnership board and action plans had been implemented. Regular meetings had been established to liaise with the midwives and local acute hospital.
- 5.9 The health care team establishment across the whole prison consisted of a head of health care supported by a clinical lead for men and women prisoners, an IDTS clinical lead, an IDTS/offender health lead and a drug coordinator. The nursing teams consisted of registered nurses and health care assistants. There were no staff vacancies and regular agency staff were used to cover absence through training and annual leave. Officers managed the flow of patients for appointments and supported the care of inpatients. There were opportunities for health staff to have clinical supervision and a comprehensive programme of continual professional development.
- 5.10 Emergency resuscitation equipment including oxygen and automated emergency defibrillators (AED) were available in the health care centre and on house blocks. All resuscitation equipment had daily documented checks. Only health care staff were trained to use defibrillators and not all wing staff were up to date with their resuscitation or first aid training. A rolling programme for first aid training was under review. An emergency childbirth kit was available in the health care department. Equipment and mobility aids were provided when required but could be slow to arrive. There was limited access to occupational therapy and physiotherapy.
- 5.11 SystmOne was used to manage clinical records and all prisoners had a clinical record. Appointments for most services were recorded on SystmOne but these were not monitored electronically. While SystmOne was not used to its optimum, record-keeping was generally of a good quality and there were plans for further IT training. All paper clinical records were properly stored and archive arrangements were appropriate.

- 5.12 The few written complaints were predominantly received through the prison system and mainly concerned medication issues. During the inspection, many women complained about delays in repeat prescriptions, lack of ibuprofen for pain relief, access to dental services and the doctor. There were plans to implement a patient advice and liaison service (PALS). Women were consulted about service developments through a women's health care consultative meeting.

Recommendations

- 5.13 Women who need specialist medical equipment and mobility aids should receive them in good time.
- 5.14 Women should be able to access physiotherapy and occupational therapy where necessary.
- 5.15 All wing staff should receive regular first aid and resuscitation training and there should be sufficient trained staff to use emergency equipment.
- 5.16 Verbal complaints should be recorded and patterns monitored. Resulting changes to practice should be communicated to women prisoners.

Primary care

- 5.17 Initial screening of all new arrivals was carried out in reception using a standard screening tool on SystmOne. Secondary screening was routinely carried out, although fewer black and minority ethnic and foreign national women than others said they had seen a member of health care staff in reception.
- 5.18 Women were given information about health care services but there was little written information for prisoners whose could not speak English. There was a range of health promotion information but this was not easily accessible. Information about access to health services was limited. Some information was presented in a complex way that would be difficult for anyone with literacy problems. There had been two well-attended health awareness days and there were plans for more.
- 5.19 Sexual health advice was available through an effectively run well woman clinic. Genito-urinary medicine services were available weekly. The podiatrist attended monthly or more regularly if there were individual specialist needs. The optician attended monthly. There was good access to antenatal services. Women commended the care given by the midwives and were positive about access to hospital appointments. The GP service was available twice a day on weekdays. Cover was available for IDTS patients until 9pm and for bank holidays, weekends and out of hours. Women did not have regular access to a female GP and were unaware they could ask to see one. In our survey, fewer than the comparator said the quality of services provided by the doctor was good.
- 5.20 The health care team had attempted to address the management of the appointment system and the high failure to attend rates by using the electronic kiosk system. This has been unsuccessful and women now submitted an application form for health care services. All applications were collected daily by the triage nurse. There continued to be a large number of women who did not attend clinics and women explained that they did not always receive their appointment notification. The rate of non-attendance was notably high for nurse clinics, dental and optical services.

- 5.21 Nurse triage algorithms were used and an identified triage nurse was completing a minor injuries course. The named nurse for triage attended all house blocks and workshops every morning and in the afternoons if required. Women could discuss immediate medical needs and be referred to relevant services if necessary. This was well received by the women.
- 5.22 There were good working relationships with the segregation unit. An identified nurse attended daily and liaised closely with the GP who visited three times a week. Women in the care and separation unit could see other specialists where necessary. There was a prison-wide multidisciplinary single point of referral meeting every two weeks where men and women prisoners with complex needs were discussed. This was a well attended and effective meeting.

Recommendation

- 5.23 **Women prisoners should have access to a female GP and this should be widely advertised.**

Housekeeping point

- 5.24 Health care information, health promotion leaflets and posters should be widely available across the prison, including in different languages and in a format understandable to women with literacy difficulties.

Good practice

- 5.25 *The named nurse system for triage operated effectively and provided a good service to prisoners.*

Pharmacy

- 5.26 Pharmacy services were provided by a local pharmacy supplier who visited the prison once a week. Prescription items were supplied in good time. There were no pharmacist-led clinics as previous attempts to start these had been unsuccessful. Discussions were under way about starting medicines use reviews.
- 5.27 Medication was administered by nursing staff, generally four times a day from treatment rooms on each wing, from the pharmacy area or by using a trolley to deliver directly to cells. For patients requiring supervised administration in the evening, night time medication was administered around 10pm on weekdays but at around 4pm at weekends, including sedating medication. The pharmacy technician gave out in-possession medication and was available to give advice to the patients at that time. The pharmacist was not included as an option on the health care application form. Administration charts were generally well completed but a number had gaps. Medication administration was generally well organised and consideration was given to patient confidentiality. However, we saw patients entering the confidential area while others were still receiving medication, which was a problem during administration of methadone from the health care department.
- 5.28 Patient information leaflets were supplied with in-possession medication and available to other patients on request. Medication could be supplied either as weekly or monthly in possession but the majority of medicines were administered by nurses on a supervised basis. In-

possession risk assessments were carried out and regularly reviewed by nursing staff. The outcome of the assessment was stamped on the patient medication charts.

- 5.29 A limited list of medications such as throat lozenges, antacid tablets and acne treatment were available from the shop. A number of patient group directions (PGDs) were in place and included antibiotics, antifungal preparations, antibacterial eye drops, nicotine replacement therapy, loperamide, Gaviscon, ibuprofen and paracetamol. Very few nurses had signed that they were competent to administer from each PGD.
- 5.30 A number of women said they were told to buy ibuprofen from the canteen list and were in pain until the order arrived. Women were not allowed to hold paracetamol in possession and had to present four times a day to receive it. In some cases, there was insufficient space to record all the supplies on the chart.
- 5.31 While a large proportion of patients received individually labelled medicines, other patients had medication administered from stock. Stock was not clearly segregated in the medication trolleys and we found a patient-returned medication that had been placed into stock. There was no special sick policy and decisions on whether to refer repeated requests was left to the discretion of individual nurses. Some women complained that they ran out of medicines before their repeat prescription was available.
- 5.32 Prescribing and administration of medications were not yet in place using SystmOne and there was no printed prescription that could be faxed to the supplying pharmacy. A health care assistant attended the doctor's clinic and wrote a list of medicines prescribed to each patient, which would then be signed by the doctor. This risked a transcribing error that could have serious consequences but this problem was being addressed through the full implementation of SystmOne. A formulary was in place and patients serving sentences over three months had their medication altered to fit in with the formulary.

Recommendations

- 5.33 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews.
- 5.34 Women should have timely access to pain killers such as paracetamol and ibuprofen.
- 5.35 A policy for women reporting sick to nurses should be implemented and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied.
- 5.36 The medicines and therapeutics committee should review the use of general stock. Named-patient medication should be used wherever possible and general stock only if unavoidable.

Housekeeping points

- 5.37 An option to see the pharmacist or pharmacy technician should be added to the health care application form.
- 5.38 Night sedating medication should be supplied at appropriate times.

- 5.39 Patient-returned medication should be clearly segregated from current stock or dispensed medication.
- 5.40 All appropriately trained staff should sign that they are competent to administer from patient group directions.

Dentistry

- 5.41 Dental services were provided by a local practice and a dentist and dental nurse attended one day a week. About 20 women could be seen at each session. The dental surgery equipment was well maintained and all working satisfactorily. Cross-infection controls were satisfactory and a separate area was used for cleaning equipment. The autoclave had been sited in a separate room, the sluice, which was unsatisfactory. Emergency oxygen was available and all emergency medicines were in date.
- 5.42 Women applying to see the dentist were usually placed on the next available clinic, which could be the same week. Women rarely waited more than two weeks before being seen but the year to date did not attend rate was over 90%. Dental checks and treatment at least to the range available in the NHS were provided and oral health information was provided individually by the dentist. Dentistry was fully integrated into the health care system and there was a good level of communication with the health care team.

Recommendation

- 5.43 The high failure to attend rate should be investigated and action taken to reduce the number of women not attending appointments.

Housekeeping point

- 5.44 Oral health promotion information should be available to women around the site and in a range of languages.

Inpatient care

- 5.45 The inpatient unit contained 15 beds and one observation room. There was one four-bed bay. Some of the cell doors were too narrow to be accessible to wheelchair users and one woman who used a wheelchair had been admitted to one of these rooms. There was a small exercise area and a day room with comfortable seating and a television. The regime was relaxed but one pregnant woman said she had not felt safe when admitted to the inpatient area. The area was staffed by prison custody officers. There was a named nurse lead for inpatients and the GP visited daily. Care planning was effective.
- 5.46 There were six in-patients. One woman had no medical needs and had been placed in health care for personal safety reasons. While not ideal, we accepted this was a pragmatic decision. All the inpatient beds were part of the overall prison certified normal accommodation. There were good examples where the team had supported phased moves back to normal accommodation.

Recommendation

- 5.47 All inpatient beds should be removed from the list of certified normal accommodation.

Secondary care

- 5.48 The senior administrator managed the hospital outpatient appointments for all prisoners. There were two slots a day for planned external appointments for women prisoners. It was possible for more women to attend appointments when escort staff were available. Few appointments were cancelled or changed due to the lack of escort staff. During 2010, there had been 59 bed watches, of which 42 were for women.

Mental health

- 5.49 The mental health in-reach services were based at the prison and included a team leader and three mental health nurses, one of whom was a learning disabilities nurse, a substance use specialist, an administrator and two part-time psychologists. Two primary care mental health nurses had recently been integrated with the team. The service had also contracted over seven clinical sessions from a psychiatrist, which was considered to be excessive and under review. The facilities were satisfactory and the total caseload for both men and women prisoners was 35, with an average of three new referrals a week. Sixty-two women had been referred in 2010 and 96 in 2009. The team had just had SystmOne installed but had yet to migrate records and manage future patients using the system. Following our last inspection and a recent inspection by the Care Quality Commission, the team had developed more robust mechanisms for reporting incidents to the primary care trust and revised information-sharing protocols.
- 5.50 Prisoners were generally complimentary about the quality of mental health care and the team had started an annual audit to survey patient experience and inform practice. The team had regular single point of contact meetings that were multidisciplinary and used to discuss current cases. There were good links with community teams. Some visiting counselling services were available. There were no day care services.
- 5.51 Mental health awareness training for officers was available on a rolling programme. All new staff were trained and contributions were made to reception staff training and assessment, care in custody and teamwork training but only 8% of current prison staff had received mental health awareness training. When necessary, patients were usually transferred to secure mental health units within four weeks.

Recommendations

- 5.52 All prison staff should receive mental health awareness training.
- 5.53 Day care services should be available to prisoners with mental health problems who find it difficult to cope on the wings.

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 Time out of cell for women who worked was good but unemployed prisoners and those on the initial stages of the integrated drug treatment system were locked in cells for most of the day. Association was regular and rarely cancelled. Exercise periods were too short.
- 6.2 Time out of cell for women working off the wing was very good, with the day starting at 7.15am and finishing at 7.30pm. Lock-up during the day was for two hours at lunch and 30 minutes before association. Wing workers had a similar experience, with only slightly less time unlocked during movement to activities. Women who did not or could not attend activities had a much poorer experience. They were unlocked for about 40 minutes at 7.15am, for 45 minutes at 1.10pm for exercise and lunch and finally for 90 minutes in the evening. At a roll check during the day, we found over 24% of women locked up. This included most women on induction, women withdrawing from drugs or being stabilised, unemployed women and unconvicted women who chose not to participate in activities.
- 6.3 Exercise periods were usually for only 30 minutes and there were some clashes with other activities, such as medication administration and the serving of lunch. Exercise yards were clean and reasonably good environments with flower beds and benches. Prisoners said exercise was cancelled only if there was snow. They were allowed to exercise in the rain but were not issued any outdoor clothing to protect them from the weather.
- 6.4 Evening association took place on Tuesday to Friday evenings and was rarely cancelled. Weekend association provision was good with around six hours each day. New pool, football and table tennis tables on the wings were well used. Cell association was permitted and we saw staff interacting well with prisoners. Prisoners on the basic incentives and earned privileges level were unlocked for the last 30 minutes of association, allowing them to use the showers and telephones after the initial busy period at unlock.

Recommendation

- 6.5 All women prisoners should have the opportunity to spend one hour a day in the open air.

Housekeeping point

- 6.6 Outdoor clothing should be provided for women going outside for exercise in bad weather.

Learning and skills and work activities

Expected outcomes:

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

6.7 Activity places had increased and provided places for 85% of women. There had been some increase in accredited provision. Most women who completed courses achieved their qualifications. Teaching was generally good but qualifications were mostly at too low a level for progression into employment. The learning and skills strategic plan had insufficient focus on women's needs, including young adult women and those serving life sentences. Not enough use was made of data and information to inform developments. The library did not provide sufficiently good support for learning.

Leadership and management

- 6.8 The number of activity places had increased, with enough for 85% of women. A needs analysis survey completed in late 2010 had yet to be analysed to inform developments. The 2009-12 learning and skills strategic plan had clear objectives, which were routinely monitored by the quality improvement group but was too generic across both the men's and women's prisons, with not enough focus on women's needs, particularly young adult women and those serving life sentences.
- 6.9 There was effective team work across the prison and education staffing was more stable than previously. Observations of teaching and learning were used effectively with education staff and the quality of teaching had improved. However, not enough use was made of data and information to inform developments, such as to address the low completion rates on accredited courses. The self-assessment report was too generic across both prisons but usefully recorded progress separately. It recognised there was no longer an inclusive self-assessment process involving feedback from prisoners, staff and external partners.
- 6.10 The introduction of electronic kiosks as resource points around the prison was highly effective and encouraged women to find out information themselves, providing useful learning skills for resettlement. Prisoners could see their timetables and work allocations and order from the shop and were able to print out copies for reference.
- 6.11 Equal opportunities were promoted satisfactorily in learning and skills. One example was the baking of traditional Bangladeshi lemon curd tarts in a cookery class that were then distributed with related information to all women to celebrate Bangladeshi Independence Day.
- 6.12 All women attended an induction in the education department, usually within a week of arrival unless they were detoxifying. They were assessed to determine their literacy and numeracy needs and the results were discussed with them during an individual interview. A brief history of the woman's skills and experience informed the individual learning plan. The options available for work, education and vocational training were discussed and the woman's preferences recorded.

- 6.13 The allocations board met weekly to allocate women to activities, although some daily allocation took place when necessary. The board gave priority access to courses where sentence plans identified the need for prisoners to complete them. It used education, security, health care and sentence plan information in addition to women's application requests and most women were deployed to some activity within two weeks and/or put on waiting lists. The allocations board was fair and equitable but limited by the restrictive skill levels of the activities available.
- 6.14 Rates of pay for prisoners did not act as a disincentive to engage in education or training activities.

Recommendations

- 6.15 Learning and skills strategic planning should be reviewed to ensure that objectives are appropriately focused on the specific learning needs of the women prisoners, including young adult women and those serving life sentences.
- 6.16 The number of prisoners successfully completing accredited courses should be increased by investigating reasons for non-completion and achievement and taking action to address the causes.
- 6.17 The self-assessment process should be improved to ensure it systematically includes feedback from prisoners, staff and external partners and focuses separately on women prisoners in its evaluation and subsequent action planning for improvements.

Work and vocational training

- 6.18 There were 125 off-wing jobs such as sorting clothes to sell in charity shops, recycling cardboard, plastics and paper, portable electrical appliance testing (PAT), orderly jobs, creative arts and gardening work. There were also 76 on the wings as cleaners and servery workers. Skills development within employability training was generally good, with women prisoners working to a high standard supported by structured training. Good use was made of peer mentors in workshops but the skills they developed were not accredited or sufficiently recognised and recorded.
- 6.19 The eco-art and crafts workshop involved women in designing and making innovative and exciting creative artwork out of recycled materials. This was used to help local community projects such as school plays, museum displays and outfits for a 'trashion show' of dresses and other garments made from recycled materials. One of the prison workshops had linked with the Sue Ryder charity and prisoners sorted, labelled and steamed donated clothing to sell in its charity shops. The Barnardo's charity sewing workshop in the Bridge centre was well run by a prisoner who had developed many good patterns and guidance instructions for other prisoners to use. She had a great deal of responsibility and operated with little support from staff but regularly ran short of materials and was not offered accreditation or recorded recognition of her skills. Products such as 'bags for life' were sold in Barnardo's retail shops, toilet bags were made for new arrivals and women had innovatively designed make-up roll-bags and hair scrunchies from scraps of left-over materials.
- 6.20 Most workshops were clean and reasonably tidy with sufficient resources. However, there were no classroom facilities in workshops and no provision for literacy, numeracy, English for speakers of other languages or IT for women who did not attend the education classes. Individual learning plans and work compact agreements had been introduced into workshops

but were not yet used effectively. Provision to develop women's literacy, numeracy and language skills by education staff visiting workshops was not offered.

- 6.21 Accredited vocational training was provided by the prison for 35 women in industrial cleaning, hairdressing and beauty therapy. The range of accredited vocational training was limited and awards in hairdressing and beauty were not usually offered to prepare for commercial employment. Achievement of awards was good for those prisoners who completed courses but too many left the prison without finishing. Qualifications were offered at level 1 and in cleaning and beauty also at level 2.
- 6.22 Achievement of Open College Network (OCN) levels 1 and 2 beauty therapy awards was good and the few women who completed the programmes all achieved. The Bridge provided a large bright area with adjacent smaller rooms for offering beauty therapy commercial treatments and training and a charity sewing workshop. Prisoners managed appointments and those who had passed their beauty qualifications provided treatments for other women each afternoon at the Bridge or one evening a week on residential wings. During inspection, the Bridge area, which was offering taster sessions, was insufficiently staffed and women were sometimes left unsupervised.
- 6.23 The hairdressing salon in the women's education department was small but adequately resourced for the low group numbers. OCN level 1 awards were offered and there was a high emphasis on developing social and learning skills in a lively environment as well as basic hairdressing salon skills. The tutor offered a lot of support in executing good results for client treatments on both Caucasian and Black hair types. With the development of a more professional approach replicating professional salon standards, the salon had the potential to be used for developing vocational skills for employment.
- 6.24 The cleaning academy BICS training for 12 women was due to be combined with wing working as the workshop was due to reopen imminently as a construction craft skills area.

