

Report on an announced inspection of

# **HMP Styal**

1 – 5 September 2008  
by HM Chief Inspector of Prisons

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# Contents

<b>Introduction</b>	<b>5</b>
<b>Fact page</b>	<b>7</b>
<b>Healthy prison summary</b>	<b>9</b>
<hr/>	
<b>1      Arrival in custody</b>	
Courts, escorts and transfers	19
First days in custody	20
<hr/>	
<b>2      Environment and relationships</b>	
Residential units	25
Mother and baby unit	27
Staff-prisoner relationships	29
Personal officers	30
<hr/>	
<b>3      Duty of care</b>	
Bullying and violence reduction	33
Self-harm and suicide	35
Diversity	38
Race equality	39
Foreign national prisoners	42
Applications and complaints	44
Legal rights	45
Substance use	45
<hr/>	
<b>4      Health services</b>	
	49
<hr/>	
<b>5      Activities</b>	
Learning and skills and work activities	57
Physical education and health promotion	60
Faith and religious activity	61
Time out of cell	62
<hr/>	
<b>6      Good order</b>	
Security and rules	65
Discipline	65
Incentives and earned privileges	69

## **7 Services**

---

Catering	71
Prison shop	71

## **8 Resettlement**

---

Strategic management of resettlement	73
Offender management and planning	74
Resettlement pathways	78

## **9 Recommendations, housekeeping points and good practice**

---

89

## **Appendices**

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I Inspection team	103
II Prison population profile	104
III Safety interviews	107
IV Wing file analysis	110
V Summary of prisoner questionnaires and interviews	113

# Introduction

Styal is one of the largest women's prisons. Like all women's prisons, following the shrinking of the female estate, it needs to multi-task: holding second stage lifers as well as young adults and short-sentenced and remanded women coming directly from court. All women's prisons hold a disturbed and challenging population, but at Styal the needs of a heavily substance-dependent population were extreme, complex and growing. On arrival at Styal, over a third of women said they had felt depressed or suicidal, over 40% said they had health problems, over half drug problems, and nearly 40% alcohol problems. The last was significantly higher than the 9% at comparator prisons, or the 10% on our last inspection three years ago.

There had been some innovative approaches to dealing with these considerable challenges, often bringing in outside expertise and support. An excellent and professionally staffed day centre provided support to the many women with mental health problems. The care, assessment, learning and motivation (CALM) centre continued to provide low-level but appropriate activities for women withdrawing from drugs and alcohol. The mother and baby unit, staffed and run by trained staff from Action for Children (formerly NCH) offered the best and most constructive environment we have seen in such a facility. A social worker was running activities and providing support on the young adults' house.

However, in spite of these admirable efforts, the prison was not able to meet the scale and complexity of need. Healthcare, and the involvement of the local primary care trust, had improved considerably with some very good quality services, including a mental health assessment for every woman, but neither physical nor mental health provision was fully adequate to meet the need. In addition, Styal had decided to operate without either an in-patient or a segregation unit. This undoubtedly had the positive effect that more women were managed on the wing and the houses without recourse to confinement. However, it also meant that the most damaged and challenging women were being managed on the re-named Keller unit (previously the segregation unit). It aimed to provide a therapeutic environment, but in fact was staffed by prison officers who, in spite of their best intentions and considerable knowledge of the women in their charge, lacked the training, support and leadership to deal with this group of women, most of whom had complex mental health problems often exhibited in prolific self-harm. As a consequence, the use of force had increased significantly, often to remove ligatures and sometimes to force women into strip conditions as part of a 'care plan'; women were locked up for most of the time, sometimes as an unofficial punishment; and the atmosphere of the unit and its quiet room still resembled a segregation unit. If the unit is to fulfil its stated purpose, it needs to be properly resourced and professionally led. The Prison Service has yet to recognise the level of resources needed to allow prisons like Styal to manage and care for these women appropriately.

It was also disappointing to find inadequacies in the management of vulnerable women elsewhere in the prison. There was a very cautious approach particularly to closing assessment, care in custody and teamwork (ACCT) documents, so that a large number of women were being managed under these procedures. This made it difficult to manage the most acute cases effectively. There was little multidisciplinary work, personal officers were rarely involved, and care plans were usually weak and ineffective. Though levels of bullying in general did not seem high, many women, especially on Waite wing, had felt unsafe – and a quarter of those on Waite felt unsafe currently. Anti-bullying processes were not sufficiently robust to monitor and manage bullying behaviour.

In spite of these concerns, this inspection did record some very positive developments in other areas. Relationships between staff and prisoners had noticeably improved, and staff

throughout the prison were more actively engaged with the women in their care – though this was still less good on Waite wing, and personal officer work in most areas remained under-developed. Diversity issues were well managed, with senior management support; indeed, unusually, black and minority ethnic women felt more positive about staff than their white counterparts. Within the limits of less than ideal accommodation, the prison was reasonably clean and well ordered.

Women at Styal had more time out of their cells and rooms than at previous inspections. Commendably, there were enough activity places, with a wide range of educational provision and some opportunities for vocational qualifications, though there were still some gaps, particularly for longer-sentenced women. There was a good system for allocating women to appropriate work or training, linked with sentence planning, though attendance thereafter was not always well managed.

There was some good resettlement work, with the active engagement of community groups and prisoner peer supporters. The drop-in centre provided a particularly valuable and accessible service. However, with such a diverse population, the work suffered from the lack of a needs analysis, and the different strands were not coherently managed. As in other establishments in the north-west, we found that the engagement of community offender managers in sentence planning boards was weak. Some excellent family support work took place in the drop-in centre, though this was not underpinned by a clear strategy, and was facing funding problems.

The level of need and vulnerability of the women at Styal, even by the standards of women's prisons, was extremely high. To try to deal with this, managers had brought in some innovative approaches, using the specialist skills of partners from outside the prison system, to support the women while in prison and try to create effective links on their release. The level and breadth of activities available had also improved considerably. This is greatly to be commended – as is the approach of the great majority of the staff, who were doing their best to provide a safe and positive environment. However, this was not enough to meet the complex and sometimes acute needs of some of the women in their care. There is the prior question of whether such women should be in prison at all – but while they are, there is the need to provide a much better resourced and professionally led therapeutic environment to support them and the staff looking after them.

**Anne Owers**  
**HM Chief Inspector of Prisons**

**December 2008**

# Fact page

**Task of the establishment**  
Closed female-local

**Brief history**

Styal began life in 1898 as a home for children under the Victorian Poor Law and it continued as a children's home until 1956. Between 1956 and 1959, it was used to house Hungarian refugees. The Prison Commissioners bought the site in 1960 and three years later it opened as a semi-secure prison for women. In April 1999, the women's wing at HMP Risley closed and Styal took all the unsentenced prisoners.

**Area organisation**  
North West

**Number held**

Adults: 386  
Young women: 43  
Total: 429

**Certified normal accommodation**  
450

**Operational capacity**  
460

**Last full inspection**  
26 October – 4 November 2005

**Description of residential units**

- There are 16 Victorian detached houses, with mainly shared accommodation for approximately 20 women each.
- Waite wing is a quick build wing holding approximately 135 women in cellular accommodation on two spurs. Accommodation consists of 91 single cells, 17 double cells and 10 doubled-up single cells.
- Keller unit, accommodating up to 10 women in cellular accommodation, aims to provide a safe, healthy and supportive environment conducive to the individual needs of women with complex needs.



# Healthy prison summary

## Introduction

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- 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:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even the most vulnerable, are held safely  |
| <b>Respect</b>             | prisoners are treated with respect for their human dignity  |
| <b>Purposeful activity</b> | prisoners are able, and expected, to engage in activity that is likely to benefit them                          |
| <b>Resettlement</b>        | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- ... performing well against this healthy prison test.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- ... performing reasonably well against this healthy prison test.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.
- ... not performing sufficiently well against this healthy prison test.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- ... performing poorly against this healthy prison test.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

## Safety

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- HP3 Reception and first night arrangements were mostly good, but induction needed improvement. Anti-bullying procedures were not robust. The level of self-harm was very high and procedures to support women at risk were inadequate. Many women on Waite wing felt unsafe. The Keller unit for women who needed substantial support

was not a therapeutic environment. There was too much reliance on use of force and protective clothing and unacceptable use of the special cell to manage them. Clinical management for substance users had improved with the introduction of the integrated drug treatment system (IDTS), but more specialist input was needed. The prison was not performing sufficiently well against this healthy prison test.

- HP4 Most women did not have long journeys to Styal, but many found the escort vans uncomfortable. Some spent long days waiting in court cells and many did not arrive at Styal until after 7pm. The video link to courts was underused.
- HP5 The reception area was a decent environment, but late arrivals had to wait there some time. Our survey indicated that women arriving at Styal had a range of complex problems and were a more needy group than at comparator prisons. There was no formalised peer support scheme, but reception orderlies were helpful. A reception officer interviewed each woman in private to assess her immediate needs and then personally took her to the first night centre (FNC). Most women, apart from late arrivals, could get something to eat, have a shower and make a free telephone call when they arrived. Although the FNC was a good environment, many women in our survey said they had felt unsafe on their first night and some had found sharing with detoxifying women frightening. One room had no access to any sanitation and was unsuitable for use. Women were given a lot of induction information the day after arrival, but it was too much to take in, particularly as they had no booklets to refer to and could not make notes.
- HP6 There was little evidence that bullying was a major problem, but there was a need for a local survey. In our survey, almost a third of women, similar to the comparator<sup>1</sup>, said they had been victimised by another prisoner. Weekly safeguarding meetings with good exchanges of information helped identify potential bullying, but ongoing monitoring was ineffective and formal monitoring often stopped simply due to lack of staff entries in observation booklets. There were no clear records of how many women had moved through the anti-bullying stages and little effective analysis of what was being done to tackle identified problems. There were only limited interventions to tackle bullying and most identified bullies were moved to Waite wing, which also housed other groups of more problematic women. In our survey, 23% of women said they felt unsafe on Waite wing compared to 11% on the houses.
- HP7 There had been three apparent self-inflicted deaths since our previous inspection in 2005. Final reports had not yet been received for all of these, but little had been done to develop initial action plans. Internal investigations into some incidents of serious self-harm had been completed to see what lessons could be learned.
- HP8 The level of self-harm was very high and most incidents involved a small group of women on Keller unit. Force was used on Keller unit to place women in protective clothing routinely and against their will, which was entirely inappropriate. About 70 women a month were identified as at risk of self-harm, which reflected a very cautious approach particularly to closing assessment, care in custody and teamwork (ACCT) documents. Case reviews were rarely multidisciplinary and care plans did not reflect assessed need. Many senior officers had not completed case manager training and about 50 staff had not been trained in the basic procedures. Staff working at night

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

were alert and responsive to risk, but few were first aid trained. Access to, and facilities for, listeners were poor. There were no safer cells.

- HP9 Intelligence systems to process security information were effective and communication between the security department and the rest of the prison was good. Risk management systems also worked well.
- HP10 The former segregation unit was used as a high dependency unit known as Keller unit. This was a better alternative to segregation, but it was not an appropriate therapeutic environment. Officers generally dealt respectfully with some very difficult prisoners, but had not received sufficient training or support to deal with the complex problems and behaviours presented. The extremely high levels of repeated self-harm and associated use of force did not suggest that the unit was working well. Although there were good links between mental health services and unit officers, there was a need for a strong professional therapeutic lead and appropriately qualified and experienced staff with a clear understanding of how to manage the women in the unit.
- HP11 Use of force levels were very high and the rate had increased significantly since the previous year. Many involved interventions to remove ligatures. Records were of mixed quality. Most indicated that force had been used as a last resort, but some contained little evidence of de-escalation and in some cases it was difficult to see how the use of force could be justified. Information on the use of force was collected and discussed, but more rigorous analysis was needed and feedback provided when its use was questionable. There was too much use of the special cell on the Keller unit and in many cases it had been used unreasonably because women had refused to change into strip clothing.
- HP12 Despite the active use of the incentives and earned privileges (IEP) scheme, there were many formal disciplinary hearings. A high proportion of charges were referred to the independent adjudicator, some inconsistently. Not all were serious cases. Adjudications were usually carried out on the women's own residential units in an informal and relaxed setting. Records indicated that most hearings were properly conducted and charges dismissed where necessary. However, a number of charges were for minor matters that should have been dealt with through less formal processes and some punishments were inconsistent.
- HP13 Clinical management for substance users had improved with the introduction of the integrated drug treatment system (IDTS) in October 2007. An average of 120 women began treatment for substance dependency each month. Treatment started on the first night, when women received a good level of care and observation except that medications were often delivered late. Although there was a specialist GP and a substance misuse nurse manager, more specialist nurses and dual diagnosis expertise were required. Dispensing was a major issue and, although it had improved on Waite wing, there was a need for more vigilant supervision. The mandatory drug testing random positive rate averaged 6% over the previous six months, which was relatively low. However, the figure did not include Subutex, for which there had been over 60 positive results in the same period. Women said that drugs were easily available, but finds were mainly restricted to reception and the FNC.

## Respect

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- HP14 Staff-prisoner relationships were generally good, but more effective personal officer work was needed. The prison was clean and Waite wing in particular was a much improved and calmer environment than we had previously found. Good attention had been paid to diversity issues. Food appeared satisfactory and good efforts were made to provide catalogue shopping. The mother and baby unit (MBU) was an excellent facility. Health services were reasonably good, including some particularly good mental health services. However, overall services were insufficient to meet need and there were problems with appointments and dispensing medication. The prison was performing well against this healthy prison test.
- HP15 The interactions we observed between staff and prisoners were good, although a number of women in our groups complained that officers had little time for them. The majority of women in our survey said most staff treated them with respect, but women on Waite wing were significantly less positive than others. Adult women were almost invariably inappropriately referred to as girls. The number of women who said they had a personal officer was better than the comparator, but responses for Waite wing were again not as good as the houses. Most personal officer entries were reasonably frequent, but some had significant gaps. Entries were mainly comments on behaviour, with little reference to family, sentence plan targets or the outside world. On some houses, such as Willow, which held mainly young women, personal officers had a more developed casework approach.
- HP16 The prison was generally clean. The number of women held on Waite wing had been reduced, which had helped create a better environment, but 10 cells designed for one person were used for two and were cramped. The houses were mostly reasonably well decorated and furnished in communal parts, but some rooms were too cramped. Women could use the laundry weekly. There were problems obtaining property from reception.
- HP17 The IEP scheme was well publicised and explained to women. Women said there was little incentive to gain the enhanced level. Some sanctions such as stoppage of association were implemented without appropriate authority or review and decisions were not always based on patterns of behaviour.
- HP18 Women expressed little satisfaction with the food, but the meals we saw and sampled were satisfactory. There were reasonable opportunities to use the prison shop, but new arrivals often had to wait too long. Efforts had been made to allow women to buy additional items from catalogues.
- HP19 The chaplaincy was well integrated into the life of the prison through activities such as a mother and toddler group, bereavement counselling and joint work with the kitchens and diversity group to promote and celebrate religious festivals. Most women had good access to chaplains and services, but attendance at services for some women on Waite wing was occasionally hindered due to medication times or disruptions caused by incidents.
- HP20 Few staff followed the guidance on logging application replies, but timeliness in responses appeared to have improved. The main areas for formal complaints were

property, healthcare and staff issues. A sample of responses was quality checked and feedback provided when necessary and most replies were prompt and respectful. There was a good service that provided free solicitors' advice from a local practice two days a week.

- HP21 There was positive senior management commitment and support for promoting diversity and an active diversity resource centre. There was a good range of prisoner forums on diversity issues and they had begun to identify a number of areas for improvement. Some women with disabilities had difficulties accessing facilities. A full-time disability liaison officer had begun to help identify and address those needs.
- HP22 The race equality officer worked positively with prisoner representatives. Race equality action team meetings were well attended and well managed, but more consultation with the wider prison population was needed. The team discussed action on trends identified through ethnic monitoring. Race equality was well promoted and events to celebrate cultural diversity were held throughout the year. Racist incident reports were thoroughly investigated and all complainants received feedback. There was good external scrutiny.
- HP23 The foreign national policy was not based on a local needs analysis, but there was an established and well attended foreign national forum. Work was under way to translate a wide range of prison information and well-publicised interpreting services were provided by staff and other prisoners. Little use was made of professional interpretation services, even for confidential matters. There were good links with the immigration services and the foreign national clerk aimed to ensure that women were kept informed about deportation issues. Regular immigration surgeries were held, but there were no trained independent immigration advice services.
- HP24 Action for Children (formerly NCH) staff ran the mother and baby unit (MBU) and made effective use of the old house facilities to provide a child-focused environment. Staff were highly motivated and well qualified and had a good professional understanding of the needs of the mothers and their babies, who were well supported. Care plans were very well maintained with excellent entries. External health and other professionals visited regularly to provide services to babies and their mothers and the children were taken out into the community regularly to familiarise them with the outside world. Some good work to involve co-parents, parents and siblings was also taking place.
- HP25 Women had reasonable access to most health services including GPs, but the appointment system was poor. There were some good areas of practice in sexual health and women's health clinics. There were some good and well-integrated mental health services, but they were insufficient to meet the high level of need. The delivery of dental services was satisfactory, but the waiting list was too long. The very high number of women needing medication for detoxification and maintenance impacted on the delivery of other health services. Arrangements for dispensing controlled medication were poor, particularly in the healthcare area.

## Purposeful activity

- HP26 Time out of cell was better on Waite wing than we had previously found. There were enough activity places for the population, but better management of attendance was

needed. Work and education provision was generally satisfactory, but opportunities to recognise and accredit skills were missed. Access to the library needed to improve. Physical education provision was satisfactory, but more could have been done to promote healthy living. The prison was performing reasonably well against this healthy prison test.

- HP27 Time out of cell was not an issue for women on the houses. The average time out of cell on Waite wing was between seven and eight hours a day. Published routines were not always followed and many women on Waite wing complained that unlock was often delayed by up to 30 minutes and that lock-up was before the published time. All women got some association every weekday and this was rarely cancelled. A daily exercise period in the open air was provided.
- HP28 A clear vision for the development of learning and skills was gradually leading to some improvements. Initial assessments carried out at induction were used by information, advice and guidance workers to allocate women to appropriate education classes and work activities. Where available, sentence plan targets were taken into account. The range of courses was generally satisfactory, but there were some gaps in budgeting, money management and parenting skills. There was good participation in education. Teaching was mainly satisfactory and good in some areas. The length of their stay meant few women were able to achieve full qualifications, but there was good completion of units. Some peer supporters gained good skills, but these were not formally recognised. There were progression opportunities in literacy, numeracy and language skills, but little support for these skills in work areas. Many women arrived late at classes.
- HP29 There were enough work and other activity places. However, a number of women did not attend the allocated activity that took their identified needs into account. There was a reasonable range of jobs, but a need to provide more accredited work opportunities for lifers and other women who stayed for longer periods.
- HP30 The library stocked a reasonable range of books, including easy readers, and there were also CDs and DVDs for loan. However, the non-fiction stock did not sufficiently take into account the subjects offered in education and training and the library did not operate as an active welcoming learning resource centre. Although access for women from Waite wing had improved over the previous year, it was still not good enough.
- HP31 Physical education facilities were satisfactory and access appeared to be improving. The prison had carried out a recent survey, which indicated that 41% of women said they used the gym facilities. However, in our survey, fewer than the comparator said they went to the gym twice a week. The participation rate among women on Waite wing was particularly low and some efforts were being made to address it. Specific programmes were run for substance users, but more needed to be done to promote a healthy lifestyle.

## Resettlement

- HP32 There was no up-to-date resettlement needs analysis or strategy specific to women at Styal, but services were reasonably good. Offender management arrangements were generally effective, but sentence planning arrangements for different groups were fragmented and there was little useful custody planning for remand women or those

with short sentences. Support for lifers was reasonable, but progression opportunities were limited. Visits were satisfactory and some good family support work took place. Substance use work was good, but more was needed for women with alcohol problems. The prison was performing reasonably well against this healthy prison test.

- HP33 Despite the very diverse population, there was no up-to-date analysis of need or resettlement strategy specific to Styal to ensure the needs of particular groups such as young adults were met. Service delivery was generally good, but in the absence of a needs analysis it was unclear whether the provision was fully appropriate.
- HP34 Resettlement pathway leads had been identified and there was some innovative service provision involving a range of voluntary sector groups. Although there were action plans for each pathway, the strategy for each was not well described. A resettlement drop-in centre provided a good service and was well used.
- HP35 The offender management unit was well established. A comprehensive interview with all new arrivals helped to ensure immediate needs were addressed. This formed the start of a custody plan, but few were completed and those that were often had only general targets and infrequent reviews. Approximately 120 women were in scope for offender management and offender supervisors made frequent contact, but there was insufficient input from offender managers in the community. Sentence plan boards for women in scope were not held unless the offender manager attended, which had led to an unacceptable backlog. It was difficult to extract simple management and performance information from sentence planning databases, but approximately one third of women had an up-to-date sentence or custody plan.
- HP36 Annual boards were held for all women covered by the offender assessment system (OASys), including life-sentenced women and those covered by offender management, but boards were often delayed. Most parole dossiers in 2008 had been late. The 11 women with an indeterminate sentence for public protection or women who had been recalled were given little information about their position.
- HP37 Potential lifers were identified. There were 25 second-stage lifers and there had been some useful lifer days and lifer meetings to support them. Women lifers we spoke to said it was difficult to progress due to a lack of courses to meet their needs. There were also difficulties accessing one-to-one work with psychology and probation, although this was frequently set as a sentence plan target for lifers.
- HP38 Good data collection helped identify and meet housing needs and accommodation services were good. Apart from Citizens Advice once a week, there was little provision for finance, benefits and debt issues. The lack of a needs analysis made it difficult to determine whether the interventions delivered fully met need. The enhanced thinking skills programme was delivered to a high standard, but there were no other accredited interventions other than the short duration drug programme. There was support for women who had experienced abuse, rape or domestic violence, including group work and one-to-one counselling. Some work had also begun to support women who had been involved in prostitution.
- HP39 Telephones could not be used in private and many women also reported difficulties receiving and sending post. A small visitors' centre provided a welcoming and supportive environment and the centre director also helped women maintain family ties. Visitors reported no difficulty booking visits, but visits did not start at the advertised time. There was a supervised play area. Only enhanced level prisoners

could have evening visits. Rules on physical contact between prisoners and their visitors were unnecessarily restrictive. Information and support was available for women about child care issues, including free legal advice and post-adoption support, which continued in the community if necessary. A family support worker helped women with substance misuse problems maintain contact with children and families.

- HP40 The drug strategy included alcohol. The strategy group chaired by the deputy governor was well attended, but would have benefited from a drug strategy manager to assist in implementation and coordination. Drug workers had an active caseload of 265 clients, but the contract excluded work with primary alcohol users, a particular issue for young adult women. In our survey, 38% of women, against a comparator of 9%, said they had an alcohol problem when they arrived at the prison, significantly more than the 10% who said this at Styal in 2005. Women could participate in the short duration programme and those involved were positive about it, although it was not adapted to reflect the particular needs of women. Drug workers linked well with community drug intervention programmes to help women on release.

## Main recommendations

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- HP41 Better monitoring and analysis of indicators of violence and the operation of the anti-social behaviour procedures should be undertaken to help improve the effectiveness of the violence reduction strategy and ensure any bullying is appropriately tackled.
- HP42 ACCT procedures should be improved. Reviews should be planned, multidisciplinary and chaired by consistent case managers with the personal officer or other key worker involved. Care maps should reflect identified needs and be updated as necessary.
- HP43 All use of force and special accommodation should be rigorously analysed by a senior manager and feedback provided to the staff involved, with the aim of reducing its use.
- HP44 A clear policy should be published setting out the aims of the Keller unit, which should be staffed by a multidisciplinary team led by a clinical manager to ensure appropriate therapeutic interventions for the women there.
- HP45 Personal officers should get to know women prisoners' personal circumstances and record regular contact in wing files to build up an accurate account of a woman's time at Styal, achievements against any objectives and any significant events affecting her or her family.
- HP46 Improved work opportunities leading to useful qualifications should be provided particularly for women serving life sentences and others who spend long periods at Styal.
- HP47 An up-to-date health needs assessment should be carried out to ensure that resources are sufficient to cover both the physical and mental health needs of women at Styal.

- HP48 A resettlement strategy specific to Styal should be agreed based on a needs analysis of the particular groups of women at the prison with action plans setting out how those needs will be met.
- HP49 All women prisoners should have an up-to-date sentence or custody plan that is regularly monitored.
- HP50 Sufficient services should be provided to help women deal with alcohol problems.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 The prison had good working relationships with the escort contractor. Most women had short journeys, but found the vans uncomfortable. Many arrived late. The video link was underused. Not all women were given 24 hours notice of planned moves.
- 1.2 The prison had good working relationships with GSL, the escort contractor. In our survey, just over half of women said they had felt safe during their journey and 70% said they had been well treated by escort staff. Few had long journeys, but they found the van uncomfortable. Women on Waite wing were less positive about the experience than women on the houses.
- 1.3 Many women arrived after 7pm. Seventy-two women had arrived after this time in the previous two months and 18 after 8pm.
- 1.4 Video link facilities were underused. In July and August 2008, 293 women had attended court and 90 had used the video link for court appearances. In the same period, the video link had also been used for 25 probation interviews, 20 solicitor conferences, seven drug intervention programme interviews and 40 inter-prison visits.
- 1.5 Women going to court could have a hot drink and toast in reception and appropriate clothing was available if needed. Women sometimes travelled in vans with male prisoners. Some women spent long days at courts, including one who had been booked to return to Styal at 12.30pm, but had not actually arrived until 7pm.
- 1.6 Women on the houses were given 24 hours notice of planned moves, but those on Waite wing were not told until the morning of their move. Staff said this was to prevent them self-harming or becoming aggressive, but it was not subject to individual risk assessment.

## Recommendations

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- 1.7 The option of using the video link for suitable court hearings should be offered to all women prisoners.
- 1.8 Female and male prisoners should be transported separately.
- 1.9 Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm.
- 1.10 All women should be given 24 hours notice of planned transfers unless there are well-evidenced individual risk assessments otherwise.

# First days in custody

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## 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.

- 1.11 The reception area was clean, safe, comfortable and relaxed. All women were interviewed in private, but support for new arrivals was not sufficiently focused. Women were escorted to the first night centre (FNC) by the same officer who had interviewed them in reception, providing consistency. The FNC offered a reasonable standard of accommodation, but some women found sharing with a detoxifying woman frightening. Not all women received the full first night services. All prisoners were seen the day after arrival by different prison staff, but the induction presentation needed further development.

## Reception

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- 1.12 Reception was busy, with up to 1000 movements each month. Escort and reception staff quickly dealt with the handover process. The reception area was clean, safe and relaxed.
- 1.13 After a rub-down search, new arrivals were interviewed in private by an officer who completed a cell-sharing risk assessment (CSRA) and the first section of the immediate needs booklet. This noted whether the woman was subject to public protection measures or if a suicide and self-harm form had been received. It also recorded any action taken by reception staff to deal with identified risks and needs. Our survey indicated that more women than the comparator arrived at Styal with a range of problems, including depression, health issues, drugs and alcohol.
- 1.14 The interview rooms were private and officers put women at ease, but did not all introduce themselves and did not wear name badges. Many women were new to custody, but were not asked if they understood the terms used in the CSRA.
- 1.15 When reception procedures were completed, women waited in an open-plan area furnished with easy chairs, although some were torn and grubby. Depending on the time, they were offered a drink and a meal. The area was properly supervised.
- 1.16 Both the holding room and the open-plan area had a prisoner toilet, but the walls of the one in the holding room were crumbling and badly damaged by damp.
- 1.17 One of three prisoner orderlies was always on duty in reception and able to provide information and support to new arrivals. They could also be very busy with basic duties when reception was full and had less time to support new arrivals. Although one of the orderlies was a Listener and another was a peer supporter from a group known as prisoners adapting to life at Styal (PALS), there was no formal peer supporter role in reception and they did not see women in private.
- 1.18 During the late afternoon and evening, there were often many women in reception. Some recently arrived women found this intimidating, but others found the other women supportive.

Depending on their time of arrival and the numbers involved, women could spend some hours in reception waiting to be taken to their accommodation.

- 1.19 Each new arrival was given a bag containing a change of clothes, toiletries and a pen. Clothing came from the clothing support scheme stock in reception, although the amount of underwear and clothing given to new arrivals was less than stated in the clothing support scheme leaflet. There were no socks available for part of the inspection. Women without a waterproof jacket could borrow one. Much of this clothing was returned to the clothing store when women received clothes through the post or visits (see also section on clothing and possessions). The bag also contained literature, including a clothing support scheme leaflet and a welcome leaflet explaining what would happen in reception, on the FNC and the following day. Many women did not notice this information in the bag and all of it was available only in writing. No one drew their attention to it. There was no alternative for women who could not read.

### **First night**

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- 1.20 Reception and the FNC were usually staffed by a dedicated pool of officers, although some said they did not normally work there and one had been an officer for only three weeks. Each time we went to the centre, we found officers busy in the office and not generally mixing with the newly arrived women.
- 1.21 Women were escorted to the FNC by the reception officer who had interviewed them, who completed the immediate needs custody care and community record. The interview we observed was thorough and took place in private. The officer was relaxed and friendly, but the interview room was cold. Women were asked a range of appropriate questions including about care arrangements for any children, but the telephone numbers of the local police, social services departments and out-of-hours teams were not immediately to hand should staff need to make a referral. Women were given information, including on fire safety, how to use the cell bell, the incentives and earned privileges (IEP) scheme, Listeners and the Samaritans. They were asked if they had any disability and signed a compact about telephone monitoring and required standards of behaviour. Officers explained what would happen the next day and how long women were likely to stay on the FNC.
- 1.22 The FNC was clean and offered a reasonable standard of accommodation with a communal lounge. Some rooms had no curtains and women had hung sheets at the windows. Room notice boards were covered in graffiti. Cell cards outside the rooms identified the occupants by their surname alone. A large amount of information was displayed in the corridor and information leaflets about various services were available.
- 1.23 Most rooms were shared and some women said they had been apprehensive about sharing with women withdrawing from drugs. Young adults did not share with older women, but sentenced and unsentenced women were not separated.
- 1.24 Two rooms had no sanitation. One was out of use while a toilet was installed, but the other was occupied. One woman said she had urinated in her dustbin because staff would not unlock her to use the toilet at night. Staff did not deny that this could happen and explained that the one officer on duty had to call for others on duty at night to unlock a prisoner, which 'might take some time' on a busy night.
- 1.25 Most women on the FNC were offered a telephone call, shower or bath and were seen by a GP. Staff and a GP were allocated to the FNC until 10pm, but several women on the houses, wing and in the FNC said they had arrived 'too late' or that staff had been 'too busy'. On one

evening of the inspection, 16 new arrivals were received, the last at 6.50pm, but not all were seen by the doctor or received a shower and telephone call on their first evening.

- 1.26 All women on the FNC were allocated to one of two PALS who gave peer support and advice, but in our survey, fewer women than in 2005 said they had felt safe on their first night.

### **Induction**

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- 1.27 Women were seen the day after arrival by a range of different prison staff, including a chaplain, probation, drug workers, the mental health in-reach team and a benefits worker. A bail officer visited twice a week and peer key workers completed a form detailing a woman's legal situation and this was forwarded to a legal services officer. Women prisoners employed in the drop-in information centre also interviewed each woman about her accommodation needs and passed the information to the housing team.
- 1.28 Phase one induction took place after women had been seen by the individual agencies. The presentation we observed was relaxed, delivered in a dedicated room and lasted about 80 minutes. Information on a wide range of topics was given verbally and there was no use of other media. Important information on diversity, race equality and anti-bullying was covered in less than five minutes. Women could ask questions, but the presentation was not designed to encourage discussion. Women were not able to take notes and had no literature to refer to. One woman did not speak or understand English, but was still required to sit through the presentation. Women who were detoxifying were also expected to attend, although it was questionable what information they would retain.
- 1.29 Women were allocated to either Waite wing or one of the houses within 48 hours of arrival. Drug dependent women and those identified as high risk went to Waite wing. Many young women under 21 went to Willow House, but it could not accommodate them all, so they were allocated throughout the prison. Ten women on Willow House were over 21. FNC officers completed a risk assessment for each woman recording the basis on which each accommodation decision had been made.
- 1.30 Women were met by an officer on their allocated house or Waite wing and told about the accommodation and what was expected of them. Information leaflets had just been introduced, but not all officers were aware of them. Not all the information in the leaflets was correct and women were referred to as girls.
- 1.31 Phase two induction began after women had been in Styal for five days. It was delivered over 2.5 days by education staff in a dedicated room. Prisoners completed education assessments and were given information about education, health and safety, work opportunities and resettlement. Some of the information given at the initial induction, such as the support available through the drop-in and race equality, was re-iterated. Women were also given a tour of the prison.
- 1.32 In our survey, 83% of women said they had been on an induction course and 56% said it had covered everything they needed to know.

