

Report on an announced inspection of

HMP/YOI Foston Hall

28 September – 2 October 2009

by HM Chief Inspector of Prisons

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Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
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Introduction

Over the last five years, Foston Hall women's prison has changed from being a small training prison for sentenced women to a multi-purpose prison, holding remanded and unsentenced prisoners and those serving short, long and indeterminate sentences, in addition to a small separate juvenile unit. This report covers the adult women's prison.

Previous reports have noted that the prison had experienced difficulty in integrating and providing services for its new unsentenced and short-term population. Though there had been some improvements in provision, this inspection still found that there was a degree of unnecessary separation and duplication in the services provided for the two populations. The consequence was that remanded and short-sentenced women still had poorer access to regime activities and appropriate resettlement services.

Foston Hall remained essentially a safe prison, with little evidence of bullying. However, the arrangements for first night and induction, essential for a prison receiving women directly from court, were underdeveloped and confusing. Over the last two and a half years, the prison had experienced its first ever deaths in custody, a sign of the increased vulnerability of the population. Action had been taken in response to recommendations, but case management of women at risk remained weak, and such women were sometimes inappropriately located in the segregation unit under constant watch.

Relationships in the prison were positive, and chaplaincy work strong. Though race relations work was good, foreign national women had insufficient support. Aspects of the incentives scheme were inappropriate. Healthcare services were generally good, but the lack of any in-patient facility resulted in acutely mentally ill women being placed in segregation while they waited for some time for transfer to mental health facilities.

Women had sufficient time out of cell, and there was a wide range of education and training available. The education provision was of good quality, and there were some good quality work environments, though they did not all allow women to gain qualifications. The opportunities for remanded women were, however, limited, and there were frequent disruptions to the regime. PE was understaffed and little promoted, with low participation rates.

Resettlement work was under-developed and did not meet the needs of the whole population. There were significant gaps: such as family support and drug and alcohol treatment programmes. There had been no up-to-date needs analysis and there were no custody plans for remanded and short-sentenced women.

Foston Hall continued to provide a generally safe, respectful and active environment for the women held there. However, prison managers had still not entirely come to terms with its expanded role, and services and activities for remanded and short-sentenced women remain under-developed. The physical separation of this population, behind a fence, emphasised and reinforced these differences. More needs to be done to ensure that all women are able to benefit from opportunities at Foston Hall and have access to appropriate resettlement services.

Anne Owers
HM Chief Inspector of Prisons

December 2009

Fact page

Task of the establishment

Female closed (local, training, lifers and juvenile).

Area organisation

East Midlands

Number held

224

Certified normal accommodation

283 (includes 16 juveniles)

Operational capacity

291 (includes 17 juveniles)

Last full inspection

10-14 May 2004 (short announced follow-up 1-3 May 2007)

Brief history and description of residential units

In December 1996, the prison was a redundant site. After extensive rebuilding and refurbishment, it opened as an establishment for 125 women in July 1997. Since then, additional residential wings have been opened: C wing and a voluntary testing unit. The original healthcare centre was converted into an enhanced wing (E wing) for 19 women and a new healthcare centre with five in-patient beds was added (since reduced to three in-patient beds).

A remand centre (Remand 1) for 39 women opened in October 2004. In 2006, one of the original residential units, C wing, was converted for remand expansion (Remand 2), giving a total of 80 remand places. In 2009, Remand 2 reverted to C wing and now houses the induction unit, which was previously based on D wing. D wing is now used for short-term sentenced prisoners and links to the practical living skills course.

Youth Justice Board funding was made available during 2006 for a 16-bed juvenile unit (Toscana unit). The unit became operational in January 2007. During 2008, one additional temporary place was added to the cell certificate by putting a bunk bed in one of the rooms. This was due to population pressures at the time.

Healthy prison summary

Introduction

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

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

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

- performing well against this healthy prison test.

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

- performing reasonably well against this healthy prison test.

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

- not performing sufficiently well against this healthy prison test.

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

- performing poorly against this healthy prison test.

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

Safety

HP3 The prison was essentially a safe environment, but first night and induction arrangements were not satisfactory. There was little evidence of bullying. There was good support for women at risk of suicide and self-harm, but a need for better and more consistent case management. Some security decisions were taken without

sufficient evidence. Good care was provided in the segregation unit, but some suicidal women with mental health problems stayed there too long. Use of force was not monitored sufficiently well. A good service was provided for women detoxifying or needing drug maintenance programmes. The prison was performing reasonably well against this healthy prison test.

- HP4 Escort provision ensured that women arrived at court on time, but relatively little use was made of the video link. Most women arriving at the prison did not have long journeys, although too many were too far from home and those transferring from London had unnecessarily protracted journeys. Women leaving Foston Hall received at least 24 hours notice of transfer, but this was not always the case for women coming from other prisons.
- HP5 In our survey, fewer than the comparator¹ but a similar percentage as in other local women's prisons said they had been treated well in reception. The reception building was clean and functional and staff were polite, but some did not address the women by name. All new arrivals received a free telephone credit and reception pack. There was no privacy for interviews, which could have inhibited disclosure of vulnerabilities.
- HP6 There was no formal first night strategy. Most new arrivals had a first night interview based on the resettlement pathways, but there was little evidence that this was done on C wing. The purpose of the interview was inappropriate and not explained to them and it was not clear how or if the information was used. A Listener saw all new arrivals to offer support and staff checked on them regularly through the night. New induction arrangements had been introduced on C wing, but there was some confusion among staff and managers about the process and a separate, less structured induction was also delivered on the remand wing.
- HP7 Women said they felt safe and that bullying was not a major problem. Our survey and a recent internal safety survey were also very positive. A small team of prisoner anti-bullying representatives worked effectively together. Most conflicts arose from tensions in relationships and some pressures for prescribed medication. Incidents were thoroughly investigated and the few women about whom there were concerns were monitored, but there was little discussion about how to resolve potential disputes before they arose.
- HP8 There had been two self-inflicted deaths in the previous 2.5 years, the first the prison had experienced. Action had been taken to address recommendations from the first investigation and the prison was waiting for the investigation report from the second death in January 2009. An average of 38 assessment, care in custody and teamwork booklets to monitor women at risk of suicide and self-harm were opened each month. Daily entries indicated some good ongoing support, but there was little consistent case management or multidisciplinary input into case reviews. There were frequent constant watches, including in the segregation unit, which was an inappropriate location for women at risk of self-harm. There was good access to Listeners.
- HP9 The prison was safe and well ordered. Dynamic security was good, with a substantial flow of intelligence. There was comprehensive analysis of intelligence and appropriate objectives were set. In some cases, there was relatively little security

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

intelligence to justify decisions to place women on closed visits. Women complained about inconsistent application of the rules and there were clear examples of this.

- HP10 The design of the segregation unit was not ideal, but it was clean and well maintained. Staff were supportive and caring towards some extremely challenging women, who were encouraged and helped to take part in regime activities outside the unit. A number of women went to the segregation unit for respite, which was inappropriate and suggested a need to examine better ways to support them. Some women with severe mental health problems stayed too long in segregation.
- HP11 Records of adjudications indicated that they were generally fairly conducted. A very high percentage of all charges (44%) were either dismissed or not proceeded with. While it was good that adjudicators were willing to dismiss charges, standardisation meeting minutes indicated little discussion of the reasons and whether there was a need for staff training.
- HP12 There had been 67 incidents involving use of force in the first nine months of 2009, many of which were in the first three months of the year and involved repeated use of force on some women with mental health problems. Although data on use of force had been collected in recent months, they were not analysed for patterns and trends and there was no effective oversight to ensure use of force was appropriate. Some of the records indicated that force had been used unjustifiably to gain compliance or on women who were already compliant.
- HP13 The integrated drug treatment system (IDTS) was well established. Prescribing regimes were flexible, but some women waited too long for their initial dose on the day they arrived. A good level of care and joint work with counselling, assessment, referral, advice and throughcare (CARAT) services took place and women were able to participate in the full range of IDTS group work modules. The year-to-date random mandatory drug testing rate was relatively low at 6% and in our survey fewer than the comparator said it was easy to get illegal drugs. Only a very low 13% of suspicion tests conducted since April had resulted in positives. A frequent testing programme was used inappropriately and was ineffective.

Respect

- HP14 Relationships were positive, but personal officer work was underdeveloped. Living conditions were mostly very good. Some incentives and earned privileges procedures were inappropriate and amounted to unofficial punishment. Applications and complaints were generally well managed and appropriate help with legal matters was provided. Women were dissatisfied with the food. The chaplaincy team was well involved in prison life. Race relations were good, but there was little active promotion of wider aspects of diversity and insufficient support for foreign national women. Health services were generally good, but transfers to mental health facilities took too long. The prison was performing reasonably well against this healthy prison test.
- HP15 Relationships between staff and prisoners were mostly very good and a high percentage in our survey said most staff treated them with respect and that they had a member of staff they could go to for help if they had a problem. Most officers knew the women well and supported them, but women said a minority were unhelpful. Some entries in history sheets indicated a less than supportive attitude. Almost all

staff referred to adult women as 'girls'. Most women knew their personal officer, but were mixed in their opinions about how helpful they were. The quality and frequency of personal officer entries varied considerably and there were few management checks. Few referred to resettlement or sentencing planning objectives.

- HP16 The grounds were extremely attractive and well cared for. Women appreciated their living conditions which were mostly very good, except for D wing, which was too cramped. Internal areas were well maintained and kept very clean. Laundry facilities were good. With no kettles in cells, it was difficult to get hot water for drinks, especially at the weekend. There was too much separation between the 'remand' side of the prison and the rest of the accommodation and the role of C wing in particular was unclear.
- HP17 The chaplaincy team was involved in the life of the prison. There were also good links with local faith communities. Facilities were good and a range of faith-based activities was run. Chaplains had some concerns about the implications of a proposed amalgamation of chaplaincy services with HMP Sudbury and whether these would ensure the specific needs of women continued to be met.
- HP18 Despite extra pay, women said there were insufficient differences in the incentives and earned privileges (IEP) scheme to motivate them. It was difficult to get on the enhanced regime and relatively few had achieved this in spite of the generally settled status of much of the population. Women said the points and warning system was inappropriate, unfair and applied inconsistently. A sanction of immediate loss of evening association in the IEP scheme amounted to an informal punishment and was open to abuse.
- HP19 All women were seen on reception by an experienced executive officer who provided help with legal services and bail information. About a quarter of remand prisoners had been bailed during 2009 and many of these had had bail information reports prepared by the executive officer. He also provided support in a range of other legal matters, including appeals, child care proceedings and lodging outstanding fines.
- HP20 The published diversity policy covered race and religion, but not age, disability or sexuality. A diversity and race equality action team (DREAT) covered all the diversity areas and prisoner representatives for each of the diversity strands had recently been appointed. The practical needs of women with disabilities were mostly met, but there was little time for the disability liaison officer to develop services further. In our survey, Muslim women reported greater levels of victimisation by staff, but there was little understanding in the prison of why.
- HP21 Race equality work had suffered in the previous year because of a number of personnel changes and the absence of a race equality officer. This had led to some backlogs in investigations, which had now been addressed. Most reported racist incidents were investigated appropriately, but some cases could have been dealt with more robustly. There was little general promotion of race equality. Most black and minority ethnic women we spoke to said the prison was a largely tolerant place, but significantly fewer black and minority ethnic women than white women in our survey said most staff treated them with respect and more than twice as many said they had been victimised by a member of staff.
- HP22 There were just 17 foreign national women, one of whom was an immigration detainee, and most transferred to HMP Morton Hall. Foreign national issues were

incorporated into the wider DREAT, which included a foreign national prisoner representative, but there were no general support meetings. Interpreting services appeared to be well used in some areas such as reception and healthcare, but less so in residential areas. Some women who spoke very little English felt isolated and unaware of basic information. Only one foreign national woman received a free telephone call each month.

HP23 Women in our survey were relatively positive about health services. A good well managed service was provided, although staffing shortages inhibited development. The staff skill mix was good and a nurse practitioner had greatly improved access to primary care services, including the GP. There was a good range of nurse-led clinics and visiting specialists. Women had satisfactory access to primary mental health care and there was a well-integrated mental health in-reach service, but there were no day care facilities for women with mental health needs and mental health transfers took too long. The healthcare facilities in reception were inadequate, but secondary screening took place the day after arrival. Dispensing medications took too long and there were no suitable waiting areas. The quality of dental services was good and urgent cases were seen quickly, but routine treatment took too long. There was no provision for women who needed convalescent care or those with severe mental health problems who needed nursing care before transfer to a mental health facility, and some were inappropriately held in segregation.

Purposeful activity

HP24 There was sufficient time out of cell. Education, vocational training and work provision was satisfactory, but activities were subject to severe regime disruption. Some opportunities to accredit training were missed. Library provision was satisfactory. PE needed better promotion and adaptation to ensure it met the needs of women. The prison was performing reasonably well against this healthy prison test.

HP25 Women were able to spend a good amount of time out of cell (about 10 hours during the week) and had opportunities for time in the open air. All had regular association and very few, including on the remand wing, were locked in their cells even when they had no allocated activity.

HP26 There were enough activity places for the existing population, with a good range of courses in education and vocational training. The strategic direction of learning and skills aimed to improve the provision, but there was a need for better use of data to evaluate and inform developments. There were frequent disruptions to activities mainly for medications. Prisoners did not receive enough recognition for such roles as mentors, peer tutors, assessors and internal verifiers. Initial assessment and guidance did not always fully recognise the range of skills women had and there were insufficient links with sentence plans.

HP27 In education, teaching was good and well planned and achievement of qualifications was mostly satisfactory. There was a range of subjects, but prisoners on the remand side had more limited opportunities even though some were there for long periods. Some women were involved in distance learning courses, but lacked support such as the provision of laptops to enable them to work in evenings and at weekends. There was inadequate monitoring of the take-up of support by prisoners with low literacy

levels and insufficient support for prisoners with English for speakers of other languages or dyslexia needs.

- HP28 There was a reasonable range of work, some of which provided opportunities for accreditation. The gardens were well designed and provided a number of areas for accredited learning and assessment. However, women working in the kitchens and on wing serveries had no opportunity to gain qualifications. Women on remand were mainly restricted to making briquettes from recycled paper, servery work and cleaning. Women in the textiles workshop produced some good work that led to qualifications.
- HP29 The library included study areas and a ramp for prisoners with mobility difficulties. Although most women could get to the library, there was no evening or weekend provision, so they had to interrupt education, training and work sessions to visit.
- HP30 Physical education was under-staffed. Few accredited courses were run. The fitness suite was satisfactory, but the sports hall was small and the sports field rarely used. In our survey, significantly fewer than the comparator said they went to the gym and there was little to promote its use, or to ensure that the activities offered encouraged women to participate.

Resettlement

- HP31 There had been no recent needs analysis to inform the resettlement strategy. All pathways were covered, but most needed further development and lack of family support was a particular problem. Offender management and sentence planning were satisfactory, but there were no custody plans for short sentenced and remand women. There were too few programmes to meet needs and, although CARATs services were very supportive, the lack of alcohol and drug programmes was a particular gap. The prison was not performing sufficiently well against this healthy prison test.
- HP32 The resettlement strategy was up to date and covered all the pathways, including the additional ones for women prisoners, although they were underdeveloped. The strategy was not based on an up-to-date needs analysis and did not specify how services were directed to different groups. Offender assessment system (OASys) data and other information were not collated to help assess need. Although there was an action plan attached to the strategy, there were no target dates for delivery. Resettlement strategy meetings were generally well attended, but few wing staff were involved.
- HP33 The offender management process operated reasonably effectively and the offender management unit (OMU) tried to engage offender managers, although not always successfully. Sentence plans were completed for women sentenced to over 12 months and were mostly up to date. Plans were of reasonable quality, but some targets reflected interventions available in the prison rather than individual needs and some were too general. There were no custody plans for those serving less than 12 months and those on remand. Women in scope were seen every six weeks by offender supervisors to check progress against plans, but contact with others between annual progress reviews was more informal. Some improvement was needed in public protection arrangements.

- HP34 There were 33 women serving life sentences and six with indeterminate sentences for public protection. They had good support. All new lifer arrivals were seen quickly by the lifer manager and potential lifers identified during remand were seen by a lifer support officer. An allocated lifer officer met each woman monthly and there were regular meetings of a multidisciplinary team, which reviewed a proportion of cases at each meeting. Special family days were held for all women serving over 15 years and there were regular forums. Women serving life and other indeterminate sentences said they were well supported, but found the parole process slow.
- HP35 Housing services were provided by two part-time housing workers, one dealing with women on remand and the other with sentenced women. Although fewer than the comparator said they knew who to contact about help with accommodation or finance, all new arrivals were seen to assess their accommodation needs. There were also some referrals to the OMU for women in need of advice about personal finances. The main route was through information, advice and guidance, but this was not always available to women on remand. A debt advisory service with Citizens Advice was about to start. Benefit advice was available through JobCentre Plus.
- HP36 There was no pre-release course to help women prepare for employment or move to education. A new three-week living skills course had just been introduced, but only a minority of those being discharged would be able to participate. There were some accredited courses and work aimed at developing skills useful for supporting progression into employment, family and community life, but no formal links with employers.
- HP37 The main accredited offending behaviour programme was the thinking skills programme. The choices, actions, relationships, emotions (CARE) course, was planned to start some time in 2010. The prison had identified deficits in interventions to deal with anxiety management and domestic violence, but a full needs analysis was required to identify other gaps. The psychology team provided one-to-one work with some women.
- HP38 Work with children and families was underdeveloped, although the majority of women had children under 18. The visits area had been improved and provided a generally relaxed environment, but the lack of a visitors' centre and any specialist family support was a deficit. There were insufficient weekend visits places and no evening visits to help women keep in touch with their children. Regular children's visits started at 9.30am to meet the needs of the prison rather than families.
- HP39 The drug strategy did not cover alcohol services, and was not backed up by a comprehensive needs analysis. Women were very positive about the CARAT service, which provided accessible and high quality services, including for women with only alcohol problems. The open caseload stood at 109. In addition to eight IDTS groups each week, pre-release and acupuncture sessions were provided. A voluntary testing unit had 40 places and women on the unit received additional support, but there was no accredited drug and alcohol programme. Good throughcare links with drug intervention programmes had been established.

Main recommendations

- HP40 The distinction between the two sides of the prison should be reduced, so that, unless there are over-riding security reasons, all women are able to participate in the same activities and regime services.
- HP41 A first night strategy should be introduced which ensures that the immediate needs and anxieties of newly arrived women are properly identified and addressed before they are locked up for the night.
- HP42 All prisoners should have a consistent comprehensive induction beginning the day after reception and completed no longer than two weeks after arrival, subject to the needs of women withdrawing from drugs or alcohol.
- HP43 A distinct foreign national policy should be introduced to ensure, in consultation with foreign national women, that all their specific needs are met. Implementation of the policy should be overseen by a senior manager and a dedicated multidisciplinary team.
- HP44 The frequent interruptions to learning should be significantly reduced.
- HP45 The offender management and reducing reoffending strategy should be informed by an annual needs analysis and should detail how resettlement provision, including interventions meets the needs of different groups of women.
- HP46 All prisoners, including unconvicted women and those serving sentences less than twelve months, should have their resettlement needs assessed and incorporated into a custody plan which is regularly reviewed.
- HP47 A full review of provision to help women maintain contact with their children and families should be undertaken, particularly for mothers of children under 18, and a clear action plan devised to drive forward progress against this resettlement pathway.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Women found vans uncomfortable and not all received enough notice of transfer or were suitably allocated to Foston Hall. Some women took a number of days to be transferred from other prisons. The video link facility was underused.
- 1.2 In our survey, most women said they had been well treated by escort staff. Most did not have long journeys from court, but said the vans were uncomfortable and that they were not given enough toilet breaks. Information leaflets about the prison had been provided to local courts and more than the comparator said they had received advance information. Some transfers from prisons in the London area took a number of days. Reception was staffed from 6.30am and prisoners arrived at court on time. Most prisoners arrived at Foston Hall before 7pm.
- 1.3 Prisoners leaving Foston Hall were given at least 24 hours notice of their transfer, but some arriving from other prisons said they had been told only late the evening before or on the morning of transfer. Many women arrived each week from HMP Eastwood Park near Bristol, but some were inappropriately allocated. This included one woman who had arrived on an open assessment, care in custody and teamwork (ACCT) booklet and with an outstanding hospital appointment for the following week (see section on self-harm and suicide). Some arrived with only a few weeks or days left of their sentence. A number of women were far from their home areas. Prison records indicated that almost a fifth of women were over 100 miles from home.
- 1.4 Some women arrived from other prisons without important documents such as cell-sharing risk assessments or with incomplete property cards and, in one case, an incomplete ACCT booklet. These issues were raised at the women and young people's group meetings.
- 1.5 Between February and August 2009, the video link for court appearance had been used only a few times, although an average of 43 attended court each month.

Recommendations

- 1.6 Escort vans should be comfortable.
- 1.7 All relevant information should travel with prisoners.
- 1.8 Women should not be required to lodge at other prisons en route to Foston Hall.
- 1.9 The suitability and individual needs of prisoners transferring to Foston Hall should be assessed before transfer and they should be given at least 24 hours' notice of their move.

Housekeeping point

- 1.10 More use should be made of the video link for court appearances.

First days in custody

Expected outcomes:

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

- 1.11 Reception officers were mostly polite, but did not always address prisoners by name. Interviews took place in the main reception area, which was unlikely to encourage prisoners to talk openly. Staff did not have contact details of local social services or emergency duty teams. There was no published first night strategy and the first night interview was not sufficiently structured. An induction programme had just been introduced, but was not yet running as planned. Prisoners undergoing detoxification were expected to receive induction regardless of whether they were capable of retaining the information. Some women took weeks or months to complete the programme.

Reception

- 1.12 Reception officers were mostly polite, but not all addressed prisoners by name or wore name badges. The reception area was small, functional and clean. Holding rooms contained a range of written information and notices in several languages invited prisoners to ask for translated information. The initial holding room also had a television to pass the time. Sight lines were good.
- 1.13 As we found in 2004 and 2007, reception interviews took place in the main reception area in the hearing of other staff. The purpose of the cell-sharing risk assessment was not explained. Sensitive information was sought in an environment unlikely to encourage women to talk openly or ask for help. Women new to prison were identified and asked if they had any schedule one convictions, although this term was not explained. Women were asked about children or other dependants, but staff did not have contact details of local social services or emergency duty teams if necessary. In our survey, 67% of women, fewer than the overall comparator of 74%, but similar to the local women's prison comparator, said they had been treated well in reception.
- 1.14 New arrivals received a net bag containing prison clothing, toiletries and eating utensils. An appropriate stock of non-prison issue clothing was available to those with insufficient of their own. Managers said specific toiletries were provided for black and minority ethnic women, but the only difference was broad-toothed combs.
- 1.15 All women were given a £1 telephone credit to be used within 24 hours and a reception pack. Information booklets provided contained incorrect information.

First night

- 1.16 Forty-seven per cent of women in our survey said they were new to custody, but there was no published first night policy or strategy. An undated first night officer job description referred to officers completing 'annex A' of the first night interview form when there was no such annex.
- 1.17 All unconvicted women and all women withdrawing from drugs or alcohol went directly from reception to Remand 1, where an officer showed them to their pre-prepared cell and completed a cell inventory. The officer also completed an initial interview with the new prisoner in her cell based on the resettlement pathways. It also covered current and past offences, health and drug issues, although these were covered in reception. The interview form did not guide officers to identify any specific first night needs. Once completed, the interview form was usually placed in the wing file, although officers sometimes made appropriate referrals. There was no formal follow-up or use made of the information gathered. The form included a space to be signed and dated 'by resettlement', but was not copied to anyone in the prison.
- 1.18 The purpose of the interview was not explained and seemed inappropriate for a first night interview. As many women were anxious or withdrawing from drugs, it was unlikely to produce an accurate analysis of need and seemed to be a 'tick-box' exercise. Some officers lacked interview skills and empathy. One officer told a woman to read through the personal officer information sheet, even though she had just told him she could not read well. There was little positive engagement to encourage women to ask for support or disclose any first night anxieties. Women were asked to sign a poorly reproduced wing compact.
- 1.19 New arrivals were free to mix with others on the wing. They were not given a tour of the wing or introduced to others. No Listeners or peer supporters lived on Remand 1 or C wing to provide first night peer support, although a Listener visited new arrivals during the evening of their arrival.
- 1.20 Sentenced women went directly to C wing. We were told that the first night initial interview form was also completed with them, but there was little evidence of this in wing files.
- 1.21 In our survey, 66% of women, fewer than the overall comparator of 74%, but similar to the local women's comparator, said they had felt safe on their first night. Staff checked all new arrivals every 30 minutes during their first night. Minutes of the prisoner consultation meeting for Remand 1 in September 2009 recorded that 'First night - still can be scary. Informed the induction pack is being re-written and this should help.' There was no evidence of discussion about why women felt scared, how the planned rewrite would help and whether women thought it would be an improvement.
- 1.22 Responses to questions about help from staff in the first 24 hours were significantly lower than the comparators.

Induction

- 1.23 A five-day induction programme had just been introduced and ran on C wing, but not on Remand 1. Senior managers and senior officers believed all new arrivals attended induction on C wing, but this was not the case and a separate induction ran for women on Remand 1. We were also given conflicting information about when induction started.

- 1.24 The C wing servery doubled as an induction room. The published programme fully occupied prisoners for four days and the last day was used as a 'catch-up' for those who had missed any sessions. The programme on C wing was delivered by a mix of officers, staff from other departments and induction orderlies. Prisoners were encouraged to ask questions, but were not able to make notes. Induction information for women on Remand 1 was not delivered as a structured five-day programme, but by officers giving verbal information to small groups of prisoners or individually. We were unable to see this during the inspection. Women withdrawing from drugs or alcohol were expected to receive induction irrespective of how they were feeling or their ability to understand and retain information.
- 1.25 Induction records on Remand 1 showed that women often received the bulk of induction information in one day. While some women on C wing completed induction in a matter of days, others did not do so for weeks or even months. One woman had arrived in February and completed some induction in her first 12 days, but did not complete the programme until September, seven months after her arrival. Of the six women on induction during the inspection, one had arrived over three weeks earlier and one had been at the prison for nearly a year.
- 1.26 Women were not interviewed in private during induction to allow them to talk to an officer about how they were feeling and to discuss any self-harm or other issues of vulnerability.
- 1.27 The induction programme was disjointed and not yet running as planned. As it was so new, it was not possible to judge its quality or effectiveness.

Recommendations

- 1.28 Reception interviews should take place in private.
- 1.29 Reception and first night staff should have the contact details of local social services and emergency duty teams.
- 1.30 Information given to women should be properly and accurately produced and should also be provided in media other than writing.
- 1.31 Prisoners' resettlement needs should be formally assessed and identified during induction and referrals made to relevant agencies.
- 1.32 Prisoners should be interviewed individually during induction to address any feelings about imprisonment and any self-harm issues.
- 1.33 Staff should receive training in interview skills.

Housekeeping points

- 1.34 Reception officers should address women by their name.
- 1.35 Staff should wear identification displaying their name and status.
- 1.36 Pens and paper should be provided in the induction rooms to allow women to make notes.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The environment was very good, as were living conditions, although D wing compared less favourably to the other units and some rooms were cramped. Residential areas were very clean. Laundry facilities were good. Access to hot water for drinks was restricted, particularly at weekends.

Accommodation and facilities

2.2 The grounds were attractive and well cared for and the standard of accommodation was mostly very good. A and B wings and the voluntary testing unit (VTU) provided space for 124 women, all of whom had integrated toilets and showers. D wing, the oldest unit, had 44 places in a mix of double, triple and four-bed rooms with in-cell toilets. E wing consisted of a number of small dormitories for a total of 19 women. E wing had a communal living area and small kitchenette, but no proper cooking facilities to allow longer-term prisoners to develop practical living skills. Remand 1 and C wing were both new builds, with integrated toilets and showers. Remand 1 had a recently refurbished association area with a DVD player and comfortable seating, but most women associated in their rooms.

2.3 Both Remand 1 and C wing had until recently been used as the remand part of the prison and had a fence around them separating them from the original part of the prison. Although referred to as the remand side, both units contained both unconvicted and sentenced prisoners. There was a distinct division between the remand side and the original accommodation and the justification for this was unclear. The role of C wing in particular needed further clarification.

2.4 All wings were very clean and well maintained, although D wing was not of such a high standard as the rest of the prison and rooms were cramped. Women in the downstairs dormitory had to keep personal items in lockers outside their room and there was not enough space for each woman to have a table and chair. Many women on D wing were serving short sentences or had a short time left to serve. They largely felt safe, reporting little petty theft or other problems often found in such accommodation. However, the wing was far from ideal, particularly for those arriving at the end of long sentences who had spent a long time elsewhere in single cells. The prison and the Independent Monitoring Board had campaigned vociferously for the wing to be replaced and we had previously recommended that its population needed to be reduced.