Recommendations

- 6.25 **Ways of recognising and recording women's knowledge and skills development should be introduced into non-accredited areas to enhance their self-awareness and enable them to value new skills and gain evidence for use on release for employment.**
- 6.26 **Literacy, numeracy and language support should be provided in work areas to encourage those with below level 2 assessed skills to improve their skills to help in gaining employment on release and for communicating with their family and community.**

Education

- 6.27 The prison offered just over 100 education places daily, divided between morning and afternoon sessions. The curriculum comprised accredited courses offered on a rolling basis over six consecutive weeks, including literacy, numeracy, English for speakers of other languages (ESOL), ICT and eco-art, mostly from entry level to level 2. Pass rates on accredited courses were good for those who completed them. In 2010-11, pass rates on literacy, numeracy and ESOL courses were high, although two courses involved only a relatively small number of learners. A course in IT attracted a substantial number of women but the pass rate was low at 39%. Some unaccredited courses were offered at irregular times during the year. All prisoners were part time but some took more than one course concurrently.

- 6.28 A popular activity week run four times a year in place of the normal education programmes provided prisoners with introductory courses to the mainstream provision. One was being run during the inspection. During the week, women in many of the lessons developed their learning and personal skills well. Most made good progress in their ability to study independently and in small groups, including some who had been disengaged from education for many years. Most prisoners paid attention and took an active part in lessons. They applied research techniques, organised and presented their findings and conclusions well, both verbally and in writing, and increasingly worked cooperatively in small and large groups. Across the provision, the overall standard of learners' work in classes and past work on display in the education department was satisfactory.
- 6.29 Attendance was satisfactory. During 2010-11, attendance in mainstream classes averaged 79%. Attendance at classes during the activity week was mostly good, with many classes at capacity. Punctuality was satisfactory and classes started on time. Prisoners' behaviour in classrooms was mostly good and disruptive or inappropriate behaviour was dealt with promptly and effectively. Women generally felt safe and well supported in the education environment.
- 6.30 Much of the teaching and learning we observed during the activity week was good and most lessons were planned well. Many tutors used the activity week successfully to explore new ways of introducing women to and engaging them in learning. The most successful linked interesting themes to practical and relevant tasks that could be completed within the course of the week. For example, literacy skills were developed through historical considerations of crime and punishment 200 years ago. The cookery class was lively and stimulating and effectively encouraged women to use numeracy and literacy skills. Women spoke enthusiastically about learning about nutrition and how to cook popular healthy meals. Information technology learners researched and produced a prison newspaper, identifying and delegating different editorial roles and tasks and in the process developing their writing and design skills. In the most effective sessions, teachers used a wide variety of methods to meet the range of women's needs and learning styles, motivating them and keeping them on task. Some teachers used peer mentors effectively to provide immediate support or review and assess work. In the few less effective sessions, some women were not actively or consistently engaged.
- 6.31 Too few education places were available to meet demand. The allocations board was fair and equitable in allocating women to activities but waiting lists were long for a few popular subjects such as cookery, IT and literacy. Not enough courses were available at higher levels to meet the aspirations and abilities of the just under 60% of women whose literacy levels, according to 2010 data, were at level 1 or above. However, the range of provision to support the development of numeracy skills was a closer match to prisoners' numeracy levels on entry to the prison. Resources and accommodation for teaching and learning were generally satisfactory.
- 6.32 Support for prisoners with additional learning needs or disabilities was underdeveloped. A tutor had only recently been given the responsibility for developing specialist support for women with learning difficulties or physical disabilities. There were no specialist trained staff or training to raise staff awareness of all learning disabilities or difficulties. The Toe-by-Toe provision was managed satisfactorily and there were enough trained and available mentors. Around 140 women mentees had been involved in the programme over the previous 2.5 years.
- 6.33 A small number of women were involved in *learnirect* programmes. Although using a different learning approach, subject choices reflected rather than extended the options available in mainstream provision. Only one woman was enrolled on an Open University course.

- 6.34 Leadership and management of education provision had been insufficiently focused over the past two years to develop the education curriculum to meet the needs of all prisoners. In that period, and to date, an annual prisoner survey and prisoner focus groups consistently identified that the curriculum was too narrow and did not provide sufficient options for prisoners with higher level literacy skills, yet the curriculum on offer remained largely unchanged. Basic data were used adequately to monitor, plan and develop the provision but there was insufficient analysis of all the data now available. For example, there was no analysis of the relative success rates or involvement in education of different ethnic groups. Self-assessment was insufficiently rigorous, evaluative and accurate.

Recommendation

- 6.35 **Support for prisoners with additional learning needs should be implemented to enable them to participate more fully in learning and improve their skills for reducing re-offending.**

Library

- 6.36 Peterborough City Council (County Library Services) provided the library facility, which was not managed effectively. It was run by an enthusiastic but unqualified full-time library officer. Two prisoner orderlies provided library support but could not take relevant qualifications. The library officer was responsible for the library service in both the men's and women's prisons. The library was a pleasant environment where prisoners could read or use one of the three computers.
- 6.37 The library was open for 12 hours a week during education times. Prisoners attending education had adequate opportunities to visit. It was also open on two evenings and on weekend mornings. There was a timetable for prisoners to visit from the wings but no clear systematic approach to ensure equality of access. There were data on the number of prisoner visits and book issues but not showing the proportion of prisoners who used the facility, particularly by wing. However, too few prisoners used the library, with only 3,700 visits recorded in 2010. In our survey, only 35% of women, against a comparator of 47%, said they used the library at least once a week.
- 6.38 A large proportion of books were fiction but library resources overall were reasonable, with daily newspapers, local college prospectuses, advice leaflets, a small range of vocational books, audio books, jigsaw puzzles, books for speakers of other languages and easy read material. Prisoners had good access to legal references and Prison Service Orders in both hard back and on computer. Peterborough County Library Service provided a prompt loan service and most books ordered arrived within a week. Weekly film and book reading clubs had been very successful. Storybook Mums offered an excellent opportunity for women to continue family links.

Recommendation

- 6.39 **Access to the library should be improved.**

Physical education and health promotion

Expected outcomes:

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

6.40 Recreational physical education was satisfactory and use had much improved over recent months, with some popular activities. Too few women attended the low-level accredited courses run during the core day, restricting efficient use of facilities. There was a good size sports hall and cardiovascular equipment was well used but some of the weight training equipment was not particularly appropriate for most women. Qualified prisoners worked weekly with deaf-blind people to promote and encourage exercise and physical activity and to retain their own coaching skills. Links with health care staff were good

6.41 The management of the physical education (PE) department was satisfactory. Recent regime changes in the previous two months had extended the usage of the gym from 300 user hours a week to around 900. Accredited courses run during the day enabled small numbers of prisoners to complete health, wellbeing and activity courses. These were available only at level 1 and were not relevant to employment on release. Restricting use to accredited courses during the day did not appear an effective use of resources.

6.42 Access to sport and activities was promoted to all women through the weekly induction programme. All women completed the induction and a pre-exercise questionnaire, which often highlighted medical concerns that were then reported to health care. Healthy living was promoted during the gym induction and supported further by the level 1 healthy living course, with a maximum of 14 prisoners on a six-week course. There were no other health improvement programmes. The gym did not have anyone qualified to promote rehabilitation from injury. A member of staff supported the newly appointed wing-based health champions who encouraged other prisoners to use the gym. Links with health care staff were good and health care staff visited the gym regularly to monitor and triage injuries or deal with women who believed they were too sick or injured to continue physical activity.

6.43 The facilities were well maintained, clean and tidy. Indoor resources included cardiovascular, modular and free weight training facilities, a good sized sports hall and a very small classroom. The cardiovascular equipment was well used but some of the weight training equipment was not particularly appropriate for most women. The small airless classroom off the sports hall had a satisfactory range of equipment to support learning but was not a good learning environment. Women had a small outdoor trim trail and a small tarmac area suitable for playing netball and walking. Drinking water was available in the gym. Access to the gym for women with disabilities was good. Most of the equipment was well managed, with most repair work conducted quickly but there was no structured rolling programme to replace cardiovascular or weight training equipment.

6.44 The gym delivered recreational PE and two health-related accredited level 1 courses. Too many learners failed to complete courses due to transfers or were released following appearance at court. Courses often began under capacity and then declined further, which made poor use of the facility. Most courses completed with less than 50% of participants staying to the end.

- 6.45 All prisoners had access to at least two recreational PE sessions a week, one during the week and one at weekends. Late afternoon and evening gym sessions ran for women who worked during the day. Recreational sessions run in the evenings and at weekends included recently introduced classes in Pilates, body tone and spinning. These were well attended and popular but lack of a suitable location meant they were run in the sports hall or cardiovascular suite.
- 6.46 Prisoners who completed the Active IQ course worked once a week with deaf-blind people to promote and encourage exercise and physical activity and retain their skills. This had developed some very positive working relationships for prisoners and participants.
- 6.47 Shower facilities were available in the gym and used by some women. Most women wore their own training clothes and footwear for activities and a full range of clothes and towels was available if required.

Recommendation

- 6.48 Greater use should be made of the gym during the day for recreational activities to allow more women to participate, particularly those without allocated activities.

Housekeeping point

- 6.49 A structured rolling programme to replace cardiovascular and modular weight training equipment in the gym should be introduced.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 Physical security was appropriate and security procedures were mostly proportionate. Open galleried accommodation units and well lit special communal areas allowed good supervision. Analysis of security information was good and relevant action was taken. Not all women prisoners were clear about the rules that applied to them and some said they were applied inconsistently.

Security

- 7.2 Physical security was in line with that expected of a local prison. The open galleried residential units and bright and spacious communal areas provided good sight lines. There was comprehensive CCTV coverage of most areas, with very good viewing equipment in the control room. A single security department for both sites was well resourced, with a core team of 11 staff and administration support. There were four drug detection dogs, one of which was also trained to find mobile telephones. Routine telephone monitoring was conducted by night control room staff, with the security department undertaking any active risk-based monitoring.
- 7.3 A full-time police liaison officer was actively involved in the prison. Requests for police attendance following visits-based drug seizures or whenever intelligence suggested a likely 'throw over' of drugs into the prison were normally responded to appropriately.
- 7.4 Visits restrictions were minimal and at the time of the inspection no women were subject to closed visits and there were no banned visitors to them.
- 7.5 Security information reports (SIRs) were regularly received from all areas of the prison. Each was acknowledged and the information collated to inform the security department of issues and threats. Data covering type of incident, location, ethnicity, nationality and areas that submitted few or no SIRs was available and analysed. About 600 SIRs had been submitted in the year to date, a similar rate to the previous year. The main issues included drug assaults and bullying. Responses were good and the security department acted quickly on information received. The collated data were reviewed at the security committee meeting, with appropriate action taken and evaluated for effectiveness at subsequent meetings. Considerations for security clearance for activities were appropriate and not overly restrictive.
- 7.6 Security meetings were reasonably well attended, although they did not always include key senior staff. A useful agenda was followed and a large amount of data was evaluated to identify trends and hotspots of activity.
- 7.7 One woman prisoner was subject to escape list procedures because of an incident at court. We were not convinced that she posed a sufficient threat of escape from the prison to require this.

Rules

- 7.8 Women prisoners signed a compact at induction outlining the main prison rules. However, those we spoke to were unclear about rules in general and said they found out about them only when they broke them. We were told that staff interpreted the rules differently so that what was acceptable by some could result in an incentives and earned privileges warning or disciplinary charge with others. Rules were not displayed on the wings.

Recommendation

- 7.9 All prisoners should be issued with a copy of the rules of the prison.

Discipline

Expected outcomes:

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

- 7.10 Adjudications were conducted fairly and punishments were proportionate. Use of force was relatively high and mostly involved managing some difficult women in the segregation unit. The segregation unit was well managed and staff worked closely with the mental health team to provide good care. All women had care/reintegration plans. There was little use of special accommodation but one recent use was questionable.

Disciplinary procedures

- 7.11 There had been 305 adjudications in the year to date, a projected increase of around 15% on the previous year. More serious cases were referred to the independent adjudicator, who attended monthly and heard around five cases each time. Guidance on punishment levels for each offence was available to women prisoners. Adjudications we observed were handled sensitively, with due consideration of the woman's mental state. More than one hearing was adjourned for mental health in-reach team reports. An adjudication standardisation meeting was held quarterly to review punishments, processes and charges.
- 7.12 Adjudications were conducted in a non-intimidating way and women were encouraged to contribute. Their understanding of each stage was checked and appeal procedures were explained at the end of the hearing. Punishments were not over-severe.

Use of force

- 7.13 There had been 51 incidents of use of force in the year to end March 2011, a projected decrease of around 8% from the previous year. Most were recorded as spontaneous, although some, such as those involving prisoners refusing to leave segregation exercise yards, could be regarded as planned. The majority took place in the segregation unit and often involved the same prisoners repeatedly. Only three were recorded as interventions to prevent self-harm. Written records were good, with supporting health care reports.

- 7.14 An electronic log provided useful data on the location and time of incidents and who had been involved but it was not used effectively. The use of force committee had lapsed for some time. It had only recently reconvened but there were no terms of reference. The committee was chaired by the control and restraint coordinator and focused mainly on training but did not review records or recordings of incidents to identify areas for improvement.
- 7.15 Over 90% of staff were up to date with their use of force training and regular on-going sessions were held. No staff carried batons.
- 7.16 Special accommodation had not been used in 2010 but it had been used in March 2011. There were detailed records of events leading up to this recent use, indicating that the woman involved had been very disruptive. However, when staff entered the segregation unit to relocate her, she was passive and lying in her bed so it was not clear that the use of special accommodation had been justified or necessary. Once in the special cell, the light was switched off and she was left in total darkness until staff wanted to talk to her. Staff and managers confirmed that this was policy but we were not given a copy of this in writing.

Recommendations

- 7.17 **The use of force committee should be chaired by a senior manager and meet regularly to review data to ensure all use of force is appropriate and to identify and promulgate learning points.**
- 7.18 **Special accommodation should be used only as a last resort, only while the prisoner is violent and refractory and prisoners should not routinely be left in darkness.**

Segregation unit

- 7.19 The segregation unit was known as the care and separation unit, which reflected its ethos. The needs of the women prisoners held there were complex and committed and caring staff managed many mental health issues daily. There were 12 cells, one special cell and two small bleak exercise yards. The unit was clean and maintained to a high standard. Prisoner orderlies worked in rotation to enable them to take part in the wider prison regime.
- 7.20 A published staff selection policy was followed. Staff were assigned to the unit for two years and this could be extended on the authority of the director. Most were trained in mental health awareness and all were up to date with restraint training. We observed some excellent interactions with some very difficult women and staff had an impressive knowledge of the women on the unit. There were good links with the mental health in-reach team, who contributed to care plans and carried out assessments as required.
- 7.21 The regime on the unit was reasonably good, with daily access to showers, telephones and exercise. In-cell work and education was available where appropriate and women with jobs could continue to work subject to risk assessment. They could attend religious services subject to risk assessment and the chaplain, duty director and a member of the health care team visited the unit daily. Each woman was given a pamphlet explaining the rules and expectations of behaviour while on the unit. This was only in English but we were told sections could be translated when required. There were seven women on the unit, five on rule 45 and two serving punishments of cellular confinement. Another woman involved in a high profile local case was held on own interest in health care before being located on the wings. She was fully supported and subject to a comprehensive reintegration plan.

- 7.22 All women on the unit had care/reintegration plans and reviews were timely and involved the woman concerned and other key staff representatives. 'Single point of contact meetings' were held to ensure that all relevant departments were involved in the care planning of particularly difficult to manage women. In an excellent initiative, some long-term residents had been partially integrated back on to general wing regimes, attending association and other activities.
- 7.23 A quarterly segregation monitoring and review group (SMARG) reviewed a comprehensive range of data.

Incentives and earned privileges

Expected outcomes:

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

- 7.24 There was a clear incentives and earned privileges policy that women understood. The system appeared to operate generally fairly but black and minority ethnic and foreign national women were less positive than others about their treatment under the scheme. An appropriately differentiated approach had been developed for young adult women.
- 7.25 The incentives and earned privileges (IEP) scheme was explained to women on induction and there was a clear written policy. Women were rarely downgraded for a single transgression, although there were some criteria for this following serious incidents, such as assaults. Usually, a prisoner had to receive three IEP warnings in two months to trigger a review. In our survey, 49% said they had been dealt with fairly under the scheme but black and minority ethnic and foreign national women were much less positive than others. This had recently been identified (see section on diversity). There were no prisoners on the basic level of IEP.
- 7.26 There was sufficient difference between the IEP levels to encourage changes in behaviour and women we spoke to indicated that they believed the differences were appropriate. Prisoners transferring in from other prisons maintained their status on arrival.
- 7.27 The IEP scheme was monitored for consistency and fairness by residential managers by offence, ethnicity, wing and issuing officer. It was also subject to an annual review. All women had the right to appeal against awards warnings or reductions in status and any appeals were addressed promptly.
- 7.28 The young adult women had a different system using a four-stage bronze to platinum award scheme. This replaced IEP warnings with encouragement to earn or forfeit points awarded weekly. The points score determined the young woman's position on the scheme at bronze, silver, gold or platinum. Staff and the young women said the system was fair and encouraged responsible behaviour.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Women were offered a range of meals to meet their individual requirements and food was prepared and served to religious, cultural and food hygiene regulations.
- 8.2 The kitchen was clean and well equipped and wing serveries were clean and fit for purpose. The food was varied and the quality satisfactory. The food was produced for both the men's and women's prisons in a central kitchen and taken to wing serveries. There were several meal choices every day for lunch and the evening meal. These were ordered through the kiosk system and orders were easily amended. Menus were on a four-week rota that was reviewed every six months. Menus were slightly amended following feedback from wing consultation meetings. Each servery had a food comments book but the number of entries varied considerably between wings. Kitchen staff signed all books regularly to indicate they had visited and checked the servery. In our survey, almost a third of women said the food was good or very good, which was similar to the comparator, with satisfaction levels similar among black and minority ethnic and foreign national women.
- 8.3 The kitchen had a designated area for preparing Halal food and each servery had colour-coded utensils. Halal authenticity certificates were displayed on the walls of several serveries. The kitchen provided food for various dietary requirements, including special diets and extra food for pregnant women and nursing mothers. No women worked in the kitchen. Catering staff said there was a clear difference in tastes and needs between men and women, which was very challenging for one kitchen to meet. Some women complained about the food, which they believed was too high in carbohydrates and geared towards the needs of men.
- 8.4 Breakfast consisted of cereal packs and milk and occasionally toast available at 7.15am, lunch at noon and the evening meal at 5pm. Meals were mostly eaten communally on wings.