### **Recommendations**

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- 1.33 Officers should wear name badges and introduce themselves to prisoners.
- 1.34 Prisoners should wait in reception for as short a time as possible.

- 1.35 Reception orderlies should have a formal peer support role and all women new to custody should receive planned and specific information and support in reception.
- 1.36 The first night centre should be staffed by dedicated and experienced officers who interact with and support new arrivals.
- 1.37 New arrivals should receive essential first night procedures irrespective of their time of arrival.
- 1.38 A contact list of telephone numbers for the police, social services departments and the out-of-hours emergency teams should be readily available to reception and first night centre officers.
- 1.39 Women who are detoxifying on their first night should not share with those who are not.
- 1.40 Sentenced women should not have to share rooms with unsentenced women.
- 1.41 Rooms without sanitation on the first night centre should not be used.
- 1.42 Women should receive a well-planned and engaging induction presentation.

## Housekeeping points

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- 1.43 Officers should check that women understand the terms used in the reception interview and cell-sharing risk assessment.
- 1.44 New arrivals should receive the items of clothes stated in the clothing support scheme leaflet and adequate levels of stock should be maintained.
- 1.45 Interview rooms on the first night centre should be kept at a comfortable temperature.
- 1.46 Rooms in the first night centre should have curtains and notice boards should be free from graffiti.
- 1.47 Information in leaflets for new arrivals should be accurate.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

- 2.1 The population on Waite wing had been reduced and, although communal areas of the houses were well furnished and decorated, some of the bedrooms were overcrowded and shabby. All women in shared rooms paid a set price for a television irrespective of how many were in the room. Women wore their own clothes and could use laundry facilities. The prison was generally clean and showers and baths could be used in private. There were difficulties getting property from reception.
- 2.2 The prison comprised Waite wing, 16 detached Victorian houses and Keller unit, a high dependency unit (see fact page).
- 2.3 Waite wing, Oak House (first night centre), Willow House (young women), Acorn House (mother and baby unit) and Keller unit were staffed 24 hours a day. The other houses were not. The houses were locked at night, with an emergency alarm bell to call staff.
- 2.4 The environment on Waite wing had been improved by reducing the population from 175 to 135. Ten single cells were used for two women and were cramped. Few cells had lockable cupboards and storage space was limited. Some easy chairs in the central areas of the two spurs, X and Y, were stained and damaged and the two floors of each spur were separated by dirty metal netting. Each spur had pool and table tennis tables, and board games were available. Projectors and large screens were provided, but prisoners said they were rarely used. The outside exercise area contained wooden tables and chairs and was fenced off from the houses.
- 2.5 Women on Waite wing could use the care, assessment, learning and motivation (CALM) centre throughout the week. The centre was managed by education staff and offered a range of activity, including handicrafts, art, computer work and nail art and hairdressing. Women on X spur had use of it in the mornings and those on Y spur in the afternoons, although the 30 morning spaces were rarely all used and were filled by women from Y spur.
- 2.6 The houses accommodated between 15 and 28 women each in single rooms and dormitories. The age of the buildings meant they required regular maintenance work, but they were generally reasonably well decorated and communal areas well furnished. About 45 of the rooms accommodated three or four women and were overcrowded and there was little storage space. One room on Willow House used for six young women was particularly crowded. There were few lockable cupboards in dormitories, but small battery-operated safes were being installed. Some furniture in rooms was worn out and needed replacing, including metal beds. Not all bunk beds had a usable ladder. Most rooms had been personalised by the occupants and made as comfortable as possible. Women associated outside in an area with attractive gardens and a seating area. They could not go into other houses.

- 2.7 Many women across the prison complained that their accommodation was cold. During our night visit, the prison was quiet, but in our survey, fewer women on Waite wing than in the houses said it was quiet enough at night for them to relax or sleep. All cells and rooms contained a television, but women were charged 50 pence a week irrespective of how many were sharing. Most women on Waite wing had kettles in their cells and kettles were provided on the houses. Smoking was allowed only in women's own rooms. Not all women had keys to their rooms.

### **Clothing and possessions**

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- 2.8 Women wore their own clothes and were given a set of clothing on arrival (see section on arrival in custody). They were allowed sufficient clothing in possession and this could be brought in on a visit or posted in. Women without enough clothing could apply for items from the donated clothing stocked in reception. All underwear and nightwear was new. There were no maternity clothes and pregnant women were simply given larger sizes. There was no specific clothing to meet the religious or cultural needs of some women. In our survey, just over half of women said they had enough clean suitable clothes for the week.
- 2.9 All houses had washing machines, but not all had a dryer and some women dried their clothes on pipes. Both spurs of Waite wing had a laundry that women could use twice a week. Few women had a net bag for their laundry so most simply gave loose items to the laundry orderly with a written slip itemising their property. There were contradictory views about whether women could include underwear in their wash, but information given on arrival stated it had to be hand washed. Sheets and blankets were washed in the prison's central laundry. Only 55% of women, against a comparator of 83%, said they received clean sheets weekly and this was much worse than the last time we inspected. Responses from women on Waite wing were significantly more positive about this than the houses.
- 2.10 Prisoners' property was stored in reception. There were problems, reflected in our survey, getting property from reception. There were ongoing backlogs with reception applications and we found 59 unanswered applications, some of which were over a month old.

### **Hygiene**

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- 2.11 Communal areas, cells and rooms were generally clean. Women were expected to clean their rooms, but women on Waite wing reported some difficulties getting cell cleaning materials.
- 2.12 Allocated housekeepers on each house cleaned the communal areas daily. Each had a daily cleaning schedule. Their work was checked daily by housekeeping orderlies and overseen by a staff cleaning supervisor. Cleaning on Waite wing was done by allocated resident cleaners. The cleaning supervisor wrote a weekly inspection report for the residential manager. The report of 27 August 2008 noted litter left in some showers, windows at both ends of the wing 'full of flies and cobwebs' and the utility room on X spur left in a 'complete shambles'. Colour-coded cleaning items on Waite wing were mixed with others of a different colour, and there were mops and buckets in a servery that should not have been used for that area. A specialist staff cleaning team dealt with bodily fluids such as blood and had done 329 'bio-hazard' cleaning jobs since 1 April 2008.
- 2.13 Showers and baths were clean and private. Some of the facilities on the houses were dated and water damage had led to stained and peeling paintwork and mildew. The showers on Willow House had been out of use, but were repaired during the inspection. In our survey, only 56% of women on Waite wing said they could shower daily.

- 2.14 Women were allowed enough personal hygiene items in possession and all new arrivals were given a pack of toiletries. Free toiletries were provided on Waite wing, but not to women on the houses.
- 2.15 All cells on Waite wing had in-cell toilets, but these were not screened in single cells. Some screening had been provided in shared cells, but this was inadequate.

## Recommendations

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- 2.16 Single cells should not be used for two women.
- 2.17 Rooms in the houses should be refurbished and less crowded, with adequate storage space for all women.
- 2.18 The metal netting should be removed from the landings on Waite wing.
- 2.19 All accommodation should be heated to a satisfactory temperature.
- 2.20 Reception applications should be responded to within five days and this should be monitored by managers.
- 2.21 The cost of the television in shared dormitories should be proportionate to the number of women using it.
- 2.22 Free basic toiletries should be available to all women.
- 2.23 All in-cell toilets should be properly screened.

## Housekeeping points

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- 2.24 Maternity and culturally appropriate clothing should be provided.
- 2.25 All women should be able to use effective drying facilities.
- 2.26 All women should have a key to their room.
- 2.27 All women should be told that underwear can be included in their laundry.

## Mother and baby unit

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- 2.28 The mother and baby unit (MBU) was managed by Action for Children (formerly NCH). It was an excellent facility, with well-trained and dedicated staff. Mothers spoke highly of the unit and said they felt safe and secure. Care plans were well maintained, with excellent entries. There were good services for mothers and their babies and children were involved in community activities. Good links were made to involve other family members.
- 2.29 Since December 2006, the mother and baby unit (MBU), had been managed by Action for Children (formerly NCH) and was staffed by professionals employed by the organisation. The manager had a degree in early childhood studies and had completed an early years

professional status qualification. This was central to the delivery of a quality service to children and their mothers.

- 2.30 The manager felt well supported by prison management. There were two parenting support workers, one of whom was a social worker. There was one vacancy for a parenting support worker and one for a social worker. The crèche was run by a nursery nurse who also had an early years professional degree qualification. A second worker had a dual role as an administrator and a nursery nurse. Agency nursery nurses were employed from time to time. Staff provided 24-hour cover, but the staff room they had to sleep in was entirely inadequate. All staff had enhanced Criminal Records Bureau checks and all had completed courses in safeguarding, equality and diversity and the objectives and outcomes of NCH. All staff and mothers were trained in infant resuscitation and staff had attended paediatric first aid courses. A local GP practice provided medical support including out-of-hours cover. Midwives and health visitors also visited regularly and there was good continuity of care.
- 2.31 The MBU was a two-storey building near the prison entrance and out of bounds to any women not living there. There was a kitchen where mothers could prepare meals for themselves and their babies, a lounge, a dining room and a crèche on the ground floor. The crèche was a child focused, safe and appropriate environment. Different cultural needs were met through culturally diverse toys and equipment. Upstairs were seven spacious and well decorated bedrooms. Bathing facilities were good and toilet facilities satisfactory. Bedding and clothing for mothers and babies was plentiful and appropriate. The outside area did not meet safety requirements and was out of use. The site was due to be developed as a children's play area. A portakabin near the front door held extra equipment and stock, but was in a poor condition with roof lining peeling off and damp affecting some of the soft furnishing stored there.
- 2.32 Applicants to the unit were comprehensively assessed and social services from the mother's home area were invited to attend an admissions board. Those with no fixed abode were represented by Cheshire social services. Women over 30 weeks into their pregnancy were referred to the unit and seen within seven days.
- 2.33 Staff made considerable effort to engage with pregnant women at an early stage and continued to support them throughout the pregnancy. Every woman had a nominated key worker. All were seen weekly and invited to the weekly antenatal group. A birthing plan was compiled with the woman and included a birthing partner. Efforts were made to establish whether co-parents wanted to be involved. Co-parents who were involved were encouraged to support the mother as much as possible within the bounds of security restrictions. Video links could also be set up with male partners in other prisons and visits were facilitated when possible. Contacts were made to ensure that all necessary agencies were involved.
- 2.34 The mother's sentence plan was closely monitored and linked to her ability to manage the child. Reviews were held every six weeks individually with the woman's key worker.
- 2.35 The emphasis was on empowering the mother to be a responsible parent and mothers said they felt safe and well supported. Many were first time mothers and the skills and guidance they received from staff was fundamental to helping them adjust to their responsibilities. There were arrangements to register births and the local registrar visited every week. Mothers were also helped when necessary to fulfil any requirements relating to their religion, such as arranging for the baby to be baptised. Any safeguarding concerns were immediately investigated to determine whether they were well founded or indicated that the mother needed more parenting guidance. If well founded, social services and prison management were immediately involved and a multidisciplinary review was undertaken.

- 2.36 Child care plans were initiated from birth and daily entries marking the child's progress were made. Those seen were comprehensive and child focused. The crèche workers began baby diaries, which were looked after by the mothers and contained items such as the baby's photographs and foot prints.
- 2.37 Mothers were encouraged to attend work or education every morning while the children were cared for by crèche staff. We observed some excellent interaction between crèche staff and babies. The crèche had appropriate toys, was suitably decorated and provided a stimulating environment. Good contacts had been made with a local children's centre linked to the sure start scheme, which provided a wide range of programmes. The nursery nurses frequently took children into the community to familiarise them with everyday life outside prison. Visiting arrangements for family members were very good. Grandparents and siblings were encouraged to visit and join in play time.
- 2.38 When a mother's separation from her baby was inevitable, the future management of both mother and baby was discussed fully at the admissions board. Separation support plans to support mother and baby were put in place as early as possible.
- 2.39 Mothers due for release were continually supported. Mothers released into mother and baby hostels were released on temporary licence to allow them to see where they were going to live and to meet hostel staff. Mothers were put in touch with social services and organisations such as sure start to ensure access to professional help wherever necessary. They were also advised how to register with external crèches on release and put in contact with NCH facilities local to their home area. The excellent links with child protection agencies ensured that any child needing close supervision received it.

## Recommendations

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- 2.40 An appropriate room should be provided for staff sleeping overnight in the mother and baby unit.
- 2.41 A suitable outside play area should be provided for the mother and baby unit.
- 2.42 The mother and baby unit equipment storage building should be repaired and made weather-proof.

## Staff-prisoner relationships

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### Expected outcomes:

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

- 2.43 Staff had a more positive approach than we had previously found at Styal. Interactions with women prisoners were mostly good, although a number of women said staff had insufficient time for them. Most women said staff treated them with respect, but women on Waite wing were less positive. Adult women were invariably referred to as girls.

- 2.44 In our survey, a similar number to comparator prisons said they were treated with respect by staff, although women on Waite wing were much less positive. Black and minority ethnic women were more positive than white women about being treated with respect by staff. Significantly more women than in comparator prisons said they had been victimised by staff and this was much more marked among women on Waite wing. Just over 80% of women across the prison said they had a member of staff they could turn to for help if they had a problem.
- 2.45 A measuring the quality of prison life (MPQL) survey carried out in January 2008 was relatively positive about staff, although 32 of the 48 written comments about staff were negative. Some referred to staff not having enough time to listen or help. However, women who wrote positive comments said staff were mostly helpful and polite. Women in MQPL group discussions gave examples of some good treatment by officers, but many said officers often failed to give them the help they needed or answer their queries. Our discussions with prisoners reflected this mixed picture. Most women in groups agreed that older staff were better. Two of four groups identified the attitudes of some staff as one of the three main negatives about the prison, but also agreed that some officers, although not the majority, were very good.
- 2.46 Interactions we observed between officers and prisoners were positive and relaxed. Staff were much more positive about their role than we had previously found and this resulted in a marked improvement in the relationships we observed on Waite wing in particular.
- 2.47 Few in our survey said staff spoke to them most of the time during association. On the houses, there was often not an officer around and the layout of the wing did not encourage easy interaction.
- 2.48 Women were usually addressed by their first names, but officers and managers invariably and inappropriately referred to them as girls, even in some written documents. Women were challenged about their behaviour, but said staff used incentives and earned privileges (IEP) warnings too often and threateningly (see section on incentives and earned privileges).

## Recommendations

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- 2.49 Officers should make active efforts to communicate and interact with women on the houses and Waite wing during association and at other times.
- 2.50 Adult women should not be referred to as girls.

## Personal officers

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### Expected outcomes:

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

- 2.51 Prisoners were relatively positive about personal officers, but less so on Waite wing. Entries in wing files were mostly observational, although some indicated positive interaction and some knowledge of women's personal circumstances and resettlement needs. Most files had reasonably frequent entries, but some had long gaps. Personal officer work was generally better developed on the houses.

- 2.52 There was a formal local policy document and staff guide outlining the personal officer scheme. Updated in August 2008, the guide set out the aims and purpose of the scheme and the duties of a personal officer. It recognised that it would not always be possible to fulfil all the duties of a personal officer, but outlined minimum standards. These required personal officers to introduce themselves to prisoners, including those for whom they had temporary responsibility, to meet them formally at least once a week to discuss problems and review progress, and to record these meetings in the prisoner records. Much of the written document set out the logistical organisation of the scheme, but there was also some useful guidance on offender and sentence management and the interventions available at Styal. Officers we spoke to said they had not been formally trained in the scheme, but that senior officers had explained it to them individually.
- 2.53 In our survey, significantly more women than the comparator said they had a personal officer and a similar percentage as the comparator, but fewer than at the previous inspection, said their personal officer was helpful. Women on Waite wing were much less likely to say their personal officer was helpful, and less than half found them so.
- 2.54 Entries by personal officers in wing files were generally frequent, but not usually weekly as required. Most files included an entry indicating that personal officers had introduced themselves, but subsequent entries were infrequent in a number of cases and some had gaps of up to two months. Personal officers often noted when they were on leave, but few comments were made by relief personal officers, even when the absence was extended. Some women had frequent changes of personal officer. In one case, a woman had had four different personal officers between her arrival in June and the beginning of August. There were few management checks of entries for frequency or quality (see wing file analysis at appendix IV).
- 2.55 The personal officer policy required officers to set targets related to personal issues such as contact with children and compliance with custody records, and to make weekly case management assessments. These were rarely done, particularly on Waite wing. They were more frequently completed on the houses, particularly Willow House (young adults), but targets were usually general rather than relating to the women's specific identified needs.
- 2.56 Most entries in wing files throughout the prison were observations about general behaviour and compliance with the prison routines, many of which did not suggest interaction with the woman involved. There was relatively little about women's families and children, although some personal officers clearly made some efforts to help with family contact and it was evident that a minority of personal officers were beginning to act more proactively in relation to sentence plan targets. There were no examples in the files sampled of care plans for women with special needs.

## Recommendation

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- 2.57 Wing files should contain care plans for prisoners with identified special needs.



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 The safer custody team did not have a strong enough profile. Bullying was not a major problem, but women on Waite wing felt considerably less safe. The safer prisons meeting was strategically ineffective, but the safeguarding meeting worked well in managing some women involved in violent or anti-social behaviour. Staff managed many demanding and troubled women on Waite wing, but regular monitoring of suspected bullies in this environment was often weak.
- 3.2 A tackling anti-social behaviour (TAB) policy document dated January 2008 set out clear objectives to reduce violence and a wide range of other anti-social behaviour, but primarily focused on bullying. Central to this was a three-stage TAB procedure. A separate violence reduction policy and strategy, also dated January 2008, included some useful guidance on how factors such as modelling good behaviour, respecting a prisoner's dignity and other environmental factors could influence levels of violence. The violence reduction policy and TAB procedures were covered briefly on the induction programme.
- 3.3 An effective and well attended weekly safeguarding meeting chaired by a senior manager enabled timely exchange of information between disciplines about individual prisoners who were causing concern because of possible bullying or other safety issues. Management plans were developed for women with challenging and difficult behaviour, including those subject to the second and third stage of the TAB procedures and these were reviewed regularly. Updates requested from personal officers were not always provided, which meant some cases remained open for discussion for a number of weeks.
- 3.4 In addition, a monthly safer prisons meeting was chaired by the head of psychology with a principal focus on suicide and self-harm, but also on violence reduction. Attendance by some departments was erratic and action points were often carried over several months due to the absence of relevant representatives. A Listener, Samaritan and a representative from the escort contractor attended regularly. The need to improve the operation of TAB procedures through training had been identified. The meeting had developed an improved database to monitor cell sharing and, after some delay, a system to record unexplained injuries had just been introduced. Managers acknowledged that overall violence reduction was a weak area, which was reflected in a poor recent audit rating of 22%, and violence reduction and anti-bullying work did not have a high profile in the prison.
- 3.5 A full-time principal officer had been appointed safer custody manager, which provided more management authority than previously. He led a safer custody team with officers responsible for violence reduction and suicide prevention coordinators. The manager was full time, but there were no detailed hours or job descriptions for the other roles.

- 3.6 There were few indications that bullying was a major problem, although in our survey many more women on Waite wing than on the houses said other women had made insulting remarks about them and more said they had been assaulted by other women. Few women complained of bullying on the houses, even though they were largely unsupervised. Women on the houses identified as bullies were usually relocated to Waite wing, which held other difficult prisoners, including those on basic regime, those considered a high risk to others or themselves and many detoxing from drugs. While the wing appeared much more stable than previously, 23% in our survey said they currently felt unsafe on the wing compared to 11% on the houses.
- 3.7 Details of perpetrators and victims placed on the TAB strategy were kept on a database. However, there was little effective analysis of what was being done to tackle identified types of bullying, such as for medication, which, along with conflicts arising from broken relationships, were the main concerns.
- 3.8 In the last internal survey in 2006, 60% of women said bullying at Styal was a serious problem, but they had not been asked about their own experiences and there was no analysis of differences between the two sides of the prison. In our survey, 30%, similar to the comparator with other closed women's prisons and better than the 44% we found not long before at HMP Holloway, said they had been victimised by another prisoner. A further survey was due to be carried out.
- 3.9 The three-stage TAB strategy was well used and on average 26 perpetrators and 10 victims were identified each month. TAB documents were open on 13 perpetrators and three victims at the time of this inspection. The stages moved from covert observation through to relocation to Waite wing from the houses for those placed on the second or third stage. A move to Waite wing allowed better supervision. Those on stage three were downgraded to basic regime. However, bullying was not always effectively investigated or monitored on Waite wing. Many decisions to place a woman on a TAB document were based on little documented evidence and often solely on allegations made by other women. A number of documents were closed due to lack of entries, and many entries were superficial. A total of 165 staff had yet to complete TAB training.
- 3.10 The safeguarding meeting referred prisoners placed on TAB 3 to the psychology department for assessment and, if suitable, for involvement in an eight-session one-to-one intervention. However, not all those referred were motivated to complete this work or were suitable. Some were discharged before assessments could be completed. Only one such intervention had taken place in 2008.
- 3.11 Support plans for victims were included in the TAB process, but these were often weak and there was little effective support.

## Recommendations

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- 3.12 Personal officers should provide more timely information on prisoners subject to the anti-social behaviour strategy to the safeguarding meeting.
- 3.13 Members of the safer prisons meeting should attend regularly or send a representative.
- 3.14 Job descriptions should be developed for all members of the safer custody team, including the number of hours allocated to each of the roles.

- 3.15 More effective interventions should be developed for those identified as perpetrators of anti-social behaviour.
- 3.16 Support plans for victims should identify specific help and be monitored regularly.

## Self-harm and suicide

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### 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.

- 3.17 There were high levels of self-harm and the lack of a therapeutic lead and approach on Keller unit for women who needed high levels of care was a particular concern. High numbers of women were subject to procedures for those at risk of self-harm, which made it difficult for staff to manage. Case reviews were rarely multidisciplinary and care plans were weak and often did not reflect assessed need. The Listener scheme was improving, but not yet completely effective. The prison had made some efforts to learn by investigating near-fatal incidents, but there was no consolidated action plan to check that agreed changes following previous deaths had been maintained.
- 3.18 The suicide and self-harm management policy document had been revised in July 2008 and was still in draft. It provided clear guidance to staff on assessment, care in custody and teamwork (ACCT) procedures and encouraged them to involve families and others in the care of women at risk. The safer prisons meeting monitored the operation of strategies to reduce levels of self-harm and prevent suicides. Minutes included examples where changes in practice had improved ACCT procedures, but members did not attend meetings consistently (see section on bullying and violence reduction).
- 3.19 There had been five deaths since our previous inspection. Three had occurred in 2008 and inquests had taken place for only one of the five. Three of the deaths appeared self-inflicted and two from natural causes. Formal investigation reports had not yet been received in all cases. In one case, responses to recommendations had been included in the Prisons and Probation Ombudsman's report, but had not since been reviewed. Learning points identified from the inquest had been published to staff. In another case, an investigator's initial concerns about the quality of ACCT procedures had not been acted on. In one case, the prison had conducted an organisational review of the death, but this had not been formulated into an action plan. There was no consolidated action plan to ensure that changes agreed following previous deaths had been maintained.
- 3.20 Some figures on the levels of self-harm and use of force had been compiled by a control and restraint instructor. Between January and July 2008, there had been 1,335 recorded incidents of self-harm, with Keller unit accounting for 71% and Waite wing for 24%. There were on average 190 incidents each month, which was a substantial increase on the 124 a month at our previous inspection. A small number of women were involved in multiple incidents, including four who accounted for 43% on Keller unit. Sixty-two per cent of incidents involved ligatures, and force was used to remove the ligature in 6% of these.

- 3.21 Two of the apparent self-inflicted deaths had occurred on Keller unit (one when the unit was known as the care and separation unit). Staff there had to manage some very troubled women without the support of a clear therapeutic lead or a multidisciplinary team. We were concerned that responses were not sufficiently therapeutic or effective in reducing the level of self-harm. On average, force was used twice a month to place women in protective clothing. In some cases, this was simply to implement an ACCT care plan as a routine and was unjustified. There was also frequent use of a special cell (see section on discipline). During our night visit, eight of the 10 women on Keller unit were on open ACCTs and two were subject to constant observations throughout the night.
- 3.22 The prison made efforts to learn from serious incidents of self-harm. Learning points from subsequent investigations included the need for the anti-barricade key to be accessible to allow swift entry to cells in an emergency. One investigation had alerted staff to be aware of the indicators one woman gave leading up to an incident of self-harm.
- 3.23 ACCT assessors worked on a rota, but most were officer grades. Enough staff had been trained as assessors, but there had been some difficulties recruiting assessors who wanted to be involved in this work.
- 3.24 Few ACCT reviews were multidisciplinary. Case managers arranged reviews and were required to invite relevant staff. Reviews were generally arranged at short notice, which made it difficult for others to attend and most took place with only the senior officer, landing officer and the prisoner. Personal officers played little part in the process. ACCTs were not always taken to activity areas for instructors or teachers to make written contributions. Although mental health in-reach nurses provided good support, they did not routinely attend ACCT reviews. A registered mental health nurse had been attached to the safer custody team, working mainly on the Keller unit. At the time of the inspection, the post was vacant.
- 3.25 The lack of an effective multidisciplinary approach resulted in weak and ineffective care plans, and few reviews considered whether targets had been achieved. The resources directory identified a range of potential supports for women at risk, such as counselling and activities in the resource centre, but care plans rarely referred to whether such help had been considered.
- 3.26 On average, 70 ACCTs were opened each month. ACCTs included additional local advice and guidance for staff in managing those at risk of self-harm, such as an interventions directory (an aid to case managers when developing care maps). There had been a considerable increase in the number of open ACCTs since the previous inspection. On one day of this inspection, 46 were open, 29 of which were on Waite wing and seven on Keller unit. This had been as high as 77 in June 2008.
- 3.27 With so many open ACCTs, it was difficult to manage the most acute cases effectively and there appeared to be a reluctance to close ACCTs even when the recorded risks appeared minimal. Multidisciplinary reviews would have helped with this. Twenty senior officers had not completed case manager training and 62 staff had not completed ACCT foundation training.
- 3.28 An officer was allocated on Waite wing each day to make the required number of entries in ACCTs. Many of these simply reflected observations rather than interactions and there was little evidence of enquiries about how the woman was feeling. The high number of open ACCTs made this a difficult task and changes of officers meant there was little continuity of care or engagement. Management checks usually consisted of a standard stamp and rarely commented on the quality of the entries, but a member of the safer custody team regularly checked for quality and reported back to the safer prisons meeting.

- 3.29 Peer support through the Listener scheme was improving, but not yet fully established. At the beginning of 2008, the scheme had been suspended as there were only two Listeners. This had increased to 11 and more were being trained. Nearly all Listeners lived on Fox House and they generally felt valued and supported. They had good support from a Listener coordinator and had weekly meetings with the Samaritans.
- 3.30 No Listeners were based on Waite wing where the need was greatest. Listeners did not operate after 11pm. Facilities were poor and there was no dedicated Listener room on the wing. Listeners sometimes had to talk to women through cell doors, even when the caller was in a shared cell. No documented risk assessments were completed when a prisoner was refused access to a Listener. In our survey, only 35% of women on Waite wing compared to 70% of women living in the houses said they could speak to a Listener at any time. Listeners were rarely called to the Keller unit.
- 3.31 Cordless telephones to contact the Samaritans had only recently been purchased for Keller unit, Waite wing, Willow House (young women) and Oak House (first night centre). The telephone on Waite wing had been out of order for several weeks. Women could contact the Samaritans direct and free of charge through the landing telephones, but only when they were unlocked on Waite wing.
- 3.32 There were no cells designed to current safer cell specifications. Safer prisons meeting minutes recorded that two reduced risk cells on Waite wing were often used as standard accommodation due to population pressures.
- 3.33 At our previous inspection, we criticised the design of bunk-beds as it impeded observation. Although we were told these had been replaced, we found at least one on Waite wing and the night orderly officer commented on the difficulty of observing women at risk in one of these beds.
- 3.34 An auditable cell call system was installed on Waite wing, but, as at the previous inspection, it had been malfunctioning for several months. Significantly fewer in our survey than the comparator said staff responded to cell bells within five minutes. The system had recently been repaired and calls where prisoners had been waiting longer than three minutes were monitored and an explanation given for the delay.
- 3.35 Staffing was stretched at night, particularly when there were several incidents of self-harm or other emergencies, or when women had to be taken to hospital. Most staff working at night were experienced and worked nights on a rota. They appeared alert and responsive to risks, but only one member of staff on our night visit had in-date first aid training. All officers and many other staff carried ligature cutters.

## Recommendations

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- 3.36 The prison should develop a consolidated action plan from investigations and from learning from deaths in custody. This should be reviewed periodically to ensure that any resultant changes to practice are maintained.
- 3.37 A more therapeutic response to dealing with women at risk of suicide or self-harm on Keller unit should be developed.
- 3.38 More ACCT assessors should be recruited from a range of disciplines.

- 3.39 All staff in regular contact with prisoners should be trained in ACCT procedures.
- 3.40 Women prisoners should have 24-hour access to Listeners with appropriate facilities. A suitable risk assessment should be completed when access has not been allowed.
- 3.41 All cordless telephones with direct lines to the Samaritans should work and be regularly checked, with records kept of their use.
- 3.42 Safer cells in line with current guidance should be provided, with a protocol for their use.
- 3.43 Bunk beds that impede observation should be replaced.
- 3.44 Night staff should be first aid trained.

## Diversity

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### Expected outcomes:

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

- 3.45 Senior management commitment to meet diverse needs was positive and a diversity resource centre was a useful and valued initiative. A diversity and equality action plan would have benefited from local monitoring and analysis across all diversity strands. A good range of prisoner diversity forums had begun to identify areas for improvement. A newly appointed disability liaison officer was beginning to address the needs of women with disabilities, for whom there were few adaptations.
- 3.46 Senior management commitment to diversity was apparent. A full-time equalities and diversity manager had been appointed in December 2006 and a diversity resource centre for staff and prisoners had opened in June 2007. The centre provided a focal point for all diversity activities and offered practical support and advice to women either individually or as a group. In addition to the manager, the centre was staffed by a part-time diversity support worker, a full-time disability liaison officer, the race equality officer, an administrative officer and two prisoner orderlies. Women valued the support they received from the centre.
- 3.47 The diversity and equality action team (DEAT) met quarterly. It was chaired by the governor and attended by senior managers, although attendance in June 2008 had been poor. The DEAT was responsible for driving forward a detailed strategic diversity and equality action plan (DEAP). The published plan included brief reference to legislation and identified key objectives for the coming year across all diversity strands. There was no overarching diversity policy.
- 3.48 The DEAT minutes did not make clear whether progress had been made against the action plan or how this was communicated to staff and prisoners. Other than ethnic monitoring, there was no routine analysis of other key information to ensure that the needs of women across all diversity strands were identified and addressed.
- 3.49 The diversity manager had established links with a range of community organisations and regular events were held in the prison to promote awareness of diversity issues. The diversity

manager had developed an induction package, but the information provided to prisoners the day after their arrival was brief.

- 3.50 In our survey, 16% of women said they had a disability. Suitably adapted accommodation for women with mobility difficulties was limited to two rooms on Oak House (first night centre) and Willow House (young women). Access to showers was particularly difficult and women in ordinary rooms described problems with getting in and out of them. An additional two-bed room with access for wheelchairs was being created on Mellanby House, which was scheduled to be ready by October 2008. Staff were aware of the identity and location of women with disabilities and evacuation plans were in place. A disability policy statement was displayed on diversity notice boards throughout the prison.
- 3.51 A full-time disability liaison officer (DLO) had been in post for only two weeks. During the first night assessment, all women were asked if they had a disability. The DLO visited the first night centre (FNC) each weekday morning to identify new arrivals requiring a follow-up assessment. There was no dedicated disability nurse, but the DLO worked closely with healthcare staff. The DLO had established a disability log and had completed follow-up assessments for 48 of the 63 women recorded as having a disability in the short time she had been in post. Copies of the assessment, which included information about the support required, were sent to the residential manager. A copy was also stored in the disability log and in the woman's wing file. Follow-up action was documented on the assessment, but care plans were not routinely developed for prisoners with disabilities or older women. The disability resource centre had recently introduced a forum to consult with and offer support to women with disabilities.
- 3.52 There was a new forum for older prisoners and a same sex relationship forum. In our survey, 29% of women described themselves as gay or bisexual and 4% were aged 50 or over. There were plans to develop and publish terms of reference for these forums to ensure that women were clear about their purpose and that they were used to inform and drive the DEAP. There was little specific information included in the DEAP to address the needs of older women.