2.5 Communal bath/shower areas on D and E wings were clean and well maintained and all in our survey said they could shower daily. All wings had communal dining space, but some women chose to eat in their rooms. All women were given quilts and curtains, although only those on enhanced regime could buy their own quilt covers.

- 2.6 In our survey, significantly more than the comparator said their cell bell was responded to within five minutes. We observed staff mostly responding quickly to requests for attention.

Clothing and possessions

- 2.7 Possessions allowed depended on the level of regime. All women could wear their own clothes, but only enhanced women could have their own mug, plate and bowl and flask. These and other items could be handed in on visits, but access to clothing was more restrictive. Women could have a reception parcel brought in, but otherwise were restricted to a parcel every three months. Some women complained that the cost to families of sending parcels into the prison was too high. There were no reported problems with access to stored property.
- 2.8 A decency policy focused on expectations about behaviour, but was not specific about dress and prisoners quoted different rules applied by staff, such as wearing slippers in the residential areas and displays of flesh. A notice to prisoners from the governor indicated that women were not allowed to display cleavage in the visits room, which seemed inappropriate and unnecessary.
- 2.9 Prisoners were positive about living conditions and most said it was quiet at night. All wings had washing machines and women were allocated one day a week to use them, although in practice could use them more frequently. There were no kettles in the older part of the prison and women had to rely on food flasks, which held enough water for only two drinks and did not keep water hot all night. This was a particular problem at weekends when women were locked up for long periods without hot water. Only E wing had toasters and microwaves.

Hygiene

- 2.10 Prisoner compacts included an expectation that they keep themselves and their cells clean. Appropriate cell-cleaning materials were available and 92% of prisoners in our survey said they had access to them.
- 2.11 The sanitation facilities on the newer wings were good and most women had their own shower. Women wanting a bath had to ask staff for a key. Chairs were provided in showers for prisoners with disabilities. The toilet and shower areas in the newer accommodation were separated by a solid door, although these had been replaced with a shower curtain in some cells to enable better access.
- 2.12 Sanitation arrangements on D wing were notably worse. The toilets were clean, but some were poor for the number of women who had to use them, particularly when women were locked up for long periods at the weekend.

Recommendations

- 2.13 D wing should be refurbished and the number of women held there reduced.
- 2.14 Prisoners on E wing should be given the opportunity to cook for themselves.
- 2.15 Prisoners should have better access to hot water to make drinks.
- 2.16 Toasters and microwaves should be provided on the wings for use during association.

Staff-prisoner relationships

Expected outcomes:

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

- 2.17 Relationships between staff and prisoners were mostly very positive. Officers knew the women well and most were supportive. Some women said a minority of staff could be confrontational, but most agreed that relationships were generally good.
- 2.18 There were generally very positive and mutually respectful relationships between staff and prisoners. In our survey, 79%, significantly higher than the overall comparator, said most staff treated them with respect, although black and minority ethnic prisoners were not so positive. In groups, women were also mostly very positive about relationships with staff, but some said a minority of officers could be confrontational, rude and unhelpful. They believed some officers applied rules inconsistently and some rules were petty and inappropriate for adult women. A measuring the quality of prison life (MQPL) survey carried out in May 2009 found that the score for relationships was positive while that for respect was neutral.
- 2.19 In our survey, 84%, significantly higher than the comparator, said they had a member of staff they could turn to for help if they had a problem. All the women in our groups agreed that there was at least one key member of staff they could rely on for support if necessary.
- 2.20 Interactions we observed were informal and respectful, but we also saw one or two incidents where staff were unnecessarily abrupt with women and some written contributions in history sheets did not indicate that the officers involved were helpful. Sometimes officers resorted to use of incentives and earned privileges warnings too quickly rather than challenging women informally. Staff usually addressed women by their first names, but almost without exception referred to them as girls even though all were adult women.
- 2.21 As we found in 2004 and 2007, women were not regularly consulted through an organised prisoner forum or council. Instead, regular 'afternoon tea' sessions had been introduced with the governor. Although these gave individual women the opportunity to raise issues directly with the governor, the sessions were unstructured and inconsistently recorded. It was not clear from the records of the meetings how and when any action points arising were followed up and reported back.

Recommendation

- 2.22 A prisoner forum or council should be established to allow women to raise issues of concern in a formal and constructive way.

Housekeeping point

- 2.23 Adult women should not be referred to as 'girls'.

Personal officers

Expected outcomes:

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

- 2.24 Most women knew their personal officer and found them helpful. The quality of personal officer entries in wing history sheets was variable and there were few management checks. There was little reference to sentence planning, resettlement objectives or families.
- 2.25 All women had allocated personal officers, with back up officers to cover when the personal officer was not on duty. A brief document dated September 2007 and entitled personal officer protocol and job description outlined the main personal officer duties. These were listed as explaining the rules of the prison, providing support, clarifying concerns, completing written reports, encouraging prisoners to address their offending behaviour, challenging inappropriate behaviour, completing at least weekly wing file entries, reporting on prisoners at meetings and producing monthly reports for women covered by offender management arrangements. Personal officers were expected to introduce themselves as soon as possible and record this in wing history sheets. There was little to encourage personal officers to get to know the women's circumstances and nothing referring to children or families. A similar document dated January 2009 explained the role of personal officers for the women prisoners and listed the name of their personal and back up officers.
- 2.26 In our survey, 79% of women, better than the overall comparator, said they had met their personal officer, but 21% had yet to meet them. Almost a half had met their personal officer in their first week. Seventy per cent of those who had one said they found their personal officer helpful, which was similar to the comparator. This generally reflected what prisoners told us in groups, where most were relatively positive about the help they had received from personal officers while a minority said they received little support.
- 2.27 The quality and frequency of personal officer entries in wing files varied significantly and seemed to depend heavily on the individual officers. Some were unnecessary subjective comments on behaviour. A number of files showed personal officer entries not long after a woman's arrival on the wing, but not all indicated that personal officers had actively introduced themselves. The frequency of entries also varied. Although most were reasonably frequent, not many were weekly and in some cases there had been considerable gaps between entries with little evidence of management checks to identify this as a problem. Most comments related to behaviour on the wings, with few references to progress with sentence plan or resettlement targets, although there were some occasional good entries about family issues and attempts to help resolve difficulties.
- 2.28 Personal officers did not routinely attend sentence planning boards.

Recommendations

- 2.29 **Guidance for personal officers should include the need to get to know women's personal circumstances with a specific aim of helping maintain links with children and families.**

- 2.30 Senior officers should ensure that all personal officers make regular good quality entries in wing files, which should cover progress with sentence plans, resettlement issues and any relevant family matters.
- 2.31 Personal officers should attend sentence planning boards and reviews.

Housekeeping point

- 2.32 All personal officers should actively make themselves known to prisoners within a week of their arrival and record this in wing files.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Women felt safe and said bullying was not a major problem. Most conflicts arose from tensions in relationships and some pressures for prescribed medication. Incidents were thoroughly investigated, but there was little active discussion about how to resolve potential disputes before they arose. A small team of prisoner anti-bullying representatives worked effectively together. There had been no training in the violence and anti-social behaviour strategy or in mediation, which was used occasionally.
- 3.2 Governance of safer custody was overseen by a monthly safer custody meeting. In recent months, this had been chaired mainly by a senior officer in his role as safer custody manager, and consistent senior management representation at the meeting was poor. Most meetings included representatives from a range of departments and reports were often submitted when a representative could not attend. Prisoners were represented by Listeners and a member of the violence reduction team.
- 3.3 A monthly safer custody report included a range of indicators of safety including the use of force, the frequency and nature of security information and incident reports, details of cell-sharing risk assessments and incentives and earned privileges (IEP) levels. There was a good flow of information and awareness about violent incidents, including liaison between the security department and the safer custody team about incident and security information reports received, and good attention was given to the cases of disruptive and difficult to manage women. The violence reduction policy had last been reviewed in June 2009 and was set out in an easily readable style. It outlined the expectations of behaviour for prisoners and staff. It also described a clear process for recording and monitoring violent incidents and a two-stage violence and anti-social behaviour (VAS) strategy.
- 3.4 More resources had been allocated to safer custody and there was a greater focus on bullying than at previous inspections. The full-time safer custody manager was responsible for overseeing the daily operation of safer custody strategies and another senior officer had been identified recently to act as violence reduction coordinator. Five officers were designated as safer custody officers and were used to monitor the quality of procedures. Although not detailed daily for this task, they were available on average three days a week. The safer custody manager was supported by an administrative officer.
- 3.5 Prisoners said they felt safe and that bullying was not a major problem. In our survey, 67% of women said they had never felt unsafe. In the prison's own survey in July 2009, in which 44% of women participated, 65% said they felt safe from insults from other prisoners and 62% that they had never been threatened or intimidated by other prisoners. Monthly returns from an exit survey were noted at the safer custody meeting, but were not analysed over time. Few non-

accidental injuries were reported, although reports had increased temporarily following reminders about the need to do so.

- 3.6 Personal relationship difficulties and bullying for medication were the main sources of tension and problems between individuals could escalate to include wider friendship circles. There was little active discussion about how potential disputes could be avoided before they arose, but good relationships and the manageable size of units were factors that helped increase awareness of potential problems. The prison was vigilant about the potential risks when medication was issued. The largely open movement around the prison grounds could present opportunities for bullying, but also contributed significantly to feelings of well being. A crisis line by which prisoners and families could alert staff to concerns had been used infrequently.
- 3.7 A small team of five anti-bullying representatives appeared to work well, although minutes of the safer custody meeting indicated that not all staff understood their role. Their written job description included supporting vulnerable women new to the prison and reporting any concerns to staff. A protocol set out what was required, but there was no formal training, although the safer custody manager provided good supervision.
- 3.8 The VAS strategy included procedures for reporting, investigating and monitoring incidents of bullying or anti-social behaviour, but was almost exclusively instigated for incidents of suspected bullying. Reports of bullying were investigated thoroughly. Contrary to prisoners' perceptions that the strategy was implemented on very little evidence, those we saw were supported by detailed statements from individuals. Recommendations for action to be taken were scrutinised by a principal officer and residential governor. In very few cases were review boards convened to set behaviour targets and develop intervention plans as described in the strategy.
- 3.9 There was no accurate central log of investigations and their outcomes. Each wing maintained its own log sheet and did not always notify the safer custody team of investigations or progress of cases. From the wing logs available, there had been around 30 investigations over the previous six months. These resulted in 16 women being monitored on the first stage of the VAS and four moved on to the second stage. No action was taken in 11 cases. Six women had been moved to different units and three transferred. Mediation had been used in two cases and one had resulted in disciplinary proceedings. Any serious incidents of assault against other prisoners and staff were referred to the police for investigation.
- 3.10 As at the last inspection, many comments in monitoring logs were routine observations. No reviews were required for 28 days, which was too long and did not present any opportunity to challenge the prisoner about the behaviour that led to her being placed on the formal strategy.
- 3.11 The second stage of the VAS included a further 28 days of monitoring and could involve further sanctions, which were outlined in a compact. In one compact we looked at, poor behaviour could result in the loss of association or removal of television based on the decision of a senior officer. Few women had been placed on this second stage but, as with the IEP scheme, it risked the imposition of unofficial punishments.
- 3.12 There was no specific training for staff in the VAS strategy. This was particularly important when mediation was used. Not all staff, including teachers, were familiar with the strategy.

Recommendations

- 3.13 A member of the senior management team should routinely chair the safer custody meeting.
- 3.14 Findings from exit surveys relating to prisoners' experiences of bullying should be routinely collated and analysed.
- 3.15 Non-accidental injuries should be reported and investigated and outcomes included in the monthly safer custody report.
- 3.16 Prisoners should be involved in discussions to develop strategies to help identify and diffuse potential problems that arise from personal relationships and community living.
- 3.17 If women are placed on the formal violence and anti-social behaviour strategy, review boards should be convened to set targets, review progress and monitor any sanctions imposed to avoid unofficial punishments.
- 3.18 An accurate central log should be maintained of all investigations under the violence and anti-social behaviour strategy and their outcomes.
- 3.19 All staff in contact with prisoners should receive training in the violence and anti-social behaviour strategy.

Self-harm and suicide

Expected outcomes:

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

- 3.20 There had been two self-inflicted deaths in the previous two years and action had been taken to implement recommendations from the one completed investigation, but the suicide prevention strategy was incomplete. A small number of severely mentally ill women at high risk of self-harm were held inappropriately on constant watches in the segregation unit or in residential units. There were no protocols for the use of camera cells. Many cases showed a good level of individual care, but more consistent case management was needed with the involvement of other relevant disciplines. Good relationships and a pleasant environment were general protective factors, but there was a need to ensure that all staff were up to date with assessment, care in custody and teamwork training.
- 3.21 The monthly safer custody meeting was responsible for overseeing procedures to prevent suicide and reduce the levels of self-harm. The suicide prevention policy, dated August 2009, had been updated to incorporate learning from a death in custody investigation, but omitted some important areas. There was no reference to potential learning from serious near-fatal incidents. These were not defined in local policy, although many incidents had resulted in

women being transferred to hospital for emergency treatment following self-harm. The policy did not include the potential role of families in supporting women at risk and there was no reference to how cells equipped with closed-circuit television (CCTV) should be used.

- 3.22 There had been two self-inflicted deaths in the last 2.5 years, the first the prison had experienced in the years it had operated as a women's prison. Action had been taken to address recommendations from one investigation following a death in April 2007. The prison was preparing for the forthcoming inquest. A second apparent self-inflicted death had occurred in January 2009, but the prison had not yet received a draft investigation report from the Prisons and Probation Ombudsman and was unable to develop an action plan.
- 3.23 There were some inappropriate allocations to Foston Hall of women on open assessment, care in custody and teamwork (ACCT) booklets. One had only a short time to serve, had a scheduled outpatient appointment in Bristol and an ill relative who had recently undergone a serious operation. Her ACCT indicated there had been agreement not to proceed with the transfer from HMP Eastwood Park, but this had gone ahead irrespective of the increased risk.
- 3.24 Some useful data were generated each month on self-harm incidents and procedures, but these were aggregated with the Toscana Unit (juveniles). On average, 38 ACCT documents opened each month across the prison and around 23 prisoners self-harmed. Individual cases of 'high concern' prisoners were discussed at the safer prisons meeting. Seventeen ACCTs were open in the main prison on one day of the inspection, including four women on constant watches. Daily ACCT entries reflected some good support, but there was little consistent case management. In one case, there had been eight reviews and six different senior officers acting as case managers.
- 3.25 The quality of ACCTs was checked regularly by the safer custody team and findings reported monthly. Few care plans reflected the issues identified in assessments or at reviews. Healthcare, counselling and other areas that provided support were not sufficiently well integrated into ACCT procedures. Care plans did not always name specific staff.
- 3.26 A range of therapeutic resources provided through the mental health in-reach team included counselling, art therapy and classes in relaxation and self-esteem. The resource was shared with Sudbury and relatively few women could access the service (see section on health services). The mental health in-reach team was able to attend ACCT reviews only in more serious cases. The chaplaincy participated in some ACCT reviews and could provide bereavement support. Efforts were made to ensure that women on ACCTs were involved in regime activities.
- 3.27 A number of mentally ill women at risk of self-harm were held on constant watches either in gated cells in the segregation unit (renamed the reflection unit), or in their own rooms on a residential unit. The segregation unit was an inappropriate location. The watches involved a variety of staff, including agency nursing staff and officers from other prisons. Local guidance for staff responsible for constant watches encouraged them to involve women in activities. One woman had been held on a constant watch in the segregation unit for over three months despite the fact that at times she was 'not at the point of crisis and active self-harming had been minimal'. This was contrary to the prison's own guidance. Staff on the segregation unit had received some mental health awareness training and mental health in-reach nurses provided some support in developing care plans, but this was not the best way to address their needs (see section on health services).
- 3.28 There was no guidance on the gender of staff monitoring women at high risk of self-harm. This could mean an unfamiliar male officer or nurse sitting at a woman's open door throughout the

night. When this happened, we were told that a female officer would be called when the women wanted to use the toilet.

- 3.29 Two cells on Remand 1 and C wing were equipped with CCTV. There was no record of how often these were used. On our night visit, a male agency nurse was monitoring at risk women. There was no reference to these cells in the local policy or protocol to describe how and when they should be used.
- 3.30 Although local policy stated that strip conditions must not be used, we were told that they had been used on a few occasions. A 'snoozelum' (relaxation room) had been developed in the segregation unit, but had not yet been used. There was the danger that this resource might encourage the use of the segregation unit for those at risk of suicide and self-harm.
- 3.31 A number of help lines were enabled on prisoners' telephone accounts. Some were free, but several others, including the Samaritans, Refuge (domestic violence) and Families Anonymous, were not. The list of help lines was not well publicised. The governor was a strong advocate of pet therapy. Two 'pat dogs' had been introduced and the 'sanctuary', a pleasant area of the grounds with a range of animals, was used as a distraction for vulnerable women who needed to be escorted there. The area was supervised by prisoners, but there were plans to develop a safer custody office there providing a location to hold reviews and staff supervision.
- 3.32 Four Listeners provided good peer support. Two others had recently been suspended from the scheme. Listeners felt well supported by the Samaritans and through regular contact with the safer custody manager. Prisoners had good access to Listeners. A Listener attended induction and new arrivals were given information about the scheme and telephone access to the Samaritans. Our survey indicated that access to Listeners was better than in comparator prisons. There was no care suite, but Listeners said there was no problem in finding confidential areas to support callers, even at night when they were used frequently. There was 24-hour telephone access to the Samaritans from portable telephones on each wing and logs were kept of their use.
- 3.33 ACCT training was discussed regularly at the safer custody meetings, but attendance at training sessions was not always good and not enough staff had attended refresher training. There was generally reasonable provision to respond to emergencies, with 19 staff having recent first aid training. However, there was no strategy to ensure sufficient first aid trained staff were working at night. All officers and healthcare staff had been issued with ligature knives. We witnessed a very swift response by healthcare staff and others following an incident of self-harm.
- 3.34 Information about prisoners who had been subject to ACCT procedures was passed to other prisons and organisations on transfer or release. This included the police national computer and offender managers.

Recommendations

- 3.35 The suicide prevention policy document should be reviewed to ensure it includes all relevant areas, including procedures for the use of closed-circuit television in monitoring women at risk and appropriate staffing of constant watches.
- 3.36 Women at risk of self-harm should not be transferred to other prisons without a clear assessment and agreement that this is appropriate.

- 3.37 Assessment, care in custody and teamwork procedures should be improved and include more consistent case management and involve a range of disciplines.
- 3.38 The range of telephone help lines should be publicised and all should be available free of charge.
- 3.39 All staff should receive refresher training in assessment, care in custody and teamwork procedures.

Housekeeping point

- 3.40 Data on levels of self-harm and the operation of the assessment, care in custody and teamwork procedures should be disaggregated from the Toscana unit.

Applications and complaints

Expected outcomes:

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

3.41 Women had good access to applications and complaint forms and said they were answered promptly and fairly. There was little monitoring of responses to applications. Replies to complaints were respectful.

3.42 Women had easy access to application forms on units. Most applications were submitted on a general application form, which had a carbon copy that could be retained by the prisoner. A range of specialist applications was also used. The date applications were submitted and the department they were forwarded to was logged by wing officers. The date replies were sent to the prisoner was logged by the department answering the application, but how long prisoners waited for replies and the quality of the reply were not monitored and it was difficult to determine how efficiently the system was working. In our survey, 50% of women, similar to the comparator, said applications were dealt with promptly, although most said they were dealt with fairly.

3.43 Prisoners had easy access to complaint and appeal forms. Complaints boxes were emptied by the night orderly officer every night and logged by the complaints clerk the following morning. On average, 85 complaints were submitted each month. In the previous six months, an average of 38 of these each month had been submitted under the confidential access option, suggesting that prisoners did not understand the criteria for this. Many were referred by the governor to appropriate departments, which minimised delays, but the subject matter of these diverted complaints was not recorded.

3.44 There was good analysis of the promptness of replies and the nature and location of complaints. The number and location of complaints were tracked through trend analysis, but the subject matter was recorded as a snapshot of each month, which made it less easy to monitor progress or highlight potential problems over time. From our simple analysis, property, food and healthcare were the main sources of complaints. Replies were respectful, relevant and monitored by senior managers. In our survey, more than the comparator said complaints

were dealt with fairly and promptly. The complaints clerk reminded staff when the target date was approaching and records indicated that all replies were within target dates.

- 3.45 Posters advertising the role of the Prisons and Probation Ombudsman as a further avenue of complaint were displayed. The Independent Monitoring Board had received 53 formal applications in their last reporting year, but most issues were dealt with informally during their visits.

Recommendations

- 3.46 Managers should monitor response times and quality of replies to applications.
- 3.47 The subject matter of complaints should be tracked over time to monitor progress and highlight any emerging problems.

Housekeeping point

- 3.48 The subject matter of complaints wrongly submitted under confidential access arrangements should be included in the analysis of other complaints.

Legal rights

Expected outcomes:

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

- 3.49 There was good access to bail information and legal services, which were provided by an executive officer with knowledge of this area.
- 3.50 Legal services and bail information were provided by an executive officer (EO). All women, including those who were newly sentenced, were seen on reception. Posters advertising legal services were displayed on residential units.
- 3.51 There was good access to bail information. The EO completed a bail information interview with those applying for bail and there was a good success rate. In the previous eight months, 32 bail information reports had been prepared and 20 women (63%) had been granted bail. In our survey, 45% women, significantly better than the local women's prisons comparator of 26%, said it was easy or very easy to obtain bail information. A leaflet explaining the role of bail information officer was included in a first night pack given to new arrivals.
- 3.52 Good support was provided for other legal matters. In September 2009, there had been 135 contacts with prisoners. Newly sentenced women were advised of their right to appeal and asked about outstanding fines and arrangements were made to lodge these at court. All women recalled on licence were seen and the procedures explained. The EO followed up delays in prisoners receiving recall papers and contacted solicitors where appropriate. He had established contacts with solicitors providing advice on child care proceedings and provided community legal advice leaflets about proceedings. He liaised with other agencies, including the Immigration Advisory Service, and facilitated visits to support prisoners.

Faith and religious activity

Expected outcomes:

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

- 3.53 There was an effective chaplaincy service, well integrated into the life of the prison. Unusually, separate religious services were provided for sentenced women and a small number of women on the remand side of the prison. There was a range of faith activities and good resources. Links had been developed with local faith communities, who contributed to services and activities.
- 3.54 Church of England (37%), Roman Catholic (18%) and Muslim (5%) were the three main religions represented and 30% were registered as having no religion. Nine other faith traditions were also represented.
- 3.55 The chaplaincy team was led by a full-time coordinating chaplain who was a member of the senior management team. The core team included five other members from the Roman Catholic, Muslim, Free Church and Anglican faiths and denominations. They worked between eight and 20 hours a week. This included a youth chaplain who worked mainly on the Toscana unit (juveniles) but also carried out generic duties. The core team was supported by eight faith leaders from different traditions who visited women on request. Five volunteers also contributed to the work of the department. Women had good access to faith leaders, reflected in positive responses in our survey.
- 3.56 The team met bi-monthly and worked well together through a duty chaplain's rota that included daily visits to the segregation unit and meeting new arrivals. Notes about pastoral work with prisoners and completion of required tasks were recorded in the chaplaincy journal and demonstrated some very good work in helping women cope with imprisonment. There were some concerns about a proposed amalgamation of chaplaincy services with Sudbury and whether this would ensure that women's faith needs would continue to be met. There were also plans to reduce the contracted hours of the Roman Catholic priest from 18 to four, which would restrict the support for Roman Catholics.
- 3.57 Christian services were held at the weekends. Separate Anglican, Roman Catholic and Muslim services were held on the remand side of the prison, in some cases for very few women. The need for separate services was unclear and in some cases appeared an unnecessary duplication. A group for Hindu women met fortnightly and Buddhist and Pagan groups were held monthly. Other regular chaplaincy activities included meditation, a study group, bereavement support and a fellowship group. The Mothers' Union also led a monthly needlecraft group. Some links had been developed with local churches and faith communities, including a local Pentecostal church, a fortnightly music group and a faith-based mentoring scheme from Birmingham.
- 3.58 All new arrivals were seen within 24 hours. Their religious registration was checked and they were given a leaflet about the work of the chaplaincy. A chaplain also participated in the induction programme. Services and activities were advertised on chaplaincy notice boards on residential units and women were free to attend without making an application.
- 3.59 The facilities included a chapel that could hold around 40 prisoners and two multi-faith rooms that were appropriately furnished and included storage space for the different faith groups. A

new ramp had improved access to the chapel for those with mobility difficulties. A selection of religious texts, CDs and faith literature was available.

- 3.60 The chaplaincy team was integrated into prison life and worked well with officers and other departments. There was good cooperation when passing news of family deaths or serious illnesses to prisoners. Satisfactory agreements were reached with the security department when organising family attendances at baptisms or other services. There had been joint work with the catering department in arrangements for Ramadan and Eid and, along with the writer in residence, chaplains had been involved in a singing workshop. Chaplains were involved in the major policy groups in the prison, provided reports for release on temporary licence boards on request and attended programme progress reviews for women known to them. One chaplain was an assessment, care in custody and teamwork (ACCT) assessor and chaplaincy representatives attended some ACCT reviews when asked. The coordinating chaplain was a member of the diversity and race equality action team.
- 3.61 As recommended following our previous inspection, the chaplaincy supported a prison visitors scheme. Prisoners were asked at reception if they were likely to receive visits and those who were not were offered the opportunity to have a prison visitor.

Substance use

Expected outcomes:

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

- 3.62 Treatment regimes were flexible, but some women experienced delays in receiving their first dose of methadone. Despite a shortage of integrated drug treatment system nurses, a good level of care and support was provided jointly with the counselling, assessment, referral, advice and throughcare team. Women reported a lower level of illicit drug use than in comparable prisons, but there was inappropriate and ineffective use of frequent drug testing.

Clinical management

- 3.63 The integrated drug treatment system (IDT) was well established. At the end of September 2009, 50 women were in treatment: 12 remand prisoners stabilising on methadone and 38 maintained on general location. However, some women had to wait until midnight on their first day for their first dose of medication, which was an unacceptable delay.
- 3.64 There were safer cells, hatches and 24-hour nurse cover on Remand 1 for monitoring and observation. The IDTS nurse conducted comprehensive assessments the following day. The band 7 remand unit manager also managed IDTS. There were vacancies for two band 5 nurses and a band 6 clinical lead. Despite the staff shortages, women received a good level of care and all nursing staff had undertaken part one of the Royal College of General Practitioners training. GPs had undertaken specialist training in the management of substance dependency and one had a background in treating dual diagnosis patients. Prescribing regimes offered flexibility. Some women opted for a slow methadone reduction and others switched to buprenorphine (Subutex) before release.

- 3.65 Care plans were done jointly with the counselling, assessment, referral, advice and throughcare (CARAT) team and reviewed after a week. In addition to individual reviews, IDTS nurses and CARAT staff met weekly for case discussions. Multidisciplinary meetings with the mental health in-reach team were held for clients with complex needs and mental health nurses had trained in dual diagnosis.
- 3.66 Once stabilised, remand prisoners could move across to C unit. Women could access the full range of IDTS group work modules as well as health promotion clinics. Acupuncture sessions were about to start. Sentenced women had the same access to support and group work interventions.
- 3.67 The remand unit had a dedicated area for administering methadone and other medication, but prisoners on the other side of the prison queued outside the health services building for up to 40 minutes with only an inadequate shelter.
- 3.68 Between April and September 2009, 17 women had undergone alcohol detoxification, but we were told this was an underestimate of need. As part of a revised alcohol policy, a new alcohol screening tool had recently been introduced and specific training set up for health services staff to improve clinical provision for this group of women.

Drug testing

- 3.69 The year-to-date random mandatory drug testing (MDT) positive rate, including August, stood at 6% against a target of 5%. This meant seven women had tested positive, but an additional five had refused tests. Only six out of 44 suspicion tests conducted during this period were positive.
- 3.70 The level of suspicion testing had recently decreased in favour of frequent testing. During September 2009, 21 women had been placed on the frequent testing programme, usually on the basis of security information, but this was inappropriate and ineffective. Only eight tests had been conducted leading to one positive result.
- 3.71 MDT was coordinated by a senior officer from the security department and eight officers were trained in the procedure. They tested 10% of the population at random and met weekend testing targets. Staff believed that illicit drug use mainly centred on the remand population, but MDT figures were not routinely broken down by wing and drug finds (four since April) indicated that letters and visits were the main supply route. In our survey, 17% of women against a comparator of 27% said it was easy to get illegal drugs.