Housekeeping point

- 8.5 The catering manager should ensure through consultation with women that menus are suitable for women.

Prison shop

Expected outcomes:

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

- 8.6 The prison shop was provided in-house. Women were reasonably content with the provision but black and minority ethnic women were much less satisfied with the product range than others. Prisoners were not able to place shop orders on arrival as they used to but an electronic kiosk system for orders worked well.
- 8.7 The prison shop was provided in-house for both men and women prisoners. There were about 500 products, many of which had been suggested through regular consultative committee meetings. This included religious artefacts and toiletries for women from different ethnic backgrounds, a wide range of magazines, newspapers and greetings cards and a small selection of hobby materials. In our survey, 50% of women prisoners said the shop sold a satisfactory range of products but the figure dropped to just 28% of black and minority ethnic women. Women prisoners no longer had the option of placing shop orders while in reception and the proportion who said in our survey that they had been able to use the shop within 24 hours of arrival had dropped from 38% in 2006 to just 16%.
- 8.8 Prisoners viewed and were able to order products through an electronic kiosk system on all wings. This was popular with prisoners and worked well. Purchases could be made every day and were delivered, securely bagged, once a week.
- 8.9 Apart from catalogue orders, most shop items were sourced from local cash and carry suppliers. Prices were checked to ensure they compared favourably with supermarket prices. Profits from the shop were paid into the general purpose account and used to buy welfare and entertainment items.

Recommendation

- 8.10 Women prisoners should be able to place shop orders within 24 hours of arrival.

Housekeeping point

- 8.11 The dissatisfaction of black and minority ethnic women with the range of goods available should be investigated through specific consultation with them.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The resettlement strategy was not based on a comprehensive needs analysis and the regime, interventions and services were not sufficiently tailored to the specific needs of the wide range of women held by the prison. We were not satisfied that the prison was an appropriate environment or sufficiently resourced for young adult women and those beginning life sentences. The Link provided an excellent one-stop shop approach to accessing agencies but attendance was relatively poor. The range of offending behaviour work was limited.
- 9.2 The prison's business plan and resettlement strategy were not based on comprehensive or regular analyses of identified need through OASys and other assessments. Prisoner surveys were not undertaken systematically or routinely enough to inform the quality or type of provision. The resettlement strategy covered all the pathways, including the two additional pathways for women, but did not specifically detail the different needs of each group, such as young adult women and those serving indeterminate sentences, and how they would be met. For example, recent OASys data indicated a much higher need for provision for young adult women with alcohol problems but there was nothing specific for this group.
- 9.3 A reducing reoffending action plan set out the priorities and identified responsibilities but some actions lacked specific timescales. There was no reducing reoffending committee but lead managers were held to account through individual performance development reviews and supervision sessions with the deputy director. Oversight of work under the resettlement pathways was provided through a monthly resettlement meeting chaired by the head of reducing reoffending and attended by a lead manager for each pathway.
- 9.4 Resettlement services were provided in a central area of the prison known as the Link, which provided an excellent one-stop-shop approach to accessing services in a positive and relaxed environment. Connections peer workers provided an efficient reception and referral service. However, about a quarter of prisoners had missed their appointment in the Link in the previous month and we were told this proportion had been higher in the past.
- 9.5 Interventions offered were not informed by an analysis of offending-related needs and offending behaviour work was limited.
- 9.6 Key performance targets were given a high priority and, while these indicated outputs, there was less attention given to demonstrating specific outcomes from the services provided.

Recommendation

- 9.7 A suitable regime, services and interventions should be provided to meet the specific needs of young adult women and those serving indeterminate sentences.

Housekeeping point

- 9.8 Attendance at Link appointments should be monitored and appropriate action taken to improve it.

Offender management and planning

Expected outcomes:

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

- 9.9 The offender management strategy was limited and the work of the offender management unit did not have a high profile in the prison. The very recent introduction of a pilot project providing custody planning for short-term and remand women was a positive step. Offender management arrangements for in scope prisoners were largely working well but the quality of some assessments and plans needed improvement. Plans for those not covered by offender management arrangements were not always delivered as intended. Release on temporary licence and home detention curfew were used appropriately. Public protection arrangements were generally sound.

Sentence planning and offender management

- 9.10 There was no formal custody planning for women on remand or serving less than 12 months but a pilot project had just been introduced a few weeks before the inspection. This aimed to develop the role of initial planning and reviews. In the short time it had operated, 32 women had been identified as needing a planning board, of which 11 had taken place and 10 women had attended. A self-assessment questionnaire was used but it was only in English. Women were interviewed six to 12 weeks before release to identify work done and any remaining resettlement needs.
- 9.11 The offender management strategy was limited to a description of roles and did not provide a clear strategic vision for the work of the offender management unit (OMU). Layered offender management was not yet operating, so a full OASys was always used when a basic or shorter one would have sufficed. The OMU was fully staffed with the exception of two offender supervisors. The head of resettlement and the head of the OMU worked closely together and had some good ideas about how they wanted to develop the work.
- 9.12 About half of the women were in scope of phase 2 and 3 of the offender management model, which meant they had offender manager in the community responsible for their case. Most had a prison offender supervisor allocated within a few days of identification. Caseloads were reasonable, with each offender supervisor managing about 25 cases. OMU case files showed little active communication between departments and, for example, assessments from the induction process and education, training and employment assessments and learning plans were not copied on the OMU files. A small number of offender supervisors specialised in managing indeterminate sentenced women, those who were high risk of harm to others or multi-agency public protection arrangement (MAPPA) cases. One probation member of staff specialised in safeguarding children. A prolific or priority offender (PPO) scheme was well

developed, providing regular contact and a multi-agency approach to the management of these prisoners.

- 9.13 Offender supervisor time was ring fenced and they were not routinely cross-deployed to operational duties. The OMU team was very positive about their role and committed to the work. All offender supervisors had received OASys training but had not attended basic national training in the role. Five out of eight offender supervisors had done the MISAR training for working with indeterminate sentenced prisoners and the other three were due to attend the next event. All had done MAPPA training delivered by one of the local probation trusts but two offender supervisors had not yet done the risk of harm training. Access to places on the safeguarding children training through the local board was limited. The OMU strategy did not encompass a training needs analysis or plan.
- 9.14 Monthly contact was provided to high risk of harm prisoners, those serving indeterminate sentences for public protection (IPPs) and PPOs serving more than 12 months and records showed positive and constructive interactions. Those (out of scope) serving over 12 months, IPP and PPOs who were not high risk of harm received a less well developed service with no offender supervisor contact following the setting up of the initial plan and an annual review.
- 9.15 Likelihood of reoffending assessments were not always completed on time and too many were of an insufficient quality, often lacking a full enough analysis of offending-related factors for the women. In the out of scope cases, offender supervisors initiated contact with home probation staff promptly to obtain information to complete initial assessments. The OMU had devised an offender assessment interview template to assist in gathering information to complete initial OASys assessments and this appeared to be helpful and well used. The initial assessment of needs done in reception or at induction was not sufficiently systematic. The reception interview and induction tended to give and gather information rather than identify needs and plan to address these.
- 9.16 In our survey, 37% of women, more than the 29% in 2006 but less than the comparator, said they had a sentence plan. Of those who knew they had a plan, more than in 2006 said they had been involved in its development. Appropriate arrangements had been made for the offender manager to contribute to sentence planning boards in the majority of in scope cases.
- 9.17 Sentence plans for women were not always completed on time and not all were based on all relevant assessments. Few were adequately outcome-focused or actively shared with others involved in the case. Relevant agencies and departments did not consult with the OMU to ensure their plans were in line with the sentence plan. In half the cases, not enough attention was given to the methods most likely to be effective with the women and only a third of cases showed a structured assessment of potential diversity issues. In just over half of cases, an assessment of potential suicide risk or other vulnerability was recorded on the OMU file.
- 9.18 Reviews were not always completed when required. Family members were not invited to contribute to boards and the head of the OMU recognised the need to explore how family engagement could be improved. Pre-release staff working in the resettlement team did not attend sentence planning boards or reviews.
- 9.19 Interventions had been delivered in line with the sentence plan in less than half the in scope cases and only a quarter of out of scope cases. The latter possibly because there was no regular contact between offender supervisors and out of scope offenders once a sentence plan was completed. In some cases, offender supervisors referred prisoners to the Link for services but they were then left to pursue this support themselves. Contact logs showed little follow up by offender supervisors. Quality assurance of 10% of completed OASys assessments was

undertaken. Offender supervisors valued the support it provided but the data were not aggregated to identify training and developmental needs within the team.

- 9.20 Release on temporary licence (ROTL) and home detention curfew (HDC) were used to promote family ties and community reintegration. A dedicated administrator managed ROTL applications and checked the new arrivals list to identify potentially eligible prisoners. In 2010, about 15% of applications for ROTL had been approved and most were for resettlement purposes. HDC processes began 12 weeks before release but some delays in receiving reports from the probation trusts meant a small number were granted late. HDC was given to 88% of eligible women released in the previous month.

Recommendations

- 9.21 A comprehensive offender management strategy should draw together all the different functions, roles and responsibilities with the aim of raising its profile across the establishment.
- 9.22 Women not in formal scope for offender management should receive regular and meaningful contact throughout their sentence to ensure the plan of work is delivered as intended.
- 9.23 The quality of OASys and sentence plans should be improved to ensure they are outcome-focused and meaningful.

Housekeeping point

- 9.24 The self-assessment questionnaire for custody planning should be available in a range of languages.

Categorisation

- 9.25 The work of the observation, classification and allocation (OCA) team was up to date. All new arrivals were reviewed and an assessment undertaken based on offence information and history. There was adequate access to the police national computer, enabling up-to-date previous convictions to be obtained. Categorisation boards were held each month and included an appropriate range of staff.
- 9.26 Women were allocated to open or closed conditions. Clinics were held to enable women to ask questions about categorisation and allocation but women were not interviewed individually. A letter confirming categorisation decisions was sent to the woman and the duty director visited her to explain the decision, which could be appealed.
- 9.27 Reviews of categorisation were done at the required times but foreign national women prisoners were not considered for open conditions if there was any UK Border Agency interest in the case. There were some delays in getting a transfer to open prison but these were not excessive.

Recommendations

- 9.28 Women prisoners should be interviewed as part of the categorisation and allocation process to determine their specific needs and preferences.
- 9.29 Foreign national women prisoners should be considered for open conditions whether or not they face deportation.

Public protection

- 9.30 Public protection arrangements were sound and well managed. The administrator screened all prisoners to identify MAPPA or child safeguarding cases. Information was gathered and each case assessed to determine how often it would be reviewed at a monthly public protection meeting. Minutes of these were thorough and attendance was good. Targeted searches of mail and monitoring of telephone calls were used and there was good information exchange with staff supervising visits.
- 9.31 Prisoners posing a risk of harm to others were clearly identified in OASys. Most of the initial screenings were accurate and completed on time. A full analysis of risk of harm to others was completed in all cases but not on time in almost half. It was of a sufficient quality in only a third of cases examined. Many lacked an analysis of the factors that contributed to any continuing risks and failed to draw on all available sources of information. A risk management plan was completed for the majority of cases and half were completed on time. However, many did not describe how the objectives in the sentence plan would address risk of harm issues.
- 9.32 Women convicted of a current sexual offence were placed on the highest level of restriction, while those with a sexual offence in the past were screened on a case-by-case basis to determine the most appropriate level. All telephone numbers were screened and contacted to ensure they were appropriate. Delays in receiving reports from children's social care services potentially meant some women prisoners remained on the highest level of restriction for longer than necessary, preventing contact with any child, including their own, even in cases where there was unlikely to be a problem. The child protection officer in the OMU met all prisoners to explain the restrictions that applied to them and explained how to make an application to have contact with children.
- 9.33 ViSOR, the dangerous prisoner database, was used and there were 20 women nominals on the system. MAPPA arrangements were adequate. There were three MAPPA level 3 women prisoners and five level 2. Data suggested that OMU staff were not always invited to attend MAPPA level 2 and 3 meetings held in the community. When they were invited, they attended or submitted a report.

Recommendations

- 9.34 Delays in identifying the level of public protection restrictions should be reduced.
- 9.35 The prison should ensure appropriate involvement in all relevant multi-agency public protection arrangement meetings.

Indeterminate-sentenced prisoners

- 9.36 Although the prison had a specific function for life-sentenced women in the first stage of their sentence, there was no specific strategy for indeterminate sentenced women prisoners and no analysis of their specific needs. There were 15 life-sentenced women prisoners and 10 serving IPP sentences. The regime was more suited for women serving short sentences in a local prison and was too limited for those at the prison a long time (see section on learning and skills).
- 9.37 Two of the women we spoke to had been in the prison for three and four years respectively but there were few programmes and interventions. There was no psychologist as part of a multidisciplinary lifer team and only a sessional psychology service for individual assessments. This did not reflect the provision usually found in other prisons holding life-sentenced prisoners at the beginning of their sentence and precluded ongoing multidisciplinary lifer team work important in the initial assessment process. Lifer family days were run four times a year but some women said they had not been able to attend these.
- 9.38 A small number of trained offender supervisors had been allocated to manage these prisoners and kept in regular contact. Preparation of parole reports was up to date. Other than family days, there were no specific events to focus on the life sentence but women could go to clinics to get more information or their questions answered about their sentence.
- 9.39 Potential life sentenced women were interviewed and given appropriate and up-to-date information. There were some delays in transfers of those needing a progressive move and those sentenced to IPP waited longer. Five of the 10 women serving IPP sentences were beyond their tariff, further indicating difficulties in providing women with the necessary interventions to help demonstrate reduced risk.

Recommendations

- 9.40 The specific needs of indeterminate-sentenced women prisoners should be analysed and a strategy developed to manage them effectively and provide an appropriate regime.
- 9.41 The role of the prison as a first stage prison for women sentenced to life imprisonment should be clarified and resources allocated to reflect the provision in other first stage prisons.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.42 All resettlement pathways were covered, including the additional pathways for women prisoners, and there were some good outcomes. A range of support in obtaining or keeping accommodation was provided but data did not show how many women had benefited directly from the resettlement work of the housing adviser. There was no debt advice service. Women could not open bank accounts before release. An extensive range of agencies and services linked to education, training and employment was available to women. Health care discharge planning was good.

Accommodation

- 9.43 In our survey, 25% of women said they had a problem with housing on arrival and 45% said they knew who to contact in the prison to get help with accommodation for release. Both figures were similar to the comparator. Reception officers completed a housing assessment form for all new arrivals and sent this to the housing adviser. Connections peer workers also asked women about housing during their induction visit to the Link and made referrals but attendance at booked appointments was poor.
- 9.44 The key performance target for prisoners released to settled accommodation was met but data showing how many had benefited from the direct involvement of the housing adviser or other prison-based staff were not collected. The full-time housing adviser was based in the Link and provided good support and help but cross-deployment reduced her time by at least one day a week. She had to work with a large number of housing providers due to the particularly wide catchment area for the prison for women. There was a range of help available, including arranging closure of tenancy and dealing with rent arrears, placing prisoners on local authority waiting lists, appointments with homeless persons units and hostel placements. However, she did not have access to OASys and sentence plans for prisoners she was supporting.

Recommendations

- 9.45 Aggregate data should show how many prisoners have been helped to secure accommodation by the prison.
- 9.46 The dedicated housing adviser should not be cross-deployed to other operational duties.

Housekeeping point

- 9.47 Housing advisors should have electronic access to OASys and the sentence plan to direct and support their work.

Education, training and employment

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

- 9.48 An extensive range of agencies and services provided pre-release activities and support. Partnership working with these agencies was effective and very beneficial for prisoners.

- 9.49 Women prisoners were contacted six to nine weeks before release to access the Link's pre-release support, guidance and employability programmes. Three orderlies worked as receptionists and administrators, efficiently booking and managing appointments. None were trained as peer mentors to provide the range of support offered by mentors in the men's prison.
- 9.50 Pre-release courses were well run and provided individual skills review through the 'unlock your potential' programme and mock interviews. The Job Deal programme, run in partnership with New College Stamford, provided support to improve prisoners' confidence and goal setting before release. Training programmes and mentoring through the gate provided some assistance and practical support in gaining and sustaining employment.
- 9.51 The prison was developing links with a range of small, medium and large employers. They hosted quarterly employer engagement events and were beginning to have some success in encouraging employers to participate in providing placements for prisoners on ROTL. Good links had been established with the Peterborough Women's Centre, who provided work placement on temporary release. The prison had set ambitious targets for the numbers of prisoners participating but only two had accessed ROTL in the year to date.

Recommendations

- 9.52 **An effective accredited peer mentoring programme should be introduced to reflect the good practice in the men's prison.**
- 9.53 **Opportunities for women prisoners to participate in release on temporary licence for work placements should continue to be extended.**
- 9.54 **Better links should be developed with national employers to support women in gaining employment on release.**

Mental and physical health

- 9.55 A named nurse held the lead role for discharge planning, which was well managed, with adequate early identification of women before release and good links with the community when required. Women were offered condoms on release and, where required, up to five days of medication. In our survey, only 17% of women said they thought they would have problems accessing health services on release. The care programme approach was used for those patients with enduring mental health problems. Palliative care, although rarely required, was well supported with the cooperation of local support services.