## Recommendations

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- 3.53 There should be a published diversity policy that outlines arrangements for meeting the needs of all minority groups.
- 3.54 The diversity and equality action plan should include specific identified actions to address the needs of older prisoners. This should be informed by issues identified at the mature women's forum.
- 3.55 The diversity and equality action team should monitor and analyse key information to ensure that prisoners from minority groups are not being victimised or excluded from activities.
- 3.56 Prisoners with disabilities and older prisoners should have a care plan that is regularly reviewed by a multidisciplinary team.

## Race equality

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### Expected outcomes:

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

- 3.57 The race equality officer worked positively with prisoner representatives. The race equality action team was well managed and attended. Events were held throughout the year to promote cultural diversity, but wider consultation with black and minority ethnic women was needed. Submitted racist incident forms were subject to comprehensive external scrutiny. A local intervention had been developed to work with women demonstrating racist behaviour, but had not yet been delivered.
- 3.58 Black and minority ethnic prisoners accounted for 13% of the population. In our survey, they generally reported more positively than white prisoners. Ninety-one per cent compared to 67% of white women said most staff treated them with respect and only 15% compared to 48% said they had ever felt unsafe. None of the black and minority ethnic respondents said they had been victimised by staff or prisoners because of their race or ethnic origin. Twenty staff were from black and minority ethnic backgrounds and all but one worked in prisoner contact roles, but only just over half of staff had attended diversity training in the previous three years.
- 3.59 The prison's race equality policy statement included brief information about legal responsibilities and support for victims of racist incidents and was displayed on notice boards throughout the prison. A more comprehensive race equality policy document was not widely publicised and the race equality officer (REO) was not aware of it. Most staff and prisoners we spoke to could identify the REO and the diversity team.
- 3.60 The REO was a part-time senior officer who worked 20 hours a week and was line managed by the deputy governor who chaired the race equality action team (REAT). A newly appointed diversity liaison officer was to provide cover for future periods of absence. The REO was based in the diversity resource centre.
- 3.61 There were five prisoner diversity representatives. A local diversity training package had been developed by the diversity manager with input from the REO, but had yet to be delivered to the representatives. The REO held monthly meetings with them the week before the REAT meeting and shared relevant information about race issues, including ethnic monitoring, complaints and impact assessments. The names but not photographs of prisoner representatives were displayed on diversity notice boards throughout the prison.
- 3.62 The monthly REAT meetings were well attended by representatives from key departments and included prisoner representatives and community organisations. In November 2007, 18 prison managers had attended REAT training.
- 3.63 The REO produced a monthly report for the REAT and the meeting monitored trends identified in ethnic monitoring and took action when appropriate. Among issues discussed was the under-representation of black and minority ethnic women on temporary release and offending behaviour programmes. In our survey, only 9% of black and minority ethnic prisoners compared to 29% of white prisoners said they were undertaking an offending behaviour programme. Local monitoring of the use of accommodation continued, even though this was not a national requirement.

### **Managing racist incidents**

- 3.64 Sixty-seven racist incident report forms (RIRFs) had been received in the first seven months of 2008. Most were from prisoners and approximately 43% were incidents involving other women and verbal abuse. Each residential area had a complaints box and a plentiful supply of RIRFs.

Complaints boxes were emptied overnight and any RIRFs placed in an envelope for the REO to collect the following day.

- 3.65 The REO had not attended an investigations course, but was actively supported by the deputy governor who signed off each completed investigation and often provided additional comments on further action to be taken. Investigations were thorough. A sample of completed RIRFs was quality assured and written feedback was used to develop good practice. One recommendation was that the REO should provide details on the RIRF of the specific support provided to the victim of a racist incident.
- 3.66 The REO was given copies of completed general complaint forms where the racial element box had been checked, but frequently only after the complaint had been responded to. This did not provide sufficient assurance that any racist element to a complaint was appropriately and fully dealt with.
- 3.67 Complainants were given feedback about the outcome of their complaint and there was some analysis of submitted RIRFs at the REAT, although the REO did not provide details of the number of complaints substantiated as racist incidents. A local intervention to work with prisoners who demonstrated racist behaviour had been developed, but not yet delivered.

### **Race equality duty**

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- 3.68 Ten race impact assessments had been submitted to Prison Service headquarters and had been returned to the prison for further work and amendments. Six had now been completed and the prison was awaiting feedback. Prisoner representatives and relevant functional heads had been involved in their development. Details of the impact assessments were included in the prison's race equality action plan.
- 3.69 The diversity resource centre had organised a range of events to celebrate racial, ethnic and cultural diversity, some of which involved visits by external organisations. The equalities and diversity manager was planning events for diversity week and to celebrate black history month. Each area in the prison had a diversity notice board containing photographs of the diversity team, but few of the images on display around the prison reflected racial diversity.
- 3.70 There was potential to improve and extend the consultation with black and minority ethnic prisoners. For example, the prison had not conducted a local race survey and there was no general forum or peer support group for black and minority ethnic women.
- 3.71 The REO maintained a database of all women convicted of a current or previous racially aggravated offence. The list was published for staff on the intranet.

### **Recommendations**

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- 3.72 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues.
- 3.73 The race equality policy should be widely publicised and readily accessible to prisoners, staff and visitors.
- 3.74 All complaint and request forms that refer to incidents of racism should be passed to the race equality officer before a response is given.

- 3.75 Groups of black and minority ethnic prisoners should be able to meet prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team and action taken fed back to black and minority ethnic prisoners.

## Foreign national prisoners

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### Expected outcomes:

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

- 3.76 There had been recent improvements in arrangements to meet the needs of foreign national women. A foreign national policy had been published, but it was not informed by a local needs analysis. An established and well attended foreign national forum offered support and advice to those who attended. Work was under way to translate a range of prison information and a local guide to translation services had been published for staff and prisoners. There was relatively little use of the telephone interpreting service. Links with immigration services were good and surgeries were held in the diversity resource centre.
- 3.77 Approximately 10% of the prisoners were foreign nationals. In May 2008, new structures had been introduced to improve the arrangements to meet the needs of foreign national women. Many of these were still being implemented. A local action plan had identified key work to be taken forward. A governor had been appointed as foreign national coordinator to oversee the new arrangements and to chair the foreign national policy group.
- 3.78 The local foreign national policy had been revised in May 2008, but was not based on a comprehensive needs analysis. A case study outlined in the policy referred to the experience of a male prisoner. There were plans to conduct exit interviews with foreign national women to inform the policy, but no interview data were available.
- 3.79 A staff information pack providing an overview of immigration procedures had been published. Residential staff had been identified to fulfil the role of foreign national personal officers to provide day-to-day support for foreign national prisoners. A copy of the job description for these staff was included in the foreign national policy and an initial training session in July 2008 had begun the process of ensuring that staff and managers understood their roles and responsibilities. The training included an awareness of a foreign national prisoner's experience of custody.
- 3.80 An information booklet for foreign national women had been published in June 2008. This provided basic information about keeping in contact with family and friends, applications, complaints, the foreign national forum and legal information including the telephone numbers of two local solicitors. It was published in English, but contained information in six languages about how to get a translated copy.
- 3.81 Much of the written information available in the prison was in English. However, work was under way to translate a substantial amount of national and local information for prisoners. Guidance had been published for staff and prisoners on the translation services available in the prison and a range of written documents was available on public files on the intranet. The guidance and staff information pack included details of how to use the telephone interpreting

service, but it was little used even for confidential matters. Records indicated that the service had been used only four times a month between March and June 2008. There was a published list of staff and prisoners prepared to act as interpreters.

- 3.82 Foreign national women were identified on arrival and a database was maintained with information on their nationality, first language and status. The foreign national coordinator had only recently begun to monitor data on the number of foreign national women held, the number of new receptions and their location.
- 3.83 Foreign national women could obtain a free telephone card and airmail letter from the diversity resource centre each month, but only if they had not received a visit. The card was supposed to allow a 10-minute call, but many prisoners in the foreign nationals forum held during the inspection said their calls often lasted less than this.
- 3.84 The monthly foreign national forum facilitated by the diversity manager was well attended and had occasional guest speakers. The education manager had attended the meeting in May 2008 and the family link worker in June 2008. The forum acted as a peer support group and as a means of consulting foreign national women. There was no set agenda and it was not always apparent from the minutes how identified issues had been followed up. Women at forum meetings had expressed feelings of isolation, frustration with immigration procedures and a lack of cultural awareness on the part of some prison staff. None of the identified foreign national personal officers attended the forum held during the inspection.
- 3.85 The foreign national clerk was responsible for liaising with immigration services and had previously issued all paperwork from the UK Border Agency (UKBA) to prisoners personally, but it was intended that foreign national personal officers would undertake this work in future. Communication with UKBA had improved since the prison had been assigned to a new regional centre approximately one month previously. Although regular immigration surgeries with interpreters were held in the diversity resource centre, the prison had no links with independent immigration advice services. The foreign national clerk did not routinely attend the foreign national forum. There was little take-up of the facilitated early release scheme and there had been delays when women applied.

## Recommendations

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- 3.86 Accredited translation and interpreting services should be used for women who do not understand English for all matters when accuracy or confidentiality is important.
- 3.87 The foreign national policy should be informed by a local needs analysis.
- 3.88 There should be a published agenda for the foreign national forum and foreign national personal officers should attend.
- 3.89 Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit.
- 3.90 Links should be established with accredited, independent immigration advice services to help women obtain appropriate information.

# Applications and complaints

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## 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.

- 3.91 Women had good access to applications and complaint forms. Satisfaction with the application system was better than at our previous inspection, but few replies were logged. Complaints were responded to promptly and respectfully.
- 3.92 Clear guidance about applications had been issued to staff and a flow chart described the 'application journey' for prisoners and staff. Women had good access to general and specialist application forms, although our survey suggested that supplies of the various forms were not as readily available on Waite wing as on the houses.
- 3.93 Once completed, specialist application forms such as cash disbursements and applications for inter-prison telephone calls were posted in a box that was emptied each morning. Other general application forms were available in the office, where officers tried to resolve simple queries immediately.
- 3.94 All applications submitted were logged noting where they had been forwarded. A target date for reply of five working days was recorded, but the logs contained many gaps and it was not possible to establish when, or if, an application had been returned. There were still many applications in reception waiting for a response far beyond the target date for replies (see section on clothing and possessions). General applications included a carbon copy that prisoners kept for reference. Our survey indicated that applications were dealt with more promptly than at our previous inspection.
- 3.95 There was good access to formal complaints and appeals forms, along with envelopes for confidential complaints. A useful explanatory leaflet described the procedures for submitting complaints, appealing against decisions and contacting the Prisons and Probation Ombudsman.
- 3.96 Complaint boxes were secure. They were supposed to be emptied at night by the night orderly officer, but patrol officers had been given this task when we made a night visit and this compromised the integrity of the system. Applications were forwarded to the complaints clerk each morning, logged and allocated to appropriate staff for response.
- 3.97 On average, about 150 complaints were submitted each month. The main areas for complaints were property, healthcare and staff issues, which were similar to the areas of complaints dealt with by the Independent Monitoring Board. All complaints about staff were allocated to a governor or principal officer.
- 3.98 Complaints were analysed for trends and any issues discussed at senior management meetings. A 5% sample of responses to complaints and all complaints relating to staff were quality checked each month by a senior manager and feedback provided to staff. Most replies were prompt and respectful. Figures from the complaints clerk indicated that 97% of complaints were responded to within the target time. Many complaints that had involved an interview to reach a resolution were not signed by the prisoner.

## Recommendations

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- 3.99 All responses to applications should be returned promptly and sent via the residential units to be logged in the applications book.
- 3.100 Night patrol officers should not be responsible for emptying complaints boxes.

## Legal rights

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### Expected outcomes:

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

- 3.101 The range of legal services was good, but some aspects were poorly advertised.
- 3.102 Initial needs were identified during an induction interview, bail assessments were carried out and women were given written information about how to access legal services.
- 3.103 Volunteer solicitors from a local law firm attended twice a week to provide free advice about a range of relevant legal issues such as bail applications, appeals procedures, confiscation orders, civil penalties, child care proceedings and interpreting legal correspondence. Based in the resettlement drop-in centre, they saw women in private through referrals from residential staff or by prisoner application. Women could also drop in to the centre without an appointment and were seen as they arrived. They said the service was very useful, but it was poorly advertised on the residential units. Many said they had found out about it from other women.
- 3.104 Legal visits were run each weekday and were well organised. There were five private booths as well as the tables in the visits room for the rare occasions when there were more than five visits. Arrangements could also be made for solicitors to visit in the evening and at weekends.
- 3.105 The library was well stocked with legal textbooks, including standard texts on criminal and prison law, Prison Service Orders and community legal service materials.

## Recommendation

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- 3.106 Legal services should be properly advertised on all residential units.

## Substance use

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### 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.

- 3.107 The clinical management of substance-dependent women had improved with the introduction of the integrated drug treatment system (IDTS). Treatment began on the FNC and most

women were maintained on methadone, although there was no dedicated substance misuse team to ensure consistent care. There was appropriate psychosocial support for drug users, although not for those with alcohol problems, but all drug services were not yet fully integrated.

## Clinical management

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- 3.108 In our survey, 55% of women, said they had arrived with a drug problem and 38% with an alcohol problem, against respective comparators of 27% and 9%. Just over half of new arrivals (120 women on average) began drug treatment. At the beginning of September 2008, 159 women were being maintained on methadone and one buprenorphine prescription was being issued. A quarter of women required alcohol detoxification.
- 3.109 All new arrivals received an initial healthcare screen and a GP was available on the FNC so that women could start treatment. However, there could be long delays in issuing methadone when nurses were diverted to other duties. Medication was sometimes not given until the early morning. Women stayed on the FNC for up to two days and received good care and support.
- 3.110 Nurses completed the first part of the drug intervention record and confirmed previous treatment regimes in the community. New arrivals were seen by a counselling, assessment, referral, advice and throughcare (CARAT) worker the following day. The CARAT and the clinical integrated drug treatment system (IDTS) leads met daily to exchange information and prioritise clients.
- 3.111 The IDTS had been introduced in October 2007. A specialist GP and a clinical substance misuse nurse lead had been appointed to implement the system and the number of nursing staff had increased substantially. However, there was no dedicated specialist substance misuse team.
- 3.112 Unless women arrived with complex needs, such as pregnancy or severe mental health problems, treatment was reviewed on day five. In the substance misuse lead nurse's absence, Waite wing's team leader deputised to run review clinics. Another five qualified nurses had been assessed as competent to undertake reviews, but they could be diverted to other duties, which led to unacceptable delays. Some reviews had not taken place until day 10. Women were often not informed of appointments.
- 3.113 Women lived on Y spur on Waite wing until stabilised and were appropriately monitored. The wing felt calmer than previously and the regime had improved, allowing women more time out of cell. Dispensing facilities had improved and controlled drugs were administered safely. However, other medication was given out at the same time and we were told of some diversion. Staff changes meant that few officers had received drug awareness training and those who had were not dedicated to the wing, which limited their effectiveness.
- 3.114 Once stabilised, women could move to the X side of Waite wing or on to the houses. Women undergoing alcohol detoxification remained on the wing. At the beginning of September 2008, 85 women received methadone from the healthcare department. There were some unacceptable delays in issuing the medication, which caused women considerable anxiety (see section on health services).
- 3.115 Psychosocial support had increased. The CARAT service now ran the full range of IDTS group work modules either at its own premises or at the care, assessment, learning and motivation (CALM) centre. Women could also attend a dedicated detoxification gym session. However,

the CARAT contract excluded one-to-one work with primary alcohol users, for whom support was insufficient.

- 3.116 Treatment reviews were conducted jointly with CARAT workers. Weekly meetings between the clinical and CARAT services facilitated a good level of joint work, but substance misuse and CARAT services were not yet co-located.
- 3.117 Fifty per cent of women on Waite wing reported receiving help with mental health problems. Their care was coordinated at monthly meetings between CARAT workers, substance misuse nurses, the mental health in-reach team and the GP. However, the teams did not include specialist dual diagnosis expertise.

## **Drug testing**

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- 3.118 The random mandatory drug testing (MDT) positive rate averaged 6% in the previous six months against a target of 8%. During the same time, 225 suspicion tests had been conducted, resulting in a positive rate of only 20% due to lack of staff to carry out tests in time. A frequent and a risk assessment testing programme was run.
- 3.119 Positive rates excluded buprenorphine (Subutex), but its use was closely monitored. With Subutex included, the random MDT positive rate was 10%. Between January and July 2008, 63 women had tested positive for this drug across all MDT programmes. The 24 drug finds during this time were made mainly at reception and on the FNC. Searching was intelligence-led and no longer routinely involved a full search. In our survey, 28% of women, significantly more than the comparator, said it was easy to get illegal drugs in the prison.
- 3.120 The head of security acted as the MDT coordinator and provided detailed updates to the drug strategy group. Overall, supply reduction measures were well managed.

## **Recommendations**

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- 3.121 Methadone should be issued to women who need it without undue delay.
- 3.122 A dedicated clinical substance misuse team should provide coordinated care and support to drug and/or alcohol dependent women.
- 3.123 The stabilisation unit should be staffed by a dedicated group of officers who have undergone substance misuse awareness training.
- 3.124 The clinical substance misuse and the mental health in-reach teams' skills mix should include dual diagnosis expertise.
- 3.125 Mandatory drug testing should be appropriately staffed to ensure that target tests are carried out within the required timescale.



## Section 4: Health services

### Expected outcomes:

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

- 4.1 Women had reasonable access to most health services, but there was significant pressure on services and staff struggled to meet women's considerable mental and physical health needs. Primary care services were generally good, but some areas were underdeveloped, although there were some good areas of practice in sexual health and women's clinics. The dental waiting list was too long and many women left without receiving treatment. Mental health services were good, but under resourced. Large numbers of women required substance use support and arrangements for medications administration were poor, with inadequate supervision of medicine queues.
- 4.2 A health needs assessment had been completed in 2005 and prison health performance indicators and self-assessment and action plan for 2008/09 were in place. The primary care trust (PCT) was tendering health services with a decision on the successful bid due in December 2008.
- 4.3 The head of healthcare worked actively with the PCT and was a member of the Styal prison and central and eastern Cheshire provider board and the Styal governance committee. There was evidence of good joint working with external health providers. The head of healthcare was a member of the senior management team and represented healthcare on prison committees.
- 4.4 While some clinical services were well embedded in the system, other services were underdeveloped. For the majority of women, access to some health services was not as good as in the community.
- 4.5 The main healthcare facility accommodated administrative, primary care and specialist functions including mental health for women on the houses. Waite wing had its own dedicated primary care facility and there was a small health facility on the first night centre (FNC) to provide immediate care for new arrivals.
- 4.6 The main facility was based on two floors and included primary care facilities, the dental surgery, the pharmacy and interview and treatment rooms. The building was in reasonable condition and clean. Prisoners were responsible for the cleaning, but had to be supervised in clinical areas. The pharmacy was clean and tidy. It was accessible only to healthcare staff and all pharmacy products were stored securely. Medicines were administered from two administration hatches leading out onto a waiting area.
- 4.7 The dental surgery was bright, clean and in good decorative order, although the surgery floor needed to be repaired. Most dental equipment was in good order, but there was no amalgam separator fitted to the dental unit. Dental radiography equipment included an automatic developer. The autoclave did not have a printer. Cross-infection control within the surgery was very good, but having a decontamination room opposite the surgery meant dirty instruments had to be carried across the main corridor, which was unacceptable. There was a compressor, but no documentation to show it was maintained. Emergency equipment was held in the surgery, but oxygen was kept in another room. Dental records were held in the surgery, but the

surgery was not linked to the electronic medical information system (EMIS). There was no oral health literature available in the surgery.

- 4.8 The Waite wing treatment area had been improved, but was unlikely to meet infection control guidelines, with equipment and other clutter on the floors. There were some secure metal storage cabinets, but storage facilities were generally insufficient to meet the need. Hand-washing facilities were of the correct design, but there were no hand towel dispensers. The routine cleaning of the area was the responsibility of nursing staff at weekends, which detracted from their primary task of patient-focused care. Two medication administration points faced out onto the wing landing. The nurses' office led out directly to the wing landing and therefore provided little privacy for staff. The doctor's room was very small and patient examinations had to take place next door in the treatment room.
- 4.9 The FNC health facility was small, but functioned well. The carpet presented an infection control risk and did not comply with NHS standards. The medicine cupboard was very small and only just adequate. The room was clearly not cleaned regularly.
- 4.10 A health room on the Keller unit was little more than a cupboard and accommodated only the medicine trolley, which was not fixed to the wall or floor. Women on the unit needing medical treatment were seen in healthcare.
- 4.11 There was no nominated health worker with responsibility for older prisoners. Few women were over the age of 55, but one woman was 68 years old.
- 4.12 Women were referred to a number of local hospitals and up to four could attend NHS appointments every weekday. Administrative staff had built up good relationships with local health providers and appointments cancelled due to lack of escorts were usually rebooked within a reasonable time.

### **Clinical governance**

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- 4.13 Clinical governance arrangements included the management and accountability of staff. The head of healthcare was a registered mental health nurse (RMN) who had been at the prison for four years. All staff were employed by the PCT. Staffing levels were generally good, but recruitment and retention were difficult. Regular agency nurses were employed, mainly on night duty. Despite having 39 whole time equivalent (WTE) trained nurses, the demands on health services were great. There were two full-time vacancies for trained nurses and three members of staff were unavailable for duty.
- 4.14 The overall skills mix was good and included RMNs and registered general nurses (RGNs). Many had additional and appropriate clinical qualifications. The clinical team was supported by 22 full-time healthcare assistants, most of whom were trained to NVQ level 3 in care. Four administrators supported the team. Ongoing professional training was provided and there was appropriate supervision. All staff had personal learning plans. Team meetings were held regularly, but did not include the dentist.
- 4.15 Medical cover was provided through the PCT and 1.6 WTE GPs, including one woman, provided cover. The lead GP was part of the area offender health team. GP clinics were held every weekday, with an additional clinic on Mondays. A GP was also in the FNC every weekday evening. On Saturdays, a GP was in the prison between 2pm and 6pm to see new admissions and any emergencies. Out-of-hours cover was provided by the PCT. A full time pharmacist and technician were in post. Three PCT dentists held three clinics a week

supported by a dental surgery assistant. A dental health educator held one clinic a week and an oral surgeon also held a weekly clinic.

- 4.16 Appropriate emergency equipment was held in clinical areas and checked weekly. Occupational therapy support and equipment was available through the PCT.
- 4.17 The EMIS was in place, with terminals in most clinical areas. Staff had been trained in its use and the records we reviewed were contemporaneous and appropriate. Old clinical records were stored securely on site and only health staff could access them.
- 4.18 The head of healthcare held all NHS directives and guidelines, including national standard framework publications.
- 4.19 There was no dedicated healthcare forum where women could talk directly to healthcare staff. Healthcare staff attended the general prison forum when possible. The complaints procedure was through the prison system, with the opportunity to refer directly to the PCT if necessary.
- 4.20 All women were asked to give consent for relevant health details to be shared with other health agencies. The recent changes to the prison core day were not impacting on patient services.
- 4.21 Management of communicable disease was very good, with a high uptake of immunisations and good links with the local health protection agency.

### **Primary care**

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- 4.22 Health services were under constant pressure, with exceptional levels of health needs. Substance users were in greatest need of healthcare support for their addiction and general health requirements. In our survey, 47% of women compared to only 33% at the previous inspection said the overall quality of healthcare was good or very good. Perceptions of quality of care were now equal to the comparator.
- 4.23 All new arrivals were given an initial health screening on the FNC. They were also seen by the GP and medication or other issues were addressed, although some women did not see the doctor on arrival. A secondary screening was carried out the following day and prisoners were again told how to access health services.
- 4.24 Appointments were made through an application system. Completed forms were posted in a secure dedicated box outside healthcare or on Waite wing. The applications were collected daily by a healthcare assistant and the relevant appointments were made. The appointment system was well managed by healthcare staff, but the system of delivering appointment times to women was seriously flawed and resulted in significant numbers failing to attend because they were unaware of their appointment. In July 2008, only a third of women had attended healthcare appointments, although this rose to 70% in August.
- 4.25 There were no undue delays for most clinics, although the woman GP held only one clinic a week and the waiting list was inevitably long. Women were offered alternative appointments with other GPs, but their waiting list was also quite long, with only eight routine and two emergency appointments available each clinic.
- 4.26 Nurse assessment clinics were held in healthcare or Waite wing every weekday morning. Those needing to see the GP were referred by the nurse. The same procedure was used in healthcare, where nurse assessment clinics were held every weekday except Tuesday. GP clinics were held in healthcare and Waite wing three days a week. Women on Keller unit came

under the health umbrella of Waite wing. Numerous nurse-led clinics were held in both areas, including sexual health, bloods and hepatitis immunisation.

- 4.27 Activity in both health areas was extremely busy and sometimes chaotic. Medication times were particularly challenging, with high numbers of women undergoing detoxification or on maintenance programmes. Up to 90 women attended medication rounds in healthcare, mostly in the mornings. General medicines were administered to women at 7.45am, 12.30pm and 5.30pm and methadone was dispensed at 8.30am. The overlap of the morning administration times caused significant problems compounded by the wholly unsuitable environment and the lack of supervision of waiting women. Although officers were allocated to supervise, we observed very poor supervision on more than one occasion.
- 4.28 The situation at medication times could be exacerbated as nurses administering medication often carried the healthcare emergency response radio. This meant they could be called away to attend incidents elsewhere and had to stop medicine administration. We were told that the nurse carrying the emergency response radio was frequently contacted to answer inappropriate queries. One nurse had been called during medication time to pass a message to a prisoner that she should attend a legal visit in the visits room. Medicine administration also had to stop for a roll call at 9.00am following movements. All these factors contributed to the stress for prisoners and nursing staff.
- 4.29 The management of sexual health was extremely good, with a specialist nurse dedicated to provide full-time support to women. The nurse had established excellent links with community HIV and hepatitis C specialist facilities across the Manchester area. Another specialist nurse from the PCT held three clinics to provide family planning advice and well woman clinics, including breast screening and cervical smears. Both nurses worked from PCT genito-urinary patient group directions (PGDs). The team worked well, but lacked additional support to help with routine administration and some clinical care.
- 4.30 Work was ongoing with the PCT to introduce specialist hepatitis C nurse clinics, which would reduce the need for external medical appointments. Barrier protection while in prison was not available for security reasons, but healthcare had recently been allowed to provide women with condoms on release and all women requesting barrier protection were seen by the sexual health nurses.
- 4.31 Pregnant women had good access to all antenatal services in the local community and midwives visited the prison as necessary.
- 4.32 There were no regular chronic disease clinics and patients were managed individually. Physiotherapy and chiropody services were available in the local community.

## **Pharmacy**

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- 4.33 The pharmacy was open between 9am and 5pm on weekdays.
- 4.34 Pharmacy stock checks were carried out in the main pharmacy, but not in other locations. Some mixed batches of medicines were found in the pharmacy. Pharmacy storage facilities on Waite wing and the FNC were very cramped and chaotic, particularly on the wing. There were numerous examples of loose tablets or capsules and no clear segregation of patient-named and stock medicines. Many locations had excessive stocks of medicines, with up to 2000 diazepam found in one area. There were medicine refrigerators throughout health areas, but the temperature of the one on Waite wing exceeded the acceptable maximum. Food stuffs were found in the FNC refrigerator.

- 4.35 Controlled drugs were stored appropriately. The controlled drug register used in the pharmacy complied with regulations, but registers used elsewhere did not. Separate methadone registers were held as well as registers for the supply of buprenorphine.
- 4.36 Standard prison prescription and administration charts were used, but many prisoners had more than one chart. We were told that some charts had been misplaced. The prison used a number of local prescriptions for the management of substance use including methadone. The methadone forms did not comply with legislation as they did not state the total quantity in words and figures as required. The diazepam prescriptions stated only the dose to be administered, which allowed the prisoner to pressurise the nurse to supply several low-dose tablets instead of fewer high-dose tablets. Methadone administration was potentially unsafe. We saw one patient requesting and receiving 36mls of methadone against the written prescription of 40ml. The additional 4ml was discarded by staff. Although the actions were clearly documented, this was unlawful. Patient information leaflets were not always supplied with medicines.
- 4.37 The pharmacy was responsible for the issue of named-patient medication. The pharmacist labelled all stock issued to various health areas, but there was no dual labelling. In possession medication was issued by the pharmacist. Only a small number of women held in possession medication, but a new draft in possession policy would result in an increase. Individual safes had been installed, but were awaiting batteries. Secondary dispensing took place on Waite wing where nurses took loose medicines in pots to women on the ground floor who were unable to attend treatments.
- 4.38 PGDs and a local formulary were available to nurses. A PCT medicines and therapeutics committee met monthly and included representation from the PCT head of healthcare, the pharmacist and the GP.

## **Dentistry**

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- 4.39 The quality of the dental service was very good, but the waiting list was too long at up to three months for routine treatment. The length of the list was exacerbated by the high turnover of women. Ten patients were treated each session, but there was a high failure to attend rate of about 25%. To compensate, clinics were over-booked and the inefficiency in notifying prisoners of appointments did not help. A full range of NHS treatment was offered and the benefit of having the expertise of an oral surgeon was considerable.

## **Mental health**

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- 4.40 Mental health services were delivered by primary care RMNs and community psychiatric nurses (CPNs) employed by the Cheshire and Wirral Partnership NHS Trust. A proposal was with the PCT to introduce an integrated mental health service when the contract was renewed.
- 4.41 The Trust mental health in-reach team comprised a full-time senior manager CPN, four further CPNs, a sessional art therapist and a cognitive behavioural therapist. Psychiatrist support was good, but delivered by three different consultant forensic psychiatrists and there was some evidence of lack of continuity. Each psychiatrist held one session a week and was accompanied by a staff grade psychiatrist.
- 4.42 CPNs carried out simple duties such as answering the doorbell in healthcare and collecting their patients for appointments. As valuable clinical time was being lost through the sheer

numbers of women failing to attend for reviews or assessments, the manager had decided that CPNs should collect their patients from residential accommodation.

- 4.43 RMNs working in healthcare did not carry their own caseloads and it was impossible for them to do so, given the high level of general primary care needs. In effect, the mental health in-reach team provided both primary and secondary support, although RMNs provided essential ad hoc support to all women.
- 4.44 All new arrivals were assessed by a CPN within 48 hours. This included a risk assessment, details of past contact with mental health services and medication needs. Many women had issues with self-harm, anxiety and depression and were offered continuing support.
- 4.45 Referrals were accepted from across the prison, including from prisoners themselves. A multidisciplinary referral and allocation meeting including CPNs, GPs, psychologists, counselling, assessment, referral, advice and throughcare (CARAT) workers, mental health resource centre staff and others met every week to discuss referrals and allocate appropriately. The team's caseload was 48 patients, many with personality disorder. Patients were seen weekly and all were on the enhanced care programme approach (CPA).
- 4.46 Work with patients was usually one to one. The team held four drop-in clinics a week, two on the houses and two on the wing. No appointment was necessary and the service was well used.
- 4.47 Links with community mental health teams were maintained where possible and teams were invited to CPA reviews. Two women were awaiting assessment for transfer to NHS facilities and one had been assessed and was waiting for a bed. The team worked well with the rest of the prison and a member of the team visited Keller unit daily where the level of need was great, although there was no permanent mental health presence in the unit. The team visited Keller unit every day to support patients and staff. Appropriate entries were made in wing individual management plans as well as on the EMIS system.
- 4.48 A mental health resource centre provided excellent support to women, some of whom had acute mental health needs. The centre was open from 9am to 4.30pm on weekdays and was staffed by a small team of RMNs, learning disability nurses, an art therapist and a specialist psychotherapist who offered one-to-one work with women. The psychotherapist had four women on her caseload and had been working with some of them for a year. She linked in with departments such as probation to ensure appropriate outcomes were achieved wherever possible. One young woman we spoke to said the support from the psychotherapist and the team in general was invaluable. Other supporting groups included volunteer counsellors and national support groups. Women on the Keller unit went to the resource centre for three sessions a week. The centre had excellent relationships with wing staff, but there was no regular mental health awareness training for officers.

## Recommendations

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- 4.49 A professional cleaning programme should be introduced to ensure that all healthcare areas meet NHS standards of cleanliness and infection control management.
- 4.50 The wing treatment room should be fitted with sufficient clinical storage facilities to ensure safe custody of all clinical equipment, and all clutter should be removed from floors.