Recommendations

- 3.72 **The prison and the health services provider should ensure that women receive first night medication promptly.**
- 3.73 **The prison should provide a more suitable environment for women who attend the health services department for methadone administration.**
- 3.74 **Target testing should be conducted appropriately and effectively.**
- 3.75 **Drug testing figures should be monitored by location to provide effective management information.**

Section 4: Diversity

Expected outcomes:

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

- 4.1 Diversity work was supported. Work in all the diversity strands was being developed, but the policy did not include sexuality or age. Prisoner representatives had been appointed for all areas. Some useful guidance on diversity had been provided to staff. Development of diversity work had suffered through frequent staffing changes.
- 4.2 Diversity was the responsibility of a full-time diversity manager who was responsible for all diversity strands, including race, disability, sexuality, age and foreign national women. The diversity manager was supported by a part-time race equality officer, a part-time disability liaison officer and some support for foreign national and older women. A diversity and race equality action team was chaired by the governor and met monthly.
- 4.3 There was a small group of prisoner diversity representatives for each of the diversity strands. Work in race and diversity had been disrupted due to staffing issues and meetings with prisoner representatives had only recently started again. In the meantime, prisoners had continued to attend diversity and race equality action team (DREAT) meetings and mostly felt well supported. Some consultation groups with prisoners from black and minority ethnic backgrounds had been used to inform prison impact assessments.
- 4.4 The diversity policy included religion and race, but not sexuality or age. The policy was up to date and included some guidance for staff and prisoners and a useful guide called 'living in harmony' from Staffordshire Police, which covered cultural and religious issues in a practical and informative way. This information had been emailed to all staff members for their own reference.

Recommendation

- 4.5 The diversity policy for prisoners should include sexuality, disability and age.

Race equality

- 4.6 Race equality was managed as part of the wider diversity work, but not sufficiently well promoted. There had been a backlog in responses to racist incidents, but this was being addressed. Women from black and minority ethnic backgrounds reported more negatively about their treatment in our survey, although in groups said the prison was a generally tolerant place.
- 4.7 Race equality was managed as part of the wider diversity remit. A principal officer acted as race equality officer. This area had suffered due to staff changes in the previous 12 months and the post holder was the third race equality officer in this period. The race equality officer was assisted by a senior officer who covered during periods of absence.

- 4.8 The governor placed a strong emphasis on race equality and chaired almost all DREAT meetings. In our survey, black and minority ethnic prisoners reported less favourably about staff respect and 36%, compared to 15% of white prisoners, said they had been victimised by a member of staff.
- 4.9 DREAT meetings were held monthly and included prisoner representatives. Meetings were multidisciplinary and largely well attended. External representation was provided by Karma Nirvana, an organisation based in the Midlands that campaigns against forced marriages. There was no external validation of racist incident report forms (RIRFs), but Karma Nirvana had been asked to take on this role.

Managing racist incidents

- 4.10 There had been 120 racist incidents reported in 2009 compared to 61 in 2008 and 89 in 2007. The reflection/segregation unit was the source of the largest proportion of RIRFs. Most reported incidents related to name calling and verbal abuse between prisoners. Two prisoners with identified mental health problems had been responsible for around a third of complaints, which distorted the figures.
- 4.11 The majority of RIRFs were dealt with by simple enquiry. Some reports were submitted by staff about allegations of racism made against them, which did not constitute a racist incident. Most incidents related to racist bullying and victimisation, but there were no interventions available in the prison and formal mediation was rarely used, although women were sometimes brought together to discuss what had happened. Most incidents were resolved informally, but others were dealt with through the incentives and earned privileges scheme. Some incidents involving racist name calling would have been better dealt with through the adjudication process in order to send out a stronger message.
- 4.12 Most incidents were investigated promptly, although a considerable backlog had built up earlier in 2009 when the race equality officer had been off sick, resulting in delays of over three months. The backlog had been addressed, but staff changes had undermined some prisoners' confidence in the system. Complaints with a racist element were properly referred as racist incidents and there was appropriate information sharing with the security department and through the cell-sharing risk assessment. There was no register of names of individuals regularly involved in racist incidents, although security staff were aware of prisoners serving sentences for racially motivated offences.

Race equality duty

- 4.13 Prisoner representatives were in the middle of preparing for Black History month, but this was the first such celebration for 12 months compared to 2008 when there had been many such events celebrating cultural and racial diversity including special events raising awareness about Travellers.

Recommendations

- 4.14 Racist incident report forms should be scrutinised by an external body and feedback provided to the diversity and race equality action team.

- 4.15 Racist incidents that involve abusive derogatory name calling should be dealt with through prison disciplinary procedures unless there are mitigating mental health factors.
- 4.16 There should be regular events to promote racial and cultural diversity.
- 4.17 Interventions to challenge racist bullying and protect the victims of racist bullying should be put in place, with mediation used in appropriate cases.
- 4.18 The prison should maintain a list of those involved in racist incidents, which should be shared with key staff.

Religion

- 4.19 Muslim women reported more negatively in our survey about being victimised, but the reasons for this had not been identified.
- 4.20 Around 55% of women were Christian, 30% declared no religion and 15% were of other religions, of which the largest minority were Muslim (12 women). In our survey, 24% of Muslim respondents said they had been victimised by prisoners because of their religious beliefs and 39% by staff. This was significantly higher than among non-Muslims, but there was little understanding in the prison of why this should be the case.
- 4.21 The Muslim chaplain was part of the DREAT team and fed back regularly about religious issues. There were no reported incidents of religious discrimination, although staff reported some tensions occasionally arising from communal living. The chaplaincy team had supported inter-faith understanding, including encouraging women participating in Eid celebrations at the end of Ramadan to bring a non-Muslim friend to the Eid meal. In our survey, all Muslim women said they were able to see a member of their faith in private and 88% said their religious beliefs were respected.

Recommendation

- 4.22 Discussions should take place with Muslim prisoners about their perceptions of victimisation by staff.

Foreign nationals

- 4.23 There were relatively few foreign national women. Most sentenced foreign national women transferred elsewhere and services were underdeveloped. Some useful information was available, but there were no groups and peer support was insufficient. Some foreign national women were isolated because of language issues and underuse of telephone interpretation. Legal advice was available.
- 4.24 There were 16 foreign national women (7% of the population). This was regarded as high and the number was sometimes as low as six, mainly because sentenced foreign national women were sent to HMP Morton Hall as a designated foreign national centre. Consequently, nearly all foreign national women were either on the remand or C wing. The single largest group were Chinese and Vietnamese. Some prisoners spoke very little English and felt very isolated.

- 4.25 The labour/regimes clerk acted as the foreign nationals coordinator (FNC) and as the main contact point for staff, but did not deal with the UK Border Agency (UKBA), which was the responsibility of the custody office. The post was relatively new and the post holder had not had any formal training. Her main duties were working on translation documents through an internet translation service and coordinating information. A detailed information book available to all staff outlined relevant basic law and processes, including deportation, and described some provisions, such as a free monthly telephone call for those not receiving visits. It also listed useful sources of help and highlighted some of the vulnerability issues of foreign national prisoners. There was a foreign national prisoner representative on the DREAT, but no separate forum for foreign national prisoners, which was attributed largely to language problems. The foreign national prisoner representative was based on the main side of the prison and was inaccessible to those on the remand side where most of the foreign national women were.
- 4.26 The FNC kept a record of all foreign national prisoners, including the language spoken and level of ability in English. One member of staff was used regularly as an interpreter. Foreign national women we spoke to said the main problems were a lack of understanding of basic prison procedures, lack of reading materials and the food and one said 'we are invisible'. Staff awareness of foreign national prisoners varied. The staff we spoke to were aware of the professional telephone interpreting service, but wing files contained little evidence that it had been used and a number of staff said some women 'understood more English than they let on' even though there was no evidence to support this. In the previous month, the interpreting service had been used 45 times, but mostly by healthcare and reception staff. The prison had also obtained a hand-held translator that allowed questions to be typed and translated. This relied on the foreign national prisoner being literate in her own language, which the prison acknowledged was sometimes not the case. Some staff were unaware of this facility and prisoner representatives were not allowed to use it.
- 4.27 The FNC had identified a number of weaknesses in provision, including that the translation computer package was unsuitable for Chinese because of the different keyboard. There were also problems in obtaining newspapers in other languages. The FNC spent significant amounts of time translating local policies, a number of which were available in the main languages spoken.
- 4.28 Legal advice was offered regularly by the legal services officer, who had links with legal immigration specialists in Derby. Citizens Advice visited weekly and the Independent Advisory Service were advertised as a telephone contact. Information from the Derby law centre was available in a number of key languages. Hibiscus (the London-based support group for foreign national women prisoners) could be contacted by telephone.
- 4.29 The chaplaincy team was a good source of support for foreign national women, some of whom had few family and friends in the country, and arranged support from external church groups.
- 4.30 Foreign national prisoners were entitled to monthly free telephone calls, but only if they had not had a domestic visit. Take-up was low and an application had to be made every month. Some women appeared unaware of this entitlement and only one had ever applied for a free overseas telephone call. The costs calculated were based on 2006 calling rates. Foreign national women were allowed extra monies in their accounts for international calls and could buy telephone cards giving a better rate than the payphones.
- 4.31 Custody staff had the main responsibility of notifying the UKBA following reception of foreign national women and keeping in contact, particularly as the release date approached. UKBA representatives normally visited the prison weekly, although the lack of a designated foreign

national officer meant custody staff had to act as the main liaison. There was one immigration detainee at the time of the inspection and there were sometimes problems in moving detainees to immigration centres. One woman had previously been held for six months as a detainee because there was no space in the immigration estate. The prison had developed good relationships with immigration staff at East Midlands airport and had better contact there than with the Criminal Casework Directorate in Croydon.

- 4.32 Custody staff had little time to deal with immigration matters. Both of the staff responsible had other weighty responsibilities and were hampered by the lack of trained prison officers. All immigration paperwork was sent in English and staff said prisoners often had difficulty understanding it. Custody staff were not aware of the existence of the hand-held translator. We came across one example in an observation book where a prisoner had been given 14 days to respond to a deportation notice and found it difficult to get professional advice.

Recommendations

- 4.33 A trained foreign national liaison officer directly accessible to prisoners should be appointed.
- 4.34 Staff should receive awareness training about the needs of foreign national prisoners.
- 4.35 Forums for all foreign national women should be held to focus on their distinct needs.
- 4.36 The remit of the designated foreign national prisoner representative should be expanded and she should be given full access to the areas where women are located and opportunity to use translation services to support foreign national women and feed back concerns to managers.
- 4.37 All foreign national women should have their language needs assessed. Those who require interpreting services should have this noted on the wing files and staff should use telephone interpreting services whenever necessary.
- 4.38 Official letters about immigration status and deportation should be provided in a language the prisoner understands.
- 4.39 All foreign national prisoners with immediate family living overseas should receive at least one free international telephone call a month, regardless of whether they have received a social visit.
- 4.40 Women prisoners should be able to receive independent legal advice on immigration matters.

Housekeeping point

- 4.41 Policies and procedures available in translation should be widely advertised for the benefit of staff and prisoners.

Disability

- 4.42 Thirty-six women were listed as having disabilities, but our survey suggested this was higher. A part-time disability officer had put some good systems in place to identify needs, but lacked time to follow up individual cases. Some adaptations to cells had been made, but there were no individual care plans. Most areas were accessible to those with mobility difficulties.
- 4.43 The management of disability was led by a disability liaison officer (DLO) who was also a senior officer on the remand wing. There was no regular allocated time for this role, but the DLO was able to spend some hours every week on the task. There were some systems in place for staff on the remand wing to gather information about prisoners' disabilities as part of reception interviews. Any self-disclosed disabilities were referred to the DLO, who interviewed women to identify particular needs.
- 4.44 In our survey, 19% of prisoners considered themselves to have a disability, representing approximately 48 prisoners, but the prison knew of only 36. They reported more negatively about first night and safety and twice as many as others said they had been victimised by other prisoners. They were also more likely to have emotional and wellbeing issues and to report less access to activity. The DLO maintained a database of identified prisoners and this was accessible to other staff. It listed 36 women with disabilities ranging from acute to minor physical problems. Ten of these women had multiple disabilities. The DLO believed that mental health and learning disabilities were underestimated as they were frequently not self-disclosed. The DLO had attended a 'disabilities champions' course in the community along with three other members of staff, but had only limited time to follow up individual cases.
- 4.45 The DLO normally saw prisoners identified on reception within three days of their arrival. Following an interview, any relevant information was passed to occupational health staff or the named disability nurse. Some information was forwarded to residential areas, but there were no care plans. A list of prisoners requiring help in an evacuation had just been introduced.
- 4.46 There were two designated cells for women with disabilities. The one on the remand wing was a double cell and had been completely adapted with an adjustable bed. The other cell on B wing was smaller, but had adapted facilities including a shower. Two women who were wheelchair users were located in ordinary rooms on the voluntary testing unit. Neither was completely restricted to her wheelchair and the prison had made some adjustments to their rooms, such as grab rails and shower chairs. The prison had secured funding to convert six rooms on B wing, which would better meet the needs of the population.
- 4.47 Most areas of the prison were accessible, including the animal sanctuary, although education for women on the sentenced side of the prison was located upstairs without a lift. The E wing house was also inaccessible, so longer-term enhanced level prisoners with severe mobility difficulties were unable to progress to the more self-contained accommodation. Of the 36 women recorded with a disability, 11 were classified as unemployed; most of these were unlocked for most of the core day.
- 4.48 The prison had drafted a 'buddy' policy for women requiring extra help and three women had been assigned a buddy. This was largely voluntary and did not attract any financial reward. Neither of the women in wheelchairs had an allocated buddy. Most items for practical help, such as walking sticks, had to go through occupational therapy and prisoner representatives reported some delays in this. There were no forums for prisoners with disabilities, although

there was a prisoner representative for them on the DREAT. There was no analysis of particular disability needs and no monitoring to see whether prisoners with disabilities were under-represented in areas such as access to work, education or the gym.

- 4.49 Some women felt isolated due to their disability and one said she had received some negative attention from other prisoners because of her disabilities, which resulted in bullying. There was insufficient evidence that the underlying issue of victimisation had been challenged.

Recommendations

- 4.50 Regular consultation forums for women with disabilities should be held.
- 4.51 Women with disabilities should have an individualised and multidisciplinary care plan into which they have had an input.
- 4.52 Equality of treatment should be monitored through the diversity and race equality action team and analysed by disability, and appropriate action taken to rectify any inequalities.
- 4.53 The draft buddy scheme should be fully implemented and include suitable training and rewards.

Older prisoners

- 4.54 Services for older women were being developed. An action plan had been produced, but had not yet been implemented.
- 4.55 Just under 10% of women were over the age of 50, including four women in their 60s. In our survey, 93% of those over the age of 50 were new to custody. Responses were largely similar to those of younger prisoners, although more felt victimised because of their religious belief and ethnic origin. They also reported poorer experiences of the first few days of custody and only 14% of those over 50 said they had been offered help in dealing with problems of feeling depressed, compared with 51% of younger prisoners.
- 4.56 A principal officer had been tasked with developing this area and a number of staff had attended a forum at HMP Downview aimed at developing provision for older prisoners across the women's estate. This had resulted in an action plan, which had not yet been implemented. Some provision was in place including a healthcare lead for older prisoners and some specialist gym. Those who were unable to work were unlocked for most of the day.

Recommendation

- 4.57 The action plan for older prisoners should be implemented.

Sexual orientation

- 4.58 A significant proportion of women said they were gay or bisexual, but work to meet their needs was at an early stage.

- 4.59 In our survey, 42% of prisoners, significantly higher than the comparator of 27%, said they were gay or bisexual. They reported more negative experiences of searching and were more likely to have spent time in segregation. Forty-four per cent, compared to 28% of other prisoners, said they had been victimised by another prisoner and more had felt threatened and intimidated by staff and prisoners. They were, however, more positive about the regime. The prison had just introduced an equal opportunities reporting system for prisoners to report incidents other than race, but only one report regarding alleged homophobia had been received so far.
- 4.60 The prison's decency policy was clear about the boundaries of relationships. Women were allowed to hold hands, but any other contact was the subject of warnings. Some women in groups said the policy was administered inconsistently. The DREAT had appointed a prisoner representative for sexuality and had introduced 'equality' complaint forms, but this work was still at a very early stage.

Recommendation

- 4.61 The prison should introduce an action plan to support and meet the needs of women who are gay or bisexual, including referral to external networks.

Section 5: Health services

Expected outcomes:

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

5.1 Women in our survey were positive about the quality of healthcare services. A good, well managed service was provided, with reasonable access to the GP and nurse-led clinics, but there were a significant number of nurse vacancies, including in mental health. There were separate health facilities for each side of the prison. Pharmacy services were generally satisfactory, with some minor issues that required attention. The quality of dental services was good, but there were some long waiting times. Mental health services were satisfactory, but there was no day care facility and mental health transfers took too long. There were no in-patient facilities and the segregation unit was used inappropriately to hold mentally ill women.

General

- 5.2 Healthcare services were commissioned by Derbyshire County Primary Care Trust. Primary care services were provided by the prison and mental health services by Derbyshire Mental Health Trust. General practitioner services were delivered by Derbyshire Health United. The last health needs assessment had been completed in December 2007. It had been used for future planning and a new health needs assessment was in draft for completion in 2010. The prison partnership board was well represented and demonstrated good relations with the primary care trust (PCT). Healthcare was managed by a band 8 senior nurse who was a member of the senior management team and the partnership board.
- 5.3 The head of healthcare managed a team of nursing and administration staff in addition to two full-time general practitioners. She was also the line manager for healthcare staff on the Toscana unit. Prisoners had equity of access to some good healthcare services. Care was provided in conditions that ensured the privacy and dignity of patients was maintained. Discipline staff escorted and supervised prisoners attending appointments and receiving medicines.
- 5.4 Healthcare facilities were located on two sites. The healthcare centre was the main facility for the sentenced side of the prison. It was clean and well decorated, with good infection control measures. The remand wing had four healthcare rooms for primary care. The rooms were heavily used and untidy and did not provide the cleanest areas for carrying out physical treatment.
- 5.5 The healthcare centre was in a converted section of the main prison building, with two consulting rooms that were also used as treatment areas, a central waiting area, a pharmacy, three offices and two in-patient rooms. The waiting area included seating and a good range of information leaflets and notices. None of the information was available in languages other than English. The professional telephone interpreting service was used regularly.
- 5.6 Healthcare facilities in reception were inadequate, with insufficient confidentiality and no suitable space for clinical assessment and recording. An alternative room had been identified.

Clinical governance

- 5.7 The healthcare team had good clinical governance arrangements, with regular meetings with the PCT and local steering group. The staff skill mix was good, but there were a significant number of nurse vacancies.
- 5.8 The head of healthcare was supported by two band 7 nurses responsible for the management of primary care services. A further band 7 nurse recently employed as a nurse practitioner triaged patients each day and was able to prescribe medications. This had hugely improved the throughput of patients and their prompt treatment and care. There were a further 10 band 6 nurses, five band 5 nurses and seven healthcare assistants who provided a primary care service at both healthcare sites. There were two whole time equivalent pharmacy technicians supported by a visiting pharmacist and four administrative staff. There were 10 nurse vacancies, three of which had been recruited but were awaiting security clearance.
- 5.9 Healthcare staff were available from 7.30am to 9pm during the week and from 8am to 9pm at weekends. The skill mix of nursing staff allowed access to a good range of nurse-led clinics in addition to those provided by specialist visitors, who included an optician, podiatrist and smoking cessation team. There were good arrangements for the loan of occupational therapy equipment when required. Staff training was well monitored, with all mandatory courses up to date and all mandatory registrations completed. Clinical supervision was well organised and available to all nursing staff.
- 5.10 General practitioner services were provided by two full-time GPs, one of whom was female. Clinics were provided each weekday at the healthcare centre and the remand wing. Out-of-hours cover was provided by the same service as in the local community.
- 5.11 The dental surgery was staffed by a dentist and two dental surgery assistants (DSAs) employed by Derbyshire County PCT. The DSAs were trained in oral health promotion. Sessions were provided weekly on Thursday morning and afternoon, when sentenced prisoners were seen, and every other Tuesday morning and afternoon, when prisoners on remand were treated. Two appointments each working day were allocated to patients from the Toscana unit, usually one for routine and one for urgent treatment. The two DSAs also provided a fortnightly session of face-to-face triage. Adequate arrangements were made to cover any staff absence.
- 5.12 Pharmacy services were provided by a local pharmacy supplier and prescription items were supplied in good time. A pharmacist visited the prison once a week, but was not available for patient consultation and there were no pharmacist-led clinics. Three full-time pharmacy technicians advised patients about compliance and side effects of medicines.
- 5.13 Emergency equipment was kept in the healthcare centre and the remand wing treatment room. The equipment, including defibrillators, was checked twice daily and monitoring records were completed. All healthcare staff were in date for the mandatory training for immediate life support, including the use of defibrillators.
- 5.14 Clinical records were completed electronically using SystmOne. This was available at both healthcare sites, but not in the reception area. Hard copy clinical records were appropriately stored in secure locations accessible only by healthcare staff. Satisfactory protocols ensured that relevant health and social care information could be shared when necessary.
- 5.15 Clinical policies had been developed specifically for the prison in addition to those provided by the PCT. National service frameworks and NICE guidelines had been used for policy

development. There was no healthcare forum for women. We were informed there were about eight complaints about healthcare provision each month and only one complaint had been made through the patients advisory and liaison service in the last three years. Women were well informed of the complaints process.

- 5.16 The control of communicable diseases was well managed with some good contingency planning. There was good liaison with appropriate NHS services and the health protection agency in the event of any outbreak of disease.

Primary care

- 5.17 Reception screening was satisfactory, using a tool that assessed immediate clinical, psychosocial and mental health needs. Following initial assessment, appropriate action was taken and results were transferred to the SystmOne electronic record. Secondary screening was carried out the following day and all prisoners were given the opportunity to see the GP.
- 5.18 Health promotion information was available throughout the prison and the strategy included group presentations during the living skills workshops. National campaigns had been followed in the past, but were difficult to arrange with the current staff shortages. Disease prevention programmes were good, including hepatitis B clinics and influenza programmes. There was no barrier protection and arrangements to obtain dental dams were being made with the PCT.
- 5.19 All nurse-led clinics were delivered by appropriately qualified staff. Attendance rates were satisfactory and there was scope to develop the services as staff numbers improved.
- 5.20 Prisoners requiring primary care services used a separate healthcare application process. All healthcare applications were confidential and seen initially by the triage nurse who prioritised patients. She was sharing her skills with nursing staff and developing triage algorithms for use across the department. She was able to assess, diagnose and prescribe medications for many patients, which had resulted in a marked reduction in the waiting time to see the GP, often to within 24 hours of submitting an application. Prisoners with life-long conditions were managed on the wings and those whose conditions were stable were not prevented from being transferred. There were no day care facilities and those with enduring mental health problems who became disruptive were often held in the segregation unit. Despite being visited daily by healthcare staff, this was not an appropriate way to manage these patients.

Pharmacy

- 5.21 Treatment rooms were in good order, but cramped.
- 5.22 An in-possession policy was under review. Patients were risk assessed when treatments were initiated. There were systems to record and review errors and other pharmacy-related incidents with serious ones reported to the PCT.
- 5.23 Most medicines were administered from general stock in accordance with written prescriptions. Standard prescription and administration charts were used and annotated at the time of administration. Charts were in generally in order, but with a number of blank spaces. Patients receiving supervised methadone signed their prescription chart. The prison faxed the prescription and administration chart to the pharmacy which maintained patient medication records on the pharmacy computer, but only for prescriptions dispensed for named patients and not for medicines administered from general stock.

- 5.24 Records of maximum and minimum temperatures were kept for medicine fridges, although the record in the remand centre was slightly erratic. Baxa pumps in both treatment rooms were regularly cleaned and calibrated, but records were not kept.
- 5.25 A pharmacy technician was involved in the nicotine replacement therapy clinics. The pharmacist did not have consultations with patients.
- 5.26 Medicines were administered and supplied by nurses between 9.30am and 11.30am, 2.10pm to 3.10pm and 6.30pm to 8.30pm. In-possession medicines were supplied at lunch time during the week. Medicines were administered from the two treatment rooms through gated hatches. At the health centre patients were dealt with individually and confidentially but women had to wait outside under an inadequate shelter. Those on the remand side had no cover.
- 5.27 Most in-possession medicine was supplied in seven-day packs, in standard cartons, but not original packs and did not have the 'dispensed by' boxes completed. Using seven-day packs took up more space and time than the 28-day original packs. Cartons did not contain patient information leaflets, but these were available on request. Prisoners in shared cells had lockers to store medication. The pharmacy technicians monitored compliance and possible diversion of in-possession medication through random checks. .
- 5.28 A repeat medicine ordering system ensured supplies the following day.
- 5.29 In-possession medication was supplied for discharge or court, including NHS instalment prescriptions for methadone users.
- 5.30 A well-attended medicines and therapeutics committee met every two months. The policy for reporting sick was explained, but we did not see a written process. The prescribing formulary was based on Derby County PCT's formulary. Patient group directions were used allowing more potent medication than would otherwise be available without a prescriber.
- 5.31 Each treatment room ordered its controlled drugs and maintained its register separately. In both rooms we noted an occasion when the top copy of the signed requisition order had not been retained by the pharmacy. Keys for the controlled drugs cabinets were safely stored.
- 5.32 Records were kept of expiry date checks. There were agreed stock levels for general stock, but no system to audit stock usage against medication prescribed.

Dentistry

- 5.33 The dental surgery was in a portakabin next to the healthcare centre. The dental chair and unit were in good working order, but there was no amalgam separator incorporated into the dental unit. The heating and air conditioning systems were unsatisfactory but a new one was due to be installed.
- 5.34 There was a satisfactory x-ray machine and automatic developer but a panoramic machine was awaiting installation. In the meantime, patients requiring a panoramic radiograph were referred to a community clinic, which took up to three weeks.
- 5.35 The radiation protection file and a radiograph quality assurance programme were in place.
- 5.36 Cross-infection control procedures were satisfactory, with widespread use of disposables, but there was no washer-disinfector. Waste was appropriately stored and disposed of. The

compressor and autoclave were well maintained. There were adequate instruments, which were stored and rotated satisfactorily.

- 5.37 The waiting area was just a very small, unheated lobby which compromised patient confidentiality as conversation in the dental surgery could be overheard.
- 5.38 Record-keeping was good with dental episodes fully entered on SystmOne. Medical history sheets were used routinely. Radiograph management was very good. Clinical records and associated radiographs were appropriately stored.
- 5.39 Prisoners were told about dental services at induction and could submit a specific application for dental treatment at any time, but these often ran out and general healthcare application forms were used, which did not have all the information required. Applications were acknowledged and triaged by the DSAs, usually within one to two weeks.
- 5.40 Sentenced patients were graded according to symptoms and placed on the waiting list and waiting time for routine treatment was three to four months. There were 41 patients awaiting routine treatment. Remand prisoners were booked into the next remand session and there was no waiting list. All women requiring urgent treatment were seen at the next dental session. The triaging, waiting list and appointment system were well managed.
- 5.41 A full range of NHS treatments was offered. Routine treatment courses were completed efficiently and long-stay prisoners recalled. Planning and treatment were of a high standard. Approximately eight patients were seen each session. Records showed an 11% loss in surgery time during the previous calendar month because of failures to attend, but most cancelled or failed appointments were filled.
- 5.42 Out-of-hours cover was provided by the prison doctor or nurse practitioner and/or a local dental access centre with clear protocols for dental emergencies. Orthodontic referrals were made to an outside unit.
- 5.43 Oral health education was provided during treatment and at monthly group sessions. Oral health promotion was due to be linked to the induction and living skills programmes to target every prisoner. Toothbrushes and toothpaste were issued at oral health promotion sessions and could be bought from the shop.
- 5.44 The dental team provided a high quality, well planned and monitored service and patients were treated with care and courtesy.

In-patient care

- 5.45 The two in-patient rooms could accommodate three prisoners. They were clean, well decorated and well equipped, but had not been used for over a year. The PCT was negotiating for the space to be used to extend services to prisoners.

Secondary care

- 5.46 External specialist appointments were well managed. When necessary, a medical hold was placed on prisoners to maintain their continuity of care. Administration staff ensured that patients were seen inside the waiting target of 18 weeks including any cancellations. Information was well organised, but would have benefited from a collated table of dates that could be interrogated more easily.