Finance, benefit and debt

- 9.56 In our survey, 27% of women said they had money worries on arrival and 30% said they knew who to contact in the prison to get help with money or finances on release. Both figures were similar to the comparator. Needs were not comprehensively assessed on arrival so the specific needs of women in relation to finance, benefits and debts were not addressed, although the differences in needs between men and women were acknowledged by the workers. A money and debt advice service had just ended and no replacement had yet been identified. A money management course was provided by the education department but only to level 1. JobCentre Plus attended three days a week and helped prisoners apply for arrears of benefit owed before

custody, community care grants and benefits that could be claimed following release. Women could not open bank accounts before release but there were plans to provide this.

Recommendation

- 9.57 Women's needs in relation to finance, debts and benefits should always be thoroughly assessed on arrival and appropriate services provided.

Drugs and alcohol

- 9.58 Although the formal drugs and alcohol strategy contained some gaps there were many well organised interventions. Good local community links effectively supported women prisoners on release.
- 9.59 An up-to-date drug and alcohol strategy was based on a women's needs analysis dated 2011. It was virtually identical to the men's strategy and made no mention of the particular needs of female drug users in relation to integrated support for drug using pregnant women or those with children, despite it being raised in the needs analysis as an area requiring special priority action. The strategy also made no mention of integrated support for those who had been involved in drug use related to prostitution, despite the findings of a pathway 9 needs analysis, which identified a high number involved who had a drug habit. There was also no time-bound action plan for the drug strategy team. However, the lack of paper-based strategic planning was not indicative of a lack of effort on the ground. The extent, quality and integration of the psychosocial service provision with other services was good.
- 9.60 The previously run short duration programme had been replaced by a pilot programme being developed by the Prison Service resettlement services group. The new building skills for recovery (BSR) abstinence-focused programme had completed its first women's course with 12 starts and nine completions. The key performance target was set at 60 starts and 39 completions. Positive early outcomes and prisoner feedback was encouraging for this versatile course, which was offered to women on remand, sentenced or lifers, current or past drug users, primary alcohol users and those on the integrated drug treatment system (IDTS). Referrals were handled by the counselling, assessment, referral, advice and throughcare (CARAT) service and prisoners could be referred by the OMU as part of a sentence plan. In addition to the BSR, women with alcohol-related problems could attend weekly Alcoholics Anonymous meetings.
- 9.61 The CARAT service comprised 12 workers, with five dedicated to the women's side and two used as necessary. Workers were also allocated to cover specific geographic areas for effective release planning. The team was managed as an integral part of the offender health department. Along with the well-written protocols, this not only formalised but also facilitated the team's contribution to IDTS (see section on substance use), sentence planning, HDC assessments and parole applications. The team's caseload comprised 110 active cases, five suspended and 19 triaged. The new Node Link Mapping processes for assessments and prisoner interactions had been introduced and had rapidly become embedded in CARAT workers' practice. Women reported increased levels of motivation as a result of the new approach.

- 9.62 There were good links with the local Peterborough drug intervention programme (DIP), whose community-based workers attended the prison weekly. DIP workers from further afield did not attend regularly.
- 9.63 The level of additional community-based support was very good. For example, the family support charity, Adfam, sent workers into the prison to offer referrals to each new reception as they arrived on the induction wing or on the IDTS unit, with additional support offered to visiting family members in the visits hall. Additionally, an innovative project still was developing community-based peer support potential. The service users giving advice (SUGA) service was only providing group support sessions on the men's side but there were plans to roll it out for women. When in place, women from the Peterborough area would be able to have support that continued on release into the local community through joint working with the local DIP.
- 9.64 Harm minimisation packs were distributed to family and friends who lived with or had responsibility for drug users either on release or on ROTL.

Recommendations

- 9.65 The drug and alcohol strategy document should be revised to seek ways to address the specific issues found in the women's needs analysis and contain detailed action plans and performance measures.
- 9.66 The service users giving advice (SUGA) service should be provided for women.

Children and families of offenders

- 9.67 Provision to help women maintain contact with children and families was good, although visits arrangements required some attention. Prisoners and visitors reported difficulties in booking visits. The family liaison officer provided a valuable service to many women. Links with external support organisations including social services were well developed and family visits and a parenting course were offered.
- 9.68 Visits were run every afternoon and Tuesday to Friday evenings. The number of visits available each day was limited to 72 at evening visits and 25 at other times. Some prisoners and visitors complained that they could not book visits at weekends due to the lack of spaces. Visits could be booked by visitors through a booking line on receipt of a visiting order or in person in the visitors' centre. Visitors we spoke to said it was difficult to get through on the booking line. There was no facility for prisoners to book visits sessions, although this was due to be introduced using the electronic kiosks on the wings.
- 9.69 The visitors' centre outside the main gate was staffed by prison staff and volunteers from Friends of Peterborough Prison (FOPP). The interaction we observed between visitors and the staff was friendly and respectful. Visitors spoke highly of staff in the centre and said they were always helpful. The visitors' centre provided basic facilities and contained comfortable furniture. Visitors entered the prison 30 minutes before the start of their visit. There was a small unsupervised play area for children and a refreshment bar provided by FOPP. Visitors who had booked visits with both male and female prisoners on the same day had to leave the prison between visits and go through the booking in procedure again.

- 9.70 Entry to the visits hall was slow and it took up to 40 minutes for visitors to undergo search and drug dog procedures. Staff were respectful and polite while carrying out searches but rub-down searches took place in an open area with no privacy and there were no mats for visitors to stand on when they removed their shoes. Women prisoners often arrived late for their visits and we saw some visitors waiting as long as an hour. The visits hall was large and bright but very stark, with little information and few pictures displayed. Furniture was fixed and looked institutional and visitors complained that it was uncomfortable. The public protection unit informed staff of any prisoner with child contact restrictions and ensured that seating allocations kept them away from children.
- 9.71 Staff were vigilant but discreet and staffing levels were adjusted to reflect the number of visits taking place. Women and their visitors wore wristbands for identification. A well-equipped family visits room was used for supervised visits arranged by social services and when privacy was required. A small play area and a refreshment bar were staffed by prisoners.
- 9.72 There was a comprehensive range of support services provided by external agencies including Adfam, family mediation, Voiceability, Care Confidential and Hibiscus. These organisations offered counselling, mediation and advocacy for women.
- 9.73 An enthusiastic family liaison officer helped prisoners to set up, regain and maintain contact with their children in conjunction with social services and family law firms and he had an active caseload of 150 women and their families. Additional work had been identified, such as the need for increased individual work with more prisoners and extending links with community agencies, but the service was unable to develop further without additional resources. A parenting course was run by Cambridgeshire County Council but waiting lists were long.
- 9.74 Family visits had taken place every quarter and provision had been increased for visits to take place during every school holiday. Storybook Mums was available in the library but prisoners were charged for every CD.

Recommendations

- 9.75 The number of visits places available should be increased, particularly at weekends.
- 9.76 Entry procedures for visitors should be improved and prisoners should arrive in visits on time.
- 9.77 Family liaison services should be further developed to meet identified need.

Housekeeping points

- 9.78 Rubdown searches should be carried out in private and mats provided for visitors to stand on.
- 9.79 Women prisoners should not have to pay for Storybook Mums CDs.

Attitudes, thinking and behaviour

- 9.80 The range of offending behaviour work was limited and not based on a recent needs analysis. Two accredited programmes were achieving targets and some non-accredited interventions had been developed.

- 9.81 The range of offending behaviour work was limited, although some women spent a long time in the prison, particularly those serving indeterminate sentences. There had been no recent needs analysis to determine what interventions were required. Staff noted the lack of sex offender treatment programmes (SOTPs) for women prisoners as a gap nationally. Two accredited programmes were run. The thinking skills programme had started in 2010 and a total of 201 referrals for both the men's and women's prisons had been made to the TSP in 2010-11. Sixty had started and 50 completed the programme against a target of 48. The same target was set for the coming year. The BSR programme focused on managing substance misuse (see section on drugs and alcohol). Some progress had been made in developing non-accredited offending behaviour packages, including victim awareness work, but this was still not yet fully embedded.
- 9.82 All posts in the programmes team were filled and staff had been trained appropriately. They were not invited to sentence planning reviews but did try to ensure that offender supervisors attended post-programme reviews. There were good examples of facilitators attending other prisons to check on progress of prisoners against the post-programme report.
- 9.83 Communication with personal officers had improved but needed further integration, such as by officers helping women complete course work or supporting achievements. Staff awareness training had been delivered and facilitators were working hard to raise their profile in the wider establishment. Women prisoners attending a programme received the same wage as their current job so there were no disincentives to attendance.
- 9.84 Preparation for attending a programme was undertaken through a responsivity interview looking at barriers to engagement. No learning styles assessment was in place and staff had to use their judgement in deciding on how best to tailor delivery. Group rooms were not equipped with a hearing loop.

Recommendations

- 9.85 The type of offending behaviour work provided to women prisoners should be based on regular and thorough needs analysis.
- 9.86 The role of personal officers in supporting programme outcomes should be better defined and implemented.

Housekeeping point

- 9.87 Facilitators should be invited to attend the review of the sentence plan when a prisoner is attending a programme.

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

- 9.88 A survey undertaken in 2009/10 identified a high proportion of women who said they were or had been involved in the sex industry or had been the victim of domestic abuse. A service from workers from Rape Crisis had ended, leaving a significant gap in the provision of specialist counselling. It was intended that a Relate service would be a replacement for this but it was not yet operating and it was not clear this would replicate the expertise in this area. The Freedom programme had been introduced, which aimed to help women develop positive

relationships in the future and spot signs of domestic violence. Delivered by Women's Aid, it provided a six-week course with two sessions a week. Individual work was also provided. A group had started in early March 2011 to accommodate women waiting to attend.

- 9.89** Women were told about the pathway provision as part of induction and during their first contact with the Link. Those who wanted it received individual support and help from a dedicated officer. In January 2011, 43 appointments were made, 32 were kept and 17 of these women were receiving ongoing one-to-one support.
- 9.90** We had some concerns about how the officer was supported in this role to deal with the potential impact of such intensive work. She had received some training but was still waiting to access other opportunities. An impressive range of community agencies was available to women and the worker had developed a good network of contacts around the country. Information packs were given to women on release, providing tailored contact details of agencies available in their home area.

Recommendation

- 9.91** Specialist support and counselling for women who have experienced sexual abuse should be available.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations	To the director
10.1	New arrivals should receive good personal support, which should ensure that immediate needs and anxieties are identified and addressed sensitively and that women understand what will happen to them on their first night and the following day. (HP44)
10.2	An appropriate and up-to-date induction programme should be delivered shortly after arrival to ensure women understand prison regimes, know how to access services and are helped to cope with imprisonment. (HP45)
10.3	Residential staff, particularly personal officers, should engage fully with foreign national women, using formal and professional telephone interpreters as necessary, to ensure they understand the prison's routines and procedures and know how to get help. (HP46)
10.4	The health care appointment system should be reviewed to reduce the rate of non-attendance at clinics and ensure that women are able to access services quickly. (HP47)
10.5	The leaning and skills curriculum should be reviewed in line with the annual needs analysis and prisoner forums to introduce more learning above level 1 and in subjects relevant to prisoners' length of stay, abilities and interests and in particular to provide appropriate provision for young adult women and longer-stay prisoners such as those serving life sentences. (HP48)
10.6	The resettlement strategy should be based on a comprehensive needs analysis and both it and the custody planning should identify and meet the specific needs of the full range of women prisoners held. (HP49)
10.7	All women prisoners, including unconvicted women, should have a thorough initial assessment of needs backed up by an effective custody planning process. (HP50)

Recommendation	To NOMS
-----------------------	----------------

Courts, escorts and transfers

- | | |
|------|--|
| 10.8 | Women prisoners should be held in court cells for the minimum possible period and arrive at the prison before 7pm except in exceptional circumstances. (1.7) |
| 10.9 | Women prisoners should travel on separate van from men. (1.8) |

Reception

- | | |
|-------|--|
| 10.10 | Prisoners' monies should transfer with them from other prisons without delay. (1.21) |
|-------|--|

Recommendations

To the director

Courts, escorts and transfers

- 10.11 Unless there are security concerns, all women prisoners should receive 24 hours notice of transfer. (1.9)
- 10.12 More use should be made of the video link for court appearances. (1.10)

Reception

- 10.13 Officer interviewing new arrivals should give good personal attention to prisoners to ensure immediate needs and anxieties are identified and met and explain to women what will happen on their first night and following day. (1.20)

First night

- 10.14 Clear first night procedures should ensure that all new arrivals have their immediate needs met, including the opportunity to have a shower and are informed of the Listener and Samaritans service. (1.27)
- 10.15 Unconvicted prisoners should not be asked to share cells with convicted prisoners unless they consent to share with a particular convicted prisoner. (1.28)

Accommodation and facilities

- 10.16 Cells designed for one prisoner should not be shared. (2.7)
- 10.17 Ventilation in cells should be improved. (2.8)
- 10.18 Women prisoners should be able to use the telephones in private. (2.9)

Staff-prisoner relationships

- 10.19 Efforts should be made to increase the proportion of women officers to 70%. (2.21)

Personal officers

- 10.20 Women prisoners should not move cell unnecessarily during their time in custody at Peterborough and thus impair relationships with personal officers. (2.26)

Bullying and violence reduction

- 10.21 Women prisoner representatives should be included in the violence reduction meeting. (3.13)
- 10.22 Violence reduction meetings should include discussion on emerging trends or concerns identified in the safer custody coordinator's monthly report and how these are being addressed. (3.14)

10.23 Formalised procedures to support victims should be developed. (3.15)

Self-harm and suicide

10.24 Recommendations from the death in custody investigation and the prison's response to these should be discussed with the safety custody team and periodically reviewed to ensure compliance is maintained. (3.28)

10.25 Prisoners should routinely be asked if they want their friends or families contacted following an incident of self-harm and, in appropriate cases, invited to reviews. (3.29)

10.26 The resources available in the Link should be better promoted in the care plans for women subject to assessment, care in custody and teamwork procedures. (3.30)

10.27 More Listeners should be recruited and retained. (3.31)

Mothers and babies

10.28 Mothers with young babies should not be required to remain in their rooms after 7.45pm. (3.42)

10.29 Provision should be made for partners to be involved in antenatal care and preparation for birth with their pregnant partner. (3.43)

Applications and complaints

10.30 Women prisoners should have free access to application forms and should be able to submit these throughout the day. (3.48)

10.31 Responses to complaints should be comprehensive and address the matter raised. (.3.49)

Legal rights

10.32 Prisoners should have appropriate IT facilities to help conduct defences and appeals. (3.53)

Substance use

10.33 Clinical reviews for prisoners on the integrated drug treatment system (IDTS) should involve the GP and the prisoner's named CARAT worker and IDTS nurse. (3.66)

10.34 The tackling drugs through physical education course should be run for women prisoners. (3.67)

Diversity

10.35 Equality monitoring should extend beyond race to ensure equality of treatment. (4.5)

10.36 Prisoner diversity representatives should receive appropriate training to understand and effectively carry out their role. (4.6)

Race equality

- 10.37 Ethnic monitoring should extend to specific groups within the black and minority ethnic population to check for equality of outcomes. (4.15)
- 10.38 Processes should be introduced to ensure that women prisoners currently or previously convicted of a racially aggravated offence are identified and that staff are aware of such women on their wing. (4.16)

Foreign nationals

- 10.39 Foreign national women should routinely receive a free telephone call to their family abroad without surrendering visits. (4.26)

Disability and older prisoners

- 10.40 Systems should be established to ensure that all women prisoners with a disability are identified on reception, have appropriate care plans and are routinely consulted. (4.32)
- 10.41 A formal prisoner paid carer scheme for women requiring additional ongoing support should be introduced. (4.33)
- 10.42 Retirement pay should be increased to be sufficient for those with no other source of income and retired prisoners should not have to pay for their television. (4.34)

Sexual orientation and gender

- 10.43 Details of external support networks and how gay or bisexual prisoners can contact them should be widely available. (4.39)

Health services

- 10.44 Services for older women and women with disabilities should be developed and a lead nurse identified. (5.6)

Clinical governance

- 10.45 Women who need specialist medical equipment and mobility aids should receive them in good time. (5.13)
- 10.46 Women should be able to access physiotherapy and occupational therapy where necessary. (5.14)
- 10.47 All wing staff should receive regular first aid and resuscitation training and there should be sufficient trained staff to use emergency equipment. (5.15)
- 10.48 Verbal complaints should be recorded and patterns monitored. Resulting changes to practice should be communicated to women prisoners. (5.16)

Primary care

- 10.49 Women prisoners should have access to a female GP and this should be widely advertised. (5.23)

Pharmacy

- 10.50 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews. (5.33)
- 10.51 Women should have timely access to pain killers such as paracetamol and ibuprofen. (5.34)
- 10.52 A policy for women reporting sick to nurses should be implemented and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (5.35)
- 10.53 The medicines and therapeutics committee should review the use of general stock. Named-patient medication should be used wherever possible and general stock only if unavoidable. (5.36)

Dentistry

- 10.54 The high failure to attend rate should be investigated and action taken to reduce the number of women not attending appointments. (5.43)

Inpatients

- 10.55 All inpatient beds should be removed from the list of certified normal accommodation. (5.47)

Mental health

- 10.56 All prison staff should receive mental health awareness training. (5.52)
- 10.57 Day care services should be available to prisoners with mental health problems who find it difficult to cope on the wings. (5.53)

Time out of cell

- 10.58 All women prisoners should have the opportunity to spend one hour a day in the open air. (6.5)

Learning and skills and work activities

- 10.59 Learning and skills strategic planning should be reviewed to ensure that objectives are appropriately focused on the specific learning needs of the women prisoners, including young adult women and those serving life sentences. (6.15)
- 10.60 The number of prisoners successfully completing accredited courses should be increased by investigating reasons for non-completion and achievement and taking action to address the causes. (6.16)