- 4.51 A nominated health worker should be given responsibility for the management of older prisoners.
- 4.52 Chronic disease management should be improved and women should be seen regularly with support from community nurse specialists.
- 4.53 Healthcare team meetings should include support professionals such as the dentist and the pharmacist.
- 4.54 A mental health awareness training programme for wing officers should be formally introduced and delivered regularly.
- 4.55 A dedicated health forum for prisoners should be introduced.
- 4.56 The healthcare appointments system should be reviewed to ensure that appointments reach prisoners and identify the reasons prisoners do not attend appointments and appropriate measures put in place to ensure they do, including the provision of discipline officers rather than clinical staff for escorts to appointments.
- 4.57 Discipline staff should closely supervise the administration of medicines.
- 4.58 The primary care trust should assess the need for additional GP surgeries delivered by a female GP.
- 4.59 Nurses carrying out medicine administration should not carry a radio, which should be used only for genuine healthcare emergencies.
- 4.60 The sexual health team should have additional administrative and clinical support.
- 4.61 Dental dams should be available to women.
- 4.62 Additional dental sessions should be introduced to reduce waiting times.
- 4.63 The dedicated decontamination area should be relocated to the dental surgery or the adjacent room, with a communicating door.
- 4.64 An EMIS terminal should be provided in the dental surgery.
- 4.65 The use of general pharmacy stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 4.66 Medication should be stored appropriately and pharmacy staff should visit the treatment areas frequently to check stock.
- 4.67 The responsible pharmacist should have professional control of stock and a dual labelling system should be introduced to ensure that stock supplied by the prescriber can be audited.
- 4.68 Secondary dispensing should stop.
- 4.69 Controlled drugs, including methadone, should be supplied and administered only in accordance with the legal written directions of an appropriate prescriber.

- 4.70 Additional patient group directions should be considered to enable the pharmacist and nurses to supply more potent medication.

## Housekeeping points

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- 4.71 Hand towel dispensers should be fitted in all clinical areas.
- 4.72 The carpet in the first night centre should be replaced by flooring that meets NHS standards.
- 4.73 The medicine trolley in the Keller unit should be fixed to the wall or floor.
- 4.74 Patient information leaflets should be supplied wherever possible and a notice prominently displayed advising patients of their availability on request.
- 4.75 Where practicable, the use of patient-named medication should be encouraged.
- 4.76 Loose tablets and tablet foils should not be present in stock.
- 4.77 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and the pharmacy to ensure that thermolabile items are stored within the 2-8°C range. Corrective action should be taken where necessary and this should be monitored by pharmacy staff.
- 4.78 The dentist should confirm that an amalgam separator is incorporated in the dental unit.
- 4.79 There should be a dedicated oxygen cylinder in the dental surgery.
- 4.80 The dental autoclave should be fitted with an integral printer.
- 4.81 The defects in the floor covering in the dental surgery should be repaired.
- 4.82 Copies of written policies and documentation relating to the maintenance of dental equipment should be held in the surgery.
- 4.83 Oral health education literature should be available in the dental surgery.

## Good practice

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- 4.84 *The introduction of a full-time sexual health service ensured that all women had access to excellent support and advice.*
- 4.85 *All women were seen and assessed by the mental health in-reach team within 48 hours of arrival, which ensured that anyone with mental health needs was identified and provided with the necessary support quickly.*
- 4.86 *The mental health in-reach drop-in sessions allowed women who would otherwise be reluctant to seek help formally to do so when it suited them rather than having to apply for support and wait to be seen.*
- 4.87 *The mental health resource centre provided much support to women and often defused potentially serious situations. This was an excellent example of good joint working and was a model for others to follow.*

# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

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

- 5.1 There was reasonable provision for learning and skills and some good achievement of individual units of qualifications and generally satisfactory teaching and learning. Most women could go to education and the curriculum was sufficient to meet needs. There were some problems with attendance and punctuality. There was enough work for the population, but some opportunities to accredit skills gained were missed. Library facilities were satisfactory, but there was a need to ensure appropriate access.
- 5.2 The head of reducing reoffending and learning and skills was responsible for education, training and the management of the prison regime activities and there was a strategic vision leading to gradual improvements. Education was contracted directly by the Learning and Skills Council to City College Manchester. Vocational training in hairdressing, beauty, industrial cleaning, painting and decorating and ICT was provided by college staff, as was the care, assessment, learning and motivation (CALM) centre provision.
- 5.3 There were 139 full-time and 92 part-time places in education and training, and 138 part-time places throughout the prison away from the main education centre. Outreach support for literacy, numeracy and language had recently been replaced by employability support. There was no evening or weekend provision except in the CALM centre. A small number of women were engaged in higher-level courses, such as degree programmes linked to the Open University. Altogether, approximately three-quarters of the women were involved in some form of education.
- 5.4 The education provision focused mainly on literacy, numeracy, English for speakers of other languages (ESOL), social and life skills and information technology. The hairdressing programmes offered NVQs at levels 1 and 2, but there was no accreditation of beauty skills. Art was provided in a workshop with a good range of material.
- 5.5 Learning and skills was satisfactorily managed, with support for staff and staff development opportunities. Courses were of reasonable standard and lessons were observed for improvement purposes. Women's needs were analysed each year by issuing questionnaires and, where possible, action was taken to meet these needs. The length of their stay meant few women were able to achieve full qualifications, but there was good completion of unit qualifications, which could be built upon.
- 5.6 Initial assessments at induction were used to allocate women to appropriate education classes. Sentence plans were taken into account in allocation to activities, but they were not systematically linked to individual learning plans. The information, advice and guidance team based in education worked closely with the employment officer and allocated to work and

education. Jobs could be combined with education. A resettlement drop-in centre gave advice on work opportunities in the prison as well as helping women to contact a wide range of external agencies.

- 5.7 Vocational training in industrial cleaning, painting and decorating, computer courses and physical education (PE) was satisfactory. Achievements were good for industrial cleaning, PE and information technology courses. Accommodation and resources overall were sufficient and women enjoyed the training, produced good work and developed useful work skills, particularly in hairdressing and beauty therapy. However, there were no contingency plans to keep courses running when tutors were absent. Punctuality at classes was a problem and we observed many women arriving up to half an hour late.
- 5.8 Women developed good skills on a hospitality and catering course, but the catering facilities were unsuitable. There was a good range of ICT courses, but without internet access women were unable to achieve some of the higher level units.
- 5.9 Women with additional support needs could attend courses in the education department or on the house blocks for literacy, numeracy or language support. No specialist literacy and numeracy support was provided in the vocational training workshops.
- 5.10 There were missed opportunities to accredit important skills demonstrated by women in several work areas and the lack of accredited training opportunities was a particular gap for life-sentenced women and others who stayed for longer periods. The skills of women working in the prison kitchens, horticulture, textiles workshops, housekeeping and estates cleaning were not accredited. The range of courses was generally satisfactory, but there were gaps in budgeting and money management and parenting was limited only to those in the mother and baby unit (MBU) (see section on resettlement pathways). Peer workers effectively supported other prisoners in their learning, but did not have their skills accredited.
- 5.11 There were enough work activities to occupy the population and all but 17 were allocated to activities. However, a number of women did not attend and many were on the wing or in houses during activity periods. Prisoners in the training and work areas were paid the same hourly rate, although those working in the textiles workshop could earn bonus payments based on production output levels.
- 5.12 Teaching and learning in education varied in quality. Some aspects were good, learning was well planned using measurable objectives and links were made between tasks. Women of all abilities were engaged in learning and progressed well, with a focus on outcomes, but not all sessions were well managed and work was not always adequately checked.
- 5.13 Classrooms were well resourced, but a few were cramped. Interactive whiteboards and computers were used effectively by teachers and prisoners. Staff were generally well qualified, although only one ESOL teacher had a specialist qualification. Staff had recently received training on identifying specific learning difficulties, such as dyslexia, and were awaiting specialist software.
- 5.14 There were progression routes from entry to level 2. Teachers researched courses local to prisoners' home areas to help them join courses to continue their learning.

## **Library**

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- 5.15 The library provision was run by Cheshire Libraries. A qualified librarian, two assistants and an orderly, all of whom worked part-time, managed the library. The orderly could not gain accreditation for skills developed.
- 5.16 The library was an adequate but not a vibrant or welcoming environment. It was open for two hours on each of four weekday evenings and about two hours on Friday and Saturday afternoons, including two hours specifically for Waite wing. Women on the houses had access for 11 further hours on weekdays when sessions for specific groups, such as Toe by Toe and mothers and babies' groups, were run. Although access appeared to have improved over recent months, there was still a need to encourage better use, which was low in our survey compared to other prisons.
- 5.17 There were approximately 4,500 books, with a small selection of talking books, easy-to-read books for adults, CDs, newspapers, magazines and DVDs, some in languages other than English. The book stock in languages other than English was monitored for appropriateness. There was a satisfactory range of fiction books. However, the vocational book stock was not selected in conjunction with staff running related training courses. Books could be ordered from the local library.
- 5.18 Women had appropriate access to Prison Service Orders and legal materials.

## **Recommendations**

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- 5.19 All opportunities should be taken to accredit formally skills acquired at work, including those of peer support workers.
- 5.20 The prison should better recognise and record the progress and achievement of non-accredited learning.
- 5.21 Attendance at activities and punctuality should be improved.
- 5.22 Cover arrangements should be introduced to allow vocational courses to continue when specialist tutors are absent.
- 5.23 Literacy and numeracy support should be provided in the vocational training workshops.
- 5.24 The catering equipment in the hospitality and catering unit should be replaced.
- 5.25 Internet access should be provided to allow women to progress in ICT.
- 5.26 The book stock in the library should be increased to complement vocational training and activities in the prison.
- 5.27 The opening hours of the library should be increased and it should be made more exciting to visit and better match community library provision.

# Physical education and health promotion

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## Expected outcomes:

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

- 5.28 Women could attend a minimum of three sessions of planned activities each week and recreational physical education (PE) was available in the early mornings, evenings and at weekends. Facilities were satisfactory. Attendance was sporadic and participation from women on Waite wing was low. A range of vocational training courses was offered, with good achievement. Programmes were run for women with substance use problems, but not enough was done to promote healthy living for other specific groups.
- 5.29 PE provision was satisfactory. All women were given information about activities, courses and opening times during induction. All also received a general induction to the gym and had an initial risk assessment of their physical abilities based on a health questionnaire before taking part in any gym activities. Personal fitness and well-being programmes were agreed with prisoners, particularly when this need had been identified in sentence plans. Recreational PE was available to all women at early morning, evening and weekend sessions.
- 5.30 Planned activities were advertised on notice boards in house blocks and around the prison and women applied to attend. A board outside the gym also advertised the week's planned events and activities. All women could exercise for a minimum of three sessions a week.
- 5.31 PE staff monitored attendance daily for ethnicity and residential area. The data were analysed to identify any under-representation. Information about the age of women attending was not collected and there were no programmes aimed specifically at women over 40 years. Few women from Waite wing attended the gym and additional promotion of gym courses had been targeted at them. A PE instructor also visited Waite wing weekly to promote healthy living and fitness. It was too soon to assess the effect on attendance. The prison's own survey suggested that 41% of women used the gym, but in our survey significantly fewer than in comparator prisons said they went to the gym twice a week.
- 5.32 Rehabilitation PE was available for two sessions a week aimed at women with health or medical issues such as detoxification and physical disabilities. Pre- and post-natal courses had previously been available, but there was currently no instructor to deliver them. Not enough was done to attract specific groups such as overweight or older women.
- 5.33 The gym had sufficient equipment and the facility was reasonably well maintained. Staffing levels were down by one and efforts were being made to fill the vacant position. A sports field was used for football and rounders activities. Activities included weights, volleyball, netball, dance, football, short tennis and cardio-vascular machines.
- 5.34 Vocational training courses were offered in relaxation and stress management, first aid at work, manual handling, gym instructor levels 1 and 2, healthy lifestyles management, the community sports leader award, foundation volleyball, badminton and netball and football coaching awards. Some of the longer vocational courses were infrequent and were completed by a small number of women.

- 5.35 Appropriate records of accidents and incidents in the gym were kept and monitored.

## Recommendations

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- 5.36 Activities should be provided to meet the needs of specific groups such as older women, the overweight and pre- and post-natal women to encourage a healthy lifestyle.
- 5.37 Longer duration vocational courses should be promoted to more women and the courses run more frequently.

## Faith and religious activity

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### Expected outcomes:

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

- 5.38 A review of the chaplaincy was under way and it was recognised that the current provision did not fully meet the faith profile of the population. A good range of chaplaincy services and activities was provided, but women on Waite wing had insufficient access. The chaplaincy was well integrated into the life of the prison.
- 5.39 There was one full-time Church of England coordinating chaplain and a full-time ecumenical chaplain. The area chaplaincy team was reviewing provision and the need for a better match with the faith profile of prisoners, particularly Roman Catholic and Muslim women, had been recognised. There was a range of chaplains, faith leaders and volunteers to meet the needs of the minority faiths and traditions in the population. The team met bi-monthly.
- 5.40 Women had good access to chaplains. All new arrivals were seen within 24 hours and given written information about the work of the chaplaincy department. Chaplains also had an input to induction. In our survey, significantly more women than the comparator said they had met a chaplain or religious leader within the first 24 hours.
- 5.41 Services were held for the major Christian faiths at weekends and a popular gospel group took place each Tuesday evening. Other activities included an African prayer group, Buddhist meditation and an Alpha course. A group for Muslim women took place weekly and two Muslim chaplains attended four hours a week. There had been support and cooperation in the preparations for Ramadan, including a Ramadan awareness day and a note from the catering manager to Muslim prisoners explaining the arrangements for those wishing to keep the fast. Alarm clocks, flasks and a timetable for the fast were provided.
- 5.42 There were few barriers to women attending religious services or chaplaincy activities, although proportionately fewer women attended from Waite wing. Attendance for women living on the wing was more difficult when the regime was running late due to the dispensing of medication or through disruptions on the wing. Managers believed the situation had improved as more women were allowed to move unescorted. However, this was not evident from a sample of services and activities over a four-week period, when 247 women had attended from the houses and only 74 from the wing.

- 5.43 Prisoners from Waite wing and the houses sat separately during services to avoid the trafficking of drugs, although this did not occur in other activity areas. Women did not have to apply to attend services, but placed their name on a list.
- 5.44 There were no rules prohibiting women from Keller unit attending services or activities, although this did not often happen. Reflex, a Christian community organisation, provided a monthly service on the unit and ran other activities.
- 5.45 Facilities were reasonable, with a main chapel that could be divided to provide a world faith area. There was a small group room, interview rooms and office space, although access to these facilities was through the main worship area. There were plans to provide an ablutions room.
- 5.46 The chaplaincy was integrated into the life of the prison. Chaplains coordinated bereavement counselling services and a support group for bereaved women. They ran a mother and toddler group and supported a prison visitor scheme. One chaplain was an assessment, care in custody and teamwork (ACCT) assessor and attended the safer prisons meeting. Chaplains were also members of the race equality action team.

## Recommendation

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- 5.47 The reasons why proportionately fewer women from Waite wing attend chaplaincy services and activities should be explored further by managers and any barriers removed.

## Time out of cell

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### Expected outcomes:

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

- 5.48 Most women spent the majority of the day unlocked and could have association and exercise in the open air. However, regime slippage and late unlocking on Waite wing meant the amount of time women could spend out of their cells was unnecessarily restricted.
- 5.49 A schedule of out of cell activity was published and found on all accommodation areas, workshops and education areas. It set out the timetable of activities offered from 7.45am to 8.15pm, designating the amount of time women could spend out of their cells each day. The content of the core day was detailed and set out the timings of daily association, exercise and movement to off-unit activities, meal times and domestic periods.
- 5.50 Systems to record the amount of time women were unlocked according to the core day were, on the whole, accurate for the houses, but regime slippage due to late unlocking on Waite wing was not recorded.
- 5.51 The prison was reporting time out of cell at 14 hours, above our expectation of 10 hours. Women on most houses were unlocked for nearly all the core day and had free access to communal areas on the houses when not attending off-unit activities so this figure broadly reflected their experience, but not that of women on Waite wing.

5.52 Time out of cell for women on Waite wing was restricted to scheduled activity, including association and exercise in the open air. The most time women could spend out of their cells was nine hours set out in the core day schedule. The average appeared to be between seven and eight hours. A random roll check revealed almost 40% of women on the wing were locked in their cells in the late morning. There was also evidence of slippage in the delivery of the published core day on the wing. Women were often unlocked late in the morning and at the start of the afternoon session. Women complained that unlock was often delayed by up to 30 minutes and they were often locked up early. Such delays were not recorded in the time out of cell calculations.

## Recommendations

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- 5.53 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances.
- 5.54 Time out of cell for women on Waite wing should be accurately recorded and monitored by managers.



# Section 6: Good order

## Security and rules

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### Expected outcomes:

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

- 6.1 There were effective intelligence systems to process security information and good communication between the security department and the rest of the prison. Risk management systems were effective and included the use of information about women's recent custodial behaviour as well as historic information to inform assessments.
- 6.2 The security committee was properly constructed and attended by representatives from appropriate internal departments and external agencies. These included the part-time police liaison intelligence officer, prison managers and staff from all areas of the establishment. Meetings were held monthly and chaired by a governor. The level of support for the meeting reflected the significance afforded to security information and intelligence. The standing agenda was comprehensive and included security reports from residential areas. An analysis of security information reports (SIRs) was presented to security staff. Security objectives were agreed through the appropriate consideration of intelligence and progress was monitored and recorded.
- 6.3 The small security department was effectively managed. There were effective systems to process information and to use intelligence to inform risk, including the use of information on prisoners' recent custodial behaviour as well as historic information to complete assessments. Intelligence was directly communicated to other areas, particularly the offender management unit, to allow informed decisions about women and there were strong links to the safeguarding committee, with effective sharing of information through regular attendance at formal meetings
- 6.4 There had been 1,724 SIRs submitted by staff of all grades from January to August 2008. These were processed and categorised by security collators. Information was further communicated to staff in all areas through monthly bulletins and published security assessments. Staff were encouraged to submit SIRs and written replies were issued in all cases.
- 6.5 The prison rules were incorporated in induction and incentives and earned privileges (IEP) compacts. Rules relating to individual houses had been published and were found on all residential units.

## Discipline

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### Expected outcomes:

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

- 6.6 Most formal proceedings were properly conducted, but some punishments and referrals to the independent adjudicator were inconsistent. Some charges could have been dealt with less formally. The number of use of force incidents was high and a disproportionate number involved young adult women. Few records indicated that de-escalation techniques were always used. Use of the special cell was also high. The former segregation unit was now a unit for women exhibiting difficult behaviour who usually had significant mental health problems. This provided a basically decent regime, but officers on the unit were not given appropriate training and there was a lack of clarity about the purpose of the unit. Case management plans were underdeveloped. There was a lack of clinical leadership, poor coordination of interventions and a lack of effective multidisciplinary team work.
- 6.7 The number of formal adjudications was high, at 509 between January and August 2008 including 160 referrals to an independent adjudicator. Formal hearings took place in a quiet room on the woman's own residential unit, providing a relaxed and familiar environment. Women did not have to be locked in waiting rooms beforehand.
- 6.8 The number of referrals to the independent adjudicator was high and some, such as those involving minor fights and low-level violence, could have been dealt with less formally. Charges referred to the adjudicator resulted in punishments of additional days added to sentences while some similar offences were dealt with by governors and attracted less severe punishments.
- 6.9 The adjudication hearings we observed were well conducted, with the woman put at her ease and referred to by her first name. The adjudicator ensured that she understood the process at each stage and all women were offered the opportunity to seek legal advice. The woman was allowed to challenge the evidence and give her version of events. If found guilty, she was issued with written details of the punishment and the appeal process.
- 6.10 There were examples where adjudicating governors had dismissed charges due to lack of evidence or anomalies in process. However, the quality of some records was poor and did not indicate that charges were always fully investigated. Written descriptions of incidents were limited and adjudicators did not record probing questions or delve deeper into issues. Little enquiry was made where women pleaded guilty to find out the reasons for what had happened and it was not always clear that mitigation had been taken into consideration.
- 6.11 Monthly statistics on the number and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends.

### **Use of force**

- 6.12 The number of incidents involving the use of force was high, at 251 from January to July 2008. This represented an increase of 117% compared to the same period in 2007. Ten prisoners accounted for nearly half of all incidents. Young adult women under 21 accounted for a disproportionate 38% of all incidents.
- 6.13 Twenty-nine per cent of incidents were recorded as caused by non-compliance and 19% as the removal of ligatures. Force had been used 14 times on women refusing to wear strip clothing as prescribed in their assessment, care in custody and teamwork (ACCT) documents (see section on suicide and self-harm). When force was used in this way, it was difficult to see how it met the tests of reasonableness and necessity and therefore lawfulness.

- 6.14 Information collated each month included the nature of the incident, its location and the ethnicity and age of the women involved. This was presented to the governor and discussed at the weekly safeguarding committee meetings and monthly use of force committee meetings. Although this information was used to identify trends and problem areas, there was little evidence that it was used to inform changes in strategy to reduce the overall number of incidents where force was used.
- 6.15 Planned intervention was well organised, properly carried out and documentation was completed correctly. Proper authority was recorded and all incidents were appropriately supervised by senior staff. Accident report forms were completed in all cases. Women were seen by healthcare staff immediately afterwards. Searching following an incident was carried out sensitively and strip searches were carried out only after an assessment of risk.
- 6.16 Records on the use of force following spontaneous incidents were of mixed quality. Some cases showed that de-escalation had been used to good effect, but overall the written reports from officers did not give sufficient assurance that de-escalation was always used as a first response.
- 6.17 Use of the special cell on Keller unit was high. There had been a 60% reduction in how long women spent there compared to 2007, but it had been used 25 times in the year to July 2008, compared to 12 times in the same period in 2007. We saw seven examples where women had been put in the special cell for failing to comply with their ACCT care plan to wear strip clothing in their own cells. This was unacceptable. Although authority from a governor was recorded in all cases and documents showed that the woman's mood and general conditions were adequately monitored, some forms did not indicate that a designated manager had been assigned to ensure that ongoing monitoring was carried out as directed.

### **Segregation and the high dependency unit**

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- 6.18 There was now no formal segregation unit. Prisoners given cellular confinement following formal disciplinary procedures could be located in a single cell on Waite wing, but this was rare. Cellular confinement had not been given as a punishment in the year to August 2008 and it did not feature on the agreed punishment tariff used by adjudicating governors. Two women had been segregated under good order or discipline in cells on Waite wing in 2008. Both cases had been properly authorised and reviewed daily. The regime offered included daily exercise, association, access to telephones and showers.
- 6.19 The former segregation unit (CSRU) was now the Keller unit and used for women whose behaviour was too disruptive to be managed on the bigger residential units. The unit still looked very much like a segregation unit and accommodation consisted of eight ordinary cells, two gated cells with Perspex covers and a special cell (see section on use of force). Communal areas were clean, up-to-date information notices were displayed and artwork on the walls helped to soften the environment a little. A room previously used as special accommodation was used as a quiet room. It contained only a single chair and was stark and unwelcoming, but provided women with somewhere they could sit without being locked in their cells. Normal cells were an adequate size, clean, well ventilated and appropriately furnished. The two gated cells were inappropriate for use as they provided little privacy. Showers could be used in private. Ventilation in the special cell was poor, making the room, which was completely bare, hot and stuffy.
- 6.20 A published policy document set out the management arrangements, expected working practices and guiding principles of the unit. It had an explicit vision as a therapeutic unit, dealing with difficult women, many of whom had psychiatric issues and most who had prolific

self-harming behaviour and were in need of close support, attention and planned interventions. However, how outcomes were to be achieved was not clear. The working relationships between different disciplines were not adequately described and officers we spoke to were unsure of the unit's exact role. The published violence reduction policy referred to the use of segregation in the CSRU and some staff on residential units continued to refer to the unit as the 'seg'.

- 6.21 Ten women were accommodated on the unit. Nearly all had histories of severe self-harm, one had a diagnosed mental illness and was awaiting admission to an NHS secure unit and two were waiting for formal mental health assessments. All had exhibited extreme behaviour that was disruptive and difficult to manage on the ordinary residential units.
- 6.22 The daily regime provided association, access to showers and low-level activities such as art and music classes. Women could use the prison's communal facilities and attend chapel services, have visits in the main visits hall and attend normal work and education sessions if their behaviour was stable. Four of the 10 women regularly attended education classes with other women.
- 6.23 Individual case management plans had been drawn up for all women, but lacked coordination and were predominantly concerned with day-to-day management of behaviour in terms of compliance with unit and prison rules. There were links with the mental health in-reach team. Psychiatric nurses saw individual women regularly and attended weekly case reviews with prison officers, managers and education staff. However, there was no integration in terms of intervention delivery and multidisciplinary work. Prison officers managed women's day-to-day behaviour through prison systems, mainly the IEP scheme and ACCT documents and locking in cell.
- 6.24 A senior officer accountable to the residential governor was responsible for the day-to-day management of the unit and supported by eight prison officers. Relationships between staff and women were generally amiable and the atmosphere was relaxed and friendly. However, although officers treated some very difficult women with respect, they had not received training to develop skills to deal effectively with complex problems and difficult behaviours caused by personality disorder and mental illness. There was no clinical manager to direct regime activities and no coordination to connect therapeutic intervention with the need for discipline and security.
- 6.25 There were examples where staff had not allowed women access to the aspects of the daily regime because of what they described as poor behaviour following petty infringements of unit rules, such as shouting or arguing with staff. Authorisation for locking these women in their cells during the core day was given by the unit manager without reference to their case management plans and without consultation with a governor grade or clinician.

## Recommendations

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- 6.26 The quality of the records of adjudication should be improved and show that charges are always fully investigated.
- 6.27 Referrals to the independent adjudicator should be consistent and made only for the more serious charges.
- 6.28 Special accommodation should not be used to manage women at risk of suicide or self-harm unless in exceptional circumstances where the woman is unmanageably violent.

- 6.29 All use of special accommodation should be reviewed with a view to reducing its use.
- 6.30 Training for staff on Keller unit should be provided to allow them to develop skills to deal better with complex problems and difficult behaviours.
- 6.31 Ventilation in the special cell should be improved and some seating and a bed should be provided.
- 6.32 The quiet room on Keller unit should be equipped with comfortable furniture and carpeted.

## Incentives and earned privileges

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### Expected outcomes:

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

- 6.33 The published incentives and earned privileges (IEP) policy was explained to prisoners and well publicised across the prison. New arrivals could retain their previous regime level on transfer. Governance of the use of behaviour warnings was poor, the policy was not fully understood by all staff and unauthorised punishments were unfairly issued following single negative behaviours.
- 6.34 The published incentives and earned privileges (IEP) policy document was advertised on all residential units. Copies were also available to women at induction. It set out how the system worked, how women could progress through the levels and the standards of expected behaviour. All women had signed compacts.
- 6.35 The scheme was based on the basic, standard and enhanced levels. New arrivals were usually placed on standard, although those who had been on enhanced at a previous prison were allowed to retain that status. Nine women were on basic, 322 on standard and 115 on enhanced.
- 6.36 A facilities list had been published and was known to staff and prisoners. It included a range of items that all women could have regardless of their IEP level, but there was too little difference between standard and enhanced levels to encourage positive behaviour. Women said they had little to gain from achieving enhanced. The criteria for movement through the levels had been published.
- 6.37 Women were given nine behaviour points at the beginning of each week and single points could be added or lost based on staff issuing green positive behaviour slips or pink negative behaviour slips. The slips contained three tick boxes to indicate the type of behaviour. These were labelled pro-social, pro-active behaviours and obedience. There was also a space for staff to describe the behaviour. However, staff we spoke to were unsure what was meant by each of these categories, which led to some inconsistencies. Entries on pink slips were often petty and did not explore the reasons for single behaviours. There was no evidence of management checks to ensure that they were fair and consistent.

- 6.38 Three slips (green or red) issued to a prisoner in a week triggered a level review board. However, women who received three ticks on one or two negative behaviour slips automatically lost association for 24 hours. There were many examples where women had lost association due to a single negative behaviour without review or property authority.

## Recommendations

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- 6.39 There should be sufficient difference between standard and enhanced levels to encourage responsible behaviour.
- 6.40 The incentives and earned privileges policy should clarify the behaviours that attract warnings.
- 6.41 Prisoners should not lose association or receive other unsanctioned punishments as a result of incentives and earned privileges warnings.
- 6.42 Regular management checks should be conducted to ensure that warnings issued are fair and consistent.

# Section 7: Services

## Catering

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### Expected outcomes:

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

- 7.1 The kitchen was clean and well ordered. Religious, cultural and dietary requirements were observed. Menus were varied, but women said the quantity and quality of the food was poor and the portions too small. Breakfast packs were issued the evening before use.
- 7.2 The main kitchen was in a purpose-built building close to the residential units. It was large, clean and well ordered. Food was stored in proper conditions and regular stock control and quality checks were made and recorded. Religious and cultural dietary requirements were observed. Staff-prisoner relationships in the kitchen were very good. Women were treated with respect and their contributions encouraged. Wing-based serveries were clean and well equipped. Server workers wore protective clothing and food was appropriately handled.
- 7.3 Breakfast packs were issued during the evening meal and many women said they had eaten the contents before morning. Pre-select lunch and tea menus were offered to all women on a four-week cycle. The selection was balanced, with a wide range of choices. However, women complained that food was poor in terms of quality and quantity. In our survey, only 28%, significantly worse than the comparator of 36%, said the food was good or very good. Catering staff attended the monthly consultation meetings, but were rarely on the residential units when meals were served and women said they had little opportunity to comment about the meals. However, food comments books were available at all serveries and complaints about the quality of food were usually answered quickly by the catering manager.

## Recommendations

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- 7.4 Catering staff should regularly attend the residential units when meals are being served.
- 7.5 A prisoners' survey on the quality and quantity of meals should be conducted.
- 7.6 Breakfast packs should be issued on the morning they are to be eaten.

## Prison shop

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### Expected outcomes:

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

- 7.7 Changes in shop delivery arrangements had led to dissatisfaction about delays in rectifying mistakes in orders. A good system for catalogue orders ensured prompt delivery. New arrivals could buy reception packs, but some had to wait too long to make further purchases.

- 7.8 The prison shop was run by Aramark, who operated an off-site bagging service. A new provider had been identified following a national tendering exercise, but the date when the new arrangements would be implemented had not been confirmed.
- 7.9 A new system for the distribution of canteen had been introduced in June 2008. Aramark delivered the canteen on Wednesdays in clear sealed bags that were issued by prison staff on Friday afternoons. Women on the houses collected their bags from the small prison shop, while staff distributed the bags to those on Waite wing. Women with court appearances on Friday had to wait until Monday to collect their bag if they returned to the prison after administrative staff had finished work.
- 7.10 There was some dissatisfaction among the women, particularly about delays in rectifying mistakes because Aramark staff were no longer on site when orders were issued. Instead, errors and queries were collated and forwarded to Aramark on Monday mornings, with missing or replacement goods sent to the prison on Wednesdays. Records showed that in one recent four-week period, there had been 16 instances when bags were missing.
- 7.11 The product range was reasonable and included fresh fruit and healthy options. Vegetarian, vegan and halal items were provided. In our survey, 59% of women, significantly better than the comparator, said the shop sold a wide enough range of goods to meet their needs. However, black and minority ethnic women were more negative than white women. Women could also order from a clothing and cosmetics and toiletries catalogue. Goods were ordered in bulk on the internet, which ensured prompt delivery and the minimum delivery charge. The goods were bagged into individual orders on site by administrative staff.
- 7.12 New arrivals could buy a smoker's or non-smoker's pack and up to £2 telephone credit. Women arriving without money were given an advance that was repaid at a rate of £1 a week. However, women could then have a considerable wait before they could make purchases from the shop. In our survey, only 4% of women, against a comparator of 24%, said they had access to the prison shop in their first 24 hours. This impacted particularly on black and minority ethnic women who could not buy skin and hair care products on arrival, although these products were not included in the toiletry pack issued at reception.
- 7.13 There had been no local survey and there was no specific canteen consultation forum. When available, staff responsible for prisoners' monies attended the prisoner consultation meetings.

## Recommendations

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- 7.14 New arrivals should be able to buy items from the prison shop within 24 hours.
- 7.15 Regular prison shop surveys should be carried out and the results published to prisoners.

# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 8.1 There was no up-to-date resettlement needs analysis or strategy specific to the women at Styal, but services were reasonably good. The prison followed the resettlement pathway model, which included an additional pathway for victims and the two pathways specific to women. Resettlement drop-in centre staff interviewed all women on arrival and the centre coordinated a good range of voluntary sector groups that aimed to meet resettlement needs.
- 8.2 The management of resettlement was divided into the two main areas. The offender management unit included offender management, the custody office, observation, classification and allocation (OCA), lifers, women serving indeterminate sentences for public protection (IPPs), security intelligence, public protection, parole, home detention curfew (HDC), release on temporary licence (ROTL) and foreign national coordination. The second area, reducing reoffending and interventions, included learning and skills, psychological services, offending behaviour programmes, safer custody and drugs education. In addition, personal officers were supposed to record progress against resettlement targets in a generic custody plan.
- 8.3 Women at Styal included young adults, foreign nationals, pregnant women, older women, lifers, IPPs, women on remand, mothers with babies and many women with drug and alcohol problems. However, there was little strategic analysis of, or approach to, addressing their specific needs. Many women also stayed at the prison a very short time.
- 8.4 A needs analysis completed in 2006 was out of date, methodologically weak and did not provide any depth of insight into the needs of the different groups of women. It was based on the self-report of 38 women following a survey that excluded those with low literacy and those who could not read English. A disproportionate number of respondents were sentenced women and women at that time tended to stay longer at Styal. It did not explore offending behaviour or the additional pathway needs for women in any depth.
- 8.5 The North West area resettlement strategy had been adopted, but it had not been adapted to meet the specific and different needs of women at Styal. There had been only one reducing reoffending meeting in 2008. It had been poorly attended and did not have a strategic approach.
- 8.6 Despite the lack of strategy, services were generally good and in our survey, significantly more women than at comparator prisons said they had done something or that something had happened to them to make them less likely to reoffend in future.
- 8.7 Ten resettlement pathways were identified, including victims, support for women who had been abused, raped or had experienced domestic violence, and support for women who had been involved with prostitution. An action plan covered each pathway, but the strategy for each area was not well described.

- 8.8 A resettlement drop-in centre was open weekday mornings and afternoons and was the conduit for 18 regular voluntary sector groups who met women according to a timetable and provided support services. The centre was well used, with an average of 140 women visiting each week. A further 95 had scheduled appointments. Women who missed appointments were automatically followed up and appointments re-made by one of the five women working full-time in the centre. Services covered most of the resettlement pathways.
- 8.9 Women we spoke to said the drop-in centre was good and accessible. All women were seen within 24 hours of arrival by a centre worker who completed a first night centre (FNC) assessment form. Women were told about the services offered and appointments made where requested. None of the drop-in centre services were advertised in languages other than English, although there were plans to produce a poster in five languages.
- 8.10 Communication with voluntary sector groups was good. Bi-monthly resettlement partnerships meetings took place, although these were not pathway based or strategic and there was no clear record that action points were followed up. Annual events were held for groups involved with the centre. These had a more strategic focus and aimed to show voluntary groups how they fitted into the pathway model.

## Recommendations

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- 8.11 Regular management meetings chaired at a senior level and involving all relevant staff should drive the resettlement strategy forward.
- 8.12 Drop-in centre services should be advertised in languages other than English.
- 8.13 Resettlement partnership meetings should have a strategic focus and fit into the prison's wider resettlement strategy. Minutes should demonstrate that actions have been followed up.

## Offender management and planning

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

- 8.14 Internal offender management arrangements were reasonably good, but links with offender managers in the community were poor, leading to delays in sentence planning boards. There were measures to highlight and address women's immediate needs, but sentence planning arrangements for the whole population were fragmented. There were some delays with sentence plans and parole dossiers. There was little effective custody planning for short stayers. Support for lifers was satisfactory, but their progression opportunities were limited. Insufficient information was given to specific groups, such as those serving indeterminate sentences for public protection, recalled from licence or subject to public protection arrangements.
- 8.15 There were 327 sentenced women, 221 of whom were serving sentences of 12 months or more. There were 66 remanded and 32 convicted but unsentenced prisoners. Four women

were immigration detainees. Most women were from the North West, although a number came from the Birmingham area.

- 8.16 As part of their initial induction, women underwent a comprehensive interview by probation staff from the offender management unit. This aimed to flag up immediate needs including public protection issues. The intention was for a record of this interview to go to the case manager/personal officer on the wing, who would develop it within two weeks into a custody plan by setting targets with women to help them meet their needs. They would then meet formally with women every week to update the plan. However, in reality, we found no custody plans in the files on Waite wing and personal officers we spoke to there were not aware of the system.
- 8.17 Seventy per cent of women on the houses had a custody plan in their file, but the quality was consistently poor. Most had generic and rather banal targets such as 'remain drug free' or 'maintain enhanced'. The average time between a woman arriving and a custody plan being developed was eight weeks. On average, reviews took place once a month. Most entries in the 'progress' column simply stated 'ongoing'.
- 8.18 Sentence planning arrangements for the whole population were fragmented. The offender management unit had been established for three years and there were 120 women in scope for offender management with an additional 104 women eligible for an offender assessment system (OASys) assessment. Of these 224 women, 69 did not have an up-to-date assessment. In our survey, 65% of women, significantly more than the comparator of 54% and much better than at the time of the previous inspection, said they had a sentence plan. Women on the houses were more likely to have a sentence plan.
- 8.19 There were 15 offender supervisors: six probation service officers, six officers and three probation officers each with a maximum caseload of 30. Probation officers took responsibility for supervising the 11 women serving indeterminate sentences for public protection (IPPs) and the 15 prolific or priority offenders (PPOs). Records of contact demonstrated frequent contact with, and a detailed knowledge of, women on their caseload.
- 8.20 Most women who should have arrived with an OASys did so. OASys updates were supervised by a probation officer and a 10% sample was checked by the senior probation officer. All the OASys assessments we looked at had clear objectives that were generally relevant to prisoners' needs. However, none contained objectives that stretched beyond the woman's time at Styal and none named specific staff to assist with meeting objectives.
- 8.21 Fifty-two per cent of offender management boards were held on time. Of the remainder, 41% had had a previous board but were overdue and 7% had not had a board at all. Boards were late by up to eight months and staff said most delays were due to offender managers being unable to attend and boards were not held in their absence, disadvantaging the women. Two video links specifically for the offender management unit were little used.
- 8.22 It was difficult to extract accurate sentence management information from databases and this was not helped by there being five different processes for different groups of women. They included custody planning for all women, life sentence planning (25 women), offender management (120 women), sentence plans for women subject to discretionary conditional release (DCR) (28 women) and plans for women subject to automatic conditional release (ACR) (71 women).
- 8.23 The databases included some women who had been transferred or discharged, which made extracting accurate information more difficult. Board timing, attendance, chairing and

contributions differed for each of the above processes. There was a drive to encourage more families to attend boards for those serving 12 months or more.

- 8.24 Thirty-three women had been recalled and recall paperwork usually arrived in reasonable time. Offender management unit staff issued recalled papers in person and explained the process, but there was no written information or follow up. Recalled women described feeling as though they were 'left in the air'. Sentence plans for these women were up to date.
- 8.25 Around 12 releases on temporary licence (ROTLs) were applied for each month and most were granted. Six women regularly worked outside the prison: one in paid employment, two in voluntary employment and the others in the prison grounds. Some women took part in occasional community projects.
- 8.26 Between January and July 2008, 230 women had been eligible for home detention curfew (HDC), but only 33 had been granted and 12 had been refused. Applications took an average of six weeks. Women were automatically sent a HDC application pack, but staff said few women now applied for HDC as they were more likely to be released under the more recently introduced end of custody licence (ECL), which required fewer checks. Under ECL, women had only to say they had somewhere to live on release. This was not checked and it was suggested that some women did not want to acknowledge housing problems in case they jeopardised their chance of earlier release.
- 8.27 Since January 2008, 13 parole dossiers had been due for submission, of which 10 were late by an average of 14 weeks each. Staff said this was due to an administrative error relating to flagging up extended sentences and to delays in receiving field probation reports.
- 8.28 A total of 279 women were subject to public protection monitoring. Twenty-seven had some form of active monitoring of mail, telephone calls and visits and these were reviewed every three months. Public protection cases were identified on arrival and included multi-agency public protection arrangements (MAPPA) levels two and three, racially aggravated offenders, those subject to child protection and harassment orders, PPOs and sex offenders. Personal officers we spoke to were not always aware that the women they were responsible for were subject to active monitoring, and when they were, they did not know why. Women subject to public protection arrangements were given some initial information and had the appeal process explained to them, but otherwise felt ill informed about their position.
- 8.29 An average of 30 women were recategorised each month. Women were reviewed automatically when they were eligible and at frequent intervals after this. Reviews routinely requested contributions from relevant disciplines. Women were informed about decisions by a slip of paper with a choice of tick boxes giving generic reasons for refusal such as 'nature of offence'. This did not give the woman a clear understanding of why a decision had been made or what she needed to do to address any concerns. It was also an insensitive means of giving potentially bad news and there was no awareness of whether the woman could read and understand English. Staff said that in these circumstances other women would generally help out, which was inappropriate.
- 8.30 Women generally moved to HMP Drake Hall for semi-open conditions and to HMP Askham Grange for open conditions. In almost all circumstances, recategorised women were transferred within a month. Exceptions included medical holds and holds for women in the middle of an intervention.

## **Indeterminate-sentenced prisoners**

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- 8.31 The 25 women serving life sentences were managed by a governor F and the 11 women serving indeterminate sentences for public protection (IPPs) by a senior officer in the offender management unit. Lifers were dispersed across the houses. Sixteen lifers had their own room and nine shared a dormitory. IPPs were located across the whole prison.
- 8.32 The lifers were at stage two of the life sentence process. One had a discretionary life sentence and two had been recalled. Newly sentenced lifers were held on Waite wing because of the higher security and the policy was to transfer them to a first stage lifer prison within four weeks. The lifer manager said he saw all lifers within 48 hours of their arrival and talked to them about Styal, but no information about the lifer process was available in writing.
- 8.33 Resources to manage lifers included about 10% of a governor grade and an administrative officer. Eleven lifer officers were responsible for writing lifer reports, but had no dedicated time for this. Lifer officers we spoke to were clear and enthusiastic about their role. Women knew their lifer officer and were positive about them, but said access to them was limited. Four probation officers were assigned to lifer work.
- 8.34 Three psychology staff provided input to one-to-one work and report writing. However, most lifers we spoke to said they found it difficult to progress due to lack of courses to meet their needs and lack of availability of one-to-one work with psychology and probation, which was often one of their targets. One lifer said she had been waiting for two to three years to see a psychologist. We were told that women were prioritised for interventions based on release or tariff date. As most lifer tariffs were longer than other sentences, lifers often fell to the back of the queue.
- 8.35 No problems were identified with delayed reports, although records indicated that a fifth of lifers did not have an up-to-date sentence plan. Eligible lifers could have three escorted absences each year. Four lifers had had six escorted absences in the previous 10 months and reports were written following each.
- 8.36 Two lifer days were held each year, one focusing on progression that included visits from solicitors, probation and stage three prisons, and the other a family day. Women were positive about lifer days and two more were scheduled for the next three months. All lifers were invited to bi-monthly lifer meetings and an average of 17 women attended each month, but minutes of the meetings were not provided.
- 8.37 The senior officer responsible for IPPs was not available and no one else could explain the strategy for managing them. They were not included in lifer days or meetings. Staff said IPPs were seen by their offender supervisor within 48 hours, but apart from a leaflet, which included a sentence about IPPs being under offender management, they were not given any written information about the sentence of IPP and its implications.

## **Recommendations**

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- 8.38 All sentence/custody plan targets should be specific to the woman's needs and should name individual members of staff assigned to help with achieving the target. Sentence plan targets should go beyond the woman's time at Styal where relevant.
- 8.39 Sentence planning boards should be held on time.

- 8.40 Offender managers should attend boards for women subject to offender management arrangements within the required timescales.
- 8.41 Sentence management data should be monitored to provide performance information about the whole population in a single report.
- 8.42 Women who have been recalled on licence, received an IPP sentence or are subject to active public protection arrangements should be given written information about the relevant process and have regular opportunities to discuss related issues with a member of the offender management unit.
- 8.43 Accommodation checks should be made for prisoners released on end of custody licence.
- 8.44 Parole dossiers should be submitted on time.
- 8.45 Personal officers should be aware when women in their care are subject to active public protection monitoring.
- 8.46 Women should be informed personally about negative recategorisation decisions and given written feedback explaining the decision.
- 8.47 Potential lifers should be routinely identified and spoken to by a member of the lifer team and given some written information about the life sentence process before and after sentence.
- 8.48 Life-sentenced prisoners should have the opportunity to undertake work highlighted in their sentence plans within reasonable time and well before their first parole review.
- 8.49 Lifer sentence plans should be up to date.
- 8.50 Offending behaviour needs of lifers and IPPs should be specifically explored as part of a needs analysis and a strategy developed to ensure that all indeterminate-sentenced prisoners have the opportunity to address needs.

### Housekeeping point

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- 8.51 Copies of lifer meeting minutes and action plans should be publicised to prisoners.

## Resettlement pathways

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### 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

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- 8.52 Accommodation services were generally good. Advice and guidance was offered to assist in work and some work areas were well matched to employment opportunities on release, but there were few established links with employers. A small number of women gained work experience through release on temporary licence. No specific pre-release course was provided. Discharge boards were held and women told how to register with a doctor. Mental health staff had good links with the community to ensure continuity of care. There was some help with specific debt problems, but no provision to improve wider money management skills.

### Accommodation

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- 8.53 Accommodation issues were an area of high need at Styal and in our survey significantly more than in comparator prisons said they had housing problems when they arrived. A good level of service was provided. There were 1.5 probation service officers working to secure housing on release. There was a full-time Manchester City Council housing worker plus two full-time housing orderlies. A range of service providers assisting with housing came in weekly. These included Hope, Adelaide House, Shelter and the Together Women Project. There were also links to other service providers, including those who could help if a woman was being released to a different area.
- 8.54 Probation service officers held a Clear Springs accommodation surgery each week. Since November 2007, 15 women had gone into Clear Springs accommodation (11 for bail and four for HDC).
- 8.55 On average, 11 women a month arrived with no fixed address; others needed to maintain a tenancy. All were given an appointment to see a housing worker. Management data relating to areas where women were being discharged was routinely collected and monitored. ECL arrangements made it difficult to be sure how many women were released with no home to go to (see section on offender management and planning).

### Education, training and employment

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

- 8.56 Some work areas provided relevant training suitable for employment opportunities after release. These included industrial cleaning, ICT, hairdressing and some recent new initiatives in hospitality and catering linked to employment opportunities in the North West.
- 8.57 The services in the drop-in centre provided assistance, advice and information on finding employment. JobCentre Plus was available four days a week and the service was well used, but otherwise there were no specialist services to place women into employment or education after release. The library did not complement the services of the drop-in centre by providing leaflets on careers advice or prospectuses for local colleges and training providers.
- 8.58 The appointment of a dedicated member of staff to manage ROTL helped place suitable women in the community before release. In the previous 12 months, 58 women had been granted ROTL to gain some form of work experience during the last months of their sentence.

- 8.59 There was no specific pre-release resettlement course, although some aspects of this were included in some education programmes. Advice and guidance were available in career planning.

### **Mental and physical health**

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- 8.60 Discharge boards involving health services were held in conjunction with probation and other prison departments. Women were told how to make contact with GPs and other health providers in the community and all medications were provided in good time before discharge.
- 8.61 The mental health in-reach worked closely with community mental health teams to ensure that continuity of care for patients was formally set up. External teams were always invited to attend pre-release meetings to discuss with patients their ongoing care.

### **Finance, benefit and debt**

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- 8.62 A Citizens Advice worker came in one day a week to deal mainly with debt issues. Housing advisers dealt with accommodation-related debt, including direct debit schemes to help women begin pay back rent arrears. However, there was no provision to help women learn to manage money better or schemes to help them set up bank accounts or claim appropriate benefits on release.
- 8.63 Some financial information was included in other courses, but this was extremely limited and not targeted at need. In our survey, 29% of women, significantly worse than the comparator of 42%, said they knew who to contact to get help with money/finances on release and only 18%, against a comparator of 38%, knew who to contact to get help with opening a bank account on release.

### **Recommendations**

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- 8.64 Links with local employers should be improved.
- 8.65 A pre-release course should be introduced, especially for longer-sentenced women.
- 8.66 Women should be given advice on claiming benefits on release.
- 8.67 Courses on budgeting and finance should be provided.
- 8.68 Women should be helped to open a bank account before release.

### **Drugs and alcohol**

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- 8.69 Drug strategy initiatives were well integrated and included a range of counselling, assessment, referral, advice and throughcare (CARAT) interventions as well as the short duration programme. Waite wing residents found it more difficult to access support services. Help with alcohol problems was insufficient, which particularly affected young adult women.
- 8.70 As the prison's drug strategy coordinator, the deputy governor provided direction and leadership, but there was no one below that level to assist in the implementation and

monitoring of initiatives. Appropriate departments were represented at the committee's monthly meetings and there were good links with local community partnerships and drug intervention programmes (DIPs). The drug strategy policy had recently been reviewed. The document was comprehensive, included alcohol services and contained detailed action plans and outcome measures. Initiatives were well monitored and this data informed the annual development plan, although a thorough population needs analysis had not been conducted.

- 8.71 Appropriate joint working protocols had been developed. Joint work between healthcare and counselling, assessment, referral, advice and throughcare (CARAT) services had progressed through the implementation of the integrated drug treatment system (IDTS).
- 8.72 CARAT services were provided by a manager, an IDTS senior practitioner, 12 workers and two administrators from Lifeline. The team was resourced to offer an enhanced CARAT service under the IDTS initiative. Appropriate supervision and staff training arrangements were in place, the team was well managed and individual workers took lead responsibility for liaising with other services.
- 8.73 New arrivals were seen on the FNC and given written harm reduction information. The team gave further information and advice during weekly induction sessions. The service was on target to complete the required 800 drug intervention records per year. The open caseload stood at 265 at the beginning of September 2008, but statistics had not been compiled to identify the number of young adults in contact. The CARATs contract excluded ongoing work with primary alcohol users, which was particularly prevalent among young women. Alcoholics Anonymous (AA) support was available via the Chaplaincy, and the YMCA provided alcohol counselling on Willow House. In our survey, 38% of women reported alcohol problems on arrival and 32%, against a comparator of 19%, thought they would still have a problem with alcohol on leaving.
- 8.74 Services provided included structured one-to-one work supplemented by in-cell work packs and all 10 of the IDTS short group work modules, including an alcohol workshop. Group work took place at the CARATs premises or at the care, assessment, learning and motivation (CALM) centre. A weekly drop-in session was held at Fox House, to which short duration programme staff and community Narcotics Anonymous (NA) members also contributed. A dedicated gym session for CARATs clients was due to re-start in October 2008.
- 8.75 The service was accessible for women living on the houses who could drop in during free flow, but this was not the case for residents on Waite wing. Survey results relating to knowing who to contact and receiving help for drug/alcohol problems were consistently poorer on Waite wing. Women we spoke to suggested that a dedicated CARATs worker and drop-in sessions on the wing would improve their situation.
- 8.76 The CARAT service was well integrated into the prison, represented at appropriate multi-disciplinary meetings and contributed to sentence plans. Joint work with the clinical substance misuse service included daily meetings between the IDTS clinical lead and the CARATs link worker. Women's care was coordinated at weekly case conferences and monthly dual diagnosis meetings. CARATs clients had the services of an IDTS-funded family worker and a number of voluntary sector agencies for additional support and counselling.
- 8.77 Dedicated prison link workers from local DIP teams visited frequently and liaised closely with CARAT staff to coordinate post-release services. A quarterly community links meeting had been set up to discuss throughcare issues.

- 8.78 Women requiring structured intervention could also participate in the short duration programme, which was well established and on target to reach 240 starts and 156 completions. The programme was also open to young adult women, but their numbers were not monitored. The team consisted of a treatment manager and five facilitators, with two additional workers due to start. They were co-located with CARAT staff. A nominated short duration programme link worker in the CARATs team facilitated effective liaison between the services.
- 8.79 Women stabilised on methadone could undertake the short duration programme, but delays in dispensing morning medication were disruptive. In 2007, an audit had identified institutional support as a problem area, but issues such as lack of drug testing were now being tackled by a new programme manager. A dedicated short duration programme gym session was due to recommence in October 2008. Women spoke highly of the short duration programme and its facilitators, but ongoing peer support had not yet been organised. As at other women's prisons, the short duration programme manual could be changed only slightly and the content had not been adapted to the particular needs of women.
- 8.80 Voluntary drug testing (VDT) for short duration programme participants and women on the mother and baby unit (MBU) was prioritised, but otherwise was insufficient. In September 2008, there were 107 VDT compacts against a target of 151, and VDT units were no longer running. While separate testing facilities were available, mandatory drug testing staff also undertook VDT, which was not good practice.

## Recommendations

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- 8.81 A member of staff should be appointed to assist with the implementation of the drug and alcohol strategy.
- 8.82 A comprehensive population needs analysis should be conducted annually to inform future drug and alcohol service provision.
- 8.83 CARAT services should be more accessible to women on Waite wing.
- 8.84 The content of the short duration programme should be adapted to the specific needs of women.
- 8.85 A peer support scheme should be developed to offer ongoing support to women who have completed the short duration programme.
- 8.86 Voluntary drug testing units where women receive additional support to remain drug free should be reintroduced.
- 8.87 The required level of voluntary drug testing should take place.
- 8.88 The CARAT and short duration programme teams should monitor the numbers of young adult women using their services.

## Children and families of offenders

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- 8.89 Telephones could not be used in private and some houses had too few. All new arrivals received information about visits and the visitors' centre was well managed. Visits did not start on time and initial facilities for visitors were shabby. The visits room was comfortable and bright, but there were unnecessary restrictions on physical contact. Some pro-active and supportive work, including family support workers, was delivered by the drop-in centre, but their work was not evaluated. There were no parenting or relationship programmes, but regular children's days were held.
- 8.90 In our survey, 56% of women said they had children under the age of 18 and 57% said they had been helped to maintain contact with their family and friends, although women on Waite wing were less positive than those on the houses. Thirty per cent knew who to contact to get help with maintaining good relationships and 25% who to contact for help with avoiding bad relationships. A quarter of women said they would have a problem avoiding bad relationships on release.
- 8.91 Telephones still had ineffective metal hoods and could not be used in private. Waite wing had four telephones, two of which were in booths without doors. Each house had only one telephone, all of which were in busy and noisy entrance foyers. Telephones on the houses could be used 24 hours a day, but calls were expensive.
- 8.92 Nearly half of women in our survey said there were delays to incoming and outgoing mail. The Post Office no longer delivered post at a fixed time early in the morning and incoming post was delivered at any time of the day, sorted in the gatehouse and collected by staff from Waite wing and the houses for distribution. This meant there could be delays with recorded and next-day deliveries that required the recipient's signature.
- 8.93 Only 14% of women, against a comparator of 32%, said they had received a visit in their first week. All new arrivals were given a leaflet about visits to send to visitors and told about visits on the FNC and at induction. More than the comparator said they had problems contacting their family and ensuring that dependents were being looked after.
- 8.94 Visits could be booked by telephone or email and visitors said there were few problems. Visitors could not book their next visit while at the prison. Visits ran every day except Friday from 1.45pm to 3.45pm. Evening visits were available to enhanced level prisoners only on Wednesdays from 5pm to 7.30pm. Unconvicted prisoners could have visits every day except Friday. Each month, women on the standard level of the incentives and earned privileges (IEP) scheme received two visiting orders (VOs) and one privilege visiting order (PVO) that could be used only during the week. Enhanced women received two VOs and two PVOs. Those on basic received two VOs. In our survey, similar to the comparator said they had the number and length of visits they were entitled to and 51% said they had had a visit in the previous week.
- 8.95 All visitors booked in at the visitors' centre, which was well managed and staffed by the Contact Cheshire support group and provided a comfortable and supportive environment. New visitors were identified and offered help and information. Refreshments and toilets were provided, as was a well-equipped play room. A large amount of local and national information was displayed. The centre was small and did not have enough seating. Visitors could buy vouchers up to £30 to spend in the visits room and could take up to £5 in coins for

the vending machines. Staff from the Contact Cheshire support group also staffed the refreshment bar and the play area in the visits room.

- 8.96 Visitors waited to be called by number before going to the gate, where their identification was checked. We joined one group of visitors standing in the rain without any shelter at the gate. The area was busy with staff and vehicles needing to enter and leave, which resulted in delays to visitors. Once through the gate, visitors left their possessions in a locker area and were searched in a cold cramped portakabin. There was nowhere safe to place a baby while the carer and baby were searched. No seating was provided, although visitors had to wait to be escorted to the visits room.
- 8.97 A drug dog handler said the only response to an indication was the choice of a closed visit or of leaving. However, the visits policy advocated a closed visit only if there was supporting intelligence.
- 8.98 Prisoners waited in a room adjacent to the visits room to which they could return if their visitors did not arrive or arrived late. Visits did not start on time and some visitors did not arrive in the visits room until 15 to 20 minutes after the start. The visits room was furnished with colourful easy chairs and the atmosphere was relaxed. There were five closed visits booths, but audibility in these was poor and conversations could not be held in private if more than one booth was being used. Prisoners on closed visits could not have refreshments.
- 8.99 The play area was supervised and well equipped and prisoners could take with them pictures drawn by children.
- 8.100 All visitors had a wristband fitted and their hand stamped with ultraviolet ink. Despite this, prisoners had to wear an identifying sash and could not move from an identified seat when in the visits room, even to join their children in the play area. Prisoners and visitors were not allowed to kiss. In the measuring the quality of prison life survey in January 2008, a quarter of the negative comments about visits related to the restriction on physical contact being too strict.
- 8.101 A senior manager was named as pathway lead for children and families of offenders, but there was no clear strategy based on analysed need, although there were some good services. An evaluation of family visits had been written by the psychology department in 2007 based on visits from January to November 2006. The report made a number of useful short- and long-term recommendations, but there had been no evaluation to inform current practice. Pathways meetings had taken place in April and July 2008. Some very good pro-active and supportive work was being delivered, but it was not described in the reducing reoffending action plan and was not well publicised. We had to glean information about the services from word of mouth and notices and leaflets for prisoners.
- 8.102 Family services were advertised to women on notice boards and services in the drop-in centre were outlined during induction. A wide range of voluntary groups provided information to women in the drop-in centre, including Action for Children (formerly NCH), NSPCC, Contact Cheshire, the After Adoption group and a solicitor who gave free legal advice. The After Adoption group had two part-time workers in the prison giving pre- and post-adoption information and support to women. The founder of Contact Cheshire gave individual family support in the drop-in weekly. She could contact women's families with their permission, also spoke to family members in the visitors' centre and responded to telephone queries. NSPCC workers were available every other week to discuss any issues with, or give advice on, any aspects of care arrangements for women's children.

- 8.103 There were three family support workers (FSWs), although one left during the inspection as the funding for her post ended. She had been employed by the Partners of Prisoners charity with part-funding from the prison and had facilitated contact between women and their families. Another FSW was the founder of Contact Cheshire. The third was employed by a substance misuse agency through healthcare to work with women with a history of substance misuse. She liaised with prisoners' families and agencies within and outside the prison. All agencies and FSWs could and did refer women to other agencies in the prison and the community. None of the FSWs saw new arrivals individually to discuss and record their individual circumstances and tell them about the support services available. While these services were helping and assisting women, there was no published evaluation of their success to inform the resettlement action plan.
- 8.104 Individual counselling was available, but no general relationship counselling for women and their immediate families. Apart from on the MBU, there were no programmes aimed at improving parenting skills or relationships.
- 8.105 Staff said there were few requests for accumulated visits, inter-prison visits and telephone calls, although the video link had been used 40 times in two months for inter-prison visits.
- 8.106 Family visits were run on Wednesday evenings and weekend mornings from 9.30am to 11.45am, although these did not include family members other than prisoners' own children. Carers who brought the children simply had to find somewhere to wait. Staff said take-up was low. Senior managers said weekend family visits were open to all women irrespective of their status, but the published protocol said only standard and enhanced women were eligible. No refreshments were provided except by the women themselves. Mothers on the MBU had child visits on the unit.
- 8.107 About four family fun days open to all women were held on a Friday afternoon in the visits room or gym each year. These were well attended, with planned activities such as games, cake decorating and a bouncy castle. They were also open only to mothers and their children. Some special children's days had taken place, including one to help what the prison described as 'difficult' mothers maintain family ties. However, there was no literature to explain how this had been decided, how the women had been chosen and helped to prepare and whether it had been successful. There was no recent evaluation of the days. Additional visits from prisoners' children or immediate family could be arranged, using the chapel or one of the legal visits rooms. Release on temporary licence was used to allow some women to maintain contact with their families.
- 8.108 Few comments in wing files evidenced that officers knew about women's home lives and whether they had children or partners. Not all managers and officers were aware of the variety of family support available to women.
- 8.109 Women who did not get visits could not exchange unused visiting orders for extra telephone credit, but those identified as primary carers were not given free telephone calls with their children. There was no provision for women to receive incoming telephone calls from children or to deal with arrangements for them.

## Recommendations

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- 8.110 Prisoners should be able to use telephones in private and the number of telephones should be increased.

- 8.111 Calls should be charged at the cheapest possible national rates.
- 8.112 Visitors should be able to book their next visit before the current visit ends.
- 8.113 Visits should start at the advertised time.
- 8.114 Facilities should be provided to ensure babies are searched safely and left safely while their carer is searched.
- 8.115 Improved facilities for receiving and searching visitors should be provided.
- 8.116 Closed visits should be authorised only when there is significant risk justified by security intelligence.
- 8.117 Women prisoners should not have to wear a sash in the visits room.
- 8.118 Mothers should be able to play with their children in the play area.
- 8.119 Closed visits facilities should offer privacy and adequate audibility.
- 8.120 Prisoners should not be prevented from appropriate physical contact with their visitors.
- 8.121 The work of all agencies and family support workers helping women maintain contact with their families should be identified in one document linked to the resettlement policy and publicised to all managers, staff and prisoners.
- 8.122 The reducing reoffending action plan should include targets for the delivery of objectives relevant to children and families and should be informed by a needs analysis.
- 8.123 The low take-up of the weekend family visits should be evaluated with prisoners and their families to identify reasons and make any necessary changes.
- 8.124 Carers should be able to participate in family visits.
- 8.125 Women should have the opportunity for general relationship counselling with their immediate family where necessary.
- 8.126 Women with identified need should be able to access programmes aimed at improving parenting skills and relationships.
- 8.127 Evening visits and weekend family visits should be open to all women.
- 8.128 Women should be able to exchange unused visiting orders for telephone credit.
- 8.129 Women identified as carers should be given free telephone calls specifically to maintain contact with their children.
- 8.130 There should be provision for women to have incoming telephone calls from children or to deal with arrangements for them.

## Housekeeping points

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- 8.131 Women subject to closed visits should be able to have refreshments.
- 8.132 The prison should provide refreshments for weekend family visits.

## Attitudes, thinking and behaviour

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- 8.133 There had been no offending behaviour needs analysis. A well-run enhanced thinking skills course was run and a number of interventions for women with substance use problems, but there appeared to be gaps in provision.
- 8.134 The short duration programme (see section on substance use) and the enhanced thinking skills (ETS) programme were the only accredited programmes available.
- 8.135 There were between 40 and 50 ETS completions each year and the programme had a short waiting list. Priority was based on release/tariff date, risk level, time on waiting list and individual need. A recent audit demonstrated that the programme was delivered to a high standard.
- 8.136 Personal officers rarely attended post-programme reviews. Under a planned new system, ETS facilitators would relieve personal officers, allowing them to attend reviews more regularly. Prison workplace supervisors attended between 20% and 30% of the time. Families were also routinely invited to ETS reviews and had attended 60% of recent ones. Medication collection times meant women on methadone maintenance were frequently late to groups, which was disruptive. Supervision minutes demonstrated that diversity issues were routinely discussed.
- 8.137 There were a few examples of women who had transferred out to complete other programmes and then returned. However, although there had been no formal needs analysis, there appeared to be gaps in services. Managers had identified a need for provision for alcohol treatment, emotion management, violence, victim empathy, assertiveness training, parenting and sex offender treatment.

## Recommendations

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- 8.138 Issuing of medications should not disrupt programmes.
- 8.139 Personal officers should routinely attend post-programme case reviews.
- 8.140 A resettlement needs analysis should pay particular attention to the offending behaviour needs of all women and services to meet needs should be provided. Where this is not possible, there should be a strategy facilitating needs to be met elsewhere.