Mental health

- 5.47 Mental health services were affected by staff shortages. There was one vacancy for a community psychiatric nurse (CPN) and the occupational therapist post became vacant during the inspection. The mental health in-reach team therefore comprised two band 6 CPNs and a part-time band 7 team leader who was also qualified as a learning difficulties nurse. A forensic and a consultant psychiatrist provided two sessions a week and a clinical psychologist provided one session a week. Primary care was provided by two mental health nurses. There was an open referral system and all referrals were triaged by a CPN. Two voluntary counsellors had been available and a new contract with a local charity was about to be implemented.
- 5.48 The mental health in-reach team was located in the prison and each of the nurses had an average caseload of 15 patients. Forty-eight patients were being seen, which would become increasingly demanding if the staffing situation continued. The occupational therapist provided group work as a primary therapeutic intervention, but there were no full-time day care facilities for women with enduring mental health problems who were having difficulty coping on the wings. Initial assessments for patients with enduring mental health problems were carried out quickly, but transfers to secure units were often protracted, with the longest waiting time of six months during the last year. Five patients were waiting to be transferred and two of these women were held in the segregation unit.
- 5.49 Mental health awareness training had been delivered in the past and a rolling programme of courses had started. Staff attendance was prioritised to include those from the segregation unit and remand wing.

Recommendations

- 5.50 Healthcare information should be available in languages appropriate to the prison population.
- 5.51 Healthcare reception screening interviews should be carried out in an appropriate and confidential environment.
- 5.52 All vacant nursing posts should be filled quickly.
- 5.53 A representative patient forum should be established.
- 5.54 Barrier protection should be made freely available.
- 5.55 Day care facilities should be established for women who need therapeutic support for emotional, behavioural and mental health problems.
- 5.56 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where the patient refuses medication or fails to attend and issues relating to drug compliance should be followed up where appropriate.
- 5.57 The medicines and therapeutics committee should review the use of general stock, with named patient medication used wherever possible.

- 5.58 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews.
- 5.59 Appropriate waiting facilities should be provided for patients waiting for medicine administration.
- 5.60 Subject to risk assessment, where possible in-possession medication should be supplied for 28 rather than seven days.
- 5.61 The controlled drugs register for schedule two drugs should comply with current legislation.
- 5.62 A system should be introduced to audit stock usage against medication supplied.
- 5.63 The medicines and therapeutics committee should ensure that prescribing data are used to demonstrate value for money and to promote effective medicines management.
- 5.64 Patients with mental health needs should be held in the segregation unit only in exceptional circumstances.
- 5.65 The dental suite should be equipped with an amalgam separator and washer/disinfector.
- 5.66 Prisoners should have access to an appropriate dental waiting area that provides information and seating and maintains privacy for those receiving treatment.
- 5.67 Measures should be taken to reduce the length of waiting time for routine dental treatment.
- 5.68 Transfers to secure mental health units should be managed expeditiously.

Housekeeping points

- 5.69 The pharmacist should check a random selection of dispensed faxes against the original prescription forms during her weekly visits.
- 5.70 A record should be kept for calibration of the methadone mixture Baxa pump.
- 5.71 Patient information leaflets should be supplied with medication wherever possible.
- 5.72 Dental application forms should be consistently available.
- 5.73 Oral health promotion sessions should be incorporated into the induction and living skills programme.
- 5.74 The dental suite should be equipped with a heating/air conditioning unit.
- 5.75 Data for outside specialist appointments should be collated and include dates of referrals and completed appointments.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 There were sufficient education, training and work activity places for the population at the time of the inspection, but the range of opportunities for women on remand was limited. There was strategic direction for learning and skills. Work had been undertaken to improve provision, but not all available data was used. Induction and initial assessments needs were satisfactory, but support for women with needs for English as a second language was inadequate. Monitoring to ensure the needs of the many women with low literacy and numeracy levels were met was poor, and there were inadequate links between individual learning and sentence plans. Teaching was good and overall achievements were satisfactory. Some useful vocational qualifications were available, but in other areas, opportunities to accredit skills acquired in prison work were missed. Wing jobs did not fully occupy women. Activities were subject to too many disruptions, such as for collecting medication. The library provision was satisfactory, but opening times were limited.

Management

- 6.2 The learning and skills strategy set a direction for continuous improvement. There had been many recent improvements. There were enough activity places for the 224 women, although there was less choice for women in the separate remand area. Education, training and work were offered flexibly to meet individual needs and most women combined part-time education or training with work. Places were not used to full capacity. There were not enough places for the prison's operational capacity of 290.
- 6.3 Many more prisoners than at previous inspections were undertaking accredited activities and the range of provision was good. Operational management of the education and vocational training areas was good and there were good working relationships between prison and learning and skills contractor staff.
- 6.4 The prison offered a wide range of education and vocational training, offering skills that were useful for employment, family and community life. However, developments were not fully informed by data analysis or a comprehensive needs analysis.
- 6.5 The pay policy had been revised and was linked to the incentives and earned privileges (IEP) scheme rather than to individual activities. While this did not act as a barrier to participation in learning and skills activities, it did not recognise and reward prisoners in positions of responsibility, such as mentors, advisers, trainers, assessors and internal verifiers.
- 6.6 The quality improvement group met regularly and the self-assessment process was satisfactory. The self-assessment report was very comprehensive, with clear action plans, but

did not sufficiently emphasise key strengths and improvements needed. The processes for observing teaching and learning were satisfactory. There were not enough formal opportunities to share best practice, especially among vocational staff involved in similar practices working in different areas of the prison.

- 6.7 There were policies for equality, diversity and safeguarding, but not enough staff training in the best ways to implement these for prison and contractor staff. Processes for feeding back information from prisoner representatives to appropriate staff were underdeveloped. Staff lacked sufficient awareness of ways to reinforce equality and diversity through learning activities and how to identify dyslexia tendencies and support prisoners with additional learning needs.

Induction

- 6.8 There were around 15 new arrivals every week. Prisoners' literacy and numeracy abilities identified at previous prisons or on remand were used to plan learning and only those without results available completed initial assessments during the induction programme. Following information, advice and guidance discussions, prisoners were referred to the education staff for allocation to education provision, and to activities staff for allocation to vocational training or general prison work.
- 6.9 Waiting lists for courses were not used and prisoners were expected to respond to advertisements on residential units when places became available. There was inadequate feedback to explain the reasons for unsuccessful applications. Individual learning plans and sentence plans were not linked systematically, although some adjustments took place when additional needs were known.
- 6.10 There were 15 unfit or unemployed prisoners in the remand area. In the main prison, there were seven unemployed prisoners. Three prisoners were in the segregation unit and two had been suspended from their employment. Ten prisoners were attending behavioural change programmes.
- 6.11 There were good links with nearby prisons and colleges for support.

Work

- 6.12 There was work for 87 prisoners in the main prison gardens, kitchens, textiles workshop, stores and as orderlies, mentors and advisers, most as full-time jobs. The 22 full-time jobs on the main residential units as cleaners and servery workers did not fully occupy prisoners. A few women gained qualifications through prison work. Five prisoners were employed on the remand side briquette-making and 13 as cleaners and servery workers.
- 6.13 The main prison gardens were beautifully kept and an example of how work helped improve the general living environment. There were 30 places on the gardens team and tasks involved design, recycling materials, construction, planting and maintenance. The gardens offered very good opportunities for accredited learning and assessment, but were under-used, with only around six prisoners working towards qualifications at any one time. Prisoners could not have their own allotments to grow vegetables and flowers and develop such skills for use on release. The animal sanctuary provided a therapeutic environment for prisoners to work in and visit. There were opportunities to gain qualifications in caring for animals and birds. Very good use was made of peer mentors as assessors and internal verifiers in gardens and the sanctuary

- 6.14 The prison kitchens and serveries did not offer qualifications for skills and knowledge gained and there was no systematic process for ensuring prisoners working in these areas held basic food hygiene awards. Prison cleaners were encouraged to gain qualifications, although this was not fully enforced or a work requirement.
- 6.15 Education staff visited most prison work areas and provided valued and easily accessible and effective support for literacy and numeracy skills development.

Vocational training

- 6.16 There were 38 places on three vocational training areas in the main prison, with 21 full-time places in hairdressing and textiles and 12 places two days a week on the cleaning course. Overall achievement of qualifications was satisfactory. There was good achievement of level 1 awards in 2008-09, but progress on hairdressing and cleaning courses was affected by staff absence.
- 6.17 Hairdressing national vocational qualifications (NVQs) were offered at levels 1, 2 and 3 by Lincoln College staff to 10 prisoners. The level 3 hairdressing achievement was good and some prisoners had also gained assessor awards, but were underused to help others progress. Staffing, stock and client problems had affected some progress and standards of work varied. The salon was large, but underused. The theory room was well equipped with computers and a projection screen. Teaching and learning were satisfactory. The hairdressing provision contributed regularly to charity and prison-wide events.
- 6.18 The NVQ level 2 cleaning course offered 11 prisoners training managed by Derby College. It provided prisoners with practical training and theory in a range of areas. Staffing problems meant the course was taking 20 weeks, twice as long as previously, to complete. Two qualified prisoner team leaders monitored small teams, although these roles were underutilised. Staff and prisoner areas were well used and provided a good range of cleaning opportunities for training and assessment.
- 6.19 The textiles workshop employed 12 prisoners and offered a high quality tailoring, alterations and soft furnishing service to prisoners and staff. This enabled prisoners to gain qualifications and a wide range of skills. The training for the textiles qualifications was supported by creative sessions by education art staff. The prisoners' textiles work was of a very good standard and enabled them to use self-expression and imagination. Some prisoners made articles for charity.
- 6.20 Prisoners with literacy and numeracy below level 1 in vocational training were encouraged to attend education classes to support the achievement of their vocational qualifications.

Education

- 6.21 The education provision was on a flexible part-time basis, with 28 places both in morning and afternoon sessions in the main prison and around 14 to 21 places daily on the remand side. Some prisoners were released from work to attend two sessions a week and others combined half-day education and half-day work activities.
- 6.22 Overall achievement of qualifications in education was satisfactory. Achievement of qualifications on some courses, such as level 3 teacher training, assessor awards and level 1 personal development and sustainable development, were very good. Achievement of qualifications in literacy at level 1 and numeracy at level 2 were low in 2008/09. The prison did

not adequately monitor the take-up of provision by prisoners with entry levels in skills for life subjects. There was insufficient staff awareness of ways to support prisoners with dyslexia or those who did not speak English as a first language.

- 6.23 Most prisoners made good progress toward their individual learning goals and increased their self-confidence and feeling of self-worth. Many made a good contribution through work as peer tutors, Listeners, mentors and Storybook Mums editors. However, they did not receive sufficient formal recognition for their commitment and work.
- 6.24 Attendance at most learning sessions was severely disrupted by learners being withdrawn to attend appointments, receive medication or carry out errands. This poor practice disrupted learning for all prisoners in a session and did not reinforce good attitudes to learning and/or employment.
- 6.25 Teaching and learning were good. Sessions included a good range of well-planned and stimulating activities and teaching methods. Art and cookery sessions used interesting projects and tasks. The employability programmes included useful discussions to help prisoners grasp relevant concepts and practical skills.
- 6.26 Learning in literacy and numeracy was too often based on paper-based materials. Reviews of prisoners' progress were satisfactory, but some did not receive sufficiently detailed feedback to help them. There was insufficient support for ESOL prisoners for them to progress well in English skills.
- 6.27 There were 26 prisoners on a variety of distance learning courses funded through charities such as the Prisoner Education Trust and Hardman Trust. While these women could receive support from education staff on weekdays, they had no access to computers in the evenings and at weekends. Laptops were not allowed for use in women's rooms and some women were hand-writing assignments, which was a disadvantage at this level.

Library

- 6.28 The main prison library space had doubled since the 2007 inspection and now provided study areas, newspapers and computers. A new ramp gave access for prisoners with mobility difficulties. There was a smaller library in the remand area.
- 6.29 The library provider was Derbyshire County Council. It was staffed by a part-time librarian, three part-time library assistants and two prison orderlies. It had limited weekday opening of four half-days for adult prisoners and young adults. Those in education, training and work had to interrupt their activities to visit the library on the allocated session. The library did not open in the evening and at weekends.
- 6.30 The book stock was adequate. Quick-read books and audio story and music tapes were stocked. Library staff were not pro-active in sourcing books, such as those in languages other than English, although they were responsive to requests from prisoners. Prison Service Orders were available in hard copy and the required legal books were stocked. At 45p each, music CDs were relatively expensive to borrow, out of prisoners' wages.
- 6.31 There was no systematic recording of library use, which staff reported was low, or book loss, which staff said was high. In our survey, 56% of women said they went to the library at least once a week, which was better than the other women's comparators.

- 6.32 Toe-by-Toe and Storybook Mums were run in the library. The mentoring provided to the two prisoners learning through the Toe-by-Toe scheme was effectively planned and adapted to enhance their development. Storybook Mums provided good opportunities for women to keep in contact with their children, grandchildren and/or siblings.

Recommendations

- 6.33 More use should be made of appropriately qualified prisoners to provide peer support and rewards for peer supporters improved.
- 6.34 The links between learning plans and sentence/resettlement plans should be improved.
- 6.35 Staff working in learning and skills areas should be trained to gain skills and knowledge about how to reinforce equality and diversity topics and better support prisoners with dyslexia and English for speakers of other languages needs.
- 6.36 The analysis and use of the wide range of data should be improved to inform the development of learning and skills.
- 6.37 There should be sufficient activity places for the operational capacity of the prison.
- 6.38 Women should be given written reasons why their applications to education, training and work have been unsuccessful.
- 6.39 The number of women achieving qualifications from work in the gardens should be increased.
- 6.40 Prisoners working in the main prison kitchen and the serveries should take qualifications relating to the skills they use at work.
- 6.41 All prisoners working in the kitchens and serveries should have basic food hygiene awards.
- 6.42 The monitoring of prisoners' progress on education courses and the detail of feedback on their work should be improved.
- 6.43 The take-up of literacy, numeracy and English for speakers of other languages support by prisoners with abilities assessed at below level 1 should be monitored.
- 6.44 Prisoners on distance learning courses should have study facilities with access to computers in the evenings and at weekends.
- 6.45 The library should provide some evening and weekend sessions.

Physical education and health promotion

Expected outcomes:

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

- 6.46 PE was under-staffed, with only three instructors. Recreational PE was available to all prisoners, although too few regularly used the facilities. There were good links with healthcare. The sports hall was too small and poorly lit and the outside facilities were rarely used. Most accredited courses had ceased. Activities were timetabled and availability was limited, as facilities were shared with the Toscana unit.
- 6.47 PE was under-staffed, with only three instructors. Prisoners received a general induction to the PE facilities and there were good links to healthcare for induction screening and remedial sessions, including weight management. The fitness suite was satisfactory and contained a good balance of weights and cardiovascular equipment. The sports hall was too small and poorly lit. The large outside pitches were rarely used for PE or team games and other activities. PE was poorly promoted. Opportunities to link fitness and exercise to healthy lifestyles, nutrition and cooking or growing vegetables were not used. Too few prisoners used the PE facilities.
- 6.48 Recreational, accredited course and juvenile-only activities were timetabled for weekdays and mornings at weekends. There were adult-only sessions on four weekday evenings, but the specific activities for these were not publicised in advance. Prisoners were negative about this as they were called immediately after tea and without knowing what was due to take place. Most accredited courses had stopped and only an Active IQ course and the Heartstart course were still offered. Achievement of qualifications was very low.
- 6.49 Clean kit was issued on the residential units and most prisoners changed and showered in their rooms. There were only two showers in PE and two of the three instructors were men. Accidents were reported appropriately.
- 6.50 Prisoners had recently raised £500 for charity through a 'Race for Life' event. Local adults with learning difficulties attended weekly and prisoners organised seasonal events for them.

Recommendations

- 6.51 The number of PE staff should be increased.
- 6.52 Accredited courses that lead to employment should be re-introduced.
- 6.53 PE, fitness and healthy lifestyle activities should be better promoted to increase participation.
- 6.54 The PE activities offered in the evening should be published in advance.

Time out of cell

Expected outcomes:

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

- 6.55 Time out of cell for most women was very good, with equally good access to time in the open air. All women, apart from those on basic regime or punishment, were unlocked outside patrol states. Arrangements for the daily issuing of medication were causing disruption to activities.
- 6.56 The weekday core day ran from 8.15am to 7.45pm, allowing women up to 10 hours out of their cells as they were locked up between 12.30pm and 1.30pm and between 5pm and 5.30pm. Women who were not required for activities off their wings were still unlocked during the day, so all apart from those who had received a punishment of loss of association or were on the basic regime (of which there had never been more than four in a month over the previous year) achieved 10 hours a day out of their cells. There was no association on Friday and weekend evenings, with women locked up from 5pm on Fridays and 5.30pm at the weekend. This allowed for a maximum of 8.25 hours out of cell on Fridays and eight hours at the weekend, again experienced by the large majority of women.
- 6.57 We observed prompt adherence to unlock and lock up times by staff and prisoners said this was the norm. Association was rarely cancelled, but regime timings were not well publicised on wings.
- 6.58 Women reported clashes between the serving of breakfast and the timing of issuing of medication. However, Remand 1 and C wing were the only wings to have medication issued at breakfast and there appeared to be enough time for women to obtain their medication and eat their breakfast before they were required for activities, as long as they got out of bed at unlock. Arrangements for women in the rest of the prison led to regime conflict with their work, not breakfast. They attended activities from 8.45am and, beginning at 9.10am, were escorted by a specifically detailed officer in small groups from their place of work to healthcare to receive medication. This caused significant loss of time engaged in constructive activity, which was not accurately reflected in the prison's purposeful activity returns. Staff reported that this system of issuing medication lasted until lunchtime on most days and we observed this (see section on learning and skills and work activities).
- 6.59 It was difficult to determine an accurate picture relating to time in the open air as each wing appeared to run on different timings that had not been published and records of exercise periods were incomplete. Despite this, women were clearly able to get at least one hour a day in the open air, as wing doors were opened at various points during the day for women to go outside if they wished into the grounds around the wings. Recent hard work outside D wing by the gardens party had produced a particularly quality environment for women to associate in the open air together.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 Foston Hall was a safe, well ordered prison, with sound physical and dynamic security. There was a good flow of intelligence, which was comprehensively analysed. The number of women subject to closed visits was relatively high and in some cases there was insufficient justification. Security risk assessments for work were too restrictive.

Security

- 7.2 Physical and procedural security appeared generally sound. Dynamic security was good. Staff-prisoner relationships were positive and the content of security information reports (SIRs) reflected a willingness on the part of women to alert staff about any concerns.
- 7.3 A security committee met monthly and was well attended by a range of disciplines, including offender management, education and healthcare. Analysis of security issues appeared comprehensive, with appropriate action identified. Data relating to the number of SIRs submitted, further broken down by subject and area of the prison they originated from, were collated and routinely monitored. However, although the data reached back over the previous three years, minutes reflected discussion on changes from the previous month, as opposed to trends over a period of time. Additional analysis compared data to the same calendar month from 2007 and 2008.
- 7.4 The flow of security intelligence had increased from 2008 to 2009. There had been 1792 SIRs submitted for the year to date (September), averaging 199 a month, against a total of 2059 in 2008 at an average of 171 a month.
- 7.5 In two areas, security arrangements were over-restrictive: security risk assessments for employment allocation and closed visits criteria and decisions.
- 7.6 Allocation to work was determined at a weekly allocation board, chaired by the head of activities. Work areas were security assessed as low, medium or high risk and an officer from the security department completed a risk assessment in advance to determine the level of risk each woman posed from a security standpoint. Women deemed high risk were able to access only low risk activities, those deemed medium risk could access low and medium risk activities and those deemed low risk could access all activities.
- 7.7 Such a process was too restrictive, as women identified as unsuitable for employment in a specific activity were automatically prevented from being allocated employment in a range of activities. Additionally, although the security department had the power to veto any application, they did not attend the allocations board and this prevented any discussion of the individual circumstances of the case, which might have changed the decision.

- 7.8 Although risk assessments highlighted specific issues, such as number of adjudications and drugs-related intelligence, there were no identified criteria to determine the risk category, leaving the officer completing the form to make a subjective judgment. This was clear from the risk assessments we examined, where we found examples of women whose circumstances were identical given different risk gradings with no indication of why. Security staff agreed that assessments were subjective and several said they did not feel confident in completing them as they had received little guidance. The security department could not provide any data on the number of women assessed as low, medium and high risk because such records were not kept. They and the head of activities believed that only a few women had been assessed as high risk.
- 7.9 Eleven women were subject to closed visits arrangements, although this fell to seven by the end of the inspection. Both figures were relatively high for the size of population. Of the security files of all women subject to closed visits, we considered at least three contained insufficient intelligence to justify the decision. One woman had five SIRs in her file, but none provided sufficient evidence to place her on closed visits. For example, one SIR concerned an anonymous prisoner saying the woman was dealing drugs and another related to an unidentified suspicious object being found between two bits of paper in her mail. A second woman placed on closed visits had only one SIR relating to drugs in her security file. This related to another woman saying drugs were available following a visits session. The prisoner concerned was one of four who had been to visits that afternoon, but she was the only one of the four to be placed on closed visits, even though the others were assessed to be 'strongly linked to drug activity'. A third woman had one SIR linked to drugs after she was observed arranging a meeting with women believed to be trading in prescribed medication. The other seven SIRs in her file related to her behaviour and there was nothing to link her with illegal drug activity and visits.
- 7.10 Women were placed on closed visits for three months. They were reviewed monthly at the security committee meeting, but there were no examples of women taken off closed visits earlier. There were also no examples of women remaining on closed visits longer than three months.
- 7.11 Two visitors were subject to a three-month ban, both for appropriate reasons. These bans were also for three months and reviewed monthly.
- 7.12 Women were not routinely strip searched. Security managers said a strip search required the authority of a principal officer and strong evidence that a prisoner had illicit items in her possession, but this was not explicitly stated in the local searching policy. A log of all strip searches was supposed to be maintained in reception, but staff could not find it. We were told that only four strip searches had been carried out in the previous six months.

Rules

- 7.13 Rules were explained to women during induction, contained in the induction booklet and publicised on the units. Compacts relating to each woman's regime level also detailed expected behaviour. However, many women said officers applied the rules inconsistently. When we gave officers an example case of a woman refusing an instruction, all said they would manage the situation differently.

Recommendations

- 7.14 Security risk assessments for activity allocation should be based on clear criteria, specific to the activity and to the individual woman.
- 7.15 The criteria to place women on closed visits should be unambiguous, proportional to risk and linked directly to inappropriate actions or strong security intelligence associated with visiting arrangements.
- 7.16 All strip searches should be logged and monitored by senior managers.

Housekeeping point

- 7.17 The local strip searching policy should be amended to reflect actual practice.

Discipline

Expected outcomes:

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

- 7.18 Adjudication data were monitored, but there was little discussion of trends such as the very high proportion of charges that were dismissed or not proceeded with. Adjudications were generally conducted fairly. Levels of use of force had been high in the first quarter of 2009, but had been declining since. There were examples where force had been used unjustifiably. The segregation unit was usually occupied and was often used to accommodate women with mental health problems. Segregation unit staff were very professional and provided good care and support for some extremely challenging women.

Disciplinary procedures

- 7.19 There had been 402 adjudications over the previous 12 months, averaging just over 33 a month. Each month had its total figure broken down into broad categories of different charges, making further specific analysis difficult. 'Bad behaviour/racist behaviour' consistently appeared to make up the highest single category. Over 44% of adjudications had been dismissed or not proceeded with during the last year, an extremely high proportion. Adjudication standardisation meeting minutes did not demonstrate any discussion of this and issues, such as the need for staff training, were therefore not explored.
- 7.20 No adjudications were held during the inspection. Women who had been subject to an adjudication said they had been given enough time to prepare and that the adjudicating governor had explained the process to them.
- 7.21 The room used for adjudications was very small, with little natural light. During adjudications, the woman sat in one corner with a member of staff on either side and a governor behind a small table opposite. This appeared unnecessarily intimidating.

- 7.22 Most records we saw indicated that adjudications had been conducted fairly, with thorough and appropriate enquiries, but in one case the adjudicating governor dismissed a fighting charge after each of the women gave different versions of events. Further investigation should have taken place to avoid the potential for further conflict.
- 7.23 Punishments were proportionate and in line with the locally published tariff. Charges identified as appropriate for referral to the independent adjudicator were dealt with promptly.

The use of force

- 7.24 There had been 67 incidents involving the use of force in the year to end September, with 46 occurring between January and March. This relatively high figure had been due to a number of incidents involving five very challenging women, four of whom suffered from significant mental health problems.
- 7.25 There was no use of force committee and data collection was limited. Available data covered the number of incidents each month, broken down by prisoner and members of staff involved, but not by ethnicity, disability or distinguishing between incidents such as those which involved full use of control and restraint techniques and others. Use of force was referred to in the quarterly segregation monitoring meeting, but monitoring of patterns and trends was not carried out in sufficient depth.
- 7.26 Use of force records were mostly completed to a reasonable standard, but there were inconsistencies between officers' accounts in some cases. A number were missing signatures from an appropriate certifying manager or a record of injury form. Senior managers did not review the records and in some cases the records indicated that force had been used inappropriately to gain compliance.
- 7.27 Handcuffs were used regularly, but the records did not always provide sufficient evidence to support their use. One case involved a 67 year old woman with a history of difficult behaviour. The records showed that she had been placed in handcuffs when escorted to the segregation unit despite being described as 'fully compliant'.
- 7.28 The segregation unit had no special cells and neither unfurnished accommodation nor body belts had been used in the previous 12 months.
- 7.29 All uniformed staff had received refresher training in control and restraint techniques within the previous 12 months. Control and restraint equipment was in good order and an inventory was held.

Segregation unit

- 7.30 The segregation unit, referred to as the reflection unit, comprised five regular cells and two cells of a 'safer' design, although they were not officially certified safer cells. The cells were located off a twisting corridor, which was cramped and made it difficult for staff to work effectively. All cells were clean and well decorated, with plenty of natural light. A mural in one of the safer cells helped alleviate the otherwise austere surroundings. Furniture was fixed, apart from chairs and cupboards, and all cells had televisions unless they were removed as punishment.
- 7.31 Records showed that the unit was rarely empty. Some women with mental health problems were held there when they were disruptive on the units, but the segregation unit was not an

appropriate environment (see section on health services). The unit was also used inappropriately to provide women with 'time out' when they felt overwhelmed by life on the wings.

- 7.32 Most women remained on the unit for less than a week, but a number of women with mental health problems had spent considerable periods of time there. One of the two women on the unit during the inspection was undergoing assessment for a possible move to a secure mental health facility and had been there for almost five months.
- 7.33 Segregation unit staff were very professional and supportive towards some extremely challenging women and all emphasised the care and support aspect of their role. All had received mental health training in 2008 and refresher training in 2009.
- 7.34 Women on the unit had daily access to showers, telephone calls and exercise. Efforts were made to ensure that all women had as full access to the regime as their circumstances allowed. Subject to risk assessment, they continued to attend activities, including work, library, gym and visits. If this was inappropriate, efforts were made to provide some regime, including in-cell education and visits to the animal sanctuary and walled garden. Records of visits to the unit were kept in the daily segregation diary, but comprised little more than tick box forms that did not allow for further comment. Segregation unit staff were required to make three entries a day on a pre-printed form, but these were generally perfunctory and provided little insight.
- 7.35 All women were reviewed by a multidisciplinary group within 72 hours of being located in the segregation unit and every two weeks after that. The group was chaired by a governor and always included a member of healthcare staff. Both women in the segregation unit had care plans, but these were of poor quality and neither care plan had been reviewed.

Recommendations

- 7.36 The adjudication standardisation meeting should monitor a wide enough range of data to detect emerging patterns and trends.
- 7.37 The high number of adjudications dismissed or not proceeded with should be analysed and appropriate action taken.
- 7.38 Adjudications should be conducted in a suitable, less intimidating environment.
- 7.39 Enquiries into all disciplinary charges should be sufficiently detailed to ensure fair outcomes for all prisoners involved.
- 7.40 Force should be used only if necessary and not solely to gain a woman's compliance.
- 7.41 Senior managers should monitor data on use of force to identify any trends and carry out regular quality assurance checks of the records to satisfy themselves that all force used is justified.
- 7.42 The segregation unit should not be used as a place of respite.
- 7.43 Care plans should be implemented for all women held in the segregation unit for more than 14 days and these should be reviewed and updated regularly.

- 7.44 Comprehensive history sheet records should be maintained for all women held in the segregation unit, with daily entries from segregation unit staff and visitors that record interaction and comment on the women's well being.