- 10.61 The self-assessment process should be improved to ensure it systematically includes feedback from prisoners, staff and external partners and focuses separately on women prisoners in its evaluation and subsequent action planning for improvements. (6.17)

Work and vocational training

- 10.62 Ways of recognising and recording women's knowledge and skills development should be introduced into non-accredited areas to enhance their self-awareness and enable them to value new skills and gain evidence for use on release for employment. (6.25)
- 10.63 Literacy, numeracy and language support should be provided in work areas to encourage those with below level 2 assessed skills to improve their skills to help in gaining employment on release and for communicating with their family and community. (6.26)

Education

- 10.64 Support for prisoners with additional learning needs should be implemented to enable them to participate more fully in learning and improve their skills for reducing re-offending. (6.35)

Library

- 10.65 Access to the library should be improved. (6.39)

Physical education and health promotion

- 10.66 Greater use should be made of the gym during the day for recreational activities to allow more women to participate, particularly those without allocated activities. (6.48)

Security and rules

- 10.67 All prisoners should be issued with a copy of the rules of the prison. (7.9)

Use of force

- 10.68 The use of force committee should be chaired by a senior manager and meet regularly to review data to ensure all use of force is appropriate and to identify and promulgate learning points. (7.17)
- 10.69 Special accommodation should be used only as a last resort, only while the prisoner is violent and refractory and prisoners should not routinely be left in darkness. (7.18)

Prison shop

- 10.70 Women prisoners should be able to place shop orders within 24 hours of arrival. (8.10)

Strategic management of resettlement

- 10.71 A suitable regime, services and interventions should be provided to meet the specific needs of young adult women and those serving indeterminate sentences. (9.7)

Sentence planning and offender management

- 10.72 A comprehensive offender management strategy should draw together all the different functions, roles and responsibilities with the aim of raising its profile across the establishment. (9.21)
- 10.73 Women not in formal scope for offender management should receive regular and meaningful contact throughout their sentence to ensure the plan of work is delivered as intended. (9.22)
- 10.74 The quality of OASys and sentence plans should be improved to ensure they are outcome-focused and meaningful. (9.23)

Categorisation

- 10.75 Women prisoners should be interviewed as part of the categorisation and allocation process to determine their specific needs and preferences. (9.28)
- 10.76 Foreign national women prisoners should be considered for open conditions whether or not they face deportation. (9.29)

Public protection

- 10.77 Delays in identifying the level of public protection restrictions should be reduced. (9.34)
- 10.78 The prison should ensure appropriate involvement in all relevant multi-agency public protection arrangement meetings. (9.35)

Indeterminate-sentenced prisoners

- 10.79 The specific needs of indeterminate-sentenced women prisoners should be analysed and a strategy developed to manage them effectively and provide an appropriate regime. (9.40)
- 10.80 The role of the prison as a first stage prison for women sentenced to life imprisonment should be clarified and resources allocated to reflect the provision in other first stage prisons. (9.41)

Resettlement pathways

- 10.81 Aggregate data should show how many prisoners have been helped to secure accommodation by the prison. (9.45)
- 10.82 The dedicated housing adviser should not be cross-deployed to other operational duties. (9.46)
- 10.83 An effective accredited peer mentoring programme should be introduced to reflect the good practice in the men's prison. (9.52)
- 10.84 Opportunities for women prisoners to participate in release on temporary licence for work placements should continue to be extended. (9.53)
- 10.85 Better links should be developed with national employers to support women in gaining employment on release. (9.54)

- 10.86 Women's needs in relation to finance, debts and benefits should always be thoroughly assessed on arrival and appropriate services provided. (9.57)
- 10.87 The drug and alcohol strategy document should be revised to seek ways to address the specific issues found in the women's needs analysis and contain detailed action plans and performance measures. (9.65)
- 10.88 The service users giving advice (SUGA) service should be provided for women. (9.66)
- 10.89 The number of visits places available should be increased, particularly at weekends. (9.75)
- 10.90 Entry procedures for visitors should be improved and prisoners should arrive in visits on time. (9.76)
- 10.91 Family liaison services should be further developed to meet identified need. (9.77)
- 10.92 The type of offending behaviour work provided to women prisoners should be based on regular and thorough needs analysis. (9.85)
- 10.93 The role of personal officers in supporting programme outcomes should be better defined and implemented. (9.86)
- 10.94 Specialist support and counselling for women who have experienced sexual abuse should be available. (9.91)

Housekeeping points

Courts, escorts and transfers

- 10.95 Advance information about the prison should be given to all those new to custody. (1.11)
- 10.96 Private cash should be taken with unsentenced prisoners to court. (1.12)

Reception

- 10.97 The amount of written information given to women in reception should be reduced. (1.22)
- 10.98 Connections workers should always explain their role and status to new arrivals. (1.23)
- 10.99 Telephone credit should be included in reception packs rather than offered as a separate choice. (1.24)

Induction

- 10.100 Managers should review the appropriateness of some of the information requested by prisoner peer support workers. (1.33)

Accommodation and facilities

- 10.101 A suitable and safe means of reaching top bunks should be provided. (2.10)

10.102 Toilets should have lids. (2.11)

Hygiene

10.103 Stained duvets and all pillows should be replaced and a system for checking and replacing them introduced. (2.17)

Foreign nationals

10.104 Women foreign national prisoners should be given information translated into their own language wherever possible regardless of their ability to read English. (4.27)

Disability and older prisoners

10.105 Prisoners of retirement age and those unable to work due to disability should be unlocked throughout the core day in line with the equality and inclusion policy. (4.35)

Health services

10.106 The health care room in reception should be secured with a health care suite key and have sluicing facilities for the disposal of waste samples. (5.7)

Primary care

10.107 Health care information, health promotion leaflets and posters should be widely available across the prison, including in different languages and in a format understandable to women with literacy difficulties. (5.24)

Pharmacy

10.108 An option to see the pharmacist or pharmacy technician should be added to the health care application form. (5.37)

10.109 Night sedating medication should be supplied at appropriate times. (5.38)

10.110 Patient-returned medication should be clearly segregated from current stock or dispensed medication. (5.39)

10.111 All appropriately trained staff should sign that they are competent to administer from patient group directions. (5.40)

Dentistry

10.112 Oral health promotion information should be available to women around the site and in a range of languages. (5.44)

Time out of cell

- 10.113 Outdoor clothing should be provided for women going outside for exercise in bad weather. (6.6)

Physical education and health promotion

- 10.114 A structured rolling programme to replace cardiovascular and modular weight training equipment in the gym should be introduced. (6.49)

Catering

- 10.115 The catering manager should ensure through consultation with women that menus are suitable for women. (8.5)

Prison shop

- 10.116 The dissatisfaction of black and minority ethnic women with the range of goods available should be investigated through specific consultation with them. (8.11)

Strategic management of resettlement

- 10.117 Attendance at Link appointments should be monitored and appropriate action taken to improve it. (9.8)

Sentence planning and offender management

- 10.118 The self-assessment questionnaire for custody planning should be available in a range of languages. (9.24)

Resettlement pathways

- 10.119 Housing advisors should have electronic access to OASys and the sentence plan to direct and support their work. (9.47)
- 10.120 Rubdown searches should be carried out in private and mats provided for visitors to stand on. (9.78)
- 10.121 Women prisoners should not have to pay for Storybook Mums CDs. (9.79)
- 10.122 Facilitators should be invited to attend the review of the sentence plan when a prisoner is attending a programme. (9.87)

Good practice

Substance use

- 10.123 The challenging of drugs acquisition behaviours and implementation of alternatives to pharmaceutical remedies to pain and sleeping problems were positive steps towards encouraging prisoners to lead drug-free lives. (3.68)

Primary care

- 10.124 The named nurse system for triage operated effectively and provided a good service to prisoners. (5.25)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Martin Owens	Inspector
Karen Dillon	Inspector
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Gary Boughen	Inspector
Helen Carter	Health care inspector
Paul Roberts	Substance use inspector
Peter Gibbs	Pharmacy inspector
Steve Woodgate	Probation Inspectorate lead
Stephen Hubbard	Probation inspector
Ian Simpkins	Probation inspector
Julia Horsman	Ofsted lead inspector
Jen Walters	Ofsted
John Grimmer	Ofsted
Sheila Willis	Ofsted
Neil Edwards	Ofsted
Martin Hughes	Ofsted
Nick Crombie	Ofsted
Michael Skidmore	Researcher
Catherine Nichols	Researcher
Helen Wark	Researcher
Rachel Murray	Researcher

Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	23	249	76.62
Recall	0	0	0
Convicted unsentenced	2	35	10.42
Remand	6	39	12.68
Civil prisoners	0	0	0
Detainees	0	1	0.28
Total	31	324	

Sentence	18–20 yr olds	21 and over	%
Unsentenced	6	77	23.38
Less than 6 months	9	58	18.87
6 months to less than 12 months	3	32	9.85
12 months to less than 2 years	3	52	15.49
2 years to less than 4 years	7	50	16.05
4 years to less than 10 years	3	28	8.73
10 years and over (not life)	0	4	1.12
ISPP	0	10	2.81
Life	0	13	3.66
Total	31	324	

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	31	8.73
21 years to 29 years	136	38.3
30 years to 39 years	98	27.6
40 years to 49 years	61	17.18
50 years to 59 years	26	7.32
60 years to 69 years	3	0.84
70 plus years	0	0
Please state maximum age	62	
Total	355	

Nationality	18–20 yr olds	21 and over	%
British	29	269	83.94
Foreign nationals	2	55	16.05
Total	31	324	

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B			
Cat C			

Cat D			
Other	31	324	100
Total	31	324	

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	27	242	75.77
Irish	0	0	0
Other white	1	22	6.47
<i>Mixed</i>			
White and black Caribbean	0	10	2.81
White and black African	0	0	0
White and Asian	0	0	0
Other mixed	0	2	0.56
<i>Asian or Asian British</i>			
Indian	0	2	0.56
Pakistani	0	2	0.56
Bangladeshi	0	0	0
Other Asian	0	7	1.97
<i>Black or black British</i>			
Caribbean	1	13	3.94
African	1	17	5.07
Other black	0	2	0.56
<i>Chinese or other ethnic group</i>			
Chinese	0	3	0.84
Other ethnic group	1	2	0.84
<i>Not stated</i>	0	0	0
Total	31	324	

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	6	100	29.85
Roman Catholic	4	59	17.75
Other Christian denominations	1	25	7.32
Muslim	0	7	1.97
Sikh	0	2	0.56
Hindu	0	2	0.56
Buddhist	1	3	1.12
Jewish	0	0	0
Other	1	22	6.47
No religion	18	104	34.64
Total	31	324	

Sentenced prisoners only **unable to provide**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				

1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Unsentenced prisoners only **unable to provide**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person	11	62	20.56
Sexual offences	0	8	2.25
Burglary	0	24	6.76
Robbery	5	21	7.32
Theft and handling	3	59	17.46
Fraud and forgery	1	16	4.78
Drugs offences	2	36	10.7
Other offences	7	88	24.78
Civil offences	0	0	0
Offence not recorded/holding warrant	2	10	3.38
Total	31	324	

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 9 March 2011, the prisoner population at HMP Peterborough was 353. The sample size was 170. Overall, this represented 48% 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. Seven respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

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

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

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

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

Response rates

In total, 146 respondents completed and returned their questionnaires. This represented 41% of the prison population. The response rate was 86%. In addition to the seven respondents who refused to complete a questionnaire, 10 questionnaires were not returned and seven 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 2011 against comparator figures for all female prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in seven women's local prisons since 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Peterborough 2006.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between those who consider themselves to have a disability and those who do not.
- A comparison within the 2011 survey between those who consider themselves to be homosexual, bisexual or other and those who do not.
- A comparison within the 2011 survey between those who are under 21 and those who are over 21.
- A comparison within the 2011 survey between the responses of men and women at HMP Peterborough.

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	16 (11%)
	<i>21 - 29</i>	55 (38%)
	<i>30 - 39</i>	46 (32%)
	<i>40 - 49</i>	16 (11%)
	<i>50 - 59</i>	9 (6%)
	<i>60 - 69</i>	2 (1%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	97 (67%)
	<i>Yes - on recall</i>	13 (9%)
	<i>No - awaiting trial</i>	14 (10%)
	<i>No - awaiting sentence</i>	20 (14%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	34 (24%)
	<i>Less than 6 months</i>	26 (18%)
	<i>6 months to less than 1 year</i>	18 (13%)
	<i>1 year to less than 2 years</i>	20 (14%)
	<i>2 years to less than 4 years</i>	19 (13%)
	<i>4 years to less than 10 years</i>	11 (8%)
	<i>10 years or more</i>	4 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	4 (3%)
	<i>Life</i>	5 (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)?	
	<i>Not sentenced</i>	34 (26%)
	<i>6 months or less</i>	65 (50%)
	<i>More than 6 months</i>	32 (24%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	40 (27%)
	<i>1 to less than 3 months</i>	47 (32%)
	<i>3 to less than 6 months</i>	18 (12%)
	<i>6 to less than 12 months</i>	22 (15%)
	<i>12 months to less than 2 years</i>	7 (5%)
	<i>2 to less than 4 years</i>	7 (5%)
	<i>4 years or more</i>	5 (3%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	18 (13%)
	<i>No</i>	122 (87%)
Q1.8	Is English your first language?	
	<i>Yes</i>	124 (88%)
	<i>No</i>	17 (12%)

Q1.9	What is your ethnic origin?				
	<i>White - British</i>	104 (72%)	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)	
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - Other</i>	0 (0%)	
	<i>White - Other</i>	5 (3%)	<i>Mixed race - White and black Caribbean</i>	7 (5%)	
	<i>Black or black British - Caribbean</i>	5 (3%)	<i>Mixed race - White and black African</i>	1 (1%)	
	<i>Black or black British - African</i>	9 (6%)	<i>Mixed race - White and Asian</i>	2 (1%)	
	<i>Black or black British - Other</i>	1 (1%)	<i>Mixed race - Other</i>	0 (0%)	
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Chinese</i>	2 (1%)	
	<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	2 (1%)	
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?				
	<i>Yes</i>			8 (6%)	
	<i>No</i>			134 (94%)	
Q1.11	What is your religion?				
	<i>None</i>	32 (23%)	<i>Hindu</i>	2 (1%)	
	<i>Church of England</i>	51 (37%)	<i>Jewish</i>	0 (0%)	
	<i>Catholic</i>	32 (23%)	<i>Muslim</i>	3 (2%)	
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>	0 (0%)	
	<i>Other Christian denomination</i>	14 (10%)	<i>Other</i>	0 (0%)	
	<i>Buddhist</i>	4 (3%)			
Q1.12	How would you describe your sexual orientation?				
	<i>Heterosexual/straight</i>			106 (76%)	
	<i>Homosexual/gay</i>			9 (6%)	
	<i>Bisexual</i>			24 (17%)	
	<i>Other</i>			1 (1%)	
Q1.13	Do you consider yourself to have a disability?				
	<i>Yes</i>			21 (15%)	
	<i>No</i>			122 (85%)	
Q1.14	How many times have you been in prison before?				
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	63 (44%)	23 (16%)	33 (23%)	24 (17%)	
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?				
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>		
	87 (64%)	45 (33%)	3 (2%)		
Q1.16	Do you have any children under the age of 18?				
	<i>Yes</i>			74 (52%)	
	<i>No</i>			68 (48%)	

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?	8 (6%)	58 (41%)	31 (22%)	26 (18%)	9 (6%)	8 (6%)	1 (1%)
	Your personal safety during the journey?	15 (11%)	64 (48%)	23 (17%)	22 (16%)	6 (4%)	3 (2%)	1 (1%)

The comfort of the van?	4 (3%)	19 (13%)	17 (12%)	36 (26%)	61 (43%)	3 (2%)	1 (1%)
The attention paid to your health needs?	7 (5%)	38 (28%)	33 (24%)	28 (20%)	19 (14%)	3 (2%)	9 (7%)
The frequency of toilet breaks?	4 (3%)	22 (16%)	19 (14%)	25 (18%)	46 (34%)	6 (4%)	14 (10%)

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>
9 (6%)	76 (53%)	45 (31%)	10 (7%)	4 (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>
22 (15%)	86 (60%)	29 (20%)	5 (3%)	1 (1%)	0 (0%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	116 (80%)	29 (20%)	0 (0%)
Before you arrived here did you receive any written information about what would happen to you?	22 (16%)	116 (82%)	3 (2%)
When you first arrived here did your property arrive at the same time as you?	116 (83%)	19 (14%)	5 (4%)

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>	15 (11%)	<i>Money worries.....</i>	28 (20%)
<i>Loss of property.....</i>	13 (9%)	<i>Feeling depressed or suicidal.....</i>	78 (55%)
<i>Housing problems.....</i>	57 (40%)	<i>Health problems.....</i>	90 (64%)
<i>Contacting employers.....</i>	14 (10%)	<i>Needing protection from other prisoners</i>	16 (11%)
<i>Contacting family.....</i>	93 (66%)	<i>Accessing phone numbers.....</i>	81 (57%)
<i>Ensuring dependants were being looked after.....</i>	41 (29%)	<i>Other.....</i>	6 (4%)

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

<i>Didn't have any problems.....</i>	26 (20%)	<i>Money worries.....</i>	36 (27%)
<i>Loss of property.....</i>	15 (11%)	<i>Feeling depressed or suicidal.....</i>	43 (33%)
<i>Housing problems.....</i>	34 (26%)	<i>Health problems.....</i>	54 (41%)
<i>Contacting employers.....</i>	5 (4%)	<i>Needing protection from other prisoners</i>	8 (6%)
<i>Contacting family.....</i>	47 (36%)	<i>Accessing phone numbers.....</i>	37 (28%)
<i>Ensuring dependants were looked after</i>	7 (5%)	<i>Other.....</i>	7 (5%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
24 (17%)	87 (60%)	23 (16%)	6 (4%)	4 (3%)	1 (1%)

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

<i>Information about what was going to happen to you.....</i>	63 (45%)
<i>Information about what support was available for people feeling depressed or suicidal.....</i>	74 (53%)
<i>Information about how to make routine requests.....</i>	53 (38%)
<i>Information about your entitlement to visits.....</i>	68 (49%)
<i>Information about health services.....</i>	66 (47%)