## Good practice

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- 8.141 *Family members attending post-programme reviews provided women with additional support and encouraged them to maintain change.*

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

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- 8.142 There was good support for women who had experienced abuse, rape or domestic violence through group and one-to-one work, but most staff agreed that provision did not meet need. Some in-roads had been made to begin to support women who had been involved in prostitution.
- 8.143 A number of interventions were delivered through the resource centre staffed by healthcare that aimed to support women who had been abused, raped or experienced domestic violence. These included the 10-session freedom programme, which aimed to help women to identify and protect themselves and their children from domestic violence. Some 50 women were able to complete this course each year.
- 8.144 One-to-one counselling was also provided on issues relating to abuse, rape and domestic violence. Four counsellors available through the resource centre and the chaplaincy offered support with sex abuse issues. An additional counsellor and a full-time cognitive behavioural therapist were able to help with more generic problems. Staff did not believe this provision met the level of need.
- 8.145 The voluntary sector group, Manchester Action on Street Health (MASH), came in one afternoon a month. It explored issues such as safety for sex workers, set up community links in preparation for release and dealt with sexual health and well woman issues. Armistead (once a fortnight) and Barnabas (once a week) offered some support on similar issues through the drop-in centre. Services were primarily offered to women in the North West and there were few links with support agencies in other areas. No work had been completed to establish if this provision was sufficient to meet need.
- 8.146 Two staff from the voluntary sector group, SWIP (sex workers in prisons) came in for half a day each month to train staff. Eighteen staff had been trained to date.

## **Recommendation**

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- 8.147 The needs analysis should explore the needs of women who have experienced abuse, rape or domestic violence as well as women who have been involved in prostitution, and appropriate services provided.

# Section 9: Recommendations, housekeeping points and good practice

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

## Main recommendations

to the governor

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- 9.1 Better monitoring and analysis of indicators of violence and the operation of the anti-social behaviour procedures should be undertaken to help improve the effectiveness of the violence reduction strategy and ensure any bullying is appropriately tackled. (HP41)
- 9.2 ACCT procedures should be improved. Reviews should be planned, multidisciplinary and chaired by consistent case managers with the personal officer or other key worker involved. Care maps should reflect identified needs and be updated as necessary. (HP42)
- 9.3 All use of force and special accommodation should be rigorously analysed by a senior manager and feedback provided to the staff involved, with the aim of reducing its use. (HP43)
- 9.4 A clear policy should be published setting out the aims of the Keller unit, which should be staffed by a multidisciplinary team led by a clinical manager to ensure appropriate therapeutic interventions for the women there. (HP44)
- 9.5 Personal officers should get to know women prisoners' personal circumstances and record regular contact in wing files to build up an accurate account of a woman's time at Styal, achievements against any objectives and any significant events affecting her or her family. (HP45)
- 9.6 Improved work opportunities leading to useful qualifications should be provided particularly for women serving life sentences and others who spend long periods at Styal. (HP46)
- 9.7 An up-to-date health needs assessment should be carried out to ensure that resources are sufficient to cover both the physical and mental health needs of women at Styal. (HP47)
- 9.8 A resettlement strategy specific to Styal should be agreed based on a needs analysis of the particular groups of women at the prison with action plans setting out how those needs will be met. (HP48)
- 9.9 All women prisoners should have an up-to-date sentence or custody plan that is regularly monitored. (HP49)
- 9.10 Sufficient services should be provided to help women deal with alcohol problems. (HP50)

# Recommendations

to NOMS

## **Courts, escorts and transfers**

- 9.11 Female and male prisoners should be transported separately. (1.8)
- 9.12 Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm. (1.9)

# Recommendations

to the governor

## **Courts, escorts and transfers**

- 9.13 The option of using the video link for suitable court hearings should be offered to all women prisoners. (1.7)
- 9.14 All women should be given 24 hours notice of planned transfers unless there are well-evidenced individual risk assessments otherwise. (1.10)

## **First days in custody**

- 9.15 Officers should wear name badges and introduce themselves to prisoners. (1.33)
- 9.16 Prisoners should wait in reception for as short a time as possible. (1.34)
- 9.17 Reception orderlies should have a formal peer support role and all women new to custody should receive planned and specific information and support in reception. (1.35)
- 9.18 The first night centre should be staffed by dedicated and experienced officers who interact with and support new arrivals. (1.36)
- 9.19 New arrivals should receive essential first night procedures irrespective of their time of arrival. (1.37)
- 9.20 A contact list of telephone numbers for the police, social services departments and the out-of-hours emergency teams should be readily available to reception and first night centre officers. (1.38)
- 9.21 Women who are detoxifying on their first night should not share with those who are not. (1.39)
- 9.22 Sentenced women should not have to share rooms with unsentenced women. (1.40)
- 9.23 Rooms without sanitation on the first night centre should not be used. (1.41)
- 9.24 Women should receive a well-planned and engaging induction presentation. (1.42)

## **Residential units**

- 9.25 Single cells should not be used for two women. (2.16)

- 9.26 Rooms in the houses should be refurbished and less crowded, with adequate storage space for all women. (2.17)
- 9.27 The metal netting should be removed from the landings on Waite wing. (2.18)
- 9.28 All accommodation should be heated to a satisfactory temperature. (2.19)
- 9.29 Reception applications should be responded to within five days and this should be monitored by managers. (2.20)
- 9.30 The cost of the television in shared dormitories should be proportionate to the number of women using it. (2.21)
- 9.31 Free basic toiletries should be available to all women. (2.22)
- 9.32 All in-cell toilets should be properly screened. (2.23)

### **Mother and baby unit**

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- 9.33 An appropriate room should be provided for staff sleeping overnight in the mother and baby unit. (2.40)
- 9.34 A suitable outside play area should be provided for the mother and baby unit. (2.41)
- 9.35 The mother and baby unit equipment storage building should be repaired and made weather-proof. (2.42)

### **Staff-prisoner relationships**

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- 9.36 Officers should make active efforts to communicate and interact with women on the houses and Waite wing during association and at other times. (2.49)
- 9.37 Adult women should not be referred to as girls. (2.50)

### **Personal officers**

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- 9.38 Wing files should contain care plans for prisoners with identified special needs. (2.57)

### **Bullying and violence reduction**

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- 9.39 Personal officers should provide more timely information on prisoners subject to the anti-social behaviour strategy to the safeguarding meeting. (3.12)
- 9.40 Members of the safer prisons meeting should attend regularly or send a representative. (3.13)
- 9.41 Job descriptions should be developed for all members of the safer custody team, including the number of hours allocated to each of the roles. (3.14)
- 9.42 More effective interventions should be developed for those identified as perpetrators of anti-social behaviour. (3.15)

9.43 Support plans for victims should identify specific help and be monitored regularly. (3.16)

### **Self-harm and suicide**

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- 9.44 The prison should develop a consolidated action plan from investigations and from learning from deaths in custody. This should be reviewed periodically to ensure that any resultant changes to practice are maintained. (3.36)
- 9.45 A more therapeutic response to dealing with women at risk of suicide or self-harm on Keller unit should be developed. (3.37)
- 9.46 More ACCT assessors should be recruited from a range of disciplines. (3.38)
- 9.47 All staff in regular contact with prisoners should be trained in ACCT procedures. (3.39)
- 9.48 Women prisoners should have 24-hour access to Listeners with appropriate facilities. A suitable risk assessment should be completed when access has not been allowed. (3.40)
- 9.49 All cordless telephones with direct lines to the Samaritans should work and be regularly checked, with records kept of their use. (3.41)
- 9.50 Safer cells in line with current guidance should be provided, with a protocol for their use. (3.42)
- 9.51 Bunk beds that impede observation should be replaced. (3.43)
- 9.52 Night staff should be first aid trained. (3.44)

### **Diversity**

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- 9.53 There should be a published diversity policy that outlines arrangements for meeting the needs of all minority groups. (3.53)
- 9.54 The diversity and equality action plan should include specific identified actions to address the needs of older prisoners. This should be informed by issues identified at the mature women's forum. (3.54)
- 9.55 The diversity and equality action team should monitor and analyse key information to ensure that prisoners from minority groups are not being victimised or excluded from activities. (3.55)
- 9.56 Prisoners with disabilities and older prisoners should have a care plan that is regularly reviewed by a multidisciplinary team. (3.56)

### **Race equality**

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- 9.57 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues. (3.72)
- 9.58 The race equality policy should be widely publicised and readily accessible to prisoners, staff and visitors. (3.73)
- 9.59 All complaint and request forms that refer to incidents of racism should be passed to the race equality officer before a response is given. (3.74)

- 9.60 Groups of black and minority ethnic prisoners should be able to meet prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team and action taken fed back to black and minority ethnic prisoners. (3.75)

### **Foreign national prisoners**

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- 9.61 Accredited translation and interpreting services should be used for women who do not understand English for all matters when accuracy or confidentiality is important. (3.86)
- 9.62 The foreign national policy should be informed by a local needs analysis. (3.87)
- 9.63 There should be a published agenda for the foreign national forum and foreign national personal officers should attend. (3.88)
- 9.64 Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit. (3.89)
- 9.65 Links should be established with accredited, independent immigration advice services to help women obtain appropriate information. (3.90)

### **Applications and complaints**

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- 9.66 All responses to applications should be returned promptly and sent via the residential units to be logged in the applications book. (3.99)
- 9.67 Night patrol officers should not be responsible for emptying complaints boxes. (3.100)

### **Legal rights**

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- 9.68 Legal services should be properly advertised on all residential units. (3.106)

### **Substance use**

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- 9.69 Methadone should be issued to women who need it without undue delay. (3.121)
- 9.70 A dedicated clinical substance misuse team should provide coordinated care and support to drug and/or alcohol dependent women. (3.122)
- 9.71 The stabilisation unit should be staffed by a dedicated group of officers who have undergone substance misuse awareness training. (3.123)
- 9.72 The clinical substance misuse and the mental health in-reach teams' skills mix should include dual diagnosis expertise. (3.124)
- 9.73 Mandatory drug testing should be appropriately staffed to ensure that target tests are carried out within the required timescale. (3.125)

## **Health services**

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- 9.74 A professional cleaning programme should be introduced to ensure that all healthcare areas meet NHS standards of cleanliness and infection control management. (4.49)
- 9.75 The wing treatment room should be fitted with sufficient clinical storage facilities to ensure safe custody of all clinical equipment, and all clutter should be removed from floors. (4.50)
- 9.76 A nominated health worker should be given responsibility for the management of older prisoners. (4.51)
- 9.77 Chronic disease management should be improved and women should be seen regularly with support from community nurse specialists. (4.52)
- 9.78 Healthcare team meetings should include support professionals such as the dentist and the pharmacist. (4.53)
- 9.79 A mental health awareness training programme for wing officers should be formally introduced and delivered regularly. (4.54)
- 9.80 A dedicated health forum for prisoners should be introduced. (4.55)
- 9.81 The healthcare appointments system should be reviewed to ensure that appointments reach prisoners and identify the reasons prisoners do not attend appointments and appropriate measures put in place to ensure they do, including the provision of discipline officers rather than clinical staff for escorts to appointments. (4.56)
- 9.82 Discipline staff should closely supervise the administration of medicines. (4.57)
- 9.83 The primary care trust should assess the need for additional GP surgeries delivered by a female GP. (4.58)
- 9.84 Nurses carrying out medicine administration should not carry a radio, which should be used only for genuine healthcare emergencies. (4.59)
- 9.85 The sexual health team should have additional administrative and clinical support. (4.60)
- 9.86 Dental dams should be available to women. (4.61)
- 9.87 Additional dental sessions should be introduced to reduce waiting times. (4.62)
- 9.88 The dedicated decontamination area should be relocated to the dental surgery or the adjacent room, with a communicating door. (4.63)
- 9.89 An EMIS terminal should be provided in the dental surgery. (4.64)
- 9.90 The use of general pharmacy stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.65)
- 9.91 Medication should be stored appropriately and pharmacy staff should visit the treatment areas frequently to check stock. (4.66)

- 9.92 The responsible pharmacist should have professional control of stock and a dual labelling system should be introduced to ensure that stock supplied by the prescriber can be audited. (4.67)
- 9.93 Secondary dispensing should stop. (4.68)
- 9.94 Controlled drugs, including methadone, should be supplied and administered only in accordance with the legal written directions of an appropriate prescriber. (4.69)
- 9.95 Additional patient group directions should be considered to enable the pharmacist and nurses to supply more potent medication. (4.70)

### **Learning and skills and work activities**

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- 9.96 All opportunities should be taken to accredit formally skills acquired at work, including those of peer support workers. (5.19)
- 9.97 The prison should better recognise and record the progress and achievement of non-accredited learning. (5.20)
- 9.98 Attendance at activities and punctuality should be improved. (5.21)
- 9.99 Cover arrangements should be introduced to allow vocational courses to continue when specialist tutors are absent. (5.22)
- 9.100 Literacy and numeracy support should be provided in the vocational training workshops. (5.23)
- 9.101 The catering equipment in the hospitality and catering unit should be replaced. (5.24)
- 9.102 Internet access should be provided to allow women to progress in ICT. (5.25)
- 9.103 The book stock in the library should be increased to complement vocational training and activities in the prison. (5.26)
- 9.104 The opening hours of the library should be increased and it should be made more exciting to visit and better match community library provision. (5.27)

### **Physical education and health promotion**

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- 9.105 Activities should be provided to meet the needs of specific groups such as older women, the overweight and pre- and post-natal women to encourage a healthy lifestyle. (5.36)
- 9.106 Longer duration vocational courses should be promoted to more women and the courses run more frequently. (5.37)

### **Faith and religious activity**

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- 9.107 The reasons why proportionately fewer women from Waite wing attend chaplaincy services and activities should be explored further by managers and any barriers removed. (5.47)

## **Time out of cell**

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- 9.108 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (5.53)
- 9.109 Time out of cell for women on Waite wing should be accurately recorded and monitored by managers. (5.54)

## **Discipline**

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- 9.110 The quality of the records of adjudication should be improved and show that charges are always fully investigated. (6.26)
- 9.111 Referrals to the independent adjudicator should be consistent and made only for the more serious charges. (6.27)
- 9.112 Special accommodation should not be used to manage women at risk of suicide or self-harm unless in exceptional circumstances where the woman is unmanageably violent. (6.28)
- 9.113 All use of special accommodation should be reviewed with a view to reducing its use. (6.29)
- 9.114 Training for staff on Keller unit should be provided to allow them to develop skills to deal better with complex problems and difficult behaviours. (6.30)
- 9.115 Ventilation in the special cell should be improved and some seating and a bed should be provided. (6.31)
- 9.116 The quiet room on Keller unit should be equipped with comfortable furniture and carpeted. (6.32)

## **Incentives and earned privileges**

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- 9.117 There should be sufficient difference between standard and enhanced levels to encourage responsible behaviour. (6.39)
- 9.118 The incentives and earned privileges policy should clarify the behaviours that attract warnings. (6.40)
- 9.119 Prisoners should not lose association or receive other unsanctioned punishments as a result of incentives and earned privileges warnings. (6.41)
- 9.120 Regular management checks should be conducted to ensure that warnings issued are fair and consistent. (6.42)

## **Catering**

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- 9.121 Catering staff should regularly attend the residential units when meals are being served. (7.4)
- 9.122 A prisoners' survey on the quality and quantity of meals should be conducted. (7.5)

9.123 Breakfast packs should be issued on the morning they are to be eaten. (7.6)

### **Prison shop**

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9.124 New arrivals should be able to buy items from the prison shop within 24 hours. (7.14)

9.125 Regular prison shop surveys should be carried out and the results published to prisoners. (7.15)

### **Strategic management of resettlement**

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9.126 Regular management meetings chaired at a senior level and involving all relevant staff should drive the resettlement strategy forward. (8.11)

9.127 Drop-in centre services should be advertised in languages other than English. (8.12)

9.128 Resettlement partnership meetings should have a strategic focus and fit into the prison's wider resettlement strategy. Minutes should demonstrate that actions have been followed up. (8.13)

### **Offender management and planning**

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9.129 All sentence/custody plan targets should be specific to the woman's needs and should name individual members of staff assigned to help with achieving the target. Sentence plan targets should go beyond the woman's time at Styal where relevant. (8.38)

9.130 Sentence planning boards should be held on time. (8.39)

9.131 Offender managers should attend boards for women subject to offender management arrangements within the required timescales. (8.40)

9.132 Sentence management data should be monitored to provide performance information about the whole population in a single report. (8.41)

9.133 Women who have been recalled on licence, received an IPP sentence or are subject to active public protection arrangements should be given written information about the relevant process and have regular opportunities to discuss related issues with a member of the offender management unit. (8.42)

9.134 Accommodation checks should be made for prisoners released on end of custody licence. (8.43)

9.135 Parole dossiers should be submitted on time. (8.44)

9.136 Personal officers should be aware when women in their care are subject to active public protection monitoring. (8.45)

9.137 Women should be informed personally about negative recategorisation decisions and given written feedback explaining the decision. (8.46)

9.138 Potential lifers should be routinely identified and spoken to by a member of the lifer team and given some written information about the life sentence process before and after sentence. (8.47)

- 9.139 Life-sentenced prisoners should have the opportunity to undertake work highlighted in their sentence plans within reasonable time and well before their first parole review. (8.48)
- 9.140 Lifer sentence plans should be up to date. (8.49)
- 9.141 Offending behaviour needs of lifers and IPPs should be specifically explored as part of a needs analysis and a strategy developed to ensure that all indeterminate-sentenced prisoners have the opportunity to address needs. (8.50)

### **Resettlement pathways**

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- 9.142 Links with local employers should be improved. (8.64)
- 9.143 A pre-release course should be introduced, especially for longer-sentenced women. (8.65)
- 9.144 Women should be given advice on claiming benefits on release. (8.66)
- 9.145 Courses on budgeting and finance should be provided. (8.67)
- 9.146 Women should be helped to open a bank account before release. (8.68)
- 9.147 A member of staff should be appointed to assist with the implementation of the drug and alcohol strategy. (8.81)
- 9.148 A comprehensive population needs analysis should be conducted annually to inform future drug and alcohol service provision. (8.82)
- 9.149 CARAT services should be more accessible to women on Waite wing. (8.83)
- 9.150 The content of the short duration programme should be adapted to the specific needs of women. (8.84)
- 9.151 A peer support scheme should be developed to offer ongoing support to women who have completed the short duration programme. (8.85)
- 9.152 Voluntary drug testing units where women receive additional support to remain drug free should be reintroduced. (8.86)
- 9.153 The required level of voluntary drug testing should take place. (8.87)
- 9.154 The CARAT and short duration programme teams should monitor the numbers of young adult women using their services. (8.88)
- 9.155 Prisoners should be able to use telephones in private and the number of telephones should be increased. (8.110)
- 9.156 Calls should be charged at the cheapest possible national rates. (8.111)
- 9.157 Visitors should be able to book their next visit before the current visit ends. (8.112)
- 9.158 Visits should start at the advertised time. (8.113)

- 9.159 Facilities should be provided to ensure babies are searched safely and left safely while their carer is searched. (8.114)
- 9.160 Improved facilities for receiving and searching visitors should be provided. (8.115)
- 9.161 Closed visits should be authorised only when there is significant risk justified by security intelligence. (8.116)
- 9.162 Women prisoners should not have to wear a sash in the visits room. (8.117)
- 9.163 Mothers should be able to play with their children in the play area. (8.118)
- 9.164 Closed visits facilities should offer privacy and adequate audibility. (8.119)
- 9.165 Prisoners should not be prevented from appropriate physical contact with their visitors. (8.120)
- 9.166 The work of all agencies and family support workers helping women maintain contact with their families should be identified in one document linked to the resettlement policy and publicised to all managers, staff and prisoners. (8.121)
- 9.167 The reducing reoffending action plan should include targets for the delivery of objectives relevant to children and families and should be informed by a needs analysis. (8.122)
- 9.168 The low take-up of the weekend family visits should be evaluated with prisoners and their families to identify reasons and make any necessary changes. (8.123)
- 9.169 Carers should be able to participate in family visits. (8.124)
- 9.170 Women should have the opportunity for general relationship counselling with their immediate family where necessary. (8.125)
- 9.171 Women with identified need should be able to access programmes aimed at improving parenting skills and relationships. (8.126)
- 9.172 Evening visits and weekend family visits should be open to all women. (8.127)
- 9.173 Women should be able to exchange unused visiting orders for telephone credit. (8.128)
- 9.174 Women identified as carers should be given free telephone calls specifically to maintain contact with their children. (8.129)
- 9.175 There should be provision for women to have incoming telephone calls from children or to deal with arrangements for them. (8.130)
- 9.176 Issuing of medications should not disrupt programmes. (8.138)
- 9.177 Personal officers should routinely attend post-programme case reviews. (8.139)
- 9.178 A resettlement needs analysis should pay particular attention to the offending behaviour needs of all women and services to meet needs should be provided. Where this is not possible, there should be a strategy facilitating needs to be met elsewhere. (8.140)

- 9.179 The needs analysis should explore the needs of women who have experienced abuse, rape or domestic violence as well as women who have been involved in prostitution, and appropriate services provided. (8.147)

## Housekeeping points

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### **First days in custody**

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- 9.180 Officers should check that women understand the terms used in the reception interview and cell-sharing risk assessment. (1.43)
- 9.181 New arrivals should receive the items of clothes stated in the clothing support scheme leaflet and adequate levels of stock should be maintained. (1.44)
- 9.182 Interview rooms on the first night centre should be kept at a comfortable temperature. (1.45)
- 9.183 Rooms in the first night centre should have curtains and notice boards should be free from graffiti. (1.46)
- 9.184 Information in leaflets for new arrivals should be accurate. (1.47)

### **Residential units**

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- 9.185 Maternity and culturally appropriate clothing should be provided. (2.24)
- 9.186 All women should be able to use effective drying facilities. (2.25)
- 9.187 All women should have a key to their room. (2.26)
- 9.188 All women should be told that underwear can be included in their laundry. (2.27)

### **Health services**

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- 9.189 Hand towel dispensers should be fitted in all clinical areas. (4.71)
- 9.190 The carpet in the first night centre should be replaced by flooring that meets NHS standards. (4.72)
- 9.191 The medicine trolley in the Keller unit should be fixed to the wall or floor. (4.73)
- 9.192 Patient information leaflets should be supplied wherever possible and a notice prominently displayed advising patients of their availability on request. (4.74)
- 9.193 Where practicable, the use of patient-named medication should be encouraged. (4.75)
- 9.194 Loose tablets and tablet foils should not be present in stock. (4.76)
- 9.195 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and the pharmacy to ensure that thermolabile items are stored within the 2-

8°C range. Corrective action should be taken where necessary and this should be monitored by pharmacy staff. (4.77)

- 9.196 The dentist should confirm that an amalgam separator is incorporated in the dental unit. (4.78)
- 9.197 There should be a dedicated oxygen cylinder in the dental surgery. (4.79)
- 9.198 The dental autoclave should be fitted with an integral printer. (4.80)
- 9.199 The defects in the floor covering in the dental surgery should be repaired. (4.81)
- 9.200 Copies of written policies and documentation relating to the maintenance of dental equipment should be held in the surgery. (4.82)
- 9.201 Oral health education literature should be available in the dental surgery. (4.83)

### **Offender management and planning**

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- 9.202 Copies of lifer meeting minutes and action plans should be publicised to prisoners. (8.51)

### **Resettlement pathways**

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- 9.203 Women subject to closed visits should be able to have refreshments. (8.131)
- 9.204 The prison should provide refreshments for weekend family visits. (8.132)

## **Good practice**

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### **Health services**

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- 9.205 The introduction of a full-time sexual health service ensured that all women had access to excellent support and advice. (4.84)
- 9.206 All women were seen and assessed by the mental health in-reach team within 48 hours of arrival, which ensured that anyone with mental health needs was identified and provided with the necessary support quickly. (4.85)
- 9.207 The mental health in-reach drop-in sessions allowed women who would otherwise be reluctant to seek help formally to do so when it suited them rather than having to apply for support and wait to be seen. (4.86)
- 9.208 The mental health resource centre provided much support to women and often defused potentially serious situations. This was an excellent example of good joint working and was a model for others to follow. (4.87)

### **Resettlement pathways**

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- 9.209 Family members attending post-programme reviews provided women with additional support and encouraged them to maintain change. (8.141)



## Appendix 1: Inspection team

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Anne Owers	HM Chief Inspector of Prisons
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Susan Fenwick	Inspector
Andrea Walker	Inspector
Gordon Riach	Inspector
Brigid McEvilly	Healthcare inspector
William Riall	Pharmacy inspector
Jen Davies	Dental inspector
Sigrid Engelen	Drugs inspector
Laura Nettleingham	Researcher
Sherrelle Parke	Researcher
Jane Robinson	Ofsted lead inspector
John Grimmer	Ofsted inspector
Julia Horsman	Ofsted inspector

## Appendix 2: Prison population profile

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### Population breakdown by:

(i) Status	Nº of Women	Nº of YOs	%
Sentenced	295	32	77
Convicted but unsentenced	26	6	7
Remand	62	4	15
Civil prisoners	0	0	
Detainees (single power status)	0	0	
Detainees (dual power status)	4		
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

  

(ii) Sentence	Nº of Sentenced Women	Nº of Sentenced YOs	%
Less than 6 months	48	5	16
6months to less than 12 months	26	4	9
12 months to less than 2 years	44	6	15
2 years to less than 4 years	82	10	29
4 years to less than 6 years	43	3	14
6 years to less than 8 years	13	0	4
8 years to less than 10 years	2	0	1
10 years and over (less than life)	4	1	1
Life	33	3	11
<b>Total</b>	<b>295</b>	<b>32</b>	<b>100</b>

  

(iii) Length of stay	Nº of Women	Nº of YOs	%
Less than 1 month	119	10	30
1 month to 3 months	120	17	32
3 months to 6 months	50	7	13
6 months to 1 year	32	3	8
1 year to 2 years	41	5	11
2 years to 4 years	17	0	4
4 years or more	8	0	2
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

  

(iv) Main offence	Nº of Women	Nº of YOs	%
Violence against the person	113	16	30
Sexual offences	10	1	3
Burglary	34	3	9
Robbery	36	4	9
Theft & handling	74	5	18
Fraud and forgery	13	2	3
Drugs offences	57	2	14
Other offences	50	9	14
Civil offences	0	0	0
Offence not recorded/holding warrant	0	0	0
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

(v) Age	Nº of Women	Nº of YOs	%
18 years to 20 years	0	42	9
21 years to 29 years	127		31
30 years to 39 years	157		37
40 years to 49 years	87		20
50 years to 59 years	13		3
60 years to 69 years	3		1
70 plus years	0		
Maximum age	68		
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

(vi) Home address	Nº of Women	Nº of YOs	%
Within 50 miles of the prison	298	24	
Between 50 and 100 miles of the prison	38	13	
Over 100 miles from the prison	12	1	
Overseas	24	0	
NFA	15	4	
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

(vii) Nationality	Nº of Women	Nº of YOs	%
British	350	38	90
Foreign national	37	4	10
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

(viii) Ethnic group	Nº of Women	Nº of YOs	%
White			
British	330	37	86
Irish	2		
Other White	7	1	2
Mixed			
White and Black Caribbean	3	1	.1
White and Black African			
White and Asian			
Other mixed	4		.1
Asian or Asian British			
Indian			
Pakistani	5		
Bangladeshi			
Other Asian	1		
Black or Black British			
Caribbean			
African	6	2	2
Other Black	23	1	6
Chinese or other ethnic group			
Chinese	3		.1
Other ethnic group	3		.1
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

(ix) Religion	Nº of Women	Nº of YOs	%
Baptist			
Church of England	116	9	29
Roman Catholic	103	7	26
Other Christian denominations	13	1	3
Muslim	10	2	3
Sikh			
Hindu			
Buddhist	1		
Jewish			
Other	8		2
No religion	136	23	37
<b>Total</b>	<b>387</b>	<b>42</b>	<b>100</b>

## Appendix 3: Safety interviews

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Twenty prisoners were approached by the research team to undertake structured interviews regarding issues of safety at HMP Styal. Ten individuals were randomly selected from ten of the 16 house blocks, and 10 from Waite wing.

Interviews were undertaken in private, and participation was voluntary.

An interview schedule was used for the purpose of maintaining consistency, thus all interviewees were asked the same questions. All interviewees were asked to identify areas of concern with regards to safety within HMP Styal, as well as rating the safety issue on a scale of 1-4 (1 = minor safety issue, to 4 = very big safety issue). A 'seriousness score' was then calculated, multiplying the number of individuals who thought the issue was a problem by the average rating score.

### Demographic information

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- Length of time in prison on this sentence averaged 22 months, and ranged from two weeks to life.
- Length of time at HMP Styal averaged 12 months, and ranged from two weeks to four years.
- Fourteen prisoners were sentenced, two were on recall and four were remanded in custody.
- For eight interviewees this was their first time in prison.
- Sentence length averaged 31 months, and ranged from 4 months to life.
- Average age was 36 (ranging from 22 to 53).
- Two interviews were conducted with black and minority ethnic prisoners; one Asian Pakistani and one person of mixed background; and 18 with white prisoners.
- Only one interviewee did not have English as a first language.
- Nine interviewees stated their religion as Christian, one as Muslim and the other ten stated that they had no religion.
- Seven interviewees stated they had a disability, including brain damage, epilepsy, learning disabilities and confinement to a wheelchair.
- One interviewee stated they were a foreign national.
- Seven interviewees stated they were lesbian or bisexual; 13 stated they were heterosexual.

### Safety

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Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern, as well as rating the problem as being 'a minor safety issue' through to a 'very big safety issue'.

Safety Issue	Yes, this is a problem (number of respondents)	Average rate (1= minor concern, 4=very big concern)	Seriousness score
Layout of prison/The structure of the prison	13	3.6	47
Availability of drugs	11	4	44
Isolation (within the prison)	10	3.9	39

Aggressive body language of prisoners	8	3.9	31
Detoxification facilities	9	2.8	25
Confidentiality of prison staff	7	3.3	23
Existence of a black market	7	3	21
Gang culture	7	2.9	20
Confidence in staff	5	3.6	18
Number of staff on duty during the day	6	2.8	17
Healthcare facilities	5	3.4	17
Staff members giving favours in return for something	6	2.5	17
Response of staff with regards to fights/bullying/self harm in the prison	5	3	15
Overcrowding	5	3	15
Lack of information about prison regime	5	2.8	14
Staff interaction with prisoners	4	3	12
Number of staff on duty at night	5	2.4	12
Discrimination on the basis of disability by staff	3	4	12
Aggressive body language of staff	4	3	12
Discrimination on the basis of disability by prisoners	3	3.3	10
Discrimination on the basis of sexual orientation by prisoners	2	3	6
Number of staff on duty during association	2	3	6
Procedures for discipline (adjudications)	3	1.7	5
Surveillance cameras on wings	2	2	4
Discrimination on the basis of religion by staff	1	3	3
Discrimination on the basis of your age by staff	1	3	3
Discrimination on the basis of culture or ethnicity by prisoners	1	2	2
Discrimination on the basis of your status – remand/sentenced/recalled by prisoners	1	2	2
Discrimination on the basis of sexual orientation by staff	1	1	1
Discrimination on the basis of culture or ethnicity by staff	1	1	1
Discrimination on the basis of religion by prisoners	0	0	0
Discrimination on the basis of your age by prisoners	0	0	0
Discrimination on the basis of your status – remand/sentenced/recalled by staff	0	0	0
The way meals are served	0	0	0
Movement to work/education/gym	0	0	0

## Overall rating

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Interviewees were asked to give an overall rating for safety at HMP Styal, with 1 being "safety is very bad here" and 5 being "safety is very good here".

The average rating was 3.

## **Differences in responses from Waite wing**

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All seven interviewees who mentioned the aggressive body language of other prisoners as a safety issue came from the main wings, and not the house blocks. Waite wing interviewees were usually specific in that a lot of the aggression was related to women on medication, or bullying others for medication.

## **Staff-prisoner relationships**

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Various questions were asked about the relationship women interviewed had with wing staff and officers.

In summary:

- When asked if staff usually talk to the woman in an appropriate manner, 19 out of 20 said that staff did, and nearly always did speak to them appropriately:
- When asked if staff normally interact with the women here, 11 out of 20 interviewees answered positively:
- When interviewees were asked if they had a member of staff they could go to with a problem, 16 of the 20 said they did:
- We asked interviewees if they had a personal officer, and 15 of the 20 did have a personal officer:
- When asked how helpful staff were on a day-to-day basis, the average rating given by our 20 interviewees was 2 (on a scale of 1 very helpful to 4 not at all helpful).