Incentives and earned privileges

Expected outcomes:

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

- 7.45 A relatively low number of women were on the enhanced regime. The points system used to initiate review boards was inappropriate for adult women. It did not fully recognise patterns of behaviour over time and staff were inconsistent when issuing credit and warning slips. The practice of imposing loss of dining out and association based on the issue of warning slips amounted to informal punishment that was open to potential abuse.
- 7.46 Despite the stable and well behaved population, only 27% were on enhanced regime while 72% were on standard and 1% were on basic. Women in focus groups and many in our survey said the different levels did not offer enough incentives. However, those on the enhanced level received £14 pay compared with £11 for those on standard, amounting to a £3 bonus.
- 7.47 The local incentives and earned privileges (IEP) scheme was based on points accumulated or lost each week. Officers carried a pad of credit and warning slips and issued these depending on behaviour. Credit slips contained tick boxes titled 'obeys rules', 'pro-social' and 'pro-active' and staff decided how many to tick. A point was awarded for each tick. The tick boxes on the warning slips were titled 'disobeys rules', 'anti-social' and 'not pro-active', with each tick leading to a point lost. Many women said they found the system childish and demeaning and the same system was used for girls under 18 in the Toscana unit.
- 7.48 Women on the standard level began the week with 63 points and any left with 56 points or less at the end of the week were subject to an IEP review and could be demoted to basic. Women on enhanced needed to drop only one point to be subject to a review. In the records we saw, every woman reviewed was demoted. Women were reviewed for promotion to enhanced only if they achieved 67 points in four consecutive weeks. The different timescales for promotion and demotion caused a lot of frustration among prisoners. Apart from the slips, the main record of behaviour was the log on each wing used to record issue of the slips.
- 7.49 Despite official guidance on which negative or positive acts constituted one, two or three ticks, staff were extremely inconsistent. Women said officers threatened not to give a credit slip if they asked for one and we heard such an exchange during the inspection. IEP files indicated that most negative slips were issued by uniform staff and many positive slips by non-uniform staff such as teachers and workshop instructors. More than one manager said non-uniform staff gave out credit slips too easily and guidance had therefore been reissued making it harder to do so.
- 7.50 Women who lost three points in one day were automatically subject to loss of association that evening and the opportunity to eat communally with no right of appeal. Governors were required to provide authorisation, but most said they did so by telephone and none had refused to authorise such a punishment until during the inspection, when we were told that the duty

governor had refused a senior officer's request to authorise loss of association for an older woman who had been discharged from hospital earlier that day. The sanction of immediate loss of association was inappropriate for an IEP scheme and amounted to an informal punishment that was open to potential abuse, particularly as some officers deducted three points for one incident.

- 7.51 Women on basic were allowed association only at the weekends, but still attended activities during the day, ensuring that they had sufficient opportunity to demonstrate an improvement in their behaviour.
- 7.52 The local IEP policy had been reviewed in August 2009. Minutes from the senior management team demonstrated brief discussion of the number of women on the three levels each month, but data were not collated and monitored in sufficient depth to identify emerging patterns or trends and to ensure the scheme operated fairly.

Recommendations

- 7.53 The points-based incentives and earned privileges system should be abandoned in favour of a system more suited to adult women.
- 7.54 Each woman's progression or regression between levels should be based on patterns of behaviour over time and take into account clearly defined criteria applied by staff and evidenced by entries in wing files.
- 7.55 Loss of the facility to eat out of cell and loss of association should not be incurred without following formal disciplinary procedures.
- 7.56 Data relating to the incentives and earned privileges scheme should be collated and regularly reviewed to identify and, if necessary, address emerging patterns and trends and ensure fairness.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Women gave mixed feedback about the quality of food and were less positive about it than other women's prisons. The kitchen was well maintained and clean, but women were could not gain catering qualifications. Consultation arrangements about the food were very good.
- 8.2 The main kitchen was very clean, despite design limitations, and generally well maintained. Food was properly stored and prepared. The kitchen had recently received a four star rating following an Environmental Health Agency audit. Wing serveries were also well maintained and clean. There were appropriate arrangements for religious and cultural foodstuffs. Space limitations meant there were no separate preparation areas for halal food, but only one type of meal was prepared in an area, which was rigorously cleaned before preparing the next one.
- 8.3 The kitchen employed up to 20 prisoners, 10 for the morning shift and 10 for the afternoon shift. All were health screened before starting. Women received hygiene awareness and hygiene sense training and were required to pass one of the accredited hygiene courses run by education before being allowed to prepare and cook food, but there was no system to ensure this. There were no opportunities for them to undertake any catering qualifications (see section on learning and skills and work activities).
- 8.4 Prisoners in groups gave mixed feedback about the quality of the food. In our survey, 26%, significantly fewer than the overall comparator of 37%, but similar to the local women's comparator of 30%, said the food was good. Menus were produced on a four-week cycle, with women submitting their choices weekly. New arrivals could make their choices the day after arrival. Fresh fruit and vegetables were available every day. Women could eat meals together.
- 8.5 A monthly canteen, catering and regimes meeting, chaired by the head of activities, was well attended by representatives from all wings and minutes indicated comprehensive exchanges with appropriate actions points that were followed up at later meetings. All women could write a question or comment about food on a 'feedback bubble' on wing notice boards. These were taken by wing representatives to the meetings.

Prison shop

Expected outcomes:

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

- 8.6 About half the women in our survey said the shop stocked a sufficient range of goods to meet their needs, but significantly fewer black and minority ethnic women believed this was the case. New arrivals could wait for up to 10 days to receive their first order. The prison provided a catalogue ordering facility in the absence of such a service from the contractor.
- 8.7 There was a contracted out weekly bagging system for shop orders, by which women completed a canteen sheet on Thursdays and received their order the following Tuesday. This meant women arriving on a Friday or the weekend had to wait over a week for their first order. Reception packs costing between £3.50 and £4.50 were available, with payment staged over several weeks. Additional packs could be bought if women had money available in their account.
- 8.8 Women in groups were reasonably satisfied with the range of items sold through the shop, although most said goods were overpriced. In our survey, 50% of women said there was a wide enough range to meet their needs, but this fell to 36% among black and minority ethnic women compared to 53% of white women. The contractors did not offer a facility to order items from catalogues, but the prison ran its own catalogue ordering system for clothing, footwear, bedding, a small range of electrical items and cosmetic products. Women could order newspapers and periodicals.
- 8.9 Women were consulted about canteen issues through the monthly canteen, catering and regimes meeting. Items added to the list only if an equal number were dropped. Decisions about this were made at the canteen, catering and regimes meeting rather than a fuller survey of women.

Recommendations

- 8.10 Women should be able to make a shop purchase within 24 hours of arrival and advanced funds of up to one week's pay if necessary.
- 8.11 Black and minority ethnic women should be separately consulted about what goods should be added to the shop list to meet their specific needs.
- 8.12 Surveys should be conducted every quarter to determine what items should be added to the shop list.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 A reducing reoffending strategy had been published in August 2009 and covered the resettlement pathways, but did not identify how services would be delivered to specific groups. The policy and interventions for women were not informed by an up-to-date needs analysis. The resettlement policy committee was not fully attended. Relatively few interventions were run. The prison had links with a range of voluntary and community groups, but did not bring them together to help plan and deliver services.
- 9.2 The offender management and reducing reoffending (OMRR) policy had been revised in August 2009. This described current provision across the reducing reoffending pathways in an action plan, but it was limited. Although each pathway identified planned development and identified gaps in provision, no timescales for meeting targets were set. Each pathway action plan recorded a number of named leads against each target, but, while the names of individual pathway leads were given to us during the inspection, these were not clearly stated in the OMRR policy.
- 9.3 The policy failed to reflect and address the specific needs of the complex and diverse prisoner population, such as young adult women, foreign nationals, older women, lifers and those serving indeterminate sentences for public protection (IPPs), recalled and remanded women. It was not based on an up-to-date needs analysis.
- 9.4 A needs analysis carried out by the psychology department in 2007 did not provide any depth of insight into the needs of the different groups of women. The follow-up report that it promised had not been produced and it had not resulted in an action plan. Another analysis was planned for 2010. An interventions needs analysis dated May 2009 (as yet unpublished) had been produced by the psychology and programmes departments. The report made recommendations based on statistically weak results from only 57 questionnaires completed by convicted women. No use was made of existing data, such as from OASys assessments and first night interviews.
- 9.5 The delivery of resettlement was monitored at bi-monthly meetings of the offender management and resettlement liaison committee (OMRLC), chaired by the head of offender management, the senior probation officer. He was also a member of the senior management team and managed the offending management unit (OMU). The OMU comprised both prison and seconded probation staff and worked closely with other departments and staff from statutory and non-statutory agencies. The OMRR policy described the terms of reference, purpose and membership of meetings, which included key staff from across the prison and voluntary sector representatives.
- 9.6 The chair and representatives from education, the OMU, probation and the Toscana unit regularly attended OMRLC meetings. However, some members played only a limited role and some none at all in the development of the reducing reoffending policy. Healthcare, residential

managers and observation, classification and allocation (OCA) staff had not been represented at any meetings between January and September 2009. Other departments were represented only occasionally. There were no separate pathways subgroups to report back to the OMRLC.

- 9.7 The prison had service level agreements with a number of voluntary and community groups providing services to prisoners. They rarely attended OMRLC meetings and had no other opportunities to meet together. Staff said it was difficult to maintain links with non-statutory agencies because of the prison's geographical location.
- 9.8 Senior managers recognised that the range of resettlement services, programmes and interventions was insufficient and not based on an up-to-date needs assessment. An anger management programme had been discontinued and there was nothing specifically to address violence (see section on resettlement pathways). There was no accredited drugs programme.
- 9.9 Senior managers were committed to offender management and believed it had driven broader improvements in the planning and delivery of resettlement work. As a result of required efficiency savings, the number of probation staff had been reduced, but the OMU was sufficiently resourced.
- 9.10 Feedback from prisoners about resettlement services was obtained through the requests and complaints system, lifer forums and informal meetings with groups of prisoners. Changes made following feedback included the establishment of formal release on temporary licence (ROTL) boards and changes to visits procedures. There were no exit surveys, pre-release course or discharge interviews to assess the effectiveness of the current approach. Managers were planning to introduce discharge boards.

Recommendations

- 9.11 All representatives should attend the offender management and resettlement liaison committee meetings and progress against each pathway should be reviewed at each meeting.
- 9.12 The prison should involve voluntary and community sector groups providing services to prisoners in periodic meetings to inform them of the reducing reoffending strategy and their contribution towards its development.
- 9.13 Analysis from sources such as OASys reviews and first night interviews should be used to inform resettlement services.

Offender management and planning

Expected outcomes:

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

- 9.14 Offender management was well established. The monitoring and coordination of interventions was better for prisoners who were in formal scope for offender management arrangements, but reviews of plans and progress for all prisoners were irregular. Most sentence plans were up to

date, but objectives needed to be more focused on outcomes. There were no custody plans for prisoners serving sentences of less than 12 months or for remanded and unsentenced women. The public protection policy was not up to date and risk assessment needed improvement. Prisoners serving indeterminate sentences were well supported.

Sentence planning and offender management

- 9.15 Offender management was well established. The OMU was sufficiently resourced, firmly embedded and there was good partnership work across the prison. It comprised one administrator, four prison officers who acted as offender supervisors, two probation service officers, two probation officers and a senior probation officer (the head of offender management).
- 9.16 Of a population of 213 women prisoners, 176 were sentenced, 147 of whom were serving sentences of 12 months or more. There were 22 remanded women and 13 convicted but unsentenced. Forty-four women were in scope for offender management and 152 were out of scope. We read the files of 18 prisoners, half of whom were in scope of the offender management model and half out of scope. Offender assessment system (OASys) assessments of likelihood of reoffending (LoR) had been carried out by offender managers for eight out of nine of the in scope cases inspected. For those prisoners who were out of scope and serving more than 12 months, offender supervisors had completed OASys assessments in seven out of nine cases. The timeliness of in-scope assessments was better than those out of scope, but the quality of both assessments was not sufficiently good.
- 9.17 Copies of other assessments, such as by the counselling, assessment, referral, advice and throughcare (CARAT) service or healthcare, were forwarded to the OMU to be incorporated into the OASys. Assessments carried out by offender supervisors were countersigned by a line manager.
- 9.18 For in-scope cases, sentence planning boards were held and the prison invited other agencies and the offender manager. OMU staff worked hard to get the offender manager to attend, often without success due to distance and financial constraints. Video conferencing had been used by probation staff 39 times between February and July 2009.
- 9.19 In eight out of nine cases, in-scope prisoners had a sentence plan, compared to six out of nine out-of-scope prisoners, whose plans were prepared by offender supervisors and discussed at a subsequent meeting. Women were offered copies of both the OASys assessment and plan. Most sentence plans included objectives to address LoR and largely addressed the needs of the prisoners, but most needed more outcome-focused objectives. None of the plans described levels of contact and the majority did not define the roles and responsibilities of those involved. Not all were shared with all relevant others involved in the case. Personal officer comments in wing files gave little indication that they were aware of sentence plan targets or involved in helping women achieve them (see also section on personal officers).
- 9.20 In-scope prisoners had allocated offender supervisors who maintained contact every six weeks. Contact by offender managers was inconsistent and did not meet the NOMS standard in six out of nine cases. In all but one case where offender managers were involved, there was no evidence of any commitment to their work with the prisoner and none had developed productive working relationships. For those out of scope, contact with offender supervisors was informal and irregular, usually when the woman requested contact.

- 9.21 New arrivals were interviewed using a form based on the resettlement pathways, but there was no formal follow-up or use of these interviews and the completed form simply remained in wing files (see section on first days in custody).
- 9.22 Progress against sentence plans was only reviewed at annual sentence planning boards or meetings. In three cases, there had been no review of either the assessment or the plan following a significant change in circumstances. In most cases, constructive interventions did not challenge the prisoner to take responsibility for her actions and no victim awareness work had been delivered. In four cases, arrangements for interventions did not take account of the prisoner's diversity needs.
- 9.23 OMU surgeries were held weekly, alternating on the wings. These were advertised on wing notice boards and invited women to attend if they had any queries about home detention curfew (HDC), OASys, parole, probation liaison, re-categorisation, release plans, release on temporary licence (ROTL) and social services. Prisoners could either attend or send their query to the OMU on an application form.
- 9.24 As we found in 2004 and 2007, there were no custody plans for women serving less than 12 months or for remanded and unsentenced women and again we were told that there were plans to introduce a passport scheme for them.
- 9.25 Between April and September 2009, 129 applications had been made for HDC and 23 had been approved. In the same timescale, 43 applications had been made for ROTL and 22 had been approved for the maintenance of family ties, to attend hospital appointments and housing interviews and for town visits.
- 9.26 Twenty-four women had been recalled on licence. Recall paperwork was issued in person and the process explained. A copy of the papers was signed by the prisoner and returned to custody staff to evidence that it had been seen.

Public protection

- 9.27 The head of offender management was the lead for public protection. Thirty-one women were subject to public protection monitoring. Public protection cases were identified on arrival and included multi-agency public protection arrangements (MAPPA) levels one, two and three, those subject to safeguarding children and harassment procedures, prolific or priority offenders (PPOs) and sex offenders. Each was seen by a member of the OMU to explain the situation and procedures necessary. Wing staff could see who was subject to public protection procedures by a system of 'flags' on the local inmate database (LIDS).
- 9.28 The public protection policy was dated August 2007 and contained clear procedures, but had not been updated to include the responsibilities of the new national public protection manual. Separate loose sheets called 'advice notes' advised staff about additional procedures not included in the policy. These included the procedure for checking 'flags' on LIDs (indicating various risks) before child visits, the possible signs of abuse and what to do if a child makes an allegation.
- 9.29 Public protection meetings took place monthly, chaired by the head of offender management and involved a variety of staff. Some areas, such as residential, the CARAT service and healthcare, were poorly represented and there was no evidence of involvement by education. Issues covered were appropriate and linked to the weekly risk management board that sifted all new arrivals to determine if monitoring was required and at what level.

- 9.30 Separate public protection and MAPPA files were administered by the custody department. There was not enough room to locate the two departments together, but OMU staff had full access to the files, and liaison and information-sharing took place. There were 41 cases managed at MAPPA two and three.
- 9.31 In all the cases inspected, risk of serious harm (RoSH) screenings had been carried out and a full RoSH analysis had also been completed in all but one, where it was necessary. However, most RoSH analyses were not of sufficient quality and some did not accurately reflect the risk posed. Of particular concern were four that did not assess accurately the risk of harm to children, six that did not assess the risk of harm to prisoners and six that did not assess the risk of harm to the public. Over half of the assessments did not draw on all available sources of information and five out of 12 did not take previous behaviour into account.
- 9.32 Risk management plans had been completed where required in most cases, although not all were in the required format and 10 out of 11 were not comprehensive. None were integrated with the sentence plans. Only four out of eight sentence plans included objectives to manage risk of harm and four did not include objectives to manage child safeguarding where it was necessary. Overall, the quality of risk of harm assessment and planning was unsatisfactory in most cases.
- 9.33 In two of the four cases that involved MAPPA, the arrangements had not been used effectively. Decisions had not been clearly recorded, followed through and acted on or reviewed appropriately and prison staff had not contributed effectively. In seven cases, staff working in the prison had not promoted victim safety.
- 9.34 In seven cases (all relevant cases in the sample), child safeguarding procedures had not been used effectively and decisions taken were not clearly recorded, followed through and acted on or reviewed appropriately. Structured management involvement had taken place in all high/very high risk cases and those involving child safeguarding, but it was not effective.

Indeterminate-sentenced prisoners

- 9.35 Thirty-three women were serving life sentences and six were serving indeterminate sentences for public protection (IPPs). All those serving indeterminate sentences were seen by one of two lifer managers within their first 24 hours to explain how their sentence would be managed. IPPs were allocated an offender supervisor in the prison and lifers were allocated a lifer officer who was a probation officer. Women facing an indeterminate sentence were identified on remand and supported by a lifer trained officer.
- 9.36 Lifers and IPPs said they generally felt well supported, but were frustrated by delays to the parole process, which were outside the prison's control. Ten lifers and three IPPs were beyond their tariff date. One lifer was 10 years past tariff, one six years and four were four years past tariff. One IPP was nearly three years past tariff. Most had parole hearings planned.
- 9.37 Each woman met her allocated lifer officer every four weeks. Regular lifer management meetings discussed any lifers due to arrive and plans for those moving on and reviewed a proportion of cases, which ensured that every lifer was discussed regularly. Annual boards and parole dossiers were all up to date.
- 9.38 Special family days were held for all women serving over 15 years and life and there were regular forums.

Recommendations

- 9.39 Sentence plans should contain outcome-focused objectives.
- 9.40 A quality assurance system should be introduced to monitor the quality of sentence planning assessments.
- 9.41 Offender managers should be better engaged and involved with prisoners in line with the required expectations.
- 9.42 All prisoners should meet their offender supervisor regularly to monitor and review sentence plans.
- 9.43 Offender management unit staff should receive training in child safeguarding issues.
- 9.44 The quality of risk of harm assessments and risk management plans should be improved.
- 9.45 Risk of harm assessments and risk management plans should be integrated into sentence plans.
- 9.46 Public protection work with women identified as high risk of harm should be effectively managed.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.47 Prisoners reported only limited awareness of housing advice services, but all women were seen soon after arrival by a probation service officer and, if sentenced, by an information, advice and guidance (IAG) worker. The wide range of education, vocational training and employment activities offered a good range of specific and general skills for resettlement. Accredited courses and work had been improved to offer skills useful to support progression into employment, family and community life, but there was no pre-release course. Healthcare discharge planning was satisfactory. A number of individuals and agencies provided some finance, benefit and debt support to women, but there had been no pathway meetings to coordinate this work. Support from prisoner IAG workers was not available to remand prisoners.

Accommodation

- 9.48 In our survey, 18%, lower than the comparator, said they had a housing problem on arrival. Few said that staff had asked them if they needed help with housing problems in their first 24

hours and significantly fewer than in comparator prisons said they knew where to get help in the prison with finding accommodation on release.

- 9.49 There were no pathway meetings to evaluate existing and develop services. All new remanded and sentenced women were seen by a part-time probation service officer (PSO) to assess housing needs. One PSO was based on Remand 1 and worked with remanded women, and the other was based in the OMU and worked with sentenced women. Services were not well advertised on wings. As part of the first night interview, officers completed a separate 'initial housing need assessment form', which was copied and forwarded to the PSO who dealt with remanded women.
- 9.50 The PSOs kept a stock of applications for numerous local housing providers, including supported housing for women in need of drug and mental health support. They could access accommodation providers nationally and liaised with women's probation officers if necessary. PSOs were successful in safeguarding housing benefits and consequently accommodation, particularly for remanded women, and could also arrange for property to be secured. They also referred women to other agencies in the prison such as JobCentre Plus.
- 9.51 Women in need of accommodation were not eligible for permanent local authority housing until they were released and much housing was temporary, provided through homeless persons teams or supported accommodation. PSOs made representation to prisoners' local authorities regarding their likely homelessness and could arrange appointments in advance for women to attend interviews with housing providers on release. A few women attended interviews using ROTL. A national accommodation service run by Women in Prison was due to start in November 2009, as was a service specifically to help with the accommodation needs of women returning to Wales.
- 9.52 Only sentenced women could access information and support through prisoner IAG workers, to whom they were introduced during induction. IAG workers saw all sentenced women six weeks before leaving to assess their situation. Between April and September 2009, an average of 38 women had been released each month, and on average just over two women a month were recorded as having no fixed address.

Education, training and employment

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

- 9.53 Learning and skills activities were referenced to all nine women's resettlement pathways. Visual displays illustrating links between learning new skills and different resettlement needs were not used to communicate information to prisoners and staff. Around seven prisoners a week were released and there was no comprehensive pre-release course. A three-week living skills course planned to cater for 10 prisoners at a time was being piloted by prison staff with teaching qualifications. Offering practical cooking and family management skills, as well as budgeting and work preparation skills, it was targeted at women due for release and with sentences of less than 12 months who were deemed less likely to have completed other relevant courses at the prison.
- 9.54 Education, training and employment targets were not being met. In our survey, fewer than the comparator said they knew who to contact about finding employment or a college/training course to prepare for release.

Mental and physical health

- 9.55 Discharge planning was satisfactory, but healthcare staff did not play an active role in resettlement to enable earlier identification and subsequent management of women for release. Complex cases were discussed at a multidisciplinary meeting before discharge. Prisoners due for discharge were identified two days before release and seen by healthcare staff, when arrangements were made for any medications to take out and future GP contact. Appropriate advice was given about accessing healthcare services for those not registered with a GP. Letters were provided for a prisoner's GP, but referred to the prison and so compromised confidentiality.
- 9.56 The care programme approach was used for all patients with enduring mental health problems. Palliative care, although rarely required, was supported with the cooperation of local services in the community

Finance, benefit and debt

- 9.57 Advice and help on finance, benefit and debt were available to women from several sources, including IAG workers, PSOs, Citizens Advice, the education department and JobCentre Plus. Although there was a nominated pathway lead, there had been no pathway meetings to coordinate this work.
- 9.58 The initial housing needs assessment (see section on accommodation) included questions about housing benefits. The PSOs helped prisoners with many simple finance and benefit problems, including outstanding utility bills, but more complex matters such as mortgage arrears and debt were referred to Citizens Advice. In our survey, relatively few women said they knew who to contact in the prison to get help with finances on release.
- 9.59 A Citizens Advice worker provided advice one morning a week, alternating sessions for remand and sentenced prisoners. Additional support had been secured through a new contract providing one-to-one sessions and group work. This was due to start and intended to be incorporated into the work of the developing life skills centre. Benefit advice was available through JobCentre Plus. A worker visited the prison two days a week and spent half a day on the remand side. He followed up any outstanding benefits owed and advised about community care grants, benefits and job search. Appointments were made for all women six weeks before release, but not all women attended. In our survey, 47% of women, significantly worse than the 75% in 2004, said they knew who to contact in the prison for information about claiming benefit on release.
- 9.60 The education department provided a 10-week personal budgeting and money management course for sentenced prisoners. This led to a level one award. Eleven women had completed the course since August 2008.

Recommendations

- 9.61 Accommodation and finance services should be well advertised on the wings and promoted to women.
- 9.62 The accommodation pathway should be effectively led and pathway meetings introduced to monitor and develop services.

- 9.63 Remanded women should be able to receive support from information, advice and guidance workers.
- 9.64 The life skills course recruitment should ensure that prisoners most in need of the skills it offers are targeted and the aims of the course are clear to the prisoners to encourage full attendance.
- 9.65 A pre-release course should be provided for all women before discharge.
- 9.66 The information, advice and guidance services should be better promoted to ensure prisoners are more aware of relevant education, training and employment opportunities available to them.
- 9.67 Pathway meetings should be held to coordinate the work of the different individuals and agencies providing support and advice on finance, benefit and debt.

Housekeeping point

- 9.68 Healthcare discharge letters should make no reference to the prison.

Drugs and alcohol

- 9.69 A detailed needs analysis to inform the drug strategy was lacking. While alcohol was not included in the policy, women with primary alcohol problems received good support. The CARAT team provided accessible and high quality interventions and had developed strong links with community services. Women were given additional support on the dedicated voluntary testing unit, but there was no accredited drug and alcohol programme.
- 9.70 The deputy governor acted as the establishment drug coordinator (EDC). Drug strategy meetings took place monthly and appropriate departments and service providers attended. The drug strategy policy contained targets, an action plan and a comprehensive range of joint working protocols, but did not include alcohol services and a comprehensive needs analysis had not been conducted. The strategy was due to be reviewed in January 2010.
 - 9.71 The CARAT service was provided by a manager and five full-time workers from Phoenix Futures and two integrated drug treatment system (IDTS)-funded CARAT officers. Women spoke highly of the support they received and this was reflected in our survey with high scores for drug services.
 - 9.72 Women were usually seen the day after arrival and the CARAT team gave a weekly induction session. Harm reduction information was provided during induction and pre-release. The team was exceeding the target of 400 triage assessments a year. In October 2009, 109 women actively engaged with the service and another 80 case files were suspended. The team included women whose primary problem was alcohol and there were welcome plans to develop services further. An alcohol peer mentoring scheme was due to be piloted and the local drug and alcohol action team had agreed to fund a part-time alcohol worker as well as offering alcohol-specific training for CARAT and health services staff.
 - 9.73 Women could access structured one-to-one work, the full range of IDTS group work modules, which ran separately for remand and sentenced prisoners, a two-session pre-release course

and auricular acupuncture sessions. However, CARAT clients requiring more intensive treatment had to transfer to another prison and the closest accredited programme was 155 miles away.

- 9.74 There were good quality care plans and joint working with other departments such as health services, psychologists and the OMU. With the client's agreement, care plans could also be shared with families. The team worked closely with ADFAM to develop a family scheme and planned to strengthen links with a local community agency, SPODA (supporting the parents of drug and alcohol users).
- 9.75 CARAT services were well advertised. A recent CARAT open day had been attended by 111 women and representatives of 11 external community agencies. Good links had been established with a wide range of drug intervention programme (DIP) teams. Specific protocols had been agreed with local DIPs and regular clinics were planned. CARAT workers followed women up post-release and monitored the numbers engaging with community drug and alcohol services.
- 9.76 Compact-based drug testing (CBDT) was available to women and 66 compacts were in operation against a target of 60. All women were tested once a month, but officers wanted to move to a more flexible system where individual risk assessments informed testing frequency. Women on E wing (the enhanced unit) signed a separate compact.
- 9.77 A dedicated voluntary testing unit (VTU) had 40 spaces where women could access additional support. CARAT workers ran group work modules and acupuncture and relaxation sessions, Alcoholics Anonymous groups took place bi-weekly and additional activities such as DVDs, bingo, pool, quizzes and outdoor events were organised by officers. All VTU officers had undertaken drug awareness training and women clearly appreciated the supportive environment.

Recommendations

- 9.78 The drug strategy policy should include alcohol services and be informed by a comprehensive needs assessment.
- 9.79 Women should have access to accredited drug and alcohol treatment programmes.
- 9.80 The frequency of compact-based drug testing should be determined by individual risk assessments.

Good practice

- 9.81 *In partnership with the local drug and alcohol action team, the prison was actively extending the range of services available to women with primary alcohol problems.*

Children and families of offenders

- 9.82 Work with children and families was underdeveloped. There was no visitors' centre, but visitors could book their next visit while at the prison. The visits room was too small and had not been expanded to accommodate the increased population, but there was new comfortable seating. Children's visits were run, but started too early. Release on temporary licence was

occasionally used to allow some women to spend time with their family. There was no family support worker and any support depended on offender supervisors. Inter-prison telephone calls and visits were difficult to arrange.