<i>Information about the chaplaincy</i>	71 (51%)
<i>Not offered anything</i>	31 (22%)

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack</i>	124 (87%)
	<i>The opportunity to have a shower</i>	29 (20%)
	<i>The opportunity to make a free telephone call</i>	125 (88%)
	<i>Something to eat</i>	107 (75%)
	<i>Did not receive anything</i>	1 (1%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	82 (59%)
	<i>Someone from health services</i>	107 (76%)
	<i>A Listener/Samaritans</i>	26 (19%)
	<i>Did not meet any of these people</i>	18 (13%)
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>	22 (16%)
	<i>No</i>	119 (84%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	113 (80%)
	<i>No</i>	21 (15%)
	<i>Don't remember</i>	7 (5%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	14 (10%)
	<i>Within the first week</i>	95 (68%)
	<i>More than a week</i>	28 (20%)
	<i>Don't remember</i>	2 (1%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	14 (10%)
	<i>Yes</i>	70 (50%)
	<i>No</i>	43 (31%)
	<i>Don't remember</i>	13 (9%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	11 (8%)	45 (33%)	22 (16%)	30 (22%)	14 (10%)	16 (12%)
	Attend legal visits?	17 (13%)	57 (44%)	19 (15%)	9 (7%)	4 (3%)	23 (18%)
	Obtain bail information?	6 (5%)	23 (19%)	24 (20%)	22 (18%)	10 (8%)	35 (29%)
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>						16 (11%)
	<i>Yes</i>						35 (25%)
	<i>No</i>						89 (64%)

Q4.3	Please answer the following questions about the wing/unit you are currently living on:	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?	64 (47%)	45 (33%)	9 (7%)	18 (13%)
	Are you normally able to have a shower every day?	128 (90%)	15 (10%)	0 (0%)	0 (0%)
	Do you normally receive clean sheets every week?	133 (94%)	7 (5%)	0 (0%)	2 (1%)
	Do you normally get cell cleaning materials every week?	114 (81%)	23 (16%)	3 (2%)	1 (1%)
	Is your cell call bell normally answered within five minutes?	78 (57%)	34 (25%)	15 (11%)	10 (7%)
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	87 (64%)	48 (35%)	0 (0%)	1 (1%)
	Can you normally get your stored property, if you need to?	39 (28%)	50 (36%)	40 (29%)	9 (7%)

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>
		3 (2%)	40 (29%)	32 (23%)	38 (27%)	26 (19%)

Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet</i>	7 (5%)
	<i>Yes</i>	69 (51%)
	<i>No</i>	60 (44%)

Q4.6	Is it easy or difficult to get:	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	67 (47%)	47 (33%)	13 (9%)	4 (3%)	3 (2%)	10 (7%)
	An application form	68 (49%)	47 (34%)	8 (6%)	7 (5%)	5 (4%)	4 (3%)

Q4.7	Have you made an application?	
	<i>Yes</i>	118 (84%)
	<i>No</i>	23 (16%)

Q4.8	Please answer the following questions concerning applications: (If you have not made an application please tick the 'not made one' option.)	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Do you feel <i>applications</i> are dealt with fairly?	23 (17%)	69 (51%)	42 (31%)
	Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	23 (17%)	52 (38%)	61 (45%)

Q4.9	Have you made a complaint?	
	<i>Yes</i>	56 (40%)
	<i>No</i>	84 (60%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Do you feel <i>complaints</i> are dealt with fairly?	84 (62%)	26 (19%)	26 (19%)
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	84 (62%)	24 (18%)	28 (21%)
	Were you given information about how to make an appeal?	49 (40%)	23 (19%)	50 (41%)

Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	<i>Not made a complaint</i>				84 (62%)	
	<i>Yes</i>				11 (8%)	
	<i>No</i>				41 (30%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	64 (45%)	9 (6%)	25 (18%)	23 (16%)	15 (11%)	5 (4%)
Q4.13	What level of the IEP scheme are you on now?					
	<i>Don't know what the IEP scheme is</i>				20 (14%)	
	<i>Enhanced</i>				40 (29%)	
	<i>Standard</i>				72 (52%)	
	<i>Basic</i>				3 (2%)	
	<i>Don't know</i>				4 (3%)	
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	<i>Don't know what the IEP scheme is</i>				20 (14%)	
	<i>Yes</i>				68 (49%)	
	<i>No</i>				33 (24%)	
	<i>Don't know</i>				18 (13%)	
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	<i>Don't know what the IEP scheme is</i>				20 (15%)	
	<i>Yes</i>				62 (46%)	
	<i>No</i>				37 (27%)	
	<i>Don't know</i>				17 (13%)	
Q4.16	Please answer the following questions about this prison?					
		<i>Yes</i>		<i>No</i>		
	In the last six months have any members of staff physically restrained you (C&R)?	9 (6%)		133 (94%)		
	In the last six months have you spent a night in the segregation/care and separation unit?	20 (14%)		118 (86%)		
Q4.17	Please answer the following questions about your religious beliefs?					
		<i>Yes</i>	<i>No</i>	<i>Don't know/ N/A</i>		
	Do you feel your religious beliefs are respected?	82 (58%)	19 (13%)	40 (28%)		
	Are you able to speak to a religious leader of your faith in private if you want to?	80 (62%)	11 (8%)	39 (30%)		
Q4.18	Can you speak to a listener at any time, if you want to?					
	<i>Yes</i>	<i>No</i>		<i>Don't know</i>		
	88 (62%)	9 (6%)		44 (31%)		
Q4.19	Please answer the following questions about staff in this prison?					
		<i>Yes</i>		<i>No</i>		
	Is there a member of staff you can turn to for help if you have a problem?	111 (82%)		24 (18%)		
	Do most staff treat you with respect?	121 (90%)		14 (10%)		

Section 5: Safety

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

Yes..... 63 (45%)
No..... 78 (55%)

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

Yes..... 20 (14%)
No..... 118 (86%)

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

<i>Never felt unsafe</i>	78 (57%)	<i>At meal times</i>	11 (8%)
<i>Everywhere</i>	10 (7%)	<i>At health services</i>	12 (9%)
<i>Segregation unit</i>	3 (2%)	<i>Visit's area</i>	5 (4%)
<i>Association areas</i>	16 (12%)	<i>In wing showers</i>	17 (12%)
<i>Reception area</i>	10 (7%)	<i>In gym showers</i>	9 (7%)
<i>At the gym</i>	14 (10%)	<i>In corridors/stairwells</i>	15 (11%)
<i>In an exercise yard</i>	12 (9%)	<i>On your landing/wing</i>	14 (10%)
<i>At work</i>	16 (12%)	<i>In your cell</i>	12 (9%)
<i>During Movement</i>	25 (18%)	<i>At religious services</i>	3 (2%)
<i>At education</i>	9 (7%)		

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

Yes..... 37 (26%)
No..... 103 (74%) **If No, go to question 5.6**

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

<i>Insulting remarks (about you or your family or friends)</i>	21 (15%)	<i>Because of your sexuality</i>	5 (4%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (7%)	<i>Because you have a disability</i>	5 (4%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	1 (1%)
<i>Because of your race or ethnic origin</i>	5 (4%)	<i>Because of your age</i>	3 (2%)
<i>Because of drugs</i>	10 (7%)	<i>Being from a different part of the country than others</i>	5 (4%)
<i>Having your canteen/property taken</i>	9 (6%)	<i>Because of your offence/ crime</i>	6 (4%)
<i>Because you were new here</i>	11 (8%)	<i>Because of gang related issues</i>	2 (1%)

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

Yes..... 20 (14%)
No..... 118 (86%) **If No, go to question 5.8**

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

<i>Insulting remarks (about you or your family or friends)</i>	9 (7%)	<i>Because you have a disability</i>	7 (5%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)	<i>Because of your religion/religious beliefs</i> ..	1 (1%)
<i>Sexual abuse</i>	1 (1%)	<i>Because if your age</i>	3 (2%)
<i>Because of your race or ethnic origin</i>	2 (1%)	<i>Being from a different part of the country than others</i>	1 (1%)
<i>Because of drugs</i>	3 (2%)	<i>Because of your offence/crime</i>	5 (4%)
<i>Because you were new here</i>	6 (4%)	<i>Because of gang related issues</i>	1 (1%)
<i>Because of your sexuality</i>	4 (3%)		

Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised</i>					94 (72%)
	Yes.....					15 (11%)
	No.....					22 (17%)
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....					47 (35%)
	No.....					87 (65%)
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....					18 (14%)
	No.....					115 (86%)
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>
	11 (8%)	21 (15%)	12 (9%)	5 (4%)	5 (4%)	84 (61%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	12 (9%)	5 (4%)	29 (21%)	16 (12%)	53 (39%)	22 (16%)
The nurse	10 (7%)	15 (11%)	60 (44%)	18 (13%)	28 (20%)	6 (4%)
The dentist	30 (23%)	4 (3%)	12 (9%)	10 (8%)	34 (26%)	42 (32%)
The optician	46 (35%)	3 (2%)	8 (6%)	11 (8%)	30 (23%)	34 (26%)
Q6.2	Are you able to see a pharmacist?					
	Yes.....					30 (26%)
	No.....					85 (74%)
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	19 (14%)	17 (12%)	31 (23%)	19 (14%)	28 (20%)	23 (17%)
The nurse	19 (14%)	23 (17%)	52 (39%)	21 (16%)	17 (13%)	3 (2%)
The dentist	67 (52%)	7 (5%)	17 (13%)	13 (10%)	13 (10%)	13 (10%)
The optician	80 (61%)	5 (4%)	11 (8%)	17 (13%)	8 (6%)	11 (8%)
Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	15 (11%)	12 (9%)	31 (23%)	23 (17%)	33 (24%)	23 (17%)
Q6.5	Are you currently taking medication?					
	Yes.....					84 (61%)
	No.....					54 (39%)
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>					54 (39%)
	Yes.....					38 (28%)
	No.....					46 (33%)
Q6.7	Do you feel you have any emotional well-being/mental health issues?					
	Yes.....					65 (48%)
	No.....					71 (52%)

Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)		
	<i>Do not have any issues/not receiving any help</i>	86 (68%)	
	<i>Doctor</i>	28 (22%)	
	<i>Nurse</i>	12 (9%)	
	<i>Psychiatrist</i>	11 (9%)	
	<i>Mental health in-reach team</i>	23 (18%)	
	<i>Counsellor</i>	8 (6%)	
	<i>Other</i>	4 (3%)	
Q6.9	Did you have a problem with either of the following when you came into this prison?		
		<i>Yes</i>	<i>No</i>
	Drugs	59 (44%)	74 (56%)
	Alcohol	43 (34%)	82 (66%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?		
	<i>Yes</i>	7 (5%)	
	<i>No</i>	129 (95%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?		
	<i>Yes</i>	60 (43%)	
	<i>No</i>	12 (9%)	
	<i>Did not/do not have a drug or alcohol problem</i>	67 (48%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?		
	<i>Yes</i>	59 (43%)	
	<i>No</i>	11 (8%)	
	<i>Did not / do not have a drug or alcohol problem</i>	67 (49%)	
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?		
	<i>Yes</i>	43 (32%)	
	<i>No</i>	17 (13%)	
	<i>Did not have a problem/have not received help</i>	74 (55%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?		
		<i>Yes</i>	<i>No</i>
	Drugs	16 (12%)	92 (70%)
	Alcohol	15 (12%)	92 (71%)
			<i>Don't know</i>
			24 (18%)
			22 (17%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?		
	<i>Yes</i>	34 (26%)	
	<i>No</i>	18 (14%)	
	<i>N/A</i>	81 (61%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	97 (72%)
	Vocational or skills training.....	19 (14%)
	Education (including basic skills).....	32 (24%)
	Offending behaviour programmes.....	6 (4%)
	<i>Not involved in any of these</i>	19 (14%)

Q7.2	If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?				
		<i>Not been involved</i>	Yes	No	<i>Don't know</i>
	Prison job	16 (13%)	63 (50%)	22 (18%)	24 (19%)
	Vocational or skills training	29 (36%)	33 (41%)	8 (10%)	11 (14%)
	Education (including basic skills)	22 (24%)	47 (51%)	12 (13%)	12 (13%)
	Offending behaviour programmes	34 (44%)	24 (31%)	10 (13%)	9 (12%)

Q7.3	How often do you go to the library?	
	<i>Don't want to go</i>	11 (9%)
	<i>Never</i>	30 (24%)
	<i>Less than once a week</i>	36 (28%)
	<i>About once a week</i>	30 (24%)
	<i>More than once a week</i>	14 (11%)
	<i>Don't know</i>	6 (5%)

Q7.4	On average how many times do you go to the gym each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	43 (32%)	33 (24%)	12 (9%)	13 (10%)	17 (13%)	8 (6%)	10 (7%)

Q7.5	On average how many times do you go outside for exercise each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	22 (16%)	13 (10%)	34 (25%)	31 (23%)	29 (21%)	7 (5%)

Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	10 (8%)
	<i>2 to less than 4 hours</i>	19 (14%)
	<i>4 to less than 6 hours</i>	15 (11%)
	<i>6 to less than 8 hours</i>	28 (21%)
	<i>8 to less than 10 hours</i>	23 (17%)
	<i>10 hours or more</i>	23 (17%)
	<i>Don't know</i>	15 (11%)

Q7.7	On average, how many times do you have association each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	6 (4%)	5 (4%)	6 (4%)	24 (18%)	82 (61%)	11 (8%)

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	10 (8%)
	<i>Never</i>	7 (5%)
	<i>Rarely</i>	21 (16%)
	<i>Some of the time</i>	38 (29%)
	<i>Most of the time</i>	33 (25%)
	<i>All of the time</i>	24 (18%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	40 (29%)
	<i>In the first week</i>	70 (51%)
	<i>More than a week</i>	19 (14%)
	<i>Don't remember</i>	7 (5%)

Q8.2	How helpful do you think your personal officer is? <i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	40 (30%)	33 (25%)	36 (27%)	10 (7%)	13 (10%)	2 (1%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					34 (26%)
	<i>Yes</i>					36 (27%)
	<i>No</i>					61 (47%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					95 (73%)
	<i>Very involved</i>					6 (5%)
	<i>Involved</i>					21 (16%)
	<i>Neither</i>					1 (1%)
	<i>Not very involved</i>					2 (2%)
	<i>Not at all involved</i>					5 (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>					95 (74%)
	<i>Yes</i>					26 (20%)
	<i>No</i>					7 (5%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					95 (74%)
	<i>Yes</i>					14 (11%)
	<i>No</i>					20 (16%)
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>					34 (29%)
	<i>Yes</i>					37 (31%)
	<i>No</i>					48 (40%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					30 (25%)
	<i>No</i>					89 (75%)
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					44 (33%)
	<i>No</i>					82 (62%)
	<i>Don't know</i>					6 (5%)
Q8.10	Have you had any problems getting access to the telephones?					
	<i>Yes</i>					21 (16%)
	<i>No</i>					108 (81%)
	<i>Don't know</i>					4 (3%)
Q8.11	Did you have a visit in the first week that you were here?					
	<i>Not been here a week yet</i>					6 (5%)
	<i>Yes</i>					53 (40%)
	<i>No</i>					71 (54%)
	<i>Don't remember</i>					2 (2%)

Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	6 (5%)	65 (51%)	53 (42%)	2 (2%)	1 (1%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				39 (30%)
	<i>Very well</i>				25 (20%)
	<i>Well</i>				30 (23%)
	<i>Neither</i>				15 (12%)
	<i>Badly</i>				6 (5%)
	<i>Very badly</i>				3 (2%)
	<i>Don't know</i>				10 (8%)
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	<i>Yes</i>				83 (63%)
	<i>No</i>				48 (37%)
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i>	37 (31%)	<i>Help with your finances in preparation for release</i>	36 (31%)	
	<i>Maintaining good relationships</i>	32 (27%)	<i>Claiming benefits on release</i>	61 (52%)	
	<i>Avoiding bad relationships</i>	26 (22%)	<i>Arranging a place at college/continuing education on release</i>	27 (23%)	
	<i>Finding a job on release</i>	44 (37%)	<i>Continuity of health services on release</i>	30 (25%)	
	<i>Finding accommodation on release</i>	53 (45%)	<i>Opening a bank account</i>	21 (18%)	
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	<i>No problems</i>	34 (29%)	<i>Help with your finances in preparation for release</i>	32 (28%)	
	<i>Maintaining good relationships</i>	20 (17%)	<i>Claiming benefits on release</i>	37 (32%)	
	<i>Avoiding bad relationships</i>	27 (23%)	<i>Arranging a place at college/continuing education on release</i>	23 (20%)	
	<i>Finding a job on release</i>	53 (46%)	<i>Continuity of health services on release</i>	20 (17%)	
	<i>Finding accommodation on release</i>	44 (38%)	<i>Opening a bank account</i>	30 (26%)	
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>				34 (27%)
	<i>Yes</i>				52 (42%)
	<i>No</i>				38 (31%)

Main comparator and comparator to last time



Prisoner survey responses HMP Peterborough (Women) 2011

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

Key to tables

		HMP Peterborough	Womens local comparator	HMP Peterborough	HMP Peterborough 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		146	813	146	117
SECTION 1: General information					
2	Are you under 21 years of age?	11%	13%	11%	4%
3a	Are you sentenced?	76%	71%	76%	85%
3b	Are you on recall?	9%	5%	9%	12%
4a	Is your sentence less than 12 months?	31%	25%	31%	37%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	0%
5	Do you have six months or less to serve?	50%	40%	50%	64%
6	Have you been in this prison less than a month?	27%	23%	27%	27%
7	Are you a foreign national?	13%	14%	13%	9%
8	Is English your first language?	88%	90%	88%	93%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	23%	23%	23%	22%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	7%	6%	
11	Are you Muslim?	2%	6%	2%	6%
12	Are you homosexual/gay or bisexual?	24%	27%	24%	27%
13	Do you consider yourself to have a disability?	15%	18%	15%	27%
14	Is this your first time in prison?	44%	46%	44%	42%
15	Have you been in more than five prisons this time?	2%	3%	2%	
16	Do you have any children under the age of 18?	52%	52%	52%	58%
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%	48%	47%	51%
1b	Was your personal safety during the journey good/very good?	59%	58%	59%	59%
1c	Was the comfort of the van good/very good?	16%	14%	16%	14%
1d	Was the attention paid to your health needs good/very good?	33%	36%	33%	27%
1e	Was the frequency of toilet breaks good/very good?	19%	14%	19%	8%
2	Did you spend more than four hours in the van?	7%	5%	7%	13%
3	Were you treated well/very well by the escort staff?	76%	73%	76%	63%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	81%	80%	80%
4b	Before you arrived here did you receive any written information about what would happen to you?	16%	16%	16%	17%
4c	When you first arrived here did your property arrive at the same time as you?	83%	83%	83%	80%