## **Overall rating**

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Interviewees were asked to give an overall rating for staff-prisoner relationships at HMP Styal, with 1 being "excellent" and 5 being "poor". The average rating was 2. Interestingly, two women gave a rating of 4 and they were both on Waite wing.

# Appendix 4: Wing file analysis

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## **Background**

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On 2 September 2008 the population at HMP Styal was approximately 430. A sample of wing history sheets were analysed; 12 files were looked at on Waite wing (X and Y), and two on each of the 16 house units. The first night centre (Oak House) and the mother and baby unit (Acorn House) were excluded from the analysis, resulting in a total sample of 38 across the site. This represented 9% of the population.

All history sheets were assessed in terms of the frequency and quality of comments and personal officer engagement. Additional forms and information contained in the file were also noted alongside evidence of any vulnerability, mental health and substance misuse issues communicated in entries.

## **Identification of the prisoner**

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All history sheets stated the prisoner's name and number. Ethnicity and demographic information could be identified from accompanying documents but the number and type of documents in individual files varied. Photos were found in all but two of the history sheets. In cases where ethnicity was noted it was mainly done so from the photos provided. Seventeen of the 38 were black or minority ethnic prisoners.

## **Frequency of entries**

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For prisoners who had been in the establishment for a long period of time, only the last six months (from March 2008) of entries were assessed. All entries for prisoners arriving after this date were reviewed.

The average number of management checks has not been calculated as only four files reviewed contained a management check.

The frequency of entries was calculated in terms of the average number of days since the last entry and the average number of entries from each of the cases on Waite wing and the combined house units.

	Average number of days since last entry in file	Average number of entries
Waite wing	5 days	14
House units	12 days	22
Overall	10 days	19

## **Quality of comments**

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Comments were assessed in terms of the level of interaction with prisoners (entries could be positive or negative in nature but would be categorised as interactional if clear engagement was evidenced). All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate a record was kept.

	Interactional	Observational	Inappropriate
Waite Wing	38	129	0
House units	143	410	3
Overall	181	539	3

Of the total 723 comments assessed, 25% (n=181) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 75% (n=539) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning'). Three comments were deemed inappropriate.

### **Personal officers**

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History sheets were assessed in terms of whether it was clear who the personal officer was, and the quantity and quality of comments made by the personal officer. The personal officer was identifiable in 24 cases and in 11 cases the personal officer comments were assessed as detailed or descriptive. Most files contained an entry where the personal officer had introduced themselves. However subsequent entries were often infrequent and this was further affected by periods of annual leave which were usually recorded in the history sheets. Entries assessed as demonstrating engagement/interaction were detailed but in several cases could be repetitive. Of the total entries made, many were negative in content, for both functional and interactional entries. There was also frequent changing of personal officers. Only three files contained a separate personal officer weekly report, completed with goals and actions.

Eight files contained entries which made reference to sentence planning/ objectives, only three which were made by the prisoner's personal officer. One entry was made by an offender supervisor. The majority of entries were made by wing staff and commented on progress of finding and maintaining employment and completion of courses. Nine files made reference to family contact, detailing phone calls to other establishments/ or assistance in maintaining contact through post and help with ROTL applications, again made by wing staff.

### **Comments on bullying**

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Of the 38 files analysed, 10 files made reference to bullying. References to perpetrator or victim were easily identifiable and the 10 cases were split equally between the two. In only three cases was any action taken or subsequent entries made. Action usually took the form of a decision to move one of the prisoners involved to a different location and one file indicated a tackling anti-social behaviour (TAB) document had been opened. Incidents described were usually to do with the procuring of another women's medication or food or as a result of a verbal altercation.

### **Notes on detoxification/withdrawal**

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Substance misuse/detoxification issues were clearly highlighted in 19 cases, where entries had been made. Entries would usually refer to MDT test results but more detailed information could be gleaned from the accompanying documentation found in files with first night centre (FNC) interviews and cell sharing risk assessments highlighting substance use/vulnerability. One file included entries detailing mental health issues with further background information provided in wing history sheets from the prisoner's previous establishment. Nine files made reference to self harm/vulnerability. Two were in relation to disability and one identified the needs of a foreign national prisoner who could speak very little English. The remaining cases identified previous and/or current self harm risks, three of which mentioned an open assessment, care in

custody and teamwork (ACCT) document. However this was not necessarily communicated in entries but in the accompanying documentation.

In one case, documents had been provided on the prisoner's arrival from escort staff, including a police medical form highlighting a high risk of self harm. This was not relayed in the CSRA or other induction documents and was mentioned only when information had been provided from the Offender Management Group on previous self harming and psychiatric treatment taken from the offender assessment system (OASys).

### **Cell sharing risk assessments**

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All but one of the 38 wing files contained a CSRA. The file with no assessment had included a note in the file explaining the CSRA had been removed for audit purposes. The majority of assessments had been done on the day of arrival into Styal. The majority of the files also contained one or more cell sharing risk assessment reviews and a FNC risk assessment for relocation to houses.

### **Additional documentation**

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Additional documents found in wing files were variable. Most files contained an offender management record; induction documents, MDT results; visits orders/record; and signed compacts. A fair proportion of the files contained a completed initial housing needs assessment; an Immediate Needs Custody Care and Community record and incentives and earned privileges (IEP) panel review/ warning/ credit slips. Several files contained a Safety Net support plan but the majority were blank. Very few contained sentence plan targets/objectives.

### **Overall state of the file**

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All files were rated with a score from one (poor) to four (very good). The ratings were based on the level of evidence of interaction with prisoners; evidence of personal officer interaction; and the type and frequency of comments. The most frequent rating was fair. In total, 26% (n=10) were rated poor; 42% (n=16) were rated as fair, 29% (n=11) were rated as good and one (3%) was rated as very good.

# Appendix 5: Summary of prisoner questionnaires and interviews

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## **Prisoner survey methodology**

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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**

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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 28 July 2008, the prisoner population at HMP Styal was 439. The sample size was 121. Overall, this represented 28% of the prisoner population.

### **Selecting the sample**

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

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

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

## **Methodology**

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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**

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In total, 107 respondents completed and returned their questionnaires. This represented 24% of the prison population. The response rate was 88%. In addition to the three respondents who refused to complete a questionnaire, 10 questionnaires were not returned and one was returned blank.

## **Comparisons**

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in women's prisons. This comparator is based on all responses from prisoner surveys carried out in 13 women's prisons since 2004.
- The current survey responses in 2008 against the responses of prisoners surveyed at HMP Styal in 2005.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between the responses of prisoners in the house blocks and those on Waite wing.

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**

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all

missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

## Section 1: About You

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

### Q1.2 How old are you?

<i>Under 21</i> .....	12%
<i>21 - 29</i> .....	35%
<i>30 - 39</i> .....	31%
<i>40 - 49</i> .....	18%
<i>50 - 59</i> .....	3%
<i>60 - 69</i> .....	0%
<i>70 and over</i> .....	0%

### Q1.3 Are you sentenced?

<i>Yes</i> .....	72%
<i>Yes - on recall</i> .....	7%
<i>No - awaiting trial</i> .....	11%
<i>No - awaiting sentence</i> .....	11%
<i>No - awaiting deportation</i> .....	0%

### Q1.4 How long is your sentence?

<i>Not sentenced</i> .....	21%
<i>Less than 6 months</i> .....	15%
<i>6 months to less than 1 year</i> .....	6%
<i>1 year to less than 2 years</i> .....	14%
<i>2 years to less than 4 years</i> .....	17%
<i>4 years to less than 10 years</i> .....	14%
<i>10 years or more</i> .....	4%
<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	5%
<i>Life</i> .....	5%

### 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> .....	24%
<i>6 months or less</i> .....	40%
<i>More than 6 months</i> .....	37%

### Q1.6 How long have you been in this prison?

<i>Less than 1 month</i> .....	26%
<i>1 to less than 3 months</i> .....	17%
<i>3 to less than 6 months</i> .....	18%
<i>6 to less than 12 months</i> .....	9%
<i>12 months to less than 2 years</i> .....	13%
<i>2 to less than 4 years</i> .....	11%
<i>4 years or more</i> .....	5%

<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>			
	Yes .....	6%		
	No .....	94%		
<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes .....	95%		
	No .....	5%		
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	White - British.....	78%	Asian or Asian British - Bangladeshi .....	0%
	White - Irish.....	5%	Asian or Asian British - Other.....	1%
	White - Other.....	4%	Mixed Race - White and Black Caribbean.....	1%
	Black or Black British - Caribbean ..	3%	Mixed Race - White and Black African.....	3%
	Black or Black British - African.....	0%	Mixed Race - White and Asian.....	0%
	Black or Black British - Other.....	0%	Mixed Race - Other.....	3%
	Asian or Asian British - Indian.....	1%	Chinese .....	1%
	Asian or Asian British - Pakistani....	0%	Other ethnic group.....	0%
<b>Q1.10</b>	<b>What is your religion?</b>			
	None .....	21%	Hindu .....	0%
	Church of England.....	37%	Jewish .....	0%
	Catholic.....	29%	Muslim .....	4%
	Protestant.....	3%	Sikh .....	0%
	Other Christian denomination .....	3%	Other .....	1%
	Buddhist.....	2%		
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>			
	Heterosexual/ Straight.....			71%
	Homosexual/Gay.....			10%
	Bisexual .....			19%
	Other.....			0%
<b>Q1.12</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes .....			15%
	No .....			85%
<b>Q1.13</b>	<b>How many times have you been in prison before?</b>			
	0		1	
	39%		16%	
				2 to 5
				22%
<b>Q1.14</b>	<b>Including this prison, how many prisons have you been in during this sentence/remand time?</b>			
	1		2 to 5	
	73%		25%	
				More than 5
				2%
<b>Q1.15</b>	<b>Do you have any children under the age of 18?</b>			
	Yes .....			56%
	No .....			44%

## Section 2: Courts, transfers and escorts

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

	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
The cleanliness of the van	8%	35%	14%	26%	11%	5%	2%
Your personal safety during the journey	10%	46%	17%	16%	9%	3%	1%
The comfort of the van	1%	10%	11%	44%	32%	2%	1%
The attention paid to your health needs	3%	32%	29%	14%	13%	2%	7%
The frequency of toilet breaks	1%	15%	18%	29%	27%	0%	11%

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

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
hours	hours	hours		

  

23%	35%	32%	7%	3%
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**Q2.3 How did you feel you were treated by the escort staff?**

Very well	Well	Neither	Badly	Very badly	Don't remember
15%	54%	22%	3%	4%	2%

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

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	85%	14%	1%
Before you arrived here did you receive any written information about what would happen to you?	18%	79%	3%
When you first arrived here did your property arrive at the same time as you?	78%	20%	2%

## Section 3: Reception, first night and induction

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

<i> Didn't ask about any of these</i> .....	12%	Money worries.....	19%
<i> Loss of property</i> .....	12%	<i> Feeling depressed or suicidal</i> .....	67%
<i> Housing problems</i> .....	34%	<i> Health problems</i> .....	62%
<i> Contacting employers</i> .....	9%	<i> Needing protection from other prisoners</i> .....	18%
<i> Contacting family</i> .....	59%	<i> Accessing phone numbers</i> .....	53%
<i> Ensuring dependants were being looked after</i> .....	27%	<i> Other</i> .....	3%

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

<i>Didn't have any problems</i>	18%	<i>Money worries</i>	19%
<i>Loss of property</i>	23%	<i>Feeling depressed or suicidal</i>	37%
<i>Housing problems</i>	34%	<i>Health problems</i>	42%
<i>Contacting employers</i>	3%	<i>Needing protection from other prisoners</i>	7%
<i>Contacting family</i>	46%	<i>Accessing phone numbers</i>	33%
<i>Ensuring dependants were looked after</i>	15%	<i>Other</i>	2%

**Q3.3 Please answer the following questions about reception:**

		Yes	No	Don't remember
Were you seen by a member of health services?		70%	25%	6%
When you were searched, was this carried out in a respectful way?		89%	10%	1%

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

<i>Very well</i>	19%	<i>Well</i>	50%	<i>Neither</i>	23%	<i>Badly</i>	5%	<i>Very badly</i>	2%	<i>Don't remember</i>	2%
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**Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)**

<i>Information about what was going to happen to you</i>	57%
<i>Information about what support was available for people feeling depressed or suicidal</i>	57%
<i>Information about how to make routine requests</i>	37%
<i>Information about your entitlement to visits</i>	46%
<i>Information about health services</i>	45%
<i>Information about the chaplaincy</i>	50%
<b><i>Not offered anything</i></b>	23%

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

<i>A smokers/non-smokers pack</i>	89%
<i>The opportunity to have a shower</i>	61%
<i>The opportunity to make a free telephone call</i>	73%
<i>Something to eat</i>	88%
<b><i>Did not receive anything</i></b>	3%

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

<i>Chaplain or religious leader</i>	57%
<i>Someone from health services</i>	81%
<i>A listener/Samaritans</i>	24%
<b><i>Did not meet any of these people</i></b>	16%

<b>Q3.8</b>	<b>Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?</b>	
	Yes .....	4%
	No .....	96%
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes .....	70%
	No .....	25%
	<i>Don't remember</i> .....	5%
<b>Q3.10</b>	<b>How soon after your arrival did you go on an induction course?</b>	
	<i>Have not been on an induction course</i> .....	17%
	<i>Within the first week</i> .....	50%
	<i>More than a week</i> .....	24%
	<i>Don't remember</i> .....	9%
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	17%
	Yes .....	47%
	No .....	26%
	<i>Don't remember</i> .....	11%

## **Section 4: Legal rights and respectful custody**

<b>Q4.1 How easy is to?</b>		<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%	29%	15%	29%	7%	10%	
Attend legal visits?	15%	51%	13%	7%	4%	9%	
Obtain bail information?	4%	19%	14%	23%	11%	28%	
<b>Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>							
<i>Not had any letters</i>							7%
<i>Yes</i>							53%
<i>No</i>							40%
<b>Q4.3 Please answer the following questions about the wing/unit you are currently living on:</b>		<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?	53%	31%	3%	13%			
Are you normally able to have a shower every day?	80%	16%	2%	2%			
Do you normally receive clean sheets every week?	54%	30%	8%	8%			
Do you normally get cell cleaning materials every week?	72%	20%	7%	1%			
Is your cell call bell normally answered within five minutes?	22%	59%	10%	10%			

Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? 51% 41% 5% 3%

Can you normally get your stored property, if you need to? 15% 59% 19% 7%

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
0%	28%	28%	25%	18%

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

<i>Have not bought anything yet</i> .....	10%
Yes .....	48%
No .....	43%

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

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	26%	60%	7%	3%	1%	4%
An application form	50%	39%	4%	2%	2%	3%

**Q4.7 Have you made an application?**

Yes .....	80%
No .....	20%

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

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	21%	43%	35%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	21%	38%	41%

**Q4.9 Have you made a complaint?**

Yes .....	52%
No .....	48%

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	49%	22%	29%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	48%	29%	23%
Were you given information about how to make an appeal?	51%	22%	27%

**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> .....	50%
Yes .....	17%
No .....	34%

<b>Q4.12</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
		38%	6%	20%	15%	13%	9%
<b>Q4.13</b>	<b>Please answer the following questions about your religious beliefs?</b>			Yes	No	<i>Don't know/ N/A</i>	
	Do you feel your religious beliefs are respected?			61%	11%	28%	
	Are you able to speak to a religious leader of your faith in private if you want to?			64%	6%	30%	
<b>Q4.14</b>	<b>Can you speak to a listener at any time, if you want to?</b>	Yes	No		<i>Don't know</i>		
		60%	8%		32%		
<b>Q4.15</b>	<b>Please answer the following questions about staff in this prison?</b>			Yes	No		
	Is there a member of staff you can turn to for help if you have a problem?			82%	18%		
	Do <b>most</b> staff treat you with respect?			71%	29%		

## Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>	Yes .....	44%	No .....	56%
		Yes .....	44%	No .....	56%
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>	Yes .....	14%	No .....	86%
		Yes .....	14%	No .....	86%
<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)</b>				
	<b>Never felt unsafe</b>	58%	<b>At meal times</b>	6%	
	<b>Everywhere</b>	3%	<b>At health services</b>	5%	
	<b>Segregation unit</b>	4%	<b>Visit's area</b>	3%	
	<b>Association areas</b>	19%	<b>In wing showers</b>	11%	
	<b>Reception area</b>	3%	<b>In gym showers</b>	4%	
	<b>At the gym</b>	2%	<b>In corridors/stairwells</b>	6%	
	<b>In an exercise yard</b>	16%	<b>On your landing/wing</b>	13%	
	<b>At work</b>	4%	<b>In your cell</b>	10%	
	<b>During Movement</b>	6%	<b>At religious services</b>	0%	
	<b>At education</b>	4%			
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>	Yes .....	30%	No .....	70%
		Yes .....	30%	No .....	70%

<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)</b>	
	<i>Insulting remarks (about you or your family or friends).....</i>	14% <i>Because you were new here.....</i> 8%
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	7% <i>Because of your sexuality .....</i> 2%
	<i>Sexual abuse.....</i>	3% <i>Because you have a disability.....</i> 2%
	<i>Because of your race or ethnic origin.....</i>	1% <i>Because of your religion/religious beliefs.....</i> 1%
	<i>Because of drugs .....</i>	2% <i>Being from a different part of the country than others.....</i> 3%
	<i>Having your canteen/property taken .....</i>	6% <i>Because of your offence/ crime.....</i> 6%

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

Yes ..... 24%  
No ..... 75%

<b>Q5.7</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)</b>	
	<i>Insulting remarks (about you or your family or friends).....</i>	12% <i>Because of your sexuality .....</i>
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	2% <i>Because you have a disability.....</i>
	<i>Sexual abuse.....</i>	0% <i>Because of your religion/religious beliefs.....</i>
	<i>Because of your race or ethnic origin.....</i>	0% <i>Being from a different part of the country than others.....</i>
	<i>Because of drugs .....</i>	8% <i>Because of your offence/ crime.....</i>
	<i>Because you were new here .....</i>	3%

<b>Q5.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<i>Not been victimised</i> .....	62%
	Yes .....	14%
	No .....	24%

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

Yes .....  
No .....

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

Yes ..... 24%  
No ..... 76%

<b>Q5.11 Is it easy or difficult to get illegal drugs in this prison?</b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	15%	13%	10%	8%	8%	47%

## Section 6: Health services

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

	<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
The doctor	6%	5%	13%	5%	43%	28%
The nurse	4%	10%	35%	16%	25%	11%
The dentist	13%	7%	9%	6%	28%	37%
The optician	19%	7%	15%	10%	25%	25%

**Q6.2 Are you able to see a pharmacist?**

Yes .....	47%
No .....	53%

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

	<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
The doctor	9%	12%	30%	13%	21%	14%
The nurse	1%	23%	40%	15%	14%	8%
The dentist	29%	10%	13%	14%	19%	14%
The optician	37%	9%	17%	15%	11%	12%

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

<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
1%	10%	34%	20%	20%	15%

**Q6.5 Are you currently taking medication?**

Yes .....	73%
No .....	27%

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

<b>Not taking medication</b> .....	27%
Yes .....	12%
No .....	62%

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

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

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

<b>Do not have any issues / Not receiving any help</b> .....	47%
<b>Doctor</b> .....	27%
<b>Nurse</b> .....	21%
<b>Psychiatrist</b> .....	13%
<b>Mental Health In Reach team</b> .....	28%
<b>Counsellor</b> .....	24%
<b>Other</b> .....	7%

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>	Yes	No
	Drugs	55%	45%
	Alcohol	38%	62%
<b>Q6.10</b>	<b>Have you developed a problem with either of the following since you have been in this prison?</b>	Yes	No
	Drugs	23%	77%
	Alcohol	6%	94%
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>		
	Yes .....	59%	
	No .....	7%	
	<i>Did not / do not have a drug or alcohol problem</i> .....	34%	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?</b>		
	Yes .....	63%	
	No .....	3%	
	<i>Did not / do not have a drug or alcohol problem</i> .....	34%	
<b>Q6.13</b>	<b>Was the intervention or help you received, whilst in this prison, helpful?</b>		
	Yes .....	54%	
	No .....	12%	
	<i>Did not have a problem/Have not received help</i> .....	34%	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>	Yes	No
			Don't know
	Drugs	14%	60%
	Alcohol	7%	68%
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>		
	Yes .....	38%	
	No .....	9%	
	<i>N/A</i> .....	53%	

## Section 7: Purposeful Activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply)</b>	
	Prison job .....	55%
	Vocational or skills training .....	12%
	Education (including basic skills) .....	28%

Offending behaviour programmes .....	26%
<i>Not involved in any of these</i> .....	25%

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

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	38%	40%	12%	11%
Vocational or skills training	76%	20%	2%	2%
Education (including basic skills)	57%	34%	3%	6%
Offending behaviour programmes	63%	31%	3%	3%

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

<i>Don't want to go</i> .....	10%
<i>Never</i> .....	23%
<i>Less than once a week</i> .....	22%
<i>About once a week</i> .....	20%
<i>More than once a week</i> .....	18%
<i>Don't know</i> .....	8%

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	<i>Don't know</i>
25%	38%	7%	9%	9%	6%	7%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
5%	2%	24%	24%	35%	10%

**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> .....	13%
<i>2 to less than 4 hours</i> .....	12%
<i>4 to less than 6 hours</i> .....	12%
<i>6 to less than 8 hours</i> .....	17%
<i>8 to less than 10 hours</i> .....	9%
<i>10 hours or more</i> .....	26%
<i>Don't know</i> .....	12%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
1%	2%	5%	31%	50%	12%

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

<i>Do not go on association</i> .....	8%
<i>Never</i> .....	34%
<i>Rarely</i> .....	21%
<i>Some of the time</i> .....	27%
<i>Most of the time</i> .....	8%
<i>All of the time</i> .....	2%

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>				
	<i>Still have not met him/her</i>	26%			
	<i>In the first week</i>	30%			
	<i>More than a week</i>	29%			
	<i>Don't remember</i>	15%			
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>				
<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
27%	22%	25%	9%	13%	4%
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>				
	<i>Not sentenced</i>	21%			
	<i>Yes</i>	51%			
	<i>No</i>	27%			
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>				
	<i>Do not have a sentence plan/OASys</i>	50%			
	<i>Very involved</i>	18%			
	<i>Involved</i>	15%			
	<i>Neither</i>	7%			
	<i>Not very involved</i>	7%			
	<i>Not at all involved</i>	4%			
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>				
	<i>Do not have a sentence plan/OASys</i>	50%			
	<i>Yes</i>	41%			
	<i>No</i>	9%			
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>				
	<i>Do not have a sentence plan/OASys</i>	51%			
	<i>Yes</i>	24%			
	<i>No</i>	24%			
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>				
	<i>Not sentenced</i>	22%			
	<i>Yes</i>	38%			
	<i>No</i>	40%			
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>				
	<i>Yes</i>	24%			
	<i>No</i>	76%			
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>				
	<i>Yes</i>	45%			
	<i>No</i>	48%			
	<i>Don't know</i>	6%			

<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>			
	Yes .....	14%		
	No .....	80%		
	<i>Don't know</i> .....	6%		
<b>Q8.11</b>	<b>Did you have a visit in the first week that you were here?</b>			
	<i>Not been here a week yet</i> .....	7%		
	Yes .....	46%		
	No .....	46%		
	<i>Don't remember</i> .....	1%		
<b>Q8.12</b>	<b>Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)</b>			
	<i>Don't know what my entitlement is</i> .....	18%		
	Yes .....	68%		
	<i>No</i> .....	14%		
<b>Q8.13</b>	<b>How many visits did you receive in the last week?</b>			
<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
7%	42%	48%	0%	2%
<b>Q8.14</b>	<b>Have you been helped to maintain contact with your family/friends whilst in this prison?</b>			
	Yes .....	57%		
	<i>No</i> .....	43%		
<b>Q8.15</b>	<b>Do you know who to contact to get help with the following within this prison: (please tick all that apply)</b>			
	<i>Don't know who to contact</i> .....	26%	<i>Help with your finances in preparation for release</i> .....	29%
	<i>Maintaining good relationships</i> .....	30%	<i>Claiming benefits on release</i> .....	53%
	<i>Avoiding bad relationships</i> .....	25%	<i>Arranging a place at college/continuing education on release</i> .....	33%
	<i>Finding a job on release</i> .....	39%	<i>Continuity of health services on release</i> .....	34%
	<i>Finding accommodation on release</i> .....	57%	<i>Opening a bank account</i> .....	18%
<b>Q8.16</b>	<b>Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)</b>			
	<i>No problems</i> .....	19%	<i>Help with your finances in preparation for release</i> .....	31%
	<i>Maintaining good relationships</i> .....	18%	<i>Claiming benefits on release</i> .....	34%
	<i>Avoiding bad relationships</i> .....	25%	<i>Arranging a place at college/continuing education on release</i> .....	24%
	<i>Finding a job on release</i> .....	61%	<i>Continuity of health services on release</i> .....	27%

<i>Finding accommodation on release.....</i>	45%	<i>Opening a bank account.....</i>	38%
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**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>	22%
<i>Yes .....</i>	48%
<i>No .....</i>	30%



Prisoner Survey Responses HMP Styal 2008

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

## Key to tables

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<b>Any percent highlighted in green is significantly better</b>					
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<b>Any percent highlighted in orange shows a significant difference in prisoners' background details</b>					
<b>Percentages which are not highlighted show there is no significant difference</b>					
<b>Number of completed questionnaires returned</b>		<b>107</b>	<b>1118</b>	<b>107</b>	<b>85</b>
<b>SECTION 1: General Information</b>					
<b>2</b> Are you under 21 years of age?		<b>12%</b>	<b>9%</b>	<b>12%</b>	<b>17%</b>
<b>3a</b> Are you sentenced?		<b>79%</b>	<b>80%</b>	<b>79%</b>	<b>74%</b>
<b>3b</b> Are you on recall?		<b>7%</b>	<b>4%</b>	<b>7%</b>	<b>0%</b>
<b>4a</b> Is your sentence less than 12 months?		<b>20%</b>	<b>21%</b>	<b>20%</b>	<b>31%</b>
<b>4b</b> Are you here under an indeterminate sentence for public protection (IPP prisoner)?		<b>5%</b>	<b>2%</b>	<b>5%</b>	<b>0%</b>
<b>5</b> Do you have six months or less to serve?		<b>40%</b>	<b>41%</b>	<b>40%</b>	<b>43%</b>
<b>6</b> Have you been in this prison less than a month?		<b>26%</b>		<b>26%</b>	
<b>7</b> Are you a foreign national?		<b>6%</b>	<b>19%</b>	<b>6%</b>	<b>8%</b>
<b>8</b> Is English your first language?			<b>88%</b>	<b>95%</b>	<b>93%</b>
<b>9</b> Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)		<b>13%</b>	<b>30%</b>	<b>13%</b>	<b>20%</b>
<b>10</b> Are you Muslim?		<b>4%</b>	<b>9%</b>	<b>4%</b>	
<b>11</b> Are you homosexual/gay or bisexual?		<b>29%</b>	<b>20%</b>	<b>29%</b>	
<b>12</b> Do you consider yourself to have a disability?		<b>16%</b>	<b>14%</b>	<b>16%</b>	
<b>13</b> Is this your first time in prison?		<b>39%</b>	<b>55%</b>	<b>39%</b>	<b>43%</b>
<b>14</b> Have you been in more than 5 prisons this time?		<b>2%</b>		<b>2%</b>	
<b>15</b> Do you have any children under the age of 18?		<b>56%</b>	<b>57%</b>	<b>56%</b>	<b>62%</b>
<b>SECTION 2: Transfers and Escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
<b>1a</b> Was the cleanliness of the van good/very good?		<b>42%</b>	<b>48%</b>	<b>42%</b>	<b>29%</b>
<b>1b</b> Was your personal safety during the journey good/very good?		<b>55%</b>	<b>60%</b>	<b>55%</b>	<b>47%</b>
<b>1c</b> Was the comfort of the van good/very good?		<b>11%</b>	<b>16%</b>	<b>11%</b>	<b>7%</b>
<b>1d</b> Was the attention paid to your health needs good/very good?		<b>35%</b>	<b>35%</b>	<b>35%</b>	<b>26%</b>
<b>1e</b> Was the frequency of toilet breaks good/very good?		<b>16%</b>	<b>12%</b>	<b>16%</b>	<b>7%</b>
<b>2</b> Did you spend more than four hours in the van?		<b>7%</b>	<b>9%</b>	<b>7%</b>	<b>12%</b>
<b>3</b> Were you treated well/very well by the escort staff?		<b>70%</b>	<b>73%</b>	<b>70%</b>	<b>61%</b>
<b>4a</b> Did you know where you were going when you left court or when transferred from another prison?		<b>85%</b>	<b>82%</b>	<b>85%</b>	<b>86%</b>
<b>4b</b> Before you arrived here did you receive any written information about what would happen to you?		<b>18%</b>	<b>16%</b>	<b>18%</b>	<b>11%</b>
<b>4c</b> When you first arrived here did your property arrive at the same time as you?		<b>78%</b>	<b>85%</b>	<b>78%</b>	<b>76%</b>

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	12%		12%	
<b>1c</b>	Housing problems?	34%		34%	
<b>1d</b>	Problems contacting employers?	9%		9%	
<b>1e</b>	Problems contacting family?	59%		59%	
<b>1f</b>	Problems ensuring dependants were looked after?	27%		27%	
<b>1g</b>	Money problems?	19%		19%	
<b>1h</b>	Problems of feeling depressed/suicidal?	67%		67%	
<b>1i</b>	Health problems?	62%		62%	
<b>1j</b>	Problems in needing protection from other prisoners?	18%		18%	
<b>1k</b>	Problems accessing phone numbers?	53%		53%	
<b>2</b>	When you first arrived:				
<b>2a</b>	Did you have any problems?	82%	73%	82%	82%
<b>2b</b>	Did you have any problems with loss of property?	23%	8%	23%	5%
<b>2c</b>	Did you have any housing problems?	34%	21%	34%	31%
<b>2d</b>	Did you have any problems contacting employers?	3%	3%	3%	1%
<b>2e</b>	Did you have any problems contacting family?	46%	23%	46%	24%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	15%	6%	15%	9%
<b>2g</b>	Did you have any money worries?	19%	24%	19%	27%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	37%	29%	37%	32%
<b>2i</b>	Did you have any health problems?	42%	27%	42%	37%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	7%	4%	7%	5%
<b>2k</b>	Did you have problems accessing phone numbers?	33%		33%	
<b>3a</b>	Were you seen by a member of health services in reception?	70%	89%	70%	96%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	89%	76%	89%	81%
<b>4</b>	Were you treated well/very well in reception?	69%	74%	67%	74%
<b>5</b>	On your day of arrival, were offered any of the following information:				
<b>5a</b>	Information about what was going to happen to you?	57%	44%	57%	57%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	57%	44%	57%	55%
<b>5c</b>	Information about how to make routine requests?	37%	36%	37%	47%
<b>5d</b>	Information about your entitlement to visits?	46%	38%	46%	57%
<b>5e</b>	Information about health services?	45%		45%	
<b>5f</b>	Information about the chaplaincy?	50%		50%	

**Key to tables**

		HMP STYAL	Women's Closed Prison Comparator	HMP STYAL 2008	HMP STYAL 2005
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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	<b>89%</b>	79%	89%	81%
<b>6b</b>	The opportunity to have a shower?	<b>61%</b>	45%	61%	65%
<b>6c</b>	The opportunity to make a free telephone call?	<b>73%</b>	63%	73%	58%
<b>6d</b>	Something to eat?	<b>89%</b>	77%	89%	86%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	<b>58%</b>	47%	58%	60%
<b>7b</b>	Someone from health services?	<b>81%</b>	75%	81%	83%
<b>7c</b>	A listener/Samaritans?	<b>24%</b>	32%	24%	35%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	<b>4%</b>	24%	4%	16%
<b>9</b>	Did you feel safe on your first night here?	<b>71%</b>	76%	71%	85%
<b>10</b>	Have you been on an induction course?	<b>83%</b>	91%	83%	76%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	<b>56%</b>	64%	56%	62%
<b>SECTION 4: Legal Rights and Respectful Custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	<b>39%</b>	46%	39%	
<b>1b</b>	Attend legal visits?	<b>66%</b>	54%	66%	
<b>1c</b>	Obtain bail information?	<b>23%</b>	21%	23%	
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	<b>53%</b>	36%	53%	61%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	<b>53%</b>	59%	53%	53%
<b>3b</b>	Are you normally able to have a shower every day?	<b>80%</b>	91%	80%	87%
<b>3c</b>	Do you normally receive clean sheets every week?	<b>55%</b>	83%	55%	83%
<b>3d</b>	Do you normally get cell cleaning materials every week?	<b>72%</b>	74%	72%	53%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	<b>22%</b>	44%	22%	27%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	<b>51%</b>	64%	51%	47%
<b>3g</b>	Can you normally get your stored property, if you need to?	<b>15%</b>	36%	15%	27%
<b>4</b>	Is the food in this prison good/very good?	<b>28%</b>	36%	28%	23%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	<b>48%</b>	43%	48%	43%
<b>6a</b>	Is it easy/very easy to get a complaints form?	<b>86%</b>	82%	86%	91%
<b>6b</b>	Is it easy/very easy to get an application form?	<b>89%</b>	86%	89%	84%
<b>7</b>	Have you made an application?	<b>80%</b>	83%	80%	90%