- 9.83 In our survey, 31% of women, similar to the comparators, said they had problems contacting family when they first arrived, but fewer said they were offered help with family contact in the first 24 hours. New arrivals were given a £1 telephone credit and all we spoke to had received a telephone call on their first night.
- 9.84 Prisoners were told during their first night interview (see section on first days in custody) about the opportunity for a reception visit, but there were no evening visits and the pressure on weekend visits meant some women could not get a visit in their first week, particularly if their visitors were working. In our survey, only 21%, against a comparator of 39%, said they received a visit in the first week. Unconvicted prisoners were restricted to Saturday morning weekend visits starting at 9.30am. This caused some problems as only half of the women were within 50 miles of their homes and the early start made it particularly difficult for those with children.
- 9.85 There was some written information about visits, but some was inaccurate, including that prisoners could have visits only from their own children. Information about visits was given as part of induction. Some women new to custody were unaware of the personal identification number (pin) telephone system. Women reported few queues for the telephones except when canteen credit was put on the system. Women were not able to receive incoming calls.
- 9.86 Visits were run for convicted prisoners on Tuesday, Wednesday, Friday, Saturday and Sunday and for unconvicted women on Monday, Thursday, Friday and Saturday. Visits usually started on time and there were few complaints about access to the telephone booking line. Visitors could book a visit by email, which generally worked well.
- 9.87 There were no arrangements for community transport. Visitors were reliant on public transport or their own car and most used the latter. The lack of a visitors' centre continued to be a problem. The prison had arranged for staff to come in early before the start of visits and open up the visitors' area for those arriving by public transport, but most waited in their cars. Visitors were positive about how they were treated by staff and we observed relaxed and courteous interactions. However, the searching area was inadequate and not accessible to those with mobility difficulties. One visitor in a wheelchair was searched in the sterile area outside and staff said this was particularly difficult during the winter or if it was raining.
- 9.88 Visitors indicated by a drug dog were offered the choice of leaving or a closed visit without any other security information (see also section on security and rules). Those using closed visits could clearly be seen by everyone else in the visits room.
- 9.89 Prisoners made their own way to the visits hall entrance. Some said they were given very little notice of visits and they were not always aware that they had a visit booked. We did not see prisoners kept waiting in the small holding room. All areas were clean and well maintained.
- 9.90 The visits room was small and could accommodate only 11 visits. Staff said it could become hot and noisy when fully booked. Easy contact was allowed, but many prisoners complained that they were only allowed to kiss their visitor on the cheek and about the strict dress policy. Women were also not allowed to go to the toilet during visits unless they were pregnant or had a note from the doctor about a specific medical condition, which was too restrictive. Rules about contact between mothers and their children had been relaxed and women could now

play with their young children in a small unstaffed play area. Visits staff were aware of women subject to child protection procedures, who were normally located close to them.

- 9.91 Legal visits took place in one of five individual rooms on Tuesday and Thursday mornings.
- 9.92 The video conference facility had been used only four times for inter-prison visits between February and August 2009. There was no central register of requests for inter-prison or accumulated visits and it was not possible to identify the demand for these, although women reported problems in getting inter-prison visits and inter-prison telephone calls. Women could expect one inter-prison visit a year and an inter-prison telephone call every two months, but the procedure for getting inter-prison telephone calls was unclear.
- 9.93 In our survey, 61% of women said they had children under 18. All new arrivals were asked about the whereabouts and care of their children, but there was little else about family issues during the induction process. The pathway lead for this area was the senior probation officer and offender supervisors were expected to manage any family issues that arose. There was little evidence in wing files that staff were aware of prisoners' individual domestic situations.
- 9.94 Research entitled 'the maintenance of family ties at HMP Foston Hall' had been carried out in July 2008 by the psychology team, who surveyed a group of 104 women. Of this group, 41% were from the West Midlands, 24% were from the East Midlands and 77% were mothers. There was no indication of how many were primary carers. The research revealed that 60% of those surveyed did not receive regular visits.
- 9.95 A range of local and national information was displayed in the search area of visits, including information about the assisted prison visits scheme and prisoners families helpline. Families could not send emails to prisoners. A Storybook Mums scheme had been running successfully. There were no relationship courses for women or their families. The 2008 research study had found that 90% of respondents would welcome a parenting course.
- 9.96 There was no family support worker. Prisoners' families were invited to reviews at the end of courses and had been invited to sentence plan reviews, although take up had been very low. The prison had recently developed a 'family day' where women could invite their families to look around the prison. This had taken place in August and the feedback had been very positive. Another day was planned for November. Children's visits were run every five to six weeks on Sunday mornings in the gymnasium. However, the early start of 9.30am made it difficult for those living some distance away.
- 9.97 Prisoners identified as carers were given additional free letters and telephone calls specifically to maintain contact with their children. This was on application and was widely advertised on the wings. Release on temporary licence (ROTL) was occasionally used to allow prisoners to maintain contact with their family. This was also advertised to prisoners on wings.

Recommendations

- 9.98 **A visitors' centre should be provided.**
- 9.99 **Women should be encouraged and helped to maintain telephone contact with partners and family members in other establishments. The procedures for inter-prison telephone calls should be clarified and widely advertised.**

- 9.100 The prison should carry out a review including a visitors' survey to establish the visits capacity necessary to meet the needs of the population and provide sufficient places.
- 9.101 Parenting courses should be introduced as part of the new life skills programme.
- 9.102 Mothers should be able to receive incoming telephone calls from children and to deal with arrangements for them.
- 9.103 The prison should employ a family support worker.
- 9.104 A log should be kept of requests for inter-prison and accumulated visits to enable any unmet need to be identified and acted on.

Attitudes, thinking and behaviour

- 9.105 There were no waiting lists for the thinking skills programme, which, together with the cognitive skills booster, were the only accredited courses run. The CARE programme was not due to start until 2010. Life skills for short-term prisoners had been introduced, but there were few interventions for relationships or violence.
- 9.106 The prison delivered the thinking skills programme (TSP), a cognitive skills booster (CSB) and some one-to-one work for selected prisoners. There was no longer an anger management programme and nothing specifically to address violence. Offender supervisors said they sometimes struggled to find suitable women to participate in TSP and CSB. Diversity issues were expected to be discussed during pre-programme planning and in supervision, but in some cases we found diversity needs had not been taken into account. Offender supervisors routinely attended post-programme reviews, but wing staff were often unable to attend. Families were always invited to attend, but few did so.
- 9.107 The prison had carried out an interventions needs analysis based on a self report questionnaire, which had yielded a low return rate of 30% and was an inadequate basis for decision making (see section on strategic management of resettlement). Following this, the psychology department had recommended raising the profile of interventions and introducing the CARE programme. The prison also recognised the deficits for prisoners suffering from anxiety and stress and programmes for women who had been victims of domestic violence, although it was due to pilot a domestic violence course from the community. The more practical needs of women about to be discharged had also been recognised and life skills such as budgeting, money management and cooking had been introduced.

Recommendation

- 9.108 The type and range of interventions and programmes to address offending behaviour should be based on an up-to-date assessment of the needs of all groups of prisoners using all available data, including OASys assessments and first night interviews.

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

- 9.109 Some counselling and mentoring support was available, but there were no pathway meetings and the pathway was underdeveloped.
- 9.110 These additional pathways for women were included in the offender management and reducing reoffending policy, but there was no needs analysis and no pathway meetings were held to monitor and evaluate existing services or assess the need for others.
- 9.111 Women were asked about the nature of their relationship with their partners on their first night interview, but information recorded was not passed on and there was no evidence it was acted on (see section on first days in custody).
- 9.112 Women could access one-to-one counselling through the chaplaincy, healthcare and mental health in-reach teams, and some was available through psychology. Healthcare offered a sexual health and genito-urinary medicine clinic. Women's Work, an organisation based in Derby, provided a mentoring service primarily for women who had worked as sex workers and who had experienced rape and sexual violence. The helpline for Derby rape crisis was displayed on some wings. The CARE programme (see section on attitudes, thinking and behaviour) was also described as a 'big driver for women who had experienced domestic violence'.
- 9.113 In addition, the voluntary sector group, sex workers in prisons (SWIP), provided about six training sessions a year for staff. Training was designed to enable staff to provide better support for street sex workers in their care.

Recommendation

- 9.114 The pathways for women who have been abused, raped or have experienced domestic violence and for women who have been involved in prostitution should be suitably developed and support services introduced informed by a needs analysis.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

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- 10.1 The distinction between the two sides of the prison should be reduced, so that, unless there are over-riding security reasons, all women are able to participate in the same activities and regime services. (HP40)
 - 10.2 A first night strategy should be introduced which ensures that the immediate needs and anxieties of newly arrived women are properly identified and addressed before they are locked up for the night. (HP41)
 - 10.3 All prisoners should have a consistent comprehensive induction beginning the day after reception and completed no longer than two weeks after arrival, subject to the needs of women withdrawing from drugs or alcohol. (HP42)
 - 10.4 A distinct foreign national policy should be introduced to ensure, in consultation with foreign national women, that all their specific needs are met. Implementation of the policy should be overseen by a senior manager and a dedicated multidisciplinary team. (HP43)
 - 10.5 The frequent interruptions to learning should be significantly reduced. (HP44)
 - 10.6 The offender management and reducing reoffending strategy should be informed by an annual needs analysis and should detail how resettlement provision, including interventions meets the needs of different groups of women. (HP45)
 - 10.7 All prisoners, including unconvicted women and those serving sentences less than twelve months, should have their resettlement needs assessed and incorporated into a custody plan which is regularly reviewed. (HP46)
 - 10.8 A full review of provision to help women maintain contact with their children and families should be undertaken, particularly for mothers of children under 18, and a clear action plan devised to drive forward progress against this resettlement pathway. (HP47)

Recommendations

To the Director General of NOMS

Courts, escorts and transfers

- 10.9 The suitability and individual needs of prisoners transferring to Foston Hall should be assessed before transfer and they should be given at least 24 hours' notice of their move. (1.9)

Self-harm and suicide

- 10.10 Women at risk of self-harm should not be transferred to other prisons without a clear assessment and agreement that this is appropriate. (3.36)

Offender management and planning

- 10.11 Offender managers should be better engaged and involved with prisoners in line with the required expectations. (9.41)

Resettlement pathways

- 10.12 A visitors' centre should be provided. (9.98)

Recommendations

To the governor

Courts, escorts and transfers

- 10.13 Escort vans should be comfortable. (1.6)
- 10.14 All relevant information should travel with prisoners. (1.7)
- 10.15 Women should not be required to lodge at other prisons en route to Foston Hall. (1.8)

First days in custody

- 10.16 Reception interviews should take place in private. (1.28)
- 10.17 Reception and first night staff should have the contact details of local social services and emergency duty teams. (1.29)
- 10.18 Information given to women should be properly and accurately produced and should also be provided in media other than writing. (1.30)
- 10.19 Prisoners' resettlement needs should be formally assessed and identified during induction and referrals made to relevant agencies. (1.31)
- 10.20 Prisoners should be interviewed individually during induction to address any feelings about imprisonment and any self-harm issues. (1.32)
- 10.21 Staff should receive training in interview skills. (1.33)

Residential units

- 10.22 D wing should be refurbished and the number of women held there reduced. (2.13)
- 10.23 Prisoners on E wing should be given the opportunity to cook for themselves. (2.14)

- 10.24 Prisoners should have better access to hot water to make drinks. (2.15)
- 10.25 Toasters and microwaves should be provided on the wings for use during association. (2.16)

Staff-prisoner relationships

- 10.26 A prisoner forum or council should be established to allow women to raise issues of concern in a formal and constructive way. (2.22)

Personal officers

- 10.27 Guidance for personal officers should include the need to get to know women's personal circumstances with a specific aim of helping maintain links with children and families. (2.29)
- 10.28 Senior officers should ensure that all personal officers make regular good quality entries in wing files, which should cover progress with sentence plans, resettlement issues and any relevant family matters. (2.30)
- 10.29 Personal officers should attend sentence planning boards and reviews. (2.31)

Bullying and violence reduction

- 10.30 A member of the senior management team should routinely chair the safer custody meeting. (3.13)
- 10.31 Findings from exit surveys relating to prisoners' experiences of bullying should be routinely collated and analysed. (3.14)
- 10.32 Non-accidental injuries should be reported and investigated and outcomes included in the monthly safer custody report. (3.15)
- 10.33 Prisoners should be involved in discussions to develop strategies to help identify and diffuse potential problems that arise from personal relationships and community living. (3.16)
- 10.34 If women are placed on the formal violence and anti-social behaviour strategy, review boards should be convened to set targets, review progress and monitor any sanctions imposed to avoid unofficial punishments. (3.17)
- 10.35 An accurate central log should be maintained of all investigations under the violence and anti-social behaviour strategy and their outcomes. (3.18)
- 10.36 All staff in contact with prisoners should receive training in the violence and anti-social behaviour strategy. (3.19)

Self-harm and suicide

- 10.37 The suicide prevention policy document should be reviewed to ensure it includes all relevant areas, including procedures for the use of closed-circuit television in monitoring women at risk and appropriate staffing of constant watches. (3.35)

- 10.38 Assessment, care in custody and teamwork procedures should be improved and include more consistent case management and involve a range of disciplines. (3.37)
- 10.39 The range of telephone help lines should be publicised and all should be available free of charge. (3.38)
- 10.40 All staff should receive refresher training in assessment, care in custody and teamwork procedures. (3.39)

Applications and complaints

- 10.41 Managers should monitor response times and quality of replies to applications. (3.46)
- 10.42 The subject matter of complaints should be tracked over time to monitor progress and highlight any emerging problems. (3.47)

Substance use

- 10.43 The prison and the health services provider should ensure that women receive first night medication promptly. (3.72)
- 10.44 The prison should provide a more suitable environment for women who attend the health services department for methadone administration. (3.73)
- 10.45 Target testing should be conducted appropriately and effectively. (3.74)
- 10.46 Drug testing figures should be monitored by location to provide effective management information. (3.75)

Diversity

- 10.47 The diversity policy for prisoners should include sexuality, disability and age. (4.5)

Diversity: race equality

- 10.48 Racist incident report forms should be scrutinised by an external body and feedback provided to the diversity and race equality action team. (4.14)
- 10.49 Racist incidents that involve abusive derogatory name calling should be dealt with through prison disciplinary procedures unless there are mitigating mental health factors. (4.15)
- 10.50 There should be regular events to promote racial and cultural diversity. (4.16)
- 10.51 Interventions to challenge racist bullying and protect the victims of racist bullying should be put in place, with mediation used in appropriate cases. (4.17)
- 10.52 The prison should maintain a list of those involved in racist incidents, which should be shared with key staff. (4.18)

Diversity: religion

- 10.53 Discussions should take place with Muslim prisoners about their perceptions of victimisation by staff. (4.22)

Diversity: foreign nationals

- 10.54 A trained foreign national liaison officer directly accessible to prisoners should be appointed. (4.33)
- 10.55 Staff should receive awareness training about the needs of foreign national prisoners. (4.34)
- 10.56 Forums for all foreign national women should be held to focus on their distinct needs. (4.35)
- 10.57 The remit of the designated foreign national prisoner representative should be expanded and she should be given full access to the areas where women are located and opportunity to use translation services to support foreign national women and feed back concerns to managers. (4.36)
- 10.58 All foreign national women should have their language needs assessed. Those who require interpreting services should have this noted on the wing files and staff should use telephone interpreting services whenever necessary. (4.37)
- 10.59 Official letters about immigration status and deportation should be provided in a language the prisoner understands. (4.38)
- 10.60 All foreign national prisoners with immediate family living overseas should receive at least one free international telephone call a month, regardless of whether they have received a social visit. (4.39)
- 10.61 Women prisoners should be able to receive independent legal advice on immigration matters. (4.40)

Diversity: disability

- 10.62 Regular consultation forums for women with disabilities should be held. (4.50)
- 10.63 Women with disabilities should have an individualised and multidisciplinary care plan into which they have had an input. (4.51)
- 10.64 Equality of treatment should be monitored through the diversity and race equality action team and analysed by disability, and appropriate action taken to rectify any inequalities. (4.52)
- 10.65 The draft buddy scheme should be fully implemented and include suitable training and rewards. (4.53)

Diversity: older prisoners

- 10.66 The action plan for older prisoners should be implemented. (4.57)

Diversity: sexual orientation

- 10.67 The prison should introduce an action plan to support and meet the needs of women who are gay or bisexual, including referral to external networks. (4.61)

Health services

- 10.68 Healthcare information should be available in languages appropriate to the prison population. (5.50)
- 10.69 Healthcare reception screening interviews should be carried out in an appropriate and confidential environment. (5.51)
- 10.70 All vacant nursing posts should be filled quickly. (5.52)
- 10.71 A representative patient forum should be established. (5.53)
- 10.72 Barrier protection should be made freely available. (5.54)
- 10.73 Day care facilities should be established for women who need therapeutic support for emotional, behavioural and mental health problems. (5.55)
- 10.74 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where the patient refuses medication or fails to attend and issues relating to drug compliance should be followed up where appropriate. (5.56)
- 10.75 The medicines and therapeutics committee should review the use of general stock, with named patient medication used wherever possible. (5.57)
- 10.76 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews. (5.58)
- 10.77 Appropriate waiting facilities should be provided for patients waiting for medicine administration. (5.59)
- 10.78 Subject to risk assessment, where possible in-possession medication should be supplied for 28 rather than seven days. (5.60)
- 10.79 The controlled drugs register for schedule two drugs should comply with current legislation. (5.61)
- 10.80 A system should be introduced to audit stock usage against medication supplied. (5.62)
- 10.81 The medicines and therapeutics committee should ensure that prescribing data are used to demonstrate value for money and to promote effective medicines management. (5.63)
- 10.82 Patients with mental health needs should be held in the segregation unit only in exceptional circumstances. (5.64)
- 10.83 The dental suite should be equipped with an amalgam separator and washer/disinfector. (5.65)

- 10.84 Prisoners should have access to an appropriate dental waiting area that provides information and seating and maintains privacy for those receiving treatment. (5.66)
- 10.85 Measures should be taken to reduce the length of waiting time for routine dental treatment. (5.67)
- 10.86 Transfers to secure mental health units should be managed expeditiously. (5.68)

Learning and skills and work activities

- 10.87 More use should be made of appropriately qualified prisoners to provide peer support and rewards for peer supporters improved. (6.33)
- 10.88 The links between learning plans and sentence/resettlement plans should be improved. (6.34)
- 10.89 Staff working in learning and skills areas should be trained to gain skills and knowledge about how to reinforce equality and diversity topics and better support prisoners with dyslexia and English for speakers of other languages needs. (6.35)
- 10.90 The analysis and use of the wide range of data should be improved to inform the development of learning and skills. (6.36)
- 10.91 There should be sufficient activity places for the operational capacity of the prison. (6.37)
- 10.92 Women should be given written reasons why their applications to education, training and work have been unsuccessful. (6.38)
- 10.93 The number of women achieving qualifications from work in the gardens should be increased. (6.39)
- 10.94 Prisoners working in the main prison kitchen and the serveries should take qualifications relating to the skills they use at work. (6.40)
- 10.95 All prisoners working in the kitchens and serveries should have basic food hygiene awards. (6.41)
- 10.96 The monitoring of prisoners' progress on education courses and the detail of feedback on their work should be improved. (6.42)
- 10.97 The take-up of literacy, numeracy and English for speakers of other languages support by prisoners with abilities assessed at below level 1 should be monitored. (6.43)
- 10.98 Prisoners on distance learning courses should have study facilities with access to computers in the evenings and at weekends. (6.44)
- 10.99 The library should provide some evening and weekend sessions. (6.45)

Physical education and health promotion

- 10.100 The number of PE staff should be increased. (6.51)
- 10.101 Accredited courses that lead to employment should be re-introduced. (6.52)

10.102 PE, fitness and healthy lifestyle activities should be better promoted to increase participation. (6.53)

10.103 The PE activities offered in the evening should be published in advance. (6.54)

Security and rules

10.104 Security risk assessments for activity allocation should be based on clear criteria, specific to the activity and to the individual woman. (7.14)

10.105 The criteria to place women on closed visits should be unambiguous, proportional to risk and linked directly to inappropriate actions or strong security intelligence associated with visiting arrangements. (7.15)

10.106 All strip searches should be logged and monitored by senior managers. (7.16)

Discipline

10.107 The adjudication standardisation meeting should monitor a wide enough range of data to detect emerging patterns and trends. (7.36)

10.108 The high number of adjudications dismissed or not proceeded with should be analysed and appropriate action taken. (7.37)

10.109 Adjudications should be conducted in a suitable, less intimidating environment. (7.38)

10.110 Enquiries into all disciplinary charges should be sufficiently detailed to ensure fair outcomes for all prisoners involved. (7.39)

10.111 Force should be used only if necessary and not solely to gain a woman's compliance. (7.40)

10.112 Senior managers should monitor data on use of force to identify any trends and carry out regular quality assurance checks of the records to satisfy themselves that all force used is justified. (7.41)

10.113 The segregation unit should not be used as a place of respite. (7.42)

10.114 Care plans should be implemented for all women held in the segregation unit for more than 14 days and these should be reviewed and updated regularly. (7.43)

10.115 Comprehensive history sheet records should be maintained for all women held in the segregation unit, with daily entries from segregation unit staff and visitors that record interaction and comment on the women's well being. (7.44)

Incentives and earned privileges

10.116 The points-based incentives and earned privileges system should be abandoned in favour of a system more suited to adult women. (7.53)

10.117 Each woman's progression or regression between levels should be based on patterns of behaviour over time and take into account clearly defined criteria applied by staff and evidenced by entries in wing files. (7.54)

- 10.118 Loss of the facility to eat out of cell and loss of association should not be incurred without following formal disciplinary procedures. (7.55)
- 10.119 Data relating to the incentives and earned privileges scheme should be collated and regularly reviewed to identify and, if necessary, address emerging patterns and trends and ensure fairness. (7.56)

Prison shop

- 10.120 Women should be able to make a shop purchase within 24 hours of arrival and advanced funds of up to one week's pay if necessary. (8.10)
- 10.121 Black and minority ethnic women should be separately consulted about what goods should be added to the shop list to meet their specific needs. (8.11)
- 10.122 Surveys should be conducted every quarter to determine what items should be added to the shop list. (8.12)

Strategic management of resettlement

- 10.123 All representatives should attend the offender management and resettlement liaison committee meetings and progress against each pathway should be reviewed at each meeting. (9.11)
- 10.124 The prison should involve voluntary and community sector groups providing services to prisoners in periodic meetings to inform them of the reducing reoffending strategy and their contribution towards its development. (9.12)
- 10.125 Analysis from sources such as OASys reviews and first night interviews should be used to inform resettlement services. (9.13)

Offender management and planning

- 10.126 Sentence plans should contain outcome-focused objectives. (9.39)
- 10.127 A quality assurance system should be introduced to monitor the quality of sentence planning assessments. (9.40)
- 10.128 All prisoners should meet their offender supervisor regularly to monitor and review sentence plans. (9.42)
- 10.129 Offender management unit staff should receive training in child safeguarding issues. (9.43)
- 10.130 The quality of risk of harm assessments and risk management plans should be improved. (9.44)
- 10.131 Risk of harm assessments and risk management plans should be integrated into sentence plans. (9.45)
- 10.132 Public protection work with women identified as high risk of harm should be effectively managed. (9.46)

Resettlement pathways

- 10.133 Accommodation and finance services should be well advertised on the wings and promoted to women. (9.61)
- 10.134 The accommodation pathway should be effectively led and pathway meetings introduced to monitor and develop services. (9.62)
- 10.135 Remanded women should be able to receive support from information, advice and guidance workers. (9.63)
- 10.136 The life skills course recruitment should ensure that prisoners most in need of the skills it offers are targeted and the aims of the course are clear to the prisoners to encourage full attendance. (9.64)
- 10.137 A pre-release course should be provided for all women before discharge. (9.65)
- 10.138 The information, advice and guidance services should be better promoted to ensure prisoners are more aware of relevant education, training and employment opportunities available to them. (9.66)
- 10.139 Pathway meetings should be held to coordinate the work of the different individuals and agencies providing support and advice on finance, benefit and debt. (9.67)
- 10.140 The drug strategy policy should include alcohol services and be informed by a comprehensive needs assessment. (9.78)
- 10.141 Women should have access to accredited drug and alcohol treatment programmes. (9.79)
- 10.142 The frequency of compact-based drug testing should be determined by individual risk assessments. (9.80)
- 10.143 Women should be encouraged and helped to maintain telephone contact with partners and family members in other establishments. The procedures for inter-prison telephone calls should be clarified and widely advertised. (9.99)
- 10.144 The prison should carry out a review including a visitors' survey to establish the visits capacity necessary to meet the needs of the population and provide sufficient places. (9.100)
- 10.145 Parenting courses should be introduced as part of the new life skills programme. (9.101)
- 10.146 Mothers should be able to receive incoming telephone calls from children and to deal with arrangements for them. (9.102)
- 10.147 The prison should employ a family support worker. (9.103)
- 10.148 A log should be kept of requests for inter-prison and accumulated visits to enable any unmet need to be identified and acted on. (9.104)
- 10.149 The type and range of interventions and programmes to address offending behaviour should be based on an up-to-date assessment of the needs of all groups of prisoners using all available data, including OASys assessments and first night interviews. (9.108)

- 10.150 The pathways for women who have been abused, raped or have experienced domestic violence and for women who have been involved in prostitution should be suitably developed and support services introduced informed by a needs analysis. (9.114)

Housekeeping points

Courts, escorts and transfers

- 10.151 More use should be made of the video link for court appearances. (1.10)

First days in custody

- 10.152 Reception officers should address women by their name. (1.34)
- 10.153 Staff should wear identification displaying their name and status. (1.35)
- 10.154 Pens and paper should be provided in the induction rooms to allow women to make notes. (1.36)

Staff-prisoner relationships

- 10.155 Adult women should not be referred to as 'girls'. (2.23)

Personal officers

- 10.156 All personal officers should actively make themselves known to prisoners within a week of their arrival and record this in wing files. (2.32)

Self-harm and suicide

- 10.157 Data on levels of self-harm and the operation of the assessment, care in custody and teamwork procedures should be disaggregated from the Toscana unit. (3.40)

Applications and complaints

- 10.158 The subject matter of complaints wrongly submitted under confidential access arrangements should be included in the analysis of other complaints. (3.48)

Diversity: foreign nationals

- 10.159 Policies and procedures available in translation should be widely advertised for the benefit of staff and prisoners. (4.41)

Health services

- 10.160 The pharmacist should check a random selection of dispensed faxes against the original prescription forms during her weekly visits. (5.69)
- 10.161 A record should be kept for calibration of the methadone mixture Baxa pump. (5.70)
- 10.162 Patient information leaflets should be supplied with medication wherever possible. (5.71)
- 10.163 Dental application forms should be consistently available. (5.72)
- 10.164 Oral health promotion sessions should be incorporated into the induction and living skills programme. (5.73)
- 10.165 The dental suite should be equipped with a heating/air conditioning unit. (5.74)
- 10.166 Data for outside specialist appointments should be collated and include dates of referrals and completed appointments. (5.75)

Security and rules

- 10.167 The local strip searching policy should be amended to reflect actual practice. (7.17)

Resettlement pathways

- 10.168 Healthcare discharge letters should make no reference to the prison. (9.68)

Good practice

Resettlement pathways

- 10.169 In partnership with the local drug and alcohol action team, the prison was actively extending the range of services available to women with primary alcohol problems. (9.81)

Appendix 1: Inspection team

Anne Owers	Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Hayley Folland	Inspector
Paul Fenning	Inspector
Martin Owens	Inspector
Mick Bowen	Healthcare inspector
Jill Williams	Pharmacy inspector
Jen Davies	Dental inspector
Sigrid Engelen	Substance use inspector
Jane Attwood	HMI Probation
Stephen Hubbard	HMI Probation
Julia Horsman	Ofsted
Karen Adriaanse	Ofsted
Adam Altoft	Researcher
Catherine Nichols	Researcher
Amy Pearson	Researcher
Sherrelle Parke	Researcher

Appendix II: Prison population profile²

Population breakdown by:

(i) Status	N° of Women	N° of YO's	%
Sentenced	176	2	79.5
Convicted but unsentenced	13	3	7.0
Remand	22	6	12.5
Civil prisoners	1	0	0.5
Detainees (single power status)	1	0	0.5
Total	213	11	100

(ii) Sentence	N° of Sentenced Women	N° of Sentenced YO's	%
Less than 6 months	11		6.2
6 months to less than 12 months	8		4.5
12 months to less than 2 years	26		14.6
2 years to less than 4 years	49	1	28.1
4 years to less than 6 years	24		13.5
6 years to less than 8 years	7		3.9
8 years to less than 10 years	5		2.8
10 years and over (less than life)	10		5.6
Life	36	1	20.8
Total	176	2	100

(iii) Length of stay	N° of Women	N° of YO's	%
Less than 1 month	31	4	15.6
1 month to 3 months	33	4	16.5
3 months to 6 months	35		15.6

² Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

6 months to 1 year	41	3	19.6
1 year to 2 years	22		10.0
2 years to 4 years	18		8.0
4 years or more	33		14.7
Total	213	11	100

(iv) Main Offence	N° of Women	N° of YO's	%
Violence against the person	73	3	33.9
Sexual offences	10	1	4.9
Burglary	20	2	9.8
Robbery	28	1	12.9
Theft & handling	17	2	8.5
Fraud and forgery	8		3.6
Drugs offences	27	2	12.9
Other offences	29	0	12.9
Civil offences	1		0.4
Offence not recorded/holding warrant	0		0
Total	213	11	100

(v) Age	N° of Women	N° of YO's	%
18 years to 20 years		11	4.9
21 years to 29 years	88		39.3
30 years to 39 years	67		29.9
40 years to 49 years	37		16.5
50 years to 59 years	17		7.6
60 years to 69 years	4		1.8
70 plus years	0		0
<i>Maximum age - 67</i>			
Total	213	11	100

(vi) Home address	N° of Women	N° of YO's	%
Within 50 miles of the prison	114	6	53.6
Between 50 and 100 miles of the prison	39		17.4
Over 100 miles from the prison	41	2	19.2
Overseas			
NFA	19	3	9.8
Total	213	11	100

(vii) Nationality	N° of Women	N° of YO's	%
British	201	7	92.8
Foreign national	12	4	7.1
Total	213	11	100

(viii) Ethnic Group	N° of Women	N° of YO's	%
White			
British	182	5	83.5
Irish	1		0.4
Other White	6		2.7
Mixed			
White and Black Caribbean	3		1.3
White and Black African			
White and Asian	2		0.9
Other mixed	2	2	1.8
Asian or Asian British			
Indian	4	1	2.2
Pakistani	1		0.4
Bangladeshi			
Other Asian	2		0.9
Black or Black British			
Caribbean	7	1	3.6

African			
Other Black	1		0.4
Chinese or other ethnic group			
Chinese	1		0.4
Other ethnic group	1	2	1.3
Total	213	11	100

(ix) Religion	N° of Women	N° of YOs	%
Baptist	1		0.4
Church of England	80	3	37.0
Roman Catholic	39	1	17.8
Other Christina denominations	2		0.9
Muslim	12		5.3
Sikh	3	1	1.8
Hindu	2		0.9
Buddhist	4		1.8
Jewish	0		0
Other	8	1	4.0
No religion	62	5	29.9
Total	213	11	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 1 September 2009, the adult prisoner population at HMP/YOI Foston Hall was 221. The sample size was 116. Overall, this represented 52% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. No respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 101 respondents completed and returned their questionnaires. This represented 46% of the adult prisoner population. The response rate was 87%. In addition to the three respondents who refused to complete a questionnaire, eight questionnaires were not returned and four were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local women's prisons. This comparator is based on all responses from surveys carried out in seven local women's prisons since 2005.
- The current survey responses in 2009 against comparator figures for all prisoners surveyed in all women's prisons. This comparator is based on all responses from surveys carried out in 13 women's prisons since 2005.
- The current survey responses in 2009 against the responses of prisoners surveyed at Foston Hall in 2004.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2009 survey between the responses of those prisoners who consider themselves to have a disability and those who do not.
- A comparison within the 2009 survey between prisoners aged 50 and over and those below.
- A comparison within the 2009 survey between prisoners who consider themselves to be lesbian/gay or bisexual and those who consider themselves to be heterosexual.
- A comparison within the 2009 survey between those prisoners who were on remand wings and those on sentenced wings.