Main comparator and comparator to last time

Key to tables

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SECTION 3: Reception, first night and induction				
1	In the first 24 hours, did staff ask you if you needed help/support with the following:			
1b	Problems with loss of property?	9%	12%	9%
1c	Housing problems?	40%	34%	40%
1d	Problems contacting employers?	10%	12%	10%
1e	Problems contacting family?	66%	65%	66%
1f	Problems ensuring dependants were looked after?	29%	27%	29%
1g	Money problems?	20%	17%	20%
1h	Problems of feeling depressed/suicidal?	55%	61%	55%
1i	Health problems?	64%	63%	64%
1j	Problems in needing protection from other prisoners?	11%	14%	11%
1k	Problems accessing phone numbers?	57%	46%	57%
2	When you first arrived:			
2a	Did you have any problems?	80%	78%	80%
2b	Did you have any problems with loss of property?	11%	15%	11%
2c	Did you have any housing problems?	26%	29%	26%
2d	Did you have any problems contacting employers?	4%	6%	4%
2e	Did you have any problems contacting family?	36%	33%	36%
2f	Did you have any problems ensuring dependants were being looked after?	5%	11%	5%
2g	Did you have any money worries?	27%	23%	27%
2h	Did you have any problems with feeling depressed or suicidal?	33%	38%	33%
2i	Did you have any health problems?	41%	38%	41%
2j	Did you have any problems with needing protection from other prisoners?	6%	8%	6%
2k	Did you have problems accessing phone numbers?	28%	30%	28%
3a	Were you seen by a member of health services in reception?	93%	87%	93%
3b	When you were searched in reception, was this carried out in a respectful way?	91%	85%	91%
4	Were you treated well/very well in reception?	76%	68%	76%
5	On your day of arrival, were you offered information about any of the following:			
5a	What was going to happen to you?	45%	56%	45%
5b	Support was available for people feeling depressed or suicidal?	53%	57%	53%
5c	How to make routine requests?	38%	39%	38%
5d	Your entitlement to visits?	49%	45%	49%
5e	Health services?	47%	48%	47%
5f	The chaplaincy?	51%	45%	51%

Main comparator and comparator to last time

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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?	87%	85%	87%	89%
6b	The opportunity to have a shower?	21%	49%	21%	18%
6c	The opportunity to make a free telephone call?	88%	81%	88%	54%
6d	Something to eat?	75%	84%	75%	68%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	59%	48%	59%	25%
7b	Someone from health services?	77%	79%	77%	53%
7c	A Listener/Samaritans?	19%	30%	19%	13%
8	Did you have access to the prison shop/canteen within the first 24 hours?	16%	15%	16%	38%
9	Did you feel safe on your first night here?	80%	66%	80%	74%
10	Have you been on an induction course?	90%	83%	90%	95%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	56%	61%	56%	57%
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?	41%	41%	41%	37%
1b	Attend legal visits?	57%	60%	57%	54%
1c	Obtain bail information?	24%	26%	24%	20%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	25%	40%	25%	35%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	47%	55%	47%	49%
3b	Are you normally able to have a shower every day?	90%	84%	90%	90%
3c	Do you normally receive clean sheets every week?	94%	77%	94%	88%
3d	Do you normally get cell cleaning materials every week?	81%	78%	81%	68%
3e	Is your cell call bell normally answered within five minutes?	57%	43%	57%	47%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	59%	64%	62%
3g	Can you normally get your stored property if you need to?	28%	27%	28%	35%
4	Is the food in this prison good/very good?	31%	26%	31%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	48%	51%	40%
6a	Is it easy/very easy to get a complaints form?	79%	81%	79%	76%
6b	Is it easy/very easy to get an application form?	83%	86%	83%	76%
7	Have you made an application?	84%	86%	84%	78%

Main comparator and comparator to last time

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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?	62%	62%	62%	40%
8b	Do you feel applications are dealt with promptly (within seven days)?	46%	47%	46%	31%
9	Have you made a complaint?	40%	47%	40%	51%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	50%	42%	50%	26%
10b	Do you feel complaints are dealt with promptly (within seven days)?	46%	48%	46%	25%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	21%	29%	21%	17%
10c	Were you given information about how to make an appeal?	19%	23%	19%	24%
12	Is it easy/very easy to see the Independent Monitoring Board?	24%	32%	24%	32%
13	Are you on the enhanced (top) level of the IEP scheme?	29%	30%	29%	20%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	53%	49%	40%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	46%	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%	7%	8%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	6%	15%	12%
13a	Do you feel your religious beliefs are respected?	58%	58%	58%	50%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	60%	62%	49%
14	Are you able to speak to a Listener at any time if you want to?	62%	65%	62%	53%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	80%	82%	61%
15b	Do most staff in this prison treat you with respect?	90%	71%	90%	67%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	45%	44%	45%	42%
2	Do you feel unsafe in this prison at the moment?	15%	16%	15%	18%
4	Have you been victimised by another prisoner?	27%	29%	27%	26%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	15%	17%	15%	16%
5b	Hit, kicked or assaulted you?	7%	6%	7%	10%
5c	Sexually abused you?	1%	2%	1%	2%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	4%
5e	Victimised you because of drugs?	7%	4%	7%	3%
5f	Taken your canteen/property?	7%	7%	7%	5%
5g	Victimised you because you were new here?	8%	8%	8%	9%
5h	Victimised you because of your sexuality?	4%	2%	4%	2%
5i	Victimised you because you have a disability?	4%	2%	4%	5%
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%
5k	Victimised you because of your age?	2%	3%	2%	
5l	Victimised you because you were from a different part of the country?	4%	3%	4%	7%
5m	Victimised you because of your offence/crime?	4%	5%	4%	
5n	Victimised you because of gang related issues?	2%	3%	2%	

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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?	15%	22%	15%	25%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	7%	10%	7%	12%
7b	Hit, kicked or assaulted you?	1%	2%	1%	4%
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?	2%	4%	2%	2%
7f	Victimised you because you were new here?	4%	4%	4%	6%
7g	Victimised you because of your sexuality?	3%	2%	3%	3%
7h	Victimised you because you have a disability?	5%	2%	5%	5%
7i	Victimised you because of your religion/religious beliefs?	1%	2%	1%	2%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	1%	2%	1%	6%
7l	Victimised you because of your offence/crime?	4%	4%	4%	
7m	Victimised you because of gang related issues?	1%	1%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	40%	44%	40%	61%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	35%	32%	35%	29%
10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	23%	14%	25%
11	Is it easy/very easy to get illegal drugs in this prison?	23%	27%	23%	19%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	25%	25%	25%	
1b	Is it easy/very easy to see the nurse?	55%	54%	55%	
1c	Is it easy/very easy to see the dentist?	12%	10%	12%	
1d	Is it easy/very easy to see the optician?	8%	11%	8%	
2	Are you able to see a pharmacist?	26%	42%	26%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	41%	51%	41%	37%
3b	The nurse?	65%	63%	65%	47%
3c	The dentist?	38%	36%	38%	42%
3d	The optician?	31%	35%	31%	25%
4	The overall quality of health services?	35%	43%	35%	21%

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	Percentages which are not highlighted show there is no significant difference				
Health services continued					
5	Are you currently taking medication?	61%	71%	61%	66%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	45%	35%	45%	46%
7	Do you feel you have any emotional well-being/mental health issues?	48%	47%	48%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	27%	18%	27%	
8b	A doctor?	46%	42%	46%	
8c	A nurse?	22%	26%	22%	
8d	A psychiatrist?	18%	25%	18%	
8e	The mental health in-reach team?	39%	44%	39%	
8f	A counsellor?	13%	26%	13%	
9a	Did you have a drug problem when you came into this prison?	44%	46%	44%	32%
9b	Did you have an alcohol problem when you came into this prison?	34%	33%	34%	10%
10a	Have you developed a drug problem since you have been in this prison?	5%	9%	5%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	83%	89%	83%	
12	Have you received any help or intervention while in this prison?	85%	86%	85%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	72%	82%	72%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	30%	35%	30%	43%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	27%	29%	23%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	66%	75%	66%	47%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough	Womens local comparator	HMP Peterborough	HMP Peterborough 2006
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	72%	53%	72%	
1b	Vocational or skills training?	14%	13%	14%	
1c	Education (including basic skills)?	24%	45%	24%	
1d	Offending Behaviour Programmes?	4%	15%	4%	
2ai	Have you had a job while in this prison?	87%	79%	87%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	58%	52%	58%	
2bi	Have you been involved in vocational or skills training while in this prison?	64%	64%	64%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	63%	56%	63%	
2ci	Have you been involved in education while in this prison?	76%	86%	76%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	66%	65%	66%	
2di	Have you been involved in offending behaviour programmes while in this prison?	56%	62%	56%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	56%	55%	56%	
3	Do you go to the library at least once a week?	35%	47%	35%	33%
4	On average, do you go to the gym at least twice a week?	28%	32%	28%	44%
5	On average, do you go outside for exercise three or more times a week?	44%	38%	44%	42%
6	On average, do you spend ten or more hours out of your cell on a weekday?	17%	18%	17%	14%
7	On average, do you go on association more than five times each week?	61%	51%	61%	70%
8	Do staff normally speak to you most of the time/all of the time during association?	43%	22%	43%	30%
SECTION 8: Resettlement					
1	Do you have a personal officer?	71%	72%	71%	33%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	74%	68%	74%	48%
For those who are sentenced:					
3	Do you have a sentence plan?	37%	53%	37%	29%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	77%	68%	77%	59%
5	Can you achieve some/all of your sentence plan targets in this prison?	79%	83%	79%	
6	Are there plans for you to achieve some/all your targets in another prison?	42%	44%	42%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	44%	42%	44%	
8	Do you feel that any member of staff has helped you to prepare for release?	25%	23%	25%	
9	Have you had any problems with sending or receiving mail?	33%	36%	33%	45%
10	Have you had any problems getting access to the telephones?	16%	25%	16%	19%
11	Did you have a visit in the first week that you were here?	40%	40%	40%	32%
12	Did you receive one or more visits in the last week?	44%	40%	44%	45%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Peterborough	Womens local comparator	HMP Peterborough	HMP Peterborough 2006	
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	62%	52%	62%	
14	Have you been helped to maintain contact with family/friends while in this prison?	63%	55%	63%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	27%	20%	27%	
15c	Avoiding bad relationships?	22%	17%	22%	
15d	Finding a job on release?	37%	36%	37%	39%
15e	Finding accommodation on release?	45%	46%	45%	51%
15f	With money/finances on release?	30%	26%	30%	34%
15g	Claiming benefits on release?	52%	47%	52%	53%
15h	Arranging a place at college/continuing education on release?	23%	28%	23%	33%
15i	Accessing health services on release?	25%	28%	25%	33%
15j	Opening a bank account on release?	18%	16%	18%	29%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	17%	18%	17%	
16c	Avoiding bad relationships?	23%	23%	23%	
16d	Finding a job?	46%	51%	46%	69%
16e	Finding accommodation?	38%	41%	38%	49%
16f	Money/finances?	28%	31%	28%	61%
16g	Claiming benefits?	32%	36%	32%	53%
16h	Arranging a place at college/continuing education?	20%	25%	20%	47%
16i	Accessing health services?	17%	25%	17%	41%
16j	Opening a bank account?	26%	31%	26%	52%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	58%	56%	58%	50%

Diversity Analysis



Key question responses (ethnicity and nationality) HMP Peterborough (women) 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		33	112	18	122
1.3	Are you sentenced?	78%	76%	65%	78%
1.7	Are you a foreign national?	43%	4%		
1.8	Is English your first language?	58%	97%	16%	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)?			77%	16%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	7%	5%	5%
1.11	Are you Muslim?	3%	2%	0%	3%
1.12	Do you consider yourself to have a disability?	3%	18%	5%	16%
1.13	Is this your first time in prison?	58%	40%	83%	39%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	29%	35%	63%	28%
2.3	Were you treated well/very well by the escort staff?	71%	77%	88%	75%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	58%	87%	56%	83%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	76%	64%	87%	64%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	50%	57%	44%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	57%	66%	50%	66%
3.2a	Did you have any problems when you first arrived?	76%	82%	63%	84%
3.3a	Were you seen by a member of health care staff in reception?	79%	96%	77%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	90%	92%	79%	93%
3.4	Were you treated well/very well in reception?	67%	80%	77%	78%
3.7b	Did you have access to someone from health care within the first 24 hours?	65%	80%	65%	77%
3.9	Did you feel safe on your first night here?	69%	84%	88%	81%
3.10	Have you been on an induction course?	90%	90%	95%	92%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	43%	65%	38%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	34%	51%	42%	48%
4.3b	Are you normally able to have a shower every day?	94%	88%	100%	88%
4.3e	Is your cell call bell normally answered within five minutes?	55%	58%	47%	60%
4.4	Is the food in this prison good/very good?	25%	33%	28%	32%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	28%	57%	44%	51%
4.6a	Is it easy/very easy to get a complaints form?	67%	83%	61%	83%
4.6b	Is it easy/very easy to get an application form?	73%	86%	94%	82%
4.9	Have you made a complaint?	29%	44%	24%	41%
4.13	Are you on the enhanced (top) level of the IEP scheme?	18%	32%	18%	31%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	54%	19%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	48%	21%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	7%	0%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	16%	0%	16%
4.17a	Do you feel your religious beliefs are respected?	58%	58%	59%	59%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	61%	47%	64%
4.18	Are you able to speak to a Listener at any time if you want to?	42%	68%	44%	65%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	85%	85%	83%
4.19b	Do most staff in this prison treat you with respect?	86%	91%	85%	91%
5.1	Have you ever felt unsafe in this prison?	34%	48%	29%	46%
5.2	Do you feel unsafe in this prison at the moment?	16%	14%	12%	14%
5.4	Have you been victimised by another prisoner?	19%	28%	14%	26%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	2%	6%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	4%	0%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%
5.6	Have you been victimised by a member of staff?	14%	15%	6%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%	6%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	3%	5%	0%	5%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	25%	38%	0%	37%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	14%	0%	15%
5.11	Is it easy/very easy to get illegal drugs in this prison?	14%	26%	0%	27%
6.1a	Is it easy/very easy to see the doctor?	17%	27%	33%	23%
6.1b	Is it easy/ very easy to see the nurse?	49%	57%	67%	53%
6.2	Are you able to see a pharmacist?	37%	23%	35%	26%
6.5	Are you currently taking medication?	36%	68%	32%	65%
6.7	Do you feel you have any emotional well being/mental health issues?	28%	53%	6%	53%
7.1a	Are you currently working in the prison?	67%	73%	67%	73%
7.1b	Are you currently undertaking vocational or skills training?	24%	12%	28%	12%
7.1c	Are you currently in education (including basic skills)?	26%	23%	61%	19%
7.1d	Are you currently taking part in an offending behaviour programme?	3%	5%	0%	5%
7.3	Do you go to the library at least once a week?	39%	34%	58%	32%
7.4	On average, do you go to the gym at least twice a week?	53%	21%	53%	25%
7.5	On average, do you go outside for exercise three or more times a week?	41%	45%	29%	46%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	18%	17%	21%	18%
7.7	On average, do you go on association more than five times each week?	33%	69%	29%	66%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	28%	47%	15%	47%
8.1	Do you have a personal officer?	67%	72%	50%	73%
8.9	Have you had any problems sending or receiving mail?	19%	37%	7%	36%
8.10	Have you had any problems getting access to the telephones?	21%	14%	15%	17%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Peterborough (Women) 2011

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		21	125
1.3	Are you sentenced?	72%	79%
1.7	Are you a foreign national?	4%	13%
1.8	Is English your first language?	96%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	4%	26%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%
1.11	Are you Muslim?	4%	2%
1.14	Is this your first time in prison?	33%	46%
2.1d	Was the attention paid to your health needs good/very good?	20%	35%
2.3	Were you treated well/very well by the escort staff?	57%	78%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	67%	83%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	67%	67%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	72%	63%
3.2a	Did you have any problems when you first arrived?	90%	78%
3.3a	Were you seen by a member of health care staff in reception?	90%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	84%	92%
3.4	Were you treated well/very well in reception?	62%	79%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	67%	79%
3.9	Did you feel safe on your first night here?	72%	81%
3.10	Have you been on an induction course?	90%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	21%	44%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	47%
4.3b	Are you normally able to have a shower every day?	79%	92%
4.3e	Is your cell call bell normally answered within five minutes?	54%	57%
4.4	Is the food in this prison good/very good?	21%	32%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	54%
4.6a	Is it easy/very easy to get a complaints form?	60%	83%
4.6b	Is it easy/very easy to get an application form?	54%	87%
4.9	Have you made a complaint?	40%	40%
4.13	Are you on the enhanced (top) level of the IEP scheme?	26%	30%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	22%	13%
4.17a	Do you feel your religious beliefs are respected?	69%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	61%
4.18	Are you able to speak to a Listener at any time if you want to?	65%	62%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	83%
4.19b	Do most staff, in this prison, treat you with respect?	90%	89%
5.1	Have you ever felt unsafe in this prison?	69%	40%
5.2	Do you feel unsafe in this prison at the moment?	42%	10%
5.4	Have you been victimised by another prisoner?	42%	24%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
5.5i	Victimised you because you have a disability?	16%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	48%	9%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
5.7h	Victimised you because you have a disability?	26%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	52%	32%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	11%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	25%
6.1a	Is it easy/very easy to see the doctor?	22%	25%
6.1b	Is it easy/ very easy to see the nurse?	42%	57%
6.2	Are you able to see a pharmacist?	29%	26%
6.5	Are you currently taking medication?	78%	58%
6.7	Do you feel you have any emotional well being/mental health issues?	69%	44%
7.1a	Are you currently working in the prison?	69%	72%
7.1b	Are you currently undertaking vocational or skills training?	4%	16%
7.1c	Are you currently in education (including basic skills)?	26%	24%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	5%
7.3	Do you go to the library at least once a week?	37%	35%
7.4	On average, do you go to the gym at least twice a week?	11%	30%
7.5	On average, do you go outside for exercise three or more times a week?	31%	47%
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.)	11%	19%
7.7	On average, do you go on association more than five times each week?	61%	61%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	40%	44%
8.1	Do you have a personal officer?	58%	72%
8.9	Have you had any problems sending or receiving mail?	48%	31%
8.10	Have you had any problems getting access to the telephones?	26%	13%