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<b>SECTION 4: Legal Rights and Respectful Custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	55%	61%	55%	41%
8b	Do you feel applications are dealt with promptly? (within 7 days)	48%	52%	48%	33%
9	Have you made a complaint?	52%	58%	52%	71%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	42%	45%	42%	31%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	56%	41%	56%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	34%	21%	34%	21%
10c	Were you given information about how to make an appeal?	22%	32%	22%	49%
12	Is it easy/very easy to see the Independent Monitoring Board?	26%	44%	26%	36%
13a	Do you feel your religious beliefs are respected?	61%	61%	61%	69%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	64%	61%	64%	66%
14	Are you able to speak to a Listener at any time, if you want to?	60%	69%	60%	80%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	79%	82%	77%
15b	Do most staff, in this prison, treat you with respect?	71%	75%	71%	73%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	44%	34%	44%	42%
2	Do you feel unsafe in this prison at the moment?		14% 15%	14%	
4	Have you been victimised by another prisoner?	30%	26%	30%	27%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	14%	17%	14%	17%
5b	Hit, kicked or assaulted you?	7%	6%	7%	6%
5c	Sexually abused you?	3%	1%	3%	1%
5d	Victimised you because of your race or ethnic origin?	1%	5%	1%	8%
5e	Victimised you because of drugs?	2%	2%	2%	5%
5f	Taken your canteen/property?	6%	4%	6%	12%
5g	Victimised you because you were new here?	8%	7%	8%	12%
5h	Victimised you because of your sexuality?	2%	2%	2%	
5i	Victimised you because you have a disability?	2%	4%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	2%	1%	
5k	Victimised you because you were from a different part of the country?	3%	4%	3%	6%
5l	Victimised you because of your offence/crime?	6%		6%	

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	<b>23%</b>	18%	23%	15%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks made about you, your family or friends?	11%	9%	11%	12%
<b>7b</b>	Hit, kicked or assaulted you?	2%	3%	2%	0%
<b>7c</b>	Sexually abused you?	<b>0%</b>	1%	0%	0%
<b>7d</b>	Victimised you because of your race or ethnic origin?	<b>0%</b>	2%	0%	4%
<b>7e</b>	Victimised you because of drugs?	<b>8%</b>	2%	8%	1%
<b>7f</b>	Victimised you because you were new here?	3%	4%	3%	0%
<b>7g</b>	Victimised you because of your sexuality?	3%	2%	3%	
<b>7h</b>	Victimised you because you have a disability?	1%	2%	1%	
<b>7i</b>	Victimised you because of your religion/religious beliefs?	2%	2%	2%	
<b>7j</b>	Victimised you because you were from a different part of the country?	2%	3%	2%	4%
<b>7k</b>	Victimised you because of your offence/crime?	2%		2%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	<b>37%</b>	55%	37%	52%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	34%	32%	34%	38%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	23%	22%	23%	16%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>28%</b>	22%	28%	29%
<b>SECTION 6: Healthcare</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	18%		18%	
<b>1b</b>	Is it easy/very easy to see the nurse?	<b>45%</b>		45%	
<b>1c</b>	Is it easy/very easy to see the dentist?	16%		46%	
<b>1d</b>	Is it easy/very easy to see the optician?	22%		22%	
<b>2</b>	Are you able to see a pharmacist?	47%		47%	
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:					
<b>3a</b>	The doctor?	47%	51%	47%	33%
<b>3b</b>	The nurse?	63%	60%	63%	57%
<b>3c</b>	The dentist?	<b>33%</b>	42%	33%	33%
<b>3d</b>	The optician?	41%	44%	41%	40%
<b>4</b>	The overall quality of health services?	44%	42%	44%	33%

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<b>Healthcare continued</b>								
<b>5</b>	Are you currently taking medication?	<b>73%</b>	63%			73%		
For those currently taking medication:								
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	<b>16%</b>	64%			16%		
<b>7</b>	Do you feel you have any emotional well being/mental health issues?	<b>59%</b>				59%		
For those with emotional well being/mental health issues, are these being addressed by any of the following:								
<b>8a</b>	Not receiving any help?		<b>0%</b>			0%		
<b>8b</b>	A doctor?		<b>51%</b>			51%		
<b>8c</b>	A nurse?		<b>39%</b>			39%		
<b>8d</b>	A psychiatrist?		<b>24%</b>			24%		
<b>8e</b>	The Mental Health In-Reach Team?		<b>53%</b>			53%		
<b>8f</b>	A counsellor?		<b>45%</b>			45%		
<b>9a</b>	Did you have a drug problem when you came into this prison?	<b>55%</b>	27%			55%	42%	
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	<b>38%</b>	9%			38%	10%	
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	<b>23%</b>				23%		
<b>10b</b>	Have you developed an alcohol problem since you have been in this prison?	<b>6%</b>				6%		
For those with drug or alcohol problems:								
<b>11</b>	Do you know who to contact in this prison for help?	<b>90%</b>				90%		
<b>12</b>	Have you received any help or intervention whilst in this prison?	<b>96%</b>				96%		
For those who have received help or intervention with their drug or alcohol problem:								
<b>13</b>	Was this intervention or help useful?	<b>82%</b>				82%		
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	<b>40%</b>	29%			40%	37%	
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	<b>32%</b>	19%			32%	16%	
For those who may have a drug or alcohol problem on release, do you know who in this prison:								
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	<b>80%</b>	63%			80%	78%	
<b>SECTION 7: Purposeful Activity</b>								
<b>1</b>	Are you currently involved in any of the following activities:							
<b>1a</b>	A prison job?		<b>55%</b>			55%		
<b>1b</b>	Vocational or skills training?		<b>12%</b>			12%		
<b>1c</b>	Education (including basic skills)?		<b>28%</b>			28%		
<b>1d</b>	Offending Behaviour Programmes?		<b>26%</b>			26%		

#### Key to tables

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<b>Purposeful Activity continued</b>					
2ai	Have you had a job whilst in prison?	62%	83%	62%	76%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	64%	51%	64%	59%
2bi	Have you been involved in vocational or skills training whilst in prison?	24%	70%	24%	65%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	85%	58%	85%	67%
2ci	Have you been involved in education whilst in prison?	43%	78%	43%	71%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	79%	67%	79%	71%
2di	Have you been involved in offending behaviour programmes whilst in prison?	38%	60%	38%	52%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	84%	58%	84%	50%
3	Do you go to the library at least once a week?	37%	49%	37%	29%
4	On average, do you go to the gym at least twice a week?	24%	38%	24%	31%
5	On average, do you go outside for exercise three or more times a week?	59%	44%	59%	32%
6	On average, do you spend ten or more hours out of your cell on a weekday?	26%	25%	26%	27%
7	On average, do you go on association more than five times each week?	50%	58%	50%	55%
8	Do staff normally speak to you most of the time/all of the time during association?	10%	28%	10%	13%
<b>SECTION 8: Resettlement</b>					
1	Do you have a personal officer?	74%	66%	74%	47%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	63%	69%	63%	91%
For those who are sentenced:					
3	Do you have a sentence plan?	65%	54%	65%	41%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	65%	71%	65%	67%
5	Can you achieve some/all of your sentence plan targets in this prison?	82%	84%	82%	
6	Are there plans for you to achieve some/all your targets in another prison?	50%	35%	50%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	49%	44%	49%	
8	Do you feel that any member of staff has helped you to prepare for release?	24%	28%	24%	
9	Have you had any problems with sending or receiving mail?	46%	33%	46%	43%
10	Have you had any problems getting access to the telephones?	14%	25%	14%	28%
11	Did you have a visit in the first week that you were here?	46%	32%	46%	51%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	68%	73%	68%	76%

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<b>Resettlement continued</b>					
13	Did you receive one or more visits in the last week?	51%	30%	51%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	57%		57%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	30%		30%	
15c	Avoiding bad relationships?	25%		25%	
15d	Finding a job on release?	40%	50%	40%	64%
15e	Finding accommodation on release?	57%	60%	57%	71%
15f	With money/finances on release?	29%	42%	29%	53%
15g	Claiming benefits on release?	53%	55%	53%	70%
15h	Arranging a place at college/continuing education on release?	33%	46%	33%	66%
15i	Accessing health services on release?	34%	46%	34%	62%
15j	Opening a bank account on release?	18%	38%	18%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	18%		18%	
16c	Avoiding bad relationships?	25%		25%	
16d	Finding a job?	61%	58%	61%	
16e	Finding accommodation?	45%	44%	45%	
16f	Money/finances?	31%	56%	31%	
16g	Claiming benefits?	34%	41%	24%	
16h	Arranging a place at college/continuing education?	24%	40%	24%	
16i	Accessing health services?	27%	25%	27%	
16j	Opening a bank account?	37%	42%	37%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	56%	62%	52%



## Wing Comparator HMP Styal 2008

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

### Key to tables

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	Percentages which are not highlighted show there is no significant difference		House Blocks

<b>Number of completed questionnaires returned</b>	<b>30</b>	<b>77</b>
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### SECTION 1: General Information

<b>2</b>	Are you under 21 years of age?	18%	10%
<b>3a</b>	Are you sentenced?	82%	78%
<b>3b</b>	Are you on recall?	10%	5%
<b>4a</b>	Is your sentence less than 12 months?	29%	17%
<b>4b</b>	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	4%
<b>5</b>	Do you have six months or less to serve?	48%	37%
<b>6</b>	Have you been in this prison less than a month?	33%	23%
<b>7</b>	Are you a foreign national?	4%	7%
<b>8</b>	Is English your first language?	96%	95%
<b>9</b>	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	11%	13%
<b>10</b>	Are you Muslim?	7%	3%
<b>11</b>	Are you homosexual/gay or bisexual?	41%	25%
<b>12</b>	Do you consider yourself to have a disability?	22%	13%
<b>13</b>	Is this your first time in prison?	22%	45%
<b>14</b>	Have you been in more than 5 prisons this time?	4%	1%
<b>15</b>	Do you have any children under the age of 18?	46%	59%

### SECTION 2: Transfers and Escorts

For the most recent journey you have made either to or from court or between prisons:			
<b>1a</b>	Was the cleanliness of the van good/very good?	43%	42%
<b>1b</b>	Was your personal safety during the journey good/very good?	46%	59%
<b>1c</b>	Was the comfort of the van good/very good?	7%	12%
<b>1d</b>	Was the attention paid to your health needs good/very good?	26%	38%
<b>1e</b>	Was the frequency of toilet breaks good/very good?	8%	19%
<b>2</b>	Did you spend more than four hours in the van?	4%	8%
<b>3</b>	Were you treated well/very well by the escort staff?	68%	70%
<b>4a</b>	Did you know where you were going when you left court or when transferred from another prison?	82%	86%
<b>4b</b>	Before you arrived here did you receive any written information about what would happen to you?	11%	21%
<b>4c</b>	When you first arrived here did your property arrive at the same time as you?	93%	73%

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**SECTION 3: Reception, first night and induction**

<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	<b>19%</b>	<b>10%</b>
<b>1c</b>	Housing problems?	<b>41%</b>	<b>31%</b>
<b>1d</b>	Problems contacting employers?	<b>4%</b>	<b>11%</b>
<b>1e</b>	Problems contacting family?	<b>67%</b>	<b>57%</b>
<b>1f</b>	Problems ensuring dependants were looked after?	<b>33%</b>	<b>24%</b>
<b>1g</b>	Money problems?	<b>19%</b>	<b>19%</b>
<b>1h</b>	Problems of feeling depressed/suicidal?	<b>67%</b>	<b>68%</b>
<b>1i</b>	Health problems?	<b>70%</b>	<b>59%</b>
<b>1j</b>	Problems in needing protection from other prisoners?	<b>23%</b>	<b>16%</b>
<b>1k</b>	Problems accessing phone numbers?	<b>63%</b>	<b>50%</b>
<b>2</b>	When you first arrived:		
<b>2a</b>	Did you have any problems?	<b>86%</b>	<b>81%</b>
<b>2b</b>	Did you have any problems with loss of property?	<b>30%</b>	<b>21%</b>
<b>2c</b>	Did you have any housing problems?	<b>33%</b>	<b>34%</b>
<b>2d</b>	Did you have any problems contacting employers?	<b>0%</b>	<b>4%</b>
<b>2e</b>	Did you have any problems contacting family?	<b>52%</b>	<b>44%</b>
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	<b>11%</b>	<b>16%</b>
<b>2g</b>	Did you have any money worries?	<b>15%</b>	<b>21%</b>
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	<b>41%</b>	<b>35%</b>
<b>2i</b>	Did you have any health problems?	<b>44%</b>	<b>41%</b>
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	<b>4%</b>	<b>9%</b>
<b>2k</b>	Did you have problems accessing phone numbers?	<b>37%</b>	<b>31%</b>
<b>3a</b>	Were you seen by a member of health services in reception?	<b>59%</b>	<b>74%</b>
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	<b>86%</b>	<b>91%</b>
<b>4</b>	Were you treated well/very well in reception?	<b>62%</b>	<b>71%</b>
<b>5</b>	On your day of arrival, were offered any of the following information:		
<b>5a</b>	Information about what was going to happen to you?	<b>54%</b>	<b>59%</b>
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	<b>54%</b>	<b>59%</b>
<b>5c</b>	Information about how to make routine requests?	<b>46%</b>	<b>33%</b>
<b>5d</b>	Information about your entitlement to visits?	<b>50%</b>	<b>44%</b>
<b>5e</b>	Information about health services?	<b>57%</b>	<b>40%</b>
<b>5f</b>	Information about the chaplaincy?	<b>50%</b>	<b>49%</b>

**Key to tables**

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**SECTION 3: Reception, first night and induction continued**

<b>6</b>	On your day of arrival, were you offered any of the following:		
<b>6a</b>	A smokers/non-smokers pack?	<b>78%</b>	<b>93%</b>
<b>6b</b>	The opportunity to have a shower?	<b>64%</b>	<b>59%</b>
<b>6c</b>	The opportunity to make a free telephone call?	<b>71%</b>	<b>74%</b>
<b>6d</b>	Something to eat?	<b>93%</b>	<b>87%</b>
<b>7</b>	Within the first 24 hours did you meet any of the following people:		
<b>7a</b>	The chaplain or a religious leader?	<b>54%</b>	<b>59%</b>
<b>7b</b>	Someone from health services?	<b>71%</b>	<b>85%</b>
<b>7c</b>	A listener/Samaritans?	<b>22%</b>	<b>25%</b>
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	<b>7%</b>	<b>3%</b>
<b>9</b>	Did you feel safe on your first night here?	<b>66%</b>	<b>72%</b>
<b>10</b>	Have you been on an induction course?	<b>75%</b>	<b>86%</b>
For those who have been on an induction course:			
<b>11</b>	Did the course cover everything you needed to know about the prison?	<b>38%</b>	<b>61%</b>

**SECTION 4: Legal Rights and Respectful Custody**

<b>1</b>	In terms of your legal rights, is it easy/very easy to:		
<b>1a</b>	Communicate with your solicitor or legal representative?	<b>39%</b>	<b>40%</b>
<b>1b</b>	Attend legal visits?	<b>52%</b>	<b>71%</b>
<b>1c</b>	Obtain bail information?	<b>27%</b>	<b>22%</b>
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	<b>50%</b>	<b>55%</b>
<b>3</b>	For the wing/unit you are currently on:		
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	<b>60%</b>	<b>51%</b>
<b>3b</b>	Are you normally able to have a shower every day?	<b>56%</b>	<b>89%</b>
<b>3c</b>	Do you normally receive clean sheets every week?	<b>68%</b>	<b>49%</b>
<b>3d</b>	Do you normally get cell cleaning materials every week?	<b>56%</b>	<b>79%</b>
<b>3e</b>	Is your cell call bell normally answered within five minutes?	<b>21%</b>	<b>23%</b>
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	<b>32%</b>	<b>57%</b>
<b>3g</b>	Can you normally get your stored property, if you need to?	<b>7%</b>	<b>18%</b>
<b>4</b>	Is the food in this prison good/very good?	<b>26%</b>	<b>29%</b>
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	<b>59%</b>	<b>43%</b>
<b>6a</b>	Is it easy/very easy to get a complaints form?	<b>83%</b>	<b>87%</b>
<b>6b</b>	Is it easy/very easy to get an application form?	<b>78%</b>	<b>93%</b>
<b>7</b>	Have you made an application?	<b>82%</b>	<b>79%</b>

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**SECTION 4: Legal Rights and Respectful Custody continued**

For those who have made an application:

<b>8a</b>	Do you feel applications are dealt with fairly?	<b>50%</b>	<b>57%</b>
<b>8b</b>	Do you feel applications are dealt with promptly? (within 7 days)	<b>58%</b>	<b>44%</b>
<b>9</b>	Have you made a complaint?	<b>52%</b>	<b>52%</b>

For those who have made a complaint:

<b>10a</b>	Do you feel complaints are dealt with fairly?	<b>34%</b>	<b>46%</b>
<b>10b</b>	Do you feel complaints are dealt with promptly? (within 7 days)	<b>47%</b>	<b>59%</b>
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	<b>40%</b>	<b>30%</b>
<b>10c</b>	Were you given information about how to make an appeal?	<b>8%</b>	<b>28%</b>
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	<b>19%</b>	<b>29%</b>
<b>13a</b>	Do you feel your religious beliefs are respected?	<b>58%</b>	<b>63%</b>
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	<b>56%</b>	<b>67%</b>
<b>14</b>	Are you able to speak to a Listener at any time, if you want to?	<b>35%</b>	<b>70%</b>
<b>15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	<b>76%</b>	<b>84%</b>
<b>15b</b>	Do most staff, in this prison, treat you with respect?	<b>56%</b>	<b>77%</b>

**SECTION 5: Safety**

<b>1</b>	Have you ever felt unsafe in this prison?	<b>59%</b>	<b>39%</b>
<b>2</b>	Do you feel unsafe in this prison at the moment?	<b>23%</b>	<b>11%</b>
<b>4</b>	Have you been victimised by another prisoner?	<b>32%</b>	<b>29%</b>
<b>5</b>	Since you have been here, has another prisoner:		
<b>5a</b>	Made insulting remarks made about you, your family or friends?	<b>25%</b>	<b>10%</b>
<b>5b</b>	Hit, kicked or assaulted you?	<b>18%</b>	<b>3%</b>
<b>5c</b>	Sexually abused you?	<b>4%</b>	<b>3%</b>
<b>5d</b>	Victimised you because of your race or ethnic origin?	<b>4%</b>	<b>0%</b>
<b>5e</b>	Victimised you because of drugs?	<b>4%</b>	<b>1%</b>
<b>5f</b>	Taken your canteen/property?	<b>10%</b>	<b>4%</b>
<b>5g</b>	Victimised you because you were new here?	<b>7%</b>	<b>8%</b>
<b>5h</b>	Victimised you because of your sexuality?	<b>4%</b>	<b>1%</b>
<b>5i</b>	Victimised you because you have a disability?	<b>4%</b>	<b>1%</b>
<b>5j</b>	Victimised you because of your religion/religious beliefs?	<b>4%</b>	<b>0%</b>
<b>5k</b>	Victimised you because you were from a different part of the country?	<b>7%</b>	<b>1%</b>
<b>5l</b>	Victimised you because of your offence/crime?	<b>7%</b>	<b>5%</b>

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**SECTION 5: Safety continued**

<b>6</b>	Have you been victimised by a member of staff?	<b>38%</b>	<b>17%</b>
<b>7</b>	Since you have been here, has a member of staff:		
<b>7a</b>	Made insulting remarks made about you, your family or friends?	<b>21%</b>	<b>8%</b>
<b>7b</b>	Hit, kicked or assaulted you?	<b>7%</b>	<b>0%</b>
<b>7c</b>	Sexually abused you?	<b>0%</b>	<b>0%</b>
<b>7d</b>	Victimised you because of your race or ethnic origin?	<b>0%</b>	<b>0%</b>
<b>7e</b>	Victimised you because of drugs?	<b>10%</b>	<b>7%</b>
<b>7f</b>	Victimised you because you were new here?	<b>7%</b>	<b>1%</b>
<b>7g</b>	Victimised you because of your sexuality?	<b>7%</b>	<b>1%</b>
<b>7h</b>	Victimised you because you have a disability?	<b>3%</b>	<b>0%</b>
<b>7i</b>	Victimised you because of your religion/religious beliefs?	<b>3%</b>	<b>1%</b>
<b>7j</b>	Victimised you because you were from a different part of the country?	<b>7%</b>	<b>0%</b>
<b>7k</b>	Victimised you because of your offence/crime?	<b>7%</b>	<b>0%</b>
For those who have been victimised by staff or other prisoners:			
<b>8</b>	Did you report any victimisation that you have experienced?	<b>30%</b>	<b>40%</b>
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	<b>37%</b>	<b>33%</b>
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>33%</b>	<b>20%</b>
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>35%</b>	<b>25%</b>

**SECTION 6: Healthcare**

<b>1a</b>	Is it easy/very easy to see the doctor?	<b>10%</b>	<b>21%</b>
<b>1b</b>	Is it easy/very easy to see the nurse?	<b>36%</b>	<b>48%</b>
<b>1c</b>	Is it easy/very easy to see the dentist?	<b>8%</b>	<b>18%</b>
<b>1d</b>	Is it easy/very easy to see the optician?	<b>8%</b>	<b>26%</b>
<b>2</b>	Are you able to see a pharmacist?	<b>33%</b>	<b>53%</b>
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:			
<b>3a</b>	The doctor?	<b>50%</b>	<b>46%</b>
<b>3b</b>	The nurse?	<b>59%</b>	<b>65%</b>
<b>3c</b>	The dentist?	<b>11%</b>	<b>40%</b>
<b>3d</b>	The optician?	<b>23%</b>	<b>46%</b>
<b>4</b>	The overall quality of health services?	<b>41%</b>	<b>45%</b>

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<b>Healthcare continued</b>			
<b>5</b>	Are you currently taking medication?	<b>82%</b>	<b>70%</b>
For those currently taking medication:			
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	<b>0%</b>	<b>23%</b>
<b>7</b>	Do you feel you have any emotional well being/mental health issues?	<b>69%</b>	<b>55%</b>
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
<b>8a</b>	Not receiving any help?	<b>0%</b>	<b>0%</b>
<b>8b</b>	A doctor?	<b>50%</b>	<b>52%</b>
<b>8c</b>	A nurse?	<b>50%</b>	<b>32%</b>
<b>8d</b>	A psychiatrist?	<b>22%</b>	<b>26%</b>
<b>8e</b>	The Mental Health In-Reach Team?	<b>55%</b>	<b>52%</b>
<b>8f</b>	A counsellor?	<b>34%</b>	<b>52%</b>
<b>9a</b>	Did you have a drug problem when you came into this prison?	<b>71%</b>	<b>48%</b>
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	<b>52%</b>	<b>33%</b>
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	<b>35%</b>	<b>18%</b>
<b>10b</b>	Have you developed an alcohol problem since you have been in this prison?	<b>13%</b>	<b>3%</b>
For those with drug or alcohol problems:			
<b>11</b>	Do you know who to contact in this prison for help?	<b>84%</b>	<b>93%</b>
<b>12</b>	Have you received any help or intervention whilst in this prison?	<b>91%</b>	<b>98%</b>
For those who have received help or intervention with their drug or alcohol problem:			
<b>13</b>	Was this intervention or help useful?	<b>83%</b>	<b>82%</b>
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	<b>62%</b>	<b>31%</b>
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	<b>54%</b>	<b>25%</b>
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	<b>66%</b>	<b>92%</b>
<b>SECTION 7: Purposeful Activity</b>			
<b>1</b>	Are you currently involved in any of the following activities:		
<b>1a</b>	A prison job?	<b>25%</b>	<b>67%</b>
<b>1b</b>	Vocational or skills training?	<b>14%</b>	<b>11%</b>
<b>1c</b>	Education (including basic skills)?	<b>22%</b>	<b>30%</b>
<b>1d</b>	Offending Behaviour Programmes?	<b>22%</b>	<b>27%</b>

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**Purposeful Activity continued**

<b>2ai</b>	Have you had a job whilst in prison?	<b>31%</b>	<b>74%</b>
For those who have had a prison job whilst in prison:			
<b>2aii</b>	Do you feel the job will help you on release?	<b>28%</b>	<b>70%</b>
For those who have had vocational or skills training whilst in prison:			
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	<b>50%</b>	<b>91%</b>
<b>2ci</b>	Have you been involved in education whilst in prison?	<b>22%</b>	<b>53%</b>
For those who have been involved in education whilst in prison:			
<b>2cii</b>	Do you feel the education will help you on release?	<b>40%</b>	<b>88%</b>
<b>2di</b>	Have you been involved in offending behaviour programmes whilst in prison?	<b>24%</b>	<b>43%</b>
For those who have been involved in offending behaviour programmes whilst in prison:			
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	<b>60%</b>	<b>90%</b>
<b>3</b>	Do you go to the library at least once a week?	<b>11%</b>	<b>46%</b>
<b>4</b>	On average, do you go to the gym at least twice a week?	<b>7%</b>	<b>30%</b>
<b>5</b>	On average, do you go outside for exercise three or more times a week?	<b>41%</b>	<b>66%</b>
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	<b>0%</b>	<b>37%</b>
<b>7</b>	On average, do you go on association more than five times each week?	<b>37%</b>	<b>54%</b>
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	<b>10%</b>	<b>10%</b>

**SECTION 8: Resettlement**

<b>1</b>	Do you have a personal officer?	<b>63%</b>	<b>78%</b>
For those with a personal officer:			
<b>2</b>	Do you think your personal officer is helpful/very helpful?	<b>47%</b>	<b>68%</b>
For those who are sentenced:			
<b>3</b>	Do you have a sentence plan?	<b>48%</b>	<b>72%</b>
For those with a sentence plan:			
<b>4</b>	Were you involved/very involved in the development of your plan?	<b>54%</b>	<b>68%</b>
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	<b>71%</b>	<b>85%</b>
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	<b>50%</b>	<b>50%</b>
For those who are sentenced:			
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	<b>28%</b>	<b>58%</b>
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	<b>4%</b>	<b>32%</b>
<b>9</b>	Have you had any problems with sending or receiving mail?	<b>50%</b>	<b>44%</b>
<b>10</b>	Have you had any problems getting access to the telephones?	<b>25%</b>	<b>10%</b>
<b>11</b>	Did you have a visit in the first week that you were here?	<b>39%</b>	<b>49%</b>
<b>12</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	<b>54%</b>	<b>74%</b>

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<b>Resettlement continued</b>			
<b>13</b>	Did you receive one or more visits in the last week?	<b>37%</b>	<b>56%</b>
<b>14</b>	Have you been helped to maintain contact with family/friends whilst in this prison?	<b>37%</b>	<b>65%</b>
<b>15</b>	Do you know who to contact within this prison to get help with the following:		
<b>15b</b>	Maintaining good relationships?	<b>33%</b>	<b>29%</b>
<b>15c</b>	Avoiding bad relationships?	<b>26%</b>	<b>24%</b>
<b>15d</b>	Finding a job on release?	<b>37%</b>	<b>40%</b>
<b>15e</b>	Finding accommodation on release?	<b>60%</b>	<b>57%</b>
<b>15f</b>	With money/finances on release?	<b>33%</b>	<b>28%</b>
<b>15g</b>	Claiming benefits on release?	<b>52%</b>	<b>53%</b>
<b>15h</b>	Arranging a place at college/continuing education on release?	<b>26%</b>	<b>35%</b>
<b>15i</b>	Accessing health services on release?	<b>48%</b>	<b>28%</b>
<b>15j</b>	Opening a bank account on release?	<b>30%</b>	<b>13%</b>
<b>16</b>	Do you think you will have a problem with any of the following on release from prison?		
<b>16b</b>	Maintaining good relationships?	<b>14%</b>	<b>20%</b>
<b>16c</b>	Avoiding bad relationships?	<b>29%</b>	<b>23%</b>
<b>16d</b>	Finding a job?	<b>54%</b>	<b>65%</b>
<b>16e</b>	Finding accommodation?	<b>50%</b>	<b>44%</b>
<b>16f</b>	Money/finances?	<b>39%</b>	<b>27%</b>
<b>16g</b>	Claiming benefits?	<b>32%</b>	<b>35%</b>
<b>16h</b>	Arranging a place at college/continuing education?	<b>32%</b>	<b>20%</b>
<b>16i</b>	Accessing health services?	<b>39%</b>	<b>22%</b>
<b>16j</b>	Opening a bank account?	<b>43%</b>	<b>35%</b>
For those who are sentenced:			
<b>17</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	<b>48%</b>	<b>67%</b>


**Key Question Responses (Ethnicity) HMP Styal 2008**

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

**Key to tables**

		BME prisoners	White prisoners
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<b>Number of completed questionnaires returned</b>		<b>13</b>	<b>89</b>
1.3	Are you sentenced?	54%	82%
1.7	Are you a foreign national?	40%	1%
1.8	Is English your first language?	77%	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.		
1.10	Are you Muslim?	25%	1%
1.13	Is this your first time in prison?	58%	37%
2.3	Were you treated well/very well by the escort staff?	61%	72%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	61%	88%
3.2a	Did you have any problems when you first arrived?	100%	79%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	66%
3.3b	When you were searched in reception, was this carried out in a respectful way?	100%	87%
3.4	Were you treated well/very well in reception?	76%	67%
3.9	Did you feel safe on your first night here?	76%	71%
3.10	Have you been on an induction course?	91%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	40%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	55%
4.3b	Are you normally able to have a shower every day?	84%	81%

**Key to tables**

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference	<b>BME prisoners</b>	<b>White prisoners</b>
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	16%	22%
<b>4.4</b>	Is the food in this prison good/very good?	8%	31%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	47%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	70%	88%
<b>4.6b</b>	Is it easy/very easy to get an application form?	85%	89%
<b>4.9</b>	Have you made a complaint?	46%	54%
<b>4.13a</b>	Do you feel your religious beliefs are respected?	54%	63%
<b>4.13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	54%	66%
<b>4.15a</b>	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	83%
<b>4.15b</b>	Do <b>most</b> staff, in this prison, treat you with respect?	91%	67%
<b>5.1</b>	Have you ever felt unsafe in this prison?	15%	48%
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	0%	16%
<b>5.4</b>	Have you been victimised by another prisoner?	8%	32%
<b>5.5d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%
<b>5.5j</b>	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
<b>5.6</b>	Have you been victimised by a member of staff?	8%	25%
<b>5.7d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	0%
<b>5.7i</b>	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	8%	37%
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	15%	24%

**Key to tables**

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>8%</b>	<b>32%</b>
<b>6.1a</b>	Is it easy/very easy to see the doctor?	<b>23%</b>	<b>19%</b>
<b>6.1b</b>	Is it easy/ very easy to see the nurse?	<b>58%</b>	<b>43%</b>
<b>6.7</b>	Do you feel you have any emotional well being/mental health issues?	<b>50%</b>	<b>59%</b>
<b>7.1a</b>	Are you currently working in the prison?	<b>54%</b>	<b>55%</b>
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	<b>18%</b>	<b>12%</b>
<b>7.1c</b>	Are you currently in education (including basic skills)?	<b>27%</b>	<b>29%</b>
<b>7.1d</b>	Are you currently taking part in an Offending Behaviour Programme?	<b>9%</b>	<b>29%</b>
<b>7.3</b>	Do you go to the library at least once a week?	<b>39%</b>	<b>36%</b>
<b>7.4</b>	On average, do you go to the gym at least twice a week?	<b>27%</b>	<b>23%</b>
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	<b>16%</b>	<b>28%</b>
<b>7.7</b>	On average, do you go on association more than five times each week?	<b>27%</b>	<b>52%</b>
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	<b>10%</b>	<b>11%</b>
<b>8.1</b>	Do you have a personal officer?	<b>71%</b>	<b>77%</b>
<b>8.9</b>	Have you had any problems sending or receiving mail?	<b>11%</b>	<b>50%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>0%</b>	<b>16%</b>
<b>8.12</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	<b>39%</b>	<b>72%</b>