In addition to the main prisoner survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fall in scope of offender management. The following analyses have been conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in women's prisons. This comparator is based on all responses from offender management surveys carried out in three women's prisons.
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in 22 prisons of varying functional type.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are

significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

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

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. 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.

Summary of prisoner survey results

Section 1: About you

Q1.2 How old are you?

<i>Under 21</i>	2%
<i>21 - 29</i>	45%
<i>30 - 39</i>	28%
<i>40 - 49</i>	11%
<i>50 - 59</i>	10%
<i>60 - 69</i>	4%
<i>70 and over</i>	0%

Q1.3 Are you sentenced?

<i>Yes</i>	77%
<i>Yes - on recall</i>	5%
<i>No - awaiting trial</i>	10%
<i>No - awaiting sentence</i>	7%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	17%
<i>Less than 6 months</i>	12%
<i>6 months to less than 1 year</i>	6%
<i>1 year to less than 2 years</i>	12%
<i>2 years to less than 4 years</i>	19%
<i>4 years to less than 10 years</i>	13%
<i>10 years or more</i>	6%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	1%
<i>Life</i>	12%

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>	20%
<i>6 months or less</i>	43%
<i>More than 6 months</i>	37%

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

<i>Less than 1 month</i>	11%
<i>1 to less than 3 months</i>	21%
<i>3 to less than 6 months</i>	18%
<i>6 to less than 12 months</i>	22%
<i>12 months to less than 2 years</i>	12%
<i>2 to less than 4 years</i>	9%
<i>4 years or more</i>	7%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

<i>Yes</i>	3%
<i>No</i>	97%

Q1.8	Is English your first language?			
	Yes			96%
	No			4%
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	77%	<i>Asian or Asian British - Bangladeshi</i>	0%
	<i>White - Irish</i>	4%	<i>Asian or Asian British - Other</i>	0%
	<i>White - Other</i>	5%	<i>Mixed Race - White and Black Caribbean</i>	4%
	<i>Black or Black British - Caribbean</i> ...	4%	<i>Mixed Race - White and Black African</i>	0%
	<i>Black or Black British - African</i>	0%	<i>Mixed Race - White and Asian</i>	3%
	<i>Black or Black British - Other</i>	0%	<i>Mixed Race - Other</i>	0%
	<i>Asian or Asian British - Indian</i>	0%	<i>Chinese</i>	1%
	<i>Asian or Asian British - Pakistani</i>	2%	<i>Other ethnic group</i>	0%
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	Yes			4%
	No			96%
Q1.11	What is your religion?			
	<i>None</i>	28%	<i>Hindu</i>	0%
	<i>Church of England</i>	36%	<i>Jewish</i>	1%
	<i>Catholic</i>	17%	<i>Muslim</i>	10%
	<i>Protestant</i>	0%	<i>Sikh</i>	1%
	<i>Other Christian denomination</i>	3%	<i>Other</i>	2%
	<i>Buddhist</i>	3%		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>			58%
	<i>Homosexual/gay</i>			11%
	<i>Bisexual</i>			30%
	<i>Other</i>			1%
Q1.13	Do you consider yourself to have a disability?			
	Yes			19%
	No			81%
Q1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	47%	13%	22%	19%
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	39%	53%	8%	

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

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	12%	35%	16%	16%	12%	7%	1%
Your personal safety during the journey?	15%	47%	13%	16%	6%	2%	1%
The comfort of the van?	5%	10%	12%	32%	40%	1%	0%
The attention paid to your health needs?	9%	26%	27%	11%	17%	7%	4%
The frequency of toilet breaks?	2%	9%	11%	17%	43%	3%	15%

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
16%	31%	46%	7%	0%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
15%	59%	17%	6%	3%	0%

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	86%	13%	1%
Before you arrived here did you receive any written information about what would happen to you?	23%	70%	6%
When you first arrived here did your property arrive at the same time as you?	90%	9%	1%

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>	26%	<i>Money worries</i>	8%
<i>Loss of property</i>	6%	<i>Feeling depressed or suicidal</i>	53%
<i>Housing problems</i>	11%	<i>Health problems</i>	62%
<i>Contacting employers</i>	3%	<i>Needing protection from other prisoners</i>	14%
<i>Contacting family</i>	47%	<i>Accessing phone numbers</i>	28%
<i>Ensuring dependants were being looked after</i>	23%	<i>Other</i>	2%

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

<i>Didn't have any problems</i>	29%	<i>Money worries</i>	12%
<i>Loss of property</i>	12%	<i>Feeling depressed or suicidal</i>	39%
<i>Housing problems</i>	18%	<i>Health problems</i>	34%
<i>Contacting employers</i>	4%	<i>Needing protection from other prisoners</i>	7%
<i>Contacting family</i>	31%	<i>Accessing phone numbers</i>	20%
<i>Ensuring dependants were looked after</i>	7%	<i>Other</i>	5%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	79%	17%	4%
When you were searched, was this carried out in a respectful way?	76%	16%	8%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
23%	44%	13%	14%	4%	1%

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

<i>Information about what was going to happen to you</i>	48%
<i>Information about what support was available for people feeling depressed or suicidal</i>	60%
<i>Information about how to make routine requests</i>	44%
<i>Information about your entitlement to visits</i>	45%
<i>Information about health services</i>	56%
<i>Information about the chaplaincy</i>	51%
<i>Not offered anything</i>	26%

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**
- A smokers/non-smokers pack* 83%
 - The opportunity to have a shower*..... 52%
 - The opportunity to make a free telephone call*..... 74%
 - Something to eat*..... 69%
 - Did not receive anything***..... 5%
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**
- Chaplain or religious leader* 48%
 - Someone from health services* 78%
 - A Listener/Samaritans*..... 59%
 - Did not meet any of these people*** 14%
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- Yes* 5%
 - No* 95%
- Q3.9 Did you feel safe on your first night here?**
- Yes* 66%
 - No* 24%
 - Don't remember*..... 10%
- Q3.10 How soon after your arrival did you go on an induction course?**
- Have not been on an induction course***..... 16%
 - Within the first week* 53%
 - More than a week* 27%
 - Don't remember*..... 4%
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course***..... 18%
 - Yes* 52%
 - No* 20%
 - Don't remember*..... 10%

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	20%	39%	11%	12%	7%	12%
Attend legal visits?	21%	46%	13%	6%	1%	12%
Obtain bail information?	15%	29%	9%	12%	3%	32%

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

Not had any letters 10%
 Yes 47%
 No 43%

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	63%	17%	6%	14%
Are you normally able to have a shower every day?	100%	0%	0%	0%
Do you normally receive clean sheets every week?	76%	12%	2%	11%
Do you normally get cell cleaning materials every week?	92%	6%	1%	1%
Is your cell call bell normally answered within five minutes?	61%	22%	13%	4%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	27%	1%	1%
Can you normally get your stored property, if you need to?	42%	23%	31%	4%

Q4.4 What is the food like here?

Very good *Good* *Neither* *Bad* *Very Bad*
 4% 22% 21% 34% 19%

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

Have not bought anything yet 5%
 Yes 50%
 No 45%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	64%	26%	3%	0%	1%	6%
An application form	60%	32%	2%	1%	1%	4%

Q4.7 Have you made an application?

Yes 92%
 No 8%

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?	9%	69%	22%
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	9%	46%	46%

Q4.9 Have you made a complaint?

Yes 60%
 No 40%

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?	41%	38%	22%		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	41%	32%	27%		
	Were you given information about how to make an appeal?	46%	18%	36%		
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>			40%		
	Yes			11%		
	No			49%		
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB) who they are					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very Difficult</i>
	27%	9%	25%	20%	12%	8%
Q4.13	What level of the IEP scheme are you on now?					
	<i>Don't know what the IEP scheme is</i>			9%		
	<i>Enhanced</i>			35%		
	<i>Standard</i>			47%		
	<i>Basic</i>			3%		
	<i>Don't know</i>			5%		
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	<i>Don't know what the IEP scheme is</i>			10%		
	Yes			49%		
	No			26%		
	<i>Don't know</i>			15%		
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	<i>Don't know what the IEP scheme is</i>			9%		
	Yes			51%		
	No			25%		
	<i>Don't know</i>			15%		
Q4.16	Please answer the following questions about this prison?					
		Yes		No		
	In the last six months have any members of staff physically restrained you (C&R)?	2%		98%		
	In the last six months have you spent a night in the segregation/care and separation unit?	8%		92%		

Q4.17	Please answer the following questions about your religious beliefs?			
		Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	63%	10%	27%
	Are you able to speak to a religious leader of your faith in private if you want to?	71%	4%	25%

Q4.18	Can you speak to a listener at any time, if you want to?		
	Yes	No	Don't know
	88%	2%	10%

Q4.19	Please answer the following questions about staff in this prison?		
		Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	84%	16%
	Do most staff treat you with respect?	79%	21%

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?
	Yes 33%
	No 67%

Q5.2	Do you feel unsafe in this prison at the moment?
	Yes 10%
	No 90%

Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)
	<i>Never felt unsafe</i> 72%
	<i>Everywhere</i> 11%
	<i>Segregation unit</i> 3%
	<i>Association areas</i> 10%
	<i>Reception area</i> 1%
	<i>At the gym</i> 3%
	<i>In an exercise yard</i> 7%
	<i>At work</i> 3%
	<i>During movement</i> 10%
	<i>At education</i> 5%
	<i>At meal times</i> 5%
	<i>At health services</i> 5%
	<i>Visit's area</i> 1%
	<i>In wing showers</i> 3%
	<i>In gym showers</i> 1%
	<i>In corridors/stairwells</i> 6%
	<i>On your landing/wing</i> 6%
	<i>In your cell</i> 3%
	<i>At religious services</i> 1%

Q5.4	Have you been victimised by another prisoner or group of prisoners here?
	Yes 33%
	No 67%

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

<i>Insulting remarks (about you or your family or friends).....</i>	19%	<i>Because of your sexuality.....</i>	0%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	5%	<i>Because you have a disability.....</i>	4%
<i>Sexual abuse.....</i>	1%	<i>Because of your religion/religious beliefs.....</i>	4%
<i>Because of your race or ethnic origin.....</i>	5%	<i>Because of your age.....</i>	3%
<i>Because of drugs.....</i>	3%	<i>Being from a different part of the country than others.....</i>	2%
<i>Having your canteen/property taken.....</i>	3%	<i>Because of your offence/ crime.....</i>	4%
<i>Because you were new here.....</i>	3%	<i>Because of gang related issues.....</i>	1%

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

Yes.....	18%
No.....	82%

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

<i>Insulting remarks (about you or your family or friends).....</i>	3%	<i>Because you have a disability.....</i>	0%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	1%	<i>Because of your religion/religious beliefs.....</i>	2%
<i>Sexual abuse.....</i>	1%	<i>Because of your age.....</i>	2%
<i>Because of your race or ethnic origin.....</i>	3%	<i>Being from a different part of the country than others.....</i>	1%
<i>Because of drugs.....</i>	1%	<i>Because of your offence/crime.....</i>	0%
<i>Because you were new here.....</i>	3%	<i>Because of gang related issues.....</i>	0%
<i>Because of your sexuality.....</i>	3%		

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

<i>Not been victimised</i>	60%
Yes.....	26%
No.....	14%

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

Yes.....	30%
No.....	70%

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

Yes.....	22%
No.....	78%

Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	7%	9%	11%	3%	11%	59%

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people:					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor?	3%	10%	41%	6%	30%	10%
The nurse?	2%	24%	50%	6%	14%	3%
The dentist?	12%	1%	19%	4%	40%	23%
The optician?	21%	1%	10%	8%	36%	24%

Q6.2	Are you able to see a pharmacist?	
	Yes	48%
	No	52%

Q6.3	What do you think of the quality of the health service from the following people:					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	4%	26%	39%	13%	13%	5%
The nurse	3%	38%	35%	11%	6%	6%
The dentist	31%	17%	14%	16%	12%	11%
The optician	39%	9%	16%	17%	11%	9%

Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	2%	29%	35%	14%	11%	9%

Q6.5	Are you currently taking medication?	
	Yes	80%
	No	20%

Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?	
	<i>Not taking medication</i>	20%
	Yes	49%
	No	31%

Q6.7	Do you feel you have any emotional well-being/mental health issues?	
	Yes	35%
	No	65%

- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- | | |
|--|-----|
| <i>Do not have any issues/not receiving any help</i> | 71% |
| <i>Doctor</i> | 11% |
| <i>Nurse</i> | 12% |
| <i>Psychiatrist</i> | 10% |
| <i>Mental health in-reach team</i> | 18% |
| <i>Counsellor</i> | 4% |
| <i>Other</i> | 4% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 43% | 57% |
| Alcohol | 32% | 68% |
- Q6.10 Have you developed a problem with drugs since you have been in this prison?**
- | | |
|-----------|-----|
| Yes | 3% |
| No..... | 97% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes | 54% |
| No..... | 1% |
| <i>Did not/do not have a drug or alcohol problem</i> | 45% |
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**
- | | |
|--|-----|
| Yes | 52% |
| No..... | 3% |
| <i>Did not/do not have a drug or alcohol problem</i> | 45% |
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**
- | | |
|--|-----|
| Yes | 48% |
| No..... | 5% |
| <i>Did not have a problem/have not received help</i> | 46% |
- Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**
- | | Yes | No | Don't know |
|---------|-----|-----|------------|
| Drugs | 13% | 73% | 14% |
| Alcohol | 7% | 77% | 16% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|-----------|-----|
| Yes | 30% |
| No..... | 10% |
| N/A..... | 60% |

Section 7: Purposeful activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply to you.)

Prison job	68%
Vocational or skills training.....	20%
Education (including basic skills).....	47%
Offending behaviour programmes.....	22%
Not involved in any of these	13%

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

	Not been involved	Yes	No	Don't know
Prison job	21%	51%	9%	19%
Vocational or skills training	56%	34%	2%	7%
Education (including basic skills)	26%	67%	4%	4%
Offending behaviour programmes	51%	38%	0%	10%

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

Don't want to go	6%
<i>Never</i>	6%
<i>Less than once a week</i>	29%
<i>About once a week</i>	46%
<i>More than once a week</i>	10%
<i>Don't know</i>	2%

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
25%	26%	16%	15%	14%	1%	3%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
13%	12%	30%	14%	31%	1%

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>	6%
<i>2 to less than 4 hours</i>	15%
<i>4 to less than 6 hours</i>	18%
<i>6 to less than 8 hours</i>	7%
<i>8 to less than 10 hours</i>	23%
<i>10 hours or more</i>	17%
<i>Don't know</i>	13%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
4%	1%	7%	15%	60%	13%

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	4%
	<i>Never</i>	8%
	<i>Rarely</i>	22%
	<i>Some of the time</i>	40%
	<i>Most of the time</i>	20%
	<i>All of the time</i>	6%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	21%
	<i>In the first week</i>	48%
	<i>More than a week</i>	21%
	<i>Don't remember</i>	10%

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/ her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	21%	32%	23%	6%	10%	7%

Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	18%
	<i>Yes</i>	51%
	<i>No</i>	32%

Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	50%
	<i>Very involved</i>	23%
	<i>Involved</i>	16%
	<i>Neither</i>	3%
	<i>Not very involved</i>	6%
	<i>Not at all involved</i>	1%

Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	49%
	<i>Yes</i>	47%
	<i>No</i>	3%

Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?				
	<i>Do not have a sentence plan/OASys</i>				52%
	Yes				21%
	No				27%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	<i>Not sentenced</i>				19%
	Yes				33%
	No				48%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes				31%
	No				69%
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes				25%
	No				71%
	<i>Don't know</i>				4%
Q8.10	Have you had any problems getting access to the telephones?				
	Yes				12%
	No				86%
	<i>Don't know</i>				2%
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				9%
	Yes				20%
	No				65%
	<i>Don't remember</i>				6%
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
		9%	50%	36%	5%
					0%
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				26%
	<i>Very well</i>				25%
	<i>Well</i>				29%
	<i>Neither</i>				4%
	<i>Badly</i>				1%
	<i>Very badly</i>				2%
	<i>Don't know</i>				12%

Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?
 Yes 64%
 No 36%

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

<i>Don't know who to contact</i>	37%	<i>Help with your finances in preparation for release</i>	24%
<i>Maintaining good relationships</i>	18%	<i>Claiming benefits on release</i>	47%
<i>Avoiding bad relationships</i>	14%	<i>Arranging a place at college/continuing education on release</i>	25%
<i>Finding a job on release</i>	31%	<i>Continuity of health services on release</i>	20%
<i>Finding accommodation on release</i>	39%	<i>Opening a bank account</i>	20%

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

<i>No problems</i>	33%	<i>Help with your finances in preparation for release</i>	17%
<i>Maintaining good relationships</i>	21%	<i>Claiming benefits on release</i>	30%
<i>Avoiding bad relationships</i>	22%	<i>Arranging a place at college/continuing education on release</i>	24%
<i>Finding a job on release</i>	52%	<i>Continuity of health services on release</i>	19%
<i>Finding accommodation on release</i>	38%	<i>Opening a bank account</i>	30%

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?
Not sentenced..... 19%
 Yes 46%
 No 35%

Offender management survey results

Section One: About you

Q1	How old are you?	
	<i>Under 21</i>	1
	<i>21 - 29</i>	5
	<i>30 - 39</i>	6
	<i>40 - 49</i>	8
	<i>50 - 59</i>	1
	<i>60 - 69</i>	1
	<i>70 and over</i>	0
Q2	Are you a foreign national? (i.e., do not hold UK citizenship)	
	<i>Yes</i>	1
	<i>No</i>	19
Q3	What is your ethnic origin?	
	<i>White - British</i>	15
	<i>White - Irish</i>	0
	<i>White - Other</i>	1
	<i>Black or Black British - Caribbean</i>	2
	<i>Black or Black British - African</i>	0
	<i>Black or Black British - Other</i>	1
	<i>Asian or Asian British - Indian</i>	1
	<i>Asian or Asian British - Pakistani</i>	0
	<i>Asian or Asian British - Bangladeshi</i>	0
	<i>Asian or Asian British - Other</i>	0
	<i>Mixed Race - White and Black Caribbean</i>	1
	<i>Mixed Race - White and Black African</i>	0
	<i>Mixed Race - White and Asian</i>	0
	<i>Mixed Race - Other</i>	1
	<i>Chinese</i>	0
	<i>Other ethnic group</i>	0
Q4	Do you consider yourself to have a disability?	
	<i>Yes</i>	2
	<i>No</i>	18
Q5	Which town did you live in before coming into prison on this sentence?	
Q6	Are you on recall?	
	<i>Yes</i>	2
	<i>No</i>	18
Q7	If yes, have you been told why you have been recalled?	
	<i>Yes</i>	2
	<i>No</i>	0

Q8	What is the length of your sentence?	
	1 year to less than 2 years	1
	2 years to less than 4 years.....	2
	4 years to less than 10 years	1
	10 years or more.....	10
	IPP	7
Q9	Approximately, how long do you have left to serve? (If you are serving an IPP sentence, please use the date of your next review board.)	
	6 months or less	1
	More than 6 months.....	14

Section Two: Reception and induction

Q10	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Housing problems	2
	Contacting employers	1
	Contacting family	2
	Feeling depressed or suicidal	8
	None of the above problems	11
Q11	If you have answered yes to any of the above, were you helped with that problem within the first 24 hours?	
		Yes No
	Housing problems	1 1
	Contacting employers	0 1
	Contacting family	1 0
	Feeling depressed or suicidal	4 4
Q12	How soon after your arrival did you receive an induction?	
	Did not receive an induction	2
	Within the first week	16
	More than a week	3
Q13	If you have been on an induction, did it cover everything you needed to know about the prison?	
	Yes	16
	No	3
Q14	How soon after your arrival did you receive a 'skills for life' assessment (education assessment?)	
	Did not receive a skills for life assessment	7
	Within the first week	3
	More than a week	8
Q15	How soon after your arrival did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	
	Did not receive an interview	10
	Within the first week	8
	More than a week	1

Section Three: Sentence planning

Q16	Do you have a sentence plan?	
	Yes	21
	No	0

If you have answered no to Q16, please go to Section Four

Q17	Were you involved in the development of your sentence plan?	
	Yes	15
	No	2
Q18	Has your sentence plan taken into account your individual needs?	
	Yes	15
	No	4
Q19	Can you achieve all or some of your sentence plan targets in this prison?	
	Yes	17
	No	3
Q20	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Yes	6
	No	13
Q21	Are there plans for you to achieve all/ some of your sentence plan targets whilst on license in the community?	
	Yes	7
	No	10
Q22	Have you had any meetings to discuss your sentence plan whilst in custody?	
	Yes	15
	No	4
Q23	If yes, who has attended these meetings? (Please tick all that apply to you.)	
	<i>Offender supervisor</i>	13
	<i>Prison staff from other departments</i>	10
	<i>Offender manager</i>	9
	<i>Other agencies</i>	6
Q24	If you have had meetings, were these meetings useful to you?	
	Yes	13
	No	4

Section Four: Offender manager

Q25	Do you have a named offender manager (home probation officer) in the Probation Service?	
	Yes	21
	No	0

If you have answered no to Q25, please go to Section Five

Q26	Has your offender manager been in contact with you since you have been in custody?	
	Yes	20
	No	1
Q27	If yes, what type of contact have you had with your offender manager?	
	Letter.....	15
	Phone.....	7
	Visit.....	12
Q28	Has your offender manager changed since you have been in custody?	
	Yes	10
	No	10
Q29	Has your offender manager discussed your sentence plan with you?	
	Do not have a sentence plan	2
	Yes	14
	No	5
Q30	Do you think you have been supported by your offender manager whilst in custody?	
	Yes	15
	No	5

Section Five: Offender supervisor

Q31	Do you have an offender supervisor within this prison?	
	Yes	18
	No	1

If you have answered no to Q31, please go to Section Six

Q32	How often have you met with your offender supervisor?	
	<i>About every week</i>	5
	<i>About every month or less</i>	11
	<i>Never</i>	3
Q33	Do you think you have been supported by your offender supervisor in this prison?	
	Yes	15
	No	5

Section Six: Your time in custody

Q34	Do any of the below issues need to be considered so that you can take full part in activities in this prison? (Please tick all that apply to you.)	
	No issues	12
	<i>Religion</i>	1
	<i>Race</i>	0
	<i>Disability</i>	1
	<i>Language</i>	0
	<i>Reading/writing skills</i>	1
	<i>Other</i>	1

Q35	If you have answered yes to any of the above; were these difficulties dealt with?		
		Yes	No
	Religion	1	1
	Race	0	0
	Disability	0	1
	Language	0	0
	Reading/writing skills	1	0
	Other	0	1

Q36	Whilst in custody which of the following have you been helped with? (Please tick all that apply to you.)	
	<i>Housing</i>	5
	<i>Education/training/employment</i>	17
	<i>Money & Debt</i>	4
	<i>Relationships (e.g. family/partner)</i>	6
	<i>Lifestyle (e.g. friendships)</i>	6
	<i>Drug use</i>	6
	<i>Alcohol use</i>	7
	<i>Emotional well being (e.g. stress, feeling low)</i>	10
	<i>Thinking skills (e.g. acting on impulse)</i>	13
	<i>Attitude to offending</i>	8
	<i>Health</i>	9
	Not had any help	1

Q37	Has anyone done any work with you on basic skills?	
	Yes	5
	No	4
	Don't need it	11

Q38	Has anyone done any work with you on victim awareness?	
	Yes	10
	No	11

Q39	If yes, how useful was the work you received on victim awareness?	
	<i>Very Useful</i>	6
	<i>Useful</i>	2
	<i>Neither</i>	1
	<i>Not very useful</i>	0
	<i>Not at all useful</i>	0

Q40	Has any member of staff helped you to address your offending behaviour whilst in custody?	
	Yes	12
	No	6

Section Seven: Resettlement

Q41	Has any member of staff helped you to prepare for your release whilst in custody?	
	Yes	6
	No	12

Q42 Do you think you will have a problem with the following on release from custody? (Please tick all that apply to you.)

<i>Maintaining/avoiding relationships</i>	6
<i>Finding a job</i>	9
<i>Finding accommodation</i>	7
<i>Money/finances</i>	3
<i>Claiming benefits</i>	3
<i>Arranging a place at college/continuing education</i>	4
<i>Contacting external drug or alcohol agencies</i>	1
<i>Accessing healthcare services</i>	3
<i>Opening a bank account</i>	3
None of the above problems	7

Q43 If you have answered yes to any of the above, have you had help with any of the following whilst in custody?

	Yes	No
Maintaining/avoiding relationships	3	2
Finding a job on release	2	4
Finding accommodation on release	3	2
Help with your finances in preparation for release	0	2
Claiming benefits on release	0	2
Arranging a place at college/continuing education on release	0	3
Contacting external drug or alcohol agencies on release	0	1
Continuity of healthcare on release	0	2
Opening a bank account	0	2

Q44 Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in the future?

Yes	17
No	2



Prisoner survey responses HMP Foston Hall 2009

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

Key to tables

Any percent highlighted in green is significantly better.		HMP Foston Hall 2009	Local women's prisons comparator	HMP Foston Hall 2009	Universal women's prisons comparator	HMP Foston Hall 2009	HMP Foston Hall 2004
Any percent highlighted in blue is significantly worse.							
Any percent highlighted in orange shows a significant difference in prisoners' background details.							
Percentages which are not highlighted show there is no significant difference.							
Number of completed questionnaires returned		101	685	101	1185	101	65
SECTION 1: General information							
2	Are you under 21 years of age?	2%	12%	2%	9%	2%	5%
3a	Are you sentenced?	83%	71%	83%	81%	83%	100%
3b	Are you on recall?	5%	5%	5%	5%	5%	0%
4a	Is your sentence less than 12 months?	18%	27%	18%	21%	18%	19%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	3%	1%	0%
5	Do you have six months or less to serve?	43%	42%	43%	43%	43%	41%
6	Have you been in this prison less than a month?	11%	26%	11%	24%	11%	
7	Are you a foreign national?	3%	12%	3%	19%	3%	13%
8	Is English your first language?	96%	91%	96%	87%	96%	95%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	14%	22%	14%	29%	14%	22%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%		4%		4%	
11	Are you Muslim?	10%	6%	10%	7%	10%	
12	Are you homosexual/gay or bisexual?	42%	27%	42%	23%	42%	
13	Do you consider yourself to have a disability?	19%	16%	19%	14%	19%	
14	Is this your first time in prison?	47%	46%	47%	54%	47%	50%
15	Have you been in more than five prisons this time?	8%	2%	8%	3%	8%	
16	Do you have any children under the age of 18?	51%	54%	51%	55%	51%	62%
SECTION 2: Transfers and escorts							
For the most recent journey you have made either to or from court or between prisons:							
1a	Was the cleanliness of the van good/very good?	47%	51%	47%	49%	47%	42%
1b	Was your personal safety during the journey good/very good?	62%	63%	62%	60%	62%	61%
1c	Was the comfort of the van good/very good?	15%	15%	15%	16%	15%	14%
1d	Was the attention paid to your health needs good/very good?	35%	36%	35%	35%	35%	39%
1e	Was the frequency of toilet breaks good/very good?	11%	13%	11%	13%	11%	12%
2	Did you spend more than four hours in the van?	7%	6%	7%	7%	7%	16%
3	Were you treated well/very well by the escort staff?	74%	74%	74%	73%	74%	74%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	80%	85%	80%	85%	97%
4b	Before you arrived here did you receive any written information about what would happen to you?	23%	13%	23%	16%	23%	20%
4c	When you first arrived here did your property arrive at the same time as you?	90%	82%	90%	84%	90%	96%

Key to tables

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Percentages which are not highlighted show there is no significant difference.						
SECTION 3: Reception, first night and induction continued						
6	On your day of arrival, were you offered any of the following:					
6a	83%	84%	83%	82%	83%	81%
6b	52%	42%	52%	47%	52%	48%
6c	74%	77%	74%	69%	74%	29%
6d	69%	83%	69%	79%	69%	74%
7	Within the first 24 hours did you meet any of the following people:					
7a	48%	46%	48%	48%	48%	59%
7b	78%	72%	78%	76%	78%	86%
7c	59%	23%	59%	28%	59%	36%
8	Did you have access to the prison shop/canteen within the first 24 hours?					
	5%	18%	5%	21%	5%	22%
9	Did you feel safe on your first night here?					
	66%	69%	66%	74%	66%	86%
10	Have you been on an induction course?					
	84%	86%	84%	89%	84%	95%
For those who have been on an induction course:						
11	Did the course cover everything you needed to know about the prison?					
	64%	60%	64%	64%	64%	67%
SECTION 4: Legal rights and respectful custody						
1	In terms of your legal rights, is it easy/very easy to:					
1a	59%	40%	59%	43%	59%	
1b	67%	62%	67%	57%	67%	
1c	45%	26%	45%	24%	45%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?					
	47%	41%	47%	37%	47%	49%
3	For the wing/unit you are currently on:					
3a	63%	55%	63%	57%	63%	75%
3b	100%	86%	100%	89%	100%	100%
3c	76%	79%	76%	78%	76%	88%
3d	92%	76%	92%	73%	92%	92%
3e	61%	41%	61%	39%	61%	64%
3f	71%	58%	71%	62%	71%	71%
3g	42%	25%	42%	32%	42%	45%
4	Is the food in this prison good/very good?					
	26%	30%	26%	37%	26%	27%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	50%	46%	50%	45%	50%	42%
6a	90%	80%	90%	82%	90%	86%
6b	92%	84%	92%	87%	92%	93%
7	92%	80%	92%	82%	92%	92%

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Percentages which are not highlighted show there is no significant difference.							
SECTION 4: Legal rights and respectful custody continued							
For those who have made an application:							
8a	Do you feel applications are dealt with fairly?	76%	53%	76%	59%	76%	71%
8b	Do you feel applications are dealt with promptly (within seven days)?	50%	42%	50%	50%	50%	63%
9	Have you made a complaint?	60%	51%	60%	51%	60%	65%
For those who have made a complaint:							
10a	Do you feel complaints are dealt with fairly?	64%	40%	64%	44%	64%	66%
10b	Do you feel complaints are dealt with promptly (within seven days)?	55%	40%	55%	45%	55%	50%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	25%	19%	24%	19%	12%
10c	Were you given information about how to make an appeal?	18%	27%	18%	30%	18%	43%
12	Is it easy/very easy to see the Independent Monitoring Board?	34%	32%	34%	42%	34%	37%
13	Are you on the enhanced (top) level of the IEP scheme?	36%		36%		36%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	49%		49%		49%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%		51%		51%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	2%		2%		2%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%		8%		8%	
13a	Do you feel your religious beliefs are respected?	64%	57%	64%	60%	64%	71%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	71%	58%	71%	60%	71%	77%
14	Are you able to speak to a Listener at any time, if you want to?	88%	65%	88%	66%	88%	80%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	77%	84%	80%	84%	92%
15b	Do most staff, in this prison, treat you with respect?	79%	71%	79%	72%	79%	87%
SECTION 5: Safety							
1	Have you ever felt unsafe in this prison?	33%	45%	33%	39%	33%	24%
2	Do you feel unsafe in this prison at the moment?	10%	18%	10%	14%	10%	
4	Have you been victimised by another prisoner?	33%	30%	33%	27%	33%	26%
5	Since you have been here, has another prisoner:						
5a	Made insulting remarks about you, your family or friends?	19%	18%	19%	17%	19%	13%
5b	Hit, kicked or assaulted you?	5%	7%	5%	5%	5%	8%
5c	Sexually abused you?	1%	2%	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	5%	5%	3%
5e	Victimised you because of drugs?	3%	3%	3%	3%	3%	0%
5f	Taken your canteen/property?	3%	6%	3%	5%	3%	3%
5g	Victimised you because you were new here?	3%	9%	3%	7%	3%	7%
5h	Victimised you because of your sexuality?	0%	1%	0%	2%	0%	
5i	Victimised you because you have a disability?	4%	4%	4%	3%	4%	
5j	Victimised you because of your religion/religious beliefs?	4%	3%	4%	2%	4%	
5k	Victimised you because of your age?	3%		3%		3%	
5l	Victimised you because you were from a different part of the country?	2%	4%	2%	4%	2%	1%
5m	Victimised you because of your offence/crime?	4%	5%	4%	5%	4%	
5n	Victimised you because of gang related issues?	1%		1%		1%	

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SECTION 5: Safety continued							
6	Have you been victimised by a member of staff?	18%	22%	18%	20%	18%	13%
7	Since you have been here, has a member of staff:						
7a	Made insulting remarks about you, your family or friends?	3%	11%	3%	10%	3%	8%
7b	Hit, kicked or assaulted you?	1%	3%	1%	2%	1%	1%
7c	Sexually abused you?	1%	1%	1%	1%	1%	0%
7d	Victimised you because of your race or ethnic origin?	3%	2%	3%	2%	3%	3%
7e	Victimised you because of drugs?	1%	4%	1%	3%	1%	0%
7f	Victimised you because you were new here?	3%	5%	3%	4%	3%	1%
7g	Victimised you because of your sexuality?	3%	3%	3%	2%	3%	
7h	Victimised you because you have a disability?	0%	2%	0%	2%	0%	
7i	Victimised you because of your religion/religious beliefs?	2%	2%	2%	2%	2%	
7j	Victimised you because of your age?	2%		2%		2%	
7k	Victimised you because you were from a different part of the country?	1%	3%	1%	3%	1%	1%
7l	Victimised you because of your offence/crime?	0%	4%	0%	3%	0%	
7m	Victimised you because of gang related issues?	0%		0%		0%	
For those who have been victimised by staff or other prisoners:							
8	Did you report any victimisation that you have experienced?	64%	46%	64%	49%	64%	69%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	30%	36%	30%	32%	30%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	24%	22%	22%	22%	
11	Is it easy/very easy to get illegal drugs in this prison?	17%	27%	17%	25%	17%	10%
SECTION 6: Healthcare							
1a	Is it easy/very easy to see the doctor?	51%	30%	51%	33%	51%	
1b	Is it easy/very easy to see the nurse?	75%	57%	75%	60%	75%	
1c	Is it easy/very easy to see the dentist?	20%	12%	20%	15%	20%	
1d	Is it easy/very easy to see the optician?	11%	14%	11%	15%	11%	
2	Are you able to see a pharmacist?	48%	41%	48%	40%	48%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:							
3a	The doctor?	67%	48%	67%	54%	67%	26%
3b	The nurse?	76%	59%	76%	63%	76%	56%
3c	The dentist?	45%	37%	45%	42%	45%	22%
3d	The optician?	40%	38%	40%	44%	40%	22%
4	The overall quality of health services?	66%	40%	66%	46%	66%	32%

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Healthcare continued							
5	Are you currently taking medication?	80%	70%	80%	67%	80%	
For those currently taking medication:							
6	Are you allowed to keep possession of your medication in your own cell?	61%	35%	61%	51%	61%	
7	Do you feel you have any emotional well-being/mental health issues?	36%	51%	36%	49%	36%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:							
8a	Not receiving any help?	11%	13%	11%	14%	11%	
8b	A doctor?	34%	47%	34%	47%	34%	
8c	A nurse?	38%	30%	38%	29%	38%	
8d	A psychiatrist?	31%	28%	31%	27%	31%	
8e	The mental health in-reach team?	56%	49%	56%	48%	56%	
8f	A counsellor?	14%	34%	14%	34%	14%	
9a	Did you have a drug problem when you came into this prison?	44%	41%	44%	30%	44%	28%
9b	Did you have an alcohol problem when you came into this prison?	32%	25%	32%	19%	32%	5%
10a	Have you developed a drug problem since you have been in this prison?	4%	15%	4%	14%	4%	
For those with drug or alcohol problems:							
11	Do you know who to contact in this prison for help?	98%	85%	98%	86%	98%	
12	Have you received any help or intervention whilst in this prison?	94%	82%	94%	82%	94%	
For those who have received help or intervention with their drug or alcohol problem:							
13	Was this intervention or help useful?	90%	81%	90%	81%	90%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	28%	36%	28%	28%	28%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	23%	27%	23%	22%	23%	20%
For those who may have a drug or alcohol problem on release, do you know who in this prison:							
15	Can help you contact external drug or alcohol agencies on release?	75%	67%	75%	67%	75%	75%
SECTION 7: Purposeful activity							
1	Are you currently involved in any of the following activities:						
1a	A prison job?	68%	52%	68%	53%	68%	
1b	Vocational or skills training?	19%	10%	19%	12%	19%	
1c	Education (including basic skills)?	47%	38%	47%	42%	47%	
1d	Offending behaviour programmes?	22%	17%	22%	17%	22%	
2ai	Have you had a job whilst in this prison?	79%		79%		79%	
For those who have had a prison job whilst in this prison:							
2aii	Do you feel the job will help you on release?	64%		64%		64%	
2bi	Have you been involved in vocational or skills training whilst in this prison?	44%		44%		44%	

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For those who have had vocational or skills training whilst in this prison:							
2bii	Do you feel the vocational or skills training will help you on release?	78%		78%		78%	
2ci	Have you been involved in education whilst in this prison?	74%		74%		74%	
For those who have been involved in education whilst in this prison:							
2cii	Do you feel the education will help you on release?	90%		90%		90%	
2di	Have you been involved in offending behaviour programmes whilst in this prison?	49%		49%		49%	
For those who have been involved in offending behaviour programmes whilst in this prison:							
2dii	Do you feel the offending behaviour programme(s) will help you on release?	79%		79%		79%	
3	Do you go to the library at least once a week?	56%	39%	56%	48%	56%	67%
4	On average, do you go to the gym at least twice a week?	30%	33%	30%	38%	30%	34%
5	On average, do you go outside for exercise three or more times a week?	45%	39%	45%	44%	45%	19%
6	On average, do you spend ten or more hours out of your cell on a weekday?	17%	21%	17%	26%	17%	17%
7	On average, do you go on association more than five times each week?	60%	50%	60%	54%	60%	86%
8	Do staff normally speak to you most of the time/all of the time during association?	27%	24%	27%	25%	27%	34%
SECTION 8: Resettlement							
1	Do you have a personal officer?	79%	67%	79%	71%	79%	84%
For those with a personal officer:							
2	Do you think your personal officer is helpful/very helpful?	70%	66%	70%	70%	70%	75%
For those who are sentenced:							
3	Do you have a sentence plan?	61%	49%	61%	54%	61%	72%
For those with a sentence plan?							
4	Were you involved/very involved in the development of your plan?	79%	68%	79%	72%	79%	68%
5	Can you achieve some/all of your sentence plan targets in this prison?	93%	79%	93%	85%	93%	
6	Are there plans for you to achieve some/all your targets in another prison?	43%	46%	43%	37%	43%	
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?	41%	44%	41%	44%	41%	
8	Do you feel that any member of staff has helped you to prepare for release?	31%	23%	31%	27%	31%	
9	Have you had any problems with sending or receiving mail?	25%	39%	25%	35%	25%	23%
10	Have you had any problems getting access to the telephones?	12%	27%	12%	24%	12%	13%
11	Did you have a visit in the first week that you were here?	21%	39%	21%	37%	21%	20%
12	Did you receive one or more visits in the last week?	41%	40%	41%	36%	41%	

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Resettlement continued						
For those who have had visits:						
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	73%		73%		73%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	64%	53%	64%	56%	64%
15	Do you know who to contact within this prison to get help with the following:					
15b	Maintaining good relationships?	18%	22%	18%	23%	18%
15c	Avoiding bad relationships?	14%	17%	14%	17%	14%
15d	Finding a job on release?	31%	45%	31%	46%	31%
15e	Finding accommodation on release?	39%	55%	39%	57%	39%
15f	With money/finances on release?	24%	34%	24%	35%	24%
15g	Claiming benefits on release?	47%	52%	47%	51%	47%
15h	Arranging a place at college/continuing education on release?	25%	37%	25%	40%	25%
15i	Accessing health services on release?	20%	37%	20%	40%	20%
15j	Opening a bank account on release?	20%	23%	20%	30%	20%
16	Do you think you will have a problem with any of the following on release from prison?					
16b	Maintaining good relationships?	21%	18%	21%	17%	21%
16c	Avoiding bad relationships?	22%	26%	22%	24%	22%
16d	Finding a job?	52%	59%	52%	55%	52%
16e	Finding accommodation?	38%	47%	38%	44%	38%
16f	Money/finances?	18%	43%	18%	45%	18%
16g	Claiming benefits?	30%	42%	30%	38%	30%
16h	Arranging a place at college/continuing education?	25%	34%	25%	33%	25%
16i	Accessing health services?	19%	29%	19%	25%	19%
16j	Opening a bank account?	30%	40%	30%	37%	30%
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?	57%	57%	57%	58%	57%



Key questions (wing analysis) HMP/YOI Foston Hall 2009

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

		Remand wings (C&R wing)	Sentenced wings (all other)
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		27	74
3.10	Have you been on an induction course?	84%	83%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	76%	58%
4.3b	Are you normally able to have a shower every day?	100%	100%
4.3c	Do you normally receive clean sheets every week?	92%	71%
4.3d	Do you normally get cell cleaning materials every week?	87%	93%
4.3e	Is your cell call bell normally answered within five minutes?	71%	58%
4.3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	73%
4.4	Is the food in this prison good/very good?	33%	24%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	49%
4.6a	Is it easy/very easy to get a complaints form?	93%	89%
4.6b	Is it easy/very easy to get an application form?	93%	92%
4.9	Have you made a complaint?	46%	65%
4.13a	Do you feel your religious beliefs are respected?	71%	61%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	71%
4.14	Are you able to speak to a Listener at any time, if you want to?	87%	88%
4.15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	96%	80%
4.15b	Do most staff, in this prison, treat you with respect?	83%	77%
5.1	Have you ever felt unsafe in this prison?	25%	36%

Key to tables

	Any percent highlighted in green is significantly better.	Remand wings (C&R wing)	Sentenced wings (all other)
	Any percent highlighted in blue is significantly worse.		
	Percentages which are not highlighted show there is no significant difference.		
5.2	Do you feel unsafe in this prison at the moment?	4%	12%

Key to tables

	Any percent highlighted in green is significantly better.	Remand wings (C&R wing)	Sentenced wings (all other)
	Any percent highlighted in blue is significantly worse.		
	Percentages which are not highlighted show there is no significant difference.		
5.4	Have you been victimised by another prisoner?	36%	32%
5.6	Have you been victimised by a member of staff?	13%	20%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	42%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	19%
5.11	Is it easy/very easy to get illegal drugs in this prison?	24%	14%
6.1a	Is it easy/very easy to see the doctor?	79%	40%
6.1b	Is it easy/very easy to see the nurse?	87%	70%
7.3	Do you go to the library at least once a week?	52%	57%
7.4	On average, do you go to the gym at least twice a week?	24%	32%
7.5	On average, do you go outside for exercise three or more times a week?	60%	39%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	23%
7.7	On average, do you go on association more than five times each week?	46%	64%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	36%	24%
8.1	Do you have a personal officer?	64%	84%
8.9	Have you had any problems with sending or receiving mail?	13%	29%
8.10	Have you had any problems getting access to the telephones?	20%	9%



Key question responses (aged 50 and over) HMP Foston Hall 2009

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

Key to tables

	Any percent highlighted in green is significantly better.	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		14	84
1.3	Are you sentenced?	87%	82%
1.7	Are you a foreign national?	13%	1%
1.8	Is English your first language?	77%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	13%	14%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.11	Are you Muslim?	7%	10%
1.13	Do you consider yourself to have a disability?	46%	15%
1.14	Is this your first time in prison?	93%	38%
2.1d	Was the attention paid to your health needs good/very good?	28%	36%
2.3	Were you treated well/very well by the escort staff?	58%	75%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	69%	89%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	31%	51%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	14%	61%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	54%	65%
3.2a	Did you have any problems when you first arrived?	58%	75%
3.3a	Were you seen by a member of healthcare staff in reception?	77%	79%

Key to tables

	Any percent highlighted in green is significantly better.	Prisoners aged 50 and over	Prisoners under the age of 50
	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.		
3.3b	When you were searched in reception, was this carried out in a respectful way?	69%	78%
3.4	Were you treated well/very well in reception?	54%	69%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	65%	80%
3.9	Did you feel safe on your first night here?	65%	67%
3.10	Have you been on an induction course?	93%	82%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	62%	60%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	86%	61%
4.3b	Are you normally able to have a shower every day?	100%	100%
4.3e	Is your cell call bell normally answered within five minutes?	62%	61%
4.4	Is the food in this prison good/very good?	24%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	71%	47%
4.6a	Is it easy/very easy to get a complaints form?	77%	93%
4.6b	Is it easy/very easy to get an application form?	87%	94%
4.9	Have you made a complaint?	65%	59%
4.13	Are you on the enhanced (top) level of the IEP scheme?	63%	31%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	59%	47%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	51%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	9%
4.17a	Do you feel your religious beliefs are respected?	54%	65%

Key to tables

	Any percent highlighted in green is significantly better.	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	74%
4.18	Are you able to speak to a Listener at any time, if you want to?	76%	91%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	85%
4.19b	Do most staff, in this prison, treat you with respect?	74%	79%
5.1	Have you ever felt unsafe in this prison?	26%	34%
5.2	Do you feel unsafe in this prison at the moment?	0%	12%
5.4	Have you been victimised by another prisoner?	31%	34%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	4%
5.5i	Have you been victimised because you have a disability? (By prisoners)	7%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	14%	1%
5.5k	Have you been victimised because of your age? (By prisoners)	7%	2%
5.6	Have you been victimised by a member of staff?	31%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	0%
5.7h	Have you been victimised because you have a disability? (By prisoners)	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	0%
5.7j	Have you been victimised because of your age? (By staff)	7%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	26%	31%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	22%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	19%
6.1a	Is it easy/very easy to see the doctor?	54%	49%

Key to tables

	Any percent highlighted in green is significantly better.	Prisoners aged 50 and over	Prisoners under the age of 50
	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.		
6.1b	Is it easy/ very easy to see the nurse?	85%	72%
6.2	Are you able to see a pharmacist?	54%	45%
6.5	Are you currently taking medication?	93%	78%
6.7	Do you feel you have any emotional well being/mental health issues?	50%	33%
7.1a	Are you currently working in the prison?	76%	67%
7.1b	Are you currently undertaking vocational or skills training?	24%	19%
7.1c	Are you currently in education (including basic skills)?	54%	43%
7.1d	Are you currently taking part in an offending behaviour programme?	24%	21%
7.3	Do you go to the library at least once a week?	62%	54%
7.4	On average, do you go to the gym at least twice a week?	31%	29%
7.5	On average, do you go outside for exercise three or more times a week?	54%	42%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	24%	17%
7.7	On average, do you go on association more than five times each week?	69%	58%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	31%	26%
8.1	Do you have a personal officer?	76%	78%
8.9	Have you had any problems sending or receiving mail?	33%	23%
8.10	Have you had any problems getting access to the telephones?	7%	12%



Key questions (disability analysis) HMP/YOI Foston Hall 2009

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

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		19	81
1.3	Are you sentenced?	74%	85%
1.7	Are you a foreign national?	5%	2%
1.8	Is English your first language?	95%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	21%	13%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	4%
1.11	Are you Muslim?	5%	11%
1.12	Do you consider yourself to have a disability?		
1.13	Is this your first time in prison?	52%	44%
2.1d	Was the attention paid to your health needs good/very good?	31%	36%
2.3	Were you treated well/very well by the escort staff?	70%	75%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	90%	86%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	35%	50%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	53%	53%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	65%	61%
3.2a	Did you have any problems when you first arrived?	76%	69%
3.3a	Were you seen by a member of healthcare staff in reception?	74%	80%
3.3b	When you were searched in reception, was this carried out in a respectful way?	72%	78%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	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.		
3.4	Were you treated well/very well in reception?	52%	71%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	57%	85%
3.9	Did you feel safe on your first night here?	52%	70%
3.10	Have you been on an induction course?	83%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	67%	57%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	68%	63%
4.3b	Are you normally able to have a shower every day?	100%	100%
4.3e	Is your cell call bell normally answered within five minutes?	55%	63%
4.4	Is the food in this prison good/very good?	23%	28%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	49%
4.6a	Is it easy/very easy to get a complaints form?	90%	90%
4.6b	Is it easy/very easy to get an application form?	90%	92%
4.9	Have you made a complaint?	68%	57%
4.13	Are you on the enhanced (top) level of the IEP scheme?	33%	35%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	39%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	52%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	7%
5.1	Have you ever felt unsafe in this prison?	50%	28%
5.2	Do you feel unsafe in this prison at the moment?	5%	11%
5.4	Have you been victimised by another prisoner?	43%	30%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	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.		
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	6%
5.5i	Victimised you because you have a disability?	21%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	6%
5.6	Have you been victimised by a member of staff?	26%	16%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	4%
5.7h	Victimised you because you have a disability?	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	45%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	45%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	16%
6.1a	Is it easy/very easy to see the doctor?	39%	54%
6.1b	Is it easy/ very easy to see the nurse?	69%	76%
6.2	Are you able to see a pharmacist?	46%	48%
6.5	Are you currently taking medication?	79%	80%
6.7	Do you feel you have any emotional well-being/mental health issues?	68%	28%
7.1a	Are you currently working in the prison?	65%	69%
7.1b	Are you currently undertaking vocational or skills training?	11%	22%
7.1c	Are you currently in education (including basic skills)?	18%	53%
7.1d	Are you currently taking part in an offending behaviour programme?	18%	23%
7.3	Do you go to the library at least once a week?	33%	61%
7.4	On average, do you go to the gym at least twice a week?	28%	31%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	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.		
7.5	On average, do you go outside for exercise three or more times a week?	57%	41%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	10%	17%
7.7	On average, do you go on association more than five times each week?	43%	64%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	28%	26%
8.1	Do you have a personal officer?	68%	81%
8.9	Have you had any problems sending or receiving mail?	33%	22%
8.10	Have you had any problems getting access to the telephones?	18%	11%



Key question responses (ethnicity and religion) HMP Foston Hall 2009

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	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		14	86	10	91
1.3	Are you sentenced?	71%	85%	100%	81%
1.7	Are you a foreign national?	13%	1%	10%	2%
1.8	Is English your first language?	87%	98%	91%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			59%	9%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%	0%	5%
1.11	Are you Muslim?	42%	5%		
1.12	Do you consider yourself to have a disability?	29%	18%	9%	20%
1.13	Is this your first time in prison?	42%	47%	50%	46%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	24%	37%	10%	37%
2.3	Were you treated well/very well by the escort staff?	65%	75%	65%	75%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	93%	84%	82%	86%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	46%	47%	39%	48%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	62%	53%	50%	54%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	69%	62%	77%	61%
3.2a	Did you have any problems when you first arrived?	76%	71%	79%	70%
3.3a	Were you seen by a member of healthcare staff in reception?	87%	79%	100%	76%
3.3b	When you were searched in reception, was this carried out in a respectful way?	86%	75%	65%	77%

Key to tables

		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
3.4	Were you treated well/very well in reception?	71%	67%	65%	67%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	78%	79%	78%
3.9	Did you feel safe on your first night here?	77%	64%	79%	64%
3.10	Have you been on an induction course?	87%	83%	79%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	61%	39%	61%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	42%	67%	45%	65%
4.3b	Are you normally able to have a shower every day?	100%	100%	100%	100%
4.3e	Is your cell call bell normally answered within five minutes?	62%	62%	79%	59%
4.4	Is the food in this prison good/very good?	31%	26%	21%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	53%	55%	49%
4.6a	Is it easy/very easy to get a complaints form?	77%	92%	68%	92%
4.6b	Is it easy/very easy to get an application form?	77%	94%	79%	93%
4.9	Have you made a complaint?	58%	61%	61%	60%
4.13	Are you on the enhanced (top) level of the IEP scheme?	31%	35%	39%	36%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	46%	49%	27%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	51%	61%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	1%	0%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	8%	0%	8%
4.17a	Do you feel your religious beliefs are respected?	69%	63%	88%	61%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	85%	71%	100%	69%
4.18	Are you able to speak to a Listener at any time, if you want to?	77%	91%	100%	87%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	86%	61%	86%
4.19b	Do most staff, in this prison, treat you with respect?	62%	81%	77%	79%

Key to tables

		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
5.1	Have you ever felt unsafe in this prison?	46%	31%	39%	32%
5.2	Do you feel unsafe in this prison at the moment?	14%	9%	12%	10%
5.4	Have you been victimised by another prisoner?	42%	32%	50%	32%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	5%	12%	5%
5.5i	Have you been victimised because you have a disability? (By prisoners)	7%	4%	0%	5%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	4%	24%	2%
5.6	Have you been victimised by a member of staff?	36%	15%	39%	16%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	2%	24%	1%
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%	12%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	15%	33%	27%	30%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	21%	0%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	19%	0%	18%
6.1a	Is it easy/very easy to see the doctor?	76%	47%	61%	50%
6.1b	Is it easy/ very easy to see the nurse?	86%	72%	88%	73%
6.2	Are you able to see a pharmacist?	26%	51%	50%	48%
6.5	Are you currently taking medication?	77%	80%	77%	80%
6.7	Do you feel you have any emotional well-being/mental health issues?	31%	37%	24%	37%
7.1a	Are you currently working in the prison?	76%	67%	77%	68%
7.1b	Are you currently undertaking vocational or skills training?	14%	19%	24%	19%
7.1c	Are you currently in education (including basic skills)?	38%	47%	50%	46%

Key to tables

		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
7.1d	Are you currently taking part in an offending behaviour programme?	7%	23%	12%	23%
7.3	Do you go to the library at least once a week?	50%	58%	50%	57%
7.4	On average, do you go to the gym at least twice a week?	29%	29%	50%	28%
7.5	On average, do you go outside for exercise