Diversity Analysis - Sexual Orientation



Key questions (sexual orientation analysis) HMP Peterborough (women) 2011

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

Key to tables

		Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		34	106
1.3	Are you sentenced?	77%	78%
1.7	Are you a foreign national?	0%	15%
1.8	Is English your first language?	100%	86%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	4%
1.11	Are you Muslim?	0%	3%
1.13	Do you consider yourself to have a disability?	27%	12%
1.14	Is this your first time in prison?	15%	53%
2.1d	Was the attention paid to your health needs good/very good?	18%	37%
2.3	Were you treated well/very well by the escort staff?	63%	79%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	79%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	61%	69%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	70%	62%
3.2a	Did you have any problems when you first arrived?	81%	79%
3.3a	Were you seen by a member of health care staff in reception?	94%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	87%	93%
3.4	Were you treated well/very well in reception?	71%	79%
3.7b	Did you have access to someone from health care within the first 24 hours?	79%	77%
3.9	Did you feel safe on your first night here?	82%	80%
3.10	Have you been on an induction course?	88%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	41%

Diversity Analysis - Sexual Orientation

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	39%	50%
4.3b	Are you normally able to have a shower every day?	91%	90%
4.3e	Is your cell call bell normally answered within five minutes?	61%	55%
4.4	Is the food in this prison good/very good?	29%	29%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	52%
4.6a	Is it easy/very easy to get a complaints form?	94%	76%
4.6b	Is it easy/very easy to get an application form?	91%	80%
4.9	Have you made a complaint?	53%	36%
4.13	Are you on the enhanced (top) level of the IEP scheme?	18%	32%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	44%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	15%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	26%	11%
4.17a	Do you feel your religious beliefs are respected?	56%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	69%	60%
4.18	Are you able to speak to a Listener at any time if you want to?	69%	61%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	81%
4.19b	Do most staff, in this prison, treat you with respect?	87%	90%
5.1	Have you ever felt unsafe in this prison?	56%	41%
5.2	Do you feel unsafe in this prison at the moment?	16%	14%
5.4	Have you been victimised by another prisoner?	30%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	5%
5.5h	Victimised you because of your sexuality?	13%	1%
5.5i	Victimised you because you have a disability?	6%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	37%	8%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
5.7f	Victimised you because of your sexuality?	9%	1%
5.7h	Victimised you because you have a disability?	13%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%

Diversity Analysis - Sexual Orientation

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	47%	32%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	8%
5.11	Is it easy/very easy to get illegal drugs in this prison?	42%	19%
6.1a	Is it easy/very easy to see the doctor?	25%	24%
6.1b	Is it easy/ very easy to see the nurse?	56%	53%
6.2	Are you able to see a pharmacist?	14%	29%
6.5	Are you currently taking medication?	69%	60%
6.7	Do you feel you have any emotional well-being/mental health issues?	60%	44%
7.1a	Are you currently working in the prison?	61%	75%
7.1b	Are you currently undertaking vocational or skills training?	10%	16%
7.1c	Are you currently in education (including basic skills)?	19%	24%
7.1d	Are you currently taking part in an offending behaviour programme?	7%	4%
7.3	Do you go to the library at least once a week?	24%	39%
7.4	On average, do you go to the gym at least twice a week?	18%	29%
7.5	On average, do you go outside for exercise three or more times a week?	53%	40%
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.)	16%	16%
7.7	On average, do you go on association more than five times each week?	74%	57%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	50%	42%
8.1	Do you have a personal officer?	78%	67%
8.9	Have you had any problems sending or receiving mail?	49%	29%
8.10	Have you had any problems getting access to the telephones?	16%	16%



Diversity Analysis - Age
Key question responses (age- under 21) HMP Peterborough (women) 2011

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

Key to tables

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		16	128
1.3	Are you sentenced?	72%	77%
1.7	Are you a foreign national?	0%	15%
1.8	Is English your first language?	100%	86%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	5%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	6%
1.11	Are you Muslim?	0%	2%
1.13	Do you consider yourself to have a disability?	13%	15%
1.14	Is this your first time in prison?	56%	42%
2.1d	Was the attention paid to your health needs good/very good?	47%	31%
2.3	Were you treated well/very well by the escort staff?	81%	76%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	95%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	82%	65%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	74%	52%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	56%	65%
3.2a	Did you have any problems when you first arrived?	72%	81%
3.3a	Were you seen by a member of health care staff in reception?	100%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	95%	92%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	87%	76%
3.7b	Did you have access to someone from health care within the first 24 hours?	68%	77%
3.9	Did you feel safe on your first night here?	82%	80%
3.10	Have you been on an induction course?	100%	89%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	41%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	47%
4.3b	Are you normally able to have a shower every day?	100%	88%
4.3e	Is your cell call bell normally answered within five minutes?	58%	56%
4.4	Is the food in this prison good/very good?	21%	31%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	63%	49%
4.6a	Is it easy/very easy to get a complaints form?	82%	80%
4.6b	Is it easy/very easy to get an application form?	82%	83%
4.9	Have you made a complaint?	44%	39%
4.13	Are you on the enhanced (top) level of the IEP scheme?	33%	27%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	46%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	44%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	17%
4.17a	Do you feel your religious beliefs are respected?	50%	59%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	61%

Key to tables

Diversity Analysis - Age

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	63%	62%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	81%
4.19b	Do most staff in this prison treat you with respect?	100%	88%
5.1	Have you ever felt unsafe in this prison?	37%	45%
5.2	Do you feel unsafe in this prison at the moment?	0%	15%
5.4	Have you been victimised by another prisoner?	0%	29%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%
5.5i	Victimised you because you have a disability?	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%
5.5k	Have you been victimised because of your age? (By prisoners)	0%	2%
5.6	Have you been victimised by a member of staff?	5%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
5.7h	Victimised you because you have a disability?	5%	4%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
5.7j	Have you been victimised because of your age? (By staff)	5%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	32%	35%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	5%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	13%	24%
6.1a	Is it easy/very easy to see the doctor?	5%	27%
6.1b	Is it easy/ very easy to see the nurse?	37%	57%
6.2	Are you able to see a pharmacist?	35%	25%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	37%	64%
6.7	Do you feel you have any emotional well-being/mental health issues?	44%	48%
7.1a	Are you currently working in the prison?	63%	73%
7.1b	Are you currently undertaking vocational or skills training?	13%	15%
7.1c	Are you currently in education (including basic skills)?	37%	22%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	5%
7.3	Do you go to the library at least once a week?	26%	36%
7.4	On average, do you go to the gym at least twice a week?	18%	29%
7.5	On average, do you go outside for exercise three or more times a week?	63%	42%
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.)	26%	15%
7.7	On average, do you go on association more than five times each week?	74%	59%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	50%	42%
8.1	Do you have a personal officer?	82%	69%
8.9	Have you had any problems sending or receiving mail?	32%	34%
8.10	Have you had any problems getting access to the telephones?	5%	17%

Main comparator and comparator to last time



Prisoner survey responses HMP Peterborough 2011 - Women vs Men

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

Key to tables

		HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		146	169
SECTION 1: General information			
2	Are you under 21 years of age?	11%	3%
3a	Are you sentenced?	76%	72%
3b	Are you on recall?	9%	6%
4a	Is your sentence less than 12 months?	31%	25%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%
5	Do you have six months or less to serve?	50%	37%
6	Have you been in this prison less than a month?	27%	22%
7	Are you a foreign national?	13%	18%
8	Is English your first language?	88%	86%
9	Are you from a minority ethnic group? Including all those who did not tick white British, white Irish or white other categories.	23%	17%
10	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	8%
11	Are you Muslim?	2%	10%
12	Are you homosexual/gay or bisexual?	24%	4%
13	Do you consider yourself to have a disability?	15%	20%
14	Is this your first time in prison?	44%	27%
15	Have you been in more than five prisons this time?	2%	8%
16	Do you have any children under the age of 18?	52%	51%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	47%	57%
1b	Was your personal safety during the journey good/very good?	59%	67%
1c	Was the comfort of the van good/very good?	16%	14%
1d	Was the attention paid to your health needs good/very good?	33%	36%
1e	Was the frequency of toilet breaks good/very good?	19%	16%
2	Did you spend more than four hours in the van?	7%	3%
3	Were you treated well/very well by the escort staff?	76%	62%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	75%
4b	Before you arrived here did you receive any written information about what would happen to you?	16%	14%
4c	When you first arrived here did your property arrive at the same time as you?	83%	84%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 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?	9%	17%
1c	Housing problems?	40%	31%
1d	Problems contacting employers?	10%	13%
1e	Problems contacting family?	66%	66%
1f	Problems ensuring dependants were looked after?	29%	19%
1g	Money problems?	20%	19%
1h	Problems of feeling depressed/suicidal?	55%	45%
1i	Health problems?	64%	63%
1j	Problems in needing protection from other prisoners?	11%	25%
1k	Problems accessing phone numbers?	57%	51%
2	When you first arrived:		
2a	Did you have any problems?	80%	74%
2b	Did you have any problems with loss of property?	11%	15%
2c	Did you have any housing problems?	26%	26%
2d	Did you have any problems contacting employers?	4%	8%
2e	Did you have any problems contacting family?	36%	33%
2f	Did you have any problems ensuring dependants were being looked after?	5%	6%
2g	Did you have any money worries?	27%	25%
2h	Did you have any problems with feeling depressed or suicidal?	33%	18%
2i	Did you have any health problems?	41%	27%
2j	Did you have any problems with needing protection from other prisoners?	6%	10%
2k	Did you have problems accessing phone numbers?	28%	28%
3a	Were you seen by a member of health services in reception?	93%	92%
3b	When you were searched in reception, was this carried out in a respectful way?	91%	76%
4	Were you treated well/very well in reception?	76%	52%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	45%	65%
5b	Support was available for people feeling depressed or suicidal?	53%	51%
5c	How to make routine requests?	38%	44%
5d	Your entitlement to visits?	49%	58%
5e	Health services?	47%	58%
5f	The chaplaincy?	51%	50%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 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?	87%	90%
6b	The opportunity to have a shower?	21%	24%
6c	The opportunity to make a free telephone call?	88%	83%
6d	Something to eat?	75%	79%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	59%	45%
7b	Someone from health services?	77%	79%
7c	A Listener/Samaritans?	19%	19%
8	Did you have access to the prison shop/canteen within the first 24 hours?	16%	20%
9	Did you feel safe on your first night here?	80%	73%
10	Have you been on an induction course?	90%	86%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	56%	57%
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?	41%	39%
1b	Attend legal visits?	57%	54%
1c	Obtain bail information?	24%	30%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	25%	38%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	47%	45%
3b	Are you normally able to have a shower every day?	90%	84%
3c	Do you normally receive clean sheets every week?	94%	89%
3d	Do you normally get cell cleaning materials every week?	81%	78%
3e	Is your cell call bell normally answered within five minutes?	57%	56%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	67%
3g	Can you normally get your stored property, if you need to?	28%	27%
4	Is the food in this prison good/very good?	31%	30%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	50%
6a	Is it easy/very easy to get a complaints form?	79%	76%
6b	Is it easy/very easy to get an application form?	83%	73%
7	Have you made an application?	84%	82%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	62%	55%
8b	Do you feel applications are dealt with promptly (within seven days)?	46%	41%
9	Have you made a complaint?	40%	44%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	50%	33%
10b	Do you feel complaints are dealt with promptly (within seven days)?	46%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	21%	30%
10c	Were you given information about how to make an appeal?	19%	24%
12	Is it easy/very easy to see the Independent Monitoring Board?	24%	31%
13	Are you on the enhanced (top) level of the IEP scheme?	29%	33%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	55%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	51%
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	15%	18%
13a	Do you feel your religious beliefs are respected?	58%	49%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	51%
14	Are you able to speak to a Listener at any time, if you want to?	62%	55%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	66%
15b	Do most staff, in this prison, treat you with respect?	90%	68%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	45%	47%
2	Do you feel unsafe in this prison at the moment?	15%	18%
4	Have you been victimised by another prisoner?	27%	27%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	15%	13%
5b	Hit, kicked or assaulted you?	7%	9%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	4%	4%
5e	Victimised you because of drugs?	7%	4%
5f	Taken your canteen/property?	7%	6%
5g	Victimised you because you were new here?	8%	5%
5h	Victimised you because of your sexuality?	4%	1%
5i	Victimised you because you have a disability?	4%	3%
5j	Victimised you because of your religion/religious beliefs?	1%	4%
5k	Victimised you because of your age?	2%	4%
5l	Victimised you because you were from a different part of the country?	4%	3%
5m	Victimised you because of your offence/crime?	4%	4%
5n	Victimised you because of gang related issues?	2%	4%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	15%	23%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	7%	12%
7b	Hit, kicked or assaulted you?	1%	5%
7c	Sexually abused you?	1%	2%
7d	Victimised you because of your race or ethnic origin?	2%	4%
7e	Victimised you because of drugs?	2%	5%
7f	Victimised you because you were new here?	4%	6%
7g	Victimised you because of your sexuality?	3%	1%
7h	Victimised you because you have a disability?	5%	3%
7i	Victimised you because of your religion/religious beliefs?	1%	4%
7j	Victimised you because of your age?	2%	1%
7k	Victimised you because you were from a different part of the country?	1%	1%
7l	Victimised you because of your offence/crime?	4%	4%
7m	Victimised you because of gang related issues?	1%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	40%	45%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	35%	28%
10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	20%
11	Is it easy/very easy to get illegal drugs in this prison?	23%	31%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	25%	33%
1b	Is it easy/very easy to see the nurse?	55%	47%
1c	Is it easy/very easy to see the dentist?	12%	12%
1d	Is it easy/very easy to see the optician?	8%	11%
2	Are you able to see a pharmacist?	26%	38%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	41%	43%
3b	The nurse?	65%	57%
3c	The dentist?	38%	30%
3d	The optician?	31%	27%
4	The overall quality of health services?	35%	34%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Health services continued			
5	Are you currently taking medication?	61%	54%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	45%	38%
7	Do you feel you have any emotional well being/mental health issues?	48%	34%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	27%	24%
8b	A doctor?	46%	44%
8c	A nurse?	22%	22%
8d	A psychiatrist?	18%	24%
8e	The Mental Health In-Reach Team?	39%	45%
8f	A counsellor?	13%	13%
9a	Did you have a drug problem when you came into this prison?	44%	35%
9b	Did you have an alcohol problem when you came into this prison?	34%	22%
10a	Have you developed a drug problem since you have been in this prison?	5%	7%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	83%	79%
12	Have you received any help or intervention while in this prison?	85%	66%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	72%	79%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	30%	24%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	22%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	66%	63%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	72%	57%
1b	Vocational or skills training?	14%	11%
1c	Education (including basic skills)?	24%	24%
1d	Offending Behaviour Programmes?	4%	6%
2ai	Have you had a job while in this prison?	87%	80%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	58%	48%
2bi	Have you been involved in vocational or skills training while in this prison?	64%	59%
For those who have had vocational or skills training while in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	63%	42%
2ci	Have you been involved in education while in this prison?	76%	70%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	66%	52%
2di	Have you been involved in offending behaviour programmes while in this prison?	56%	58%
For those who have been involved in offending behaviour programmes while in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	56%	49%
3	Do you go to the library at least once a week?	35%	18%
4	On average, do you go to the gym at least twice a week?	28%	51%
5	On average, do you go outside for exercise three or more times a week?	44%	45%
6	On average, do you spend ten or more hours out of your cell on a weekday?	17%	11%
7	On average, do you go on association more than five times each week?	61%	66%
8	Do staff normally speak to you most of the time/all of the time during association?	43%	20%
SECTION 8: Resettlement			
1	Do you have a personal officer?	71%	51%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	74%	55%
For those who are sentenced:			
3	Do you have a sentence plan?	37%	42%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	77%	60%
5	Can you achieve some/all of your sentence plan targets in this prison?	79%	53%
6	Are there plans for you to achieve some/all your targets in another prison?	42%	42%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	44%	24%
8	Do you feel that any member of staff has helped you to prepare for release?	25%	18%
9	Have you had any problems with sending or receiving mail?	33%	47%
10	Have you had any problems getting access to the telephones?	16%	23%
11	Did you have a visit in the first week that you were here?	40%	37%
12	Did you receive one or more visits in the last week?	44%	45%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Peterborough - Women	HMP Peterborough - Men
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/ well)	62%	49%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	63%	36%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	27%	22%
15c	Avoiding bad relationships?	22%	20%
15d	Finding a job on release?	37%	35%
15e	Finding accommodation on release?	45%	45%
15f	With money/finances on release?	30%	30%
15g	Claiming benefits on release?	52%	48%
15h	Arranging a place at college/continuing education on release?	23%	21%
15i	Accessing health services on release?	25%	28%
15j	Opening a bank account on release?	18%	22%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	17%	13%
16c	Avoiding bad relationships?	23%	14%
16d	Finding a job?	46%	45%
16e	Finding accommodation?	38%	39%
16f	Money/finances?	28%	23%
16g	Claiming benefits?	32%	28%
16h	Arranging a place at college/continuing education?	20%	16%
16i	Accessing health services?	17%	18%
16j	Opening a bank account?	26%	31%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	58%	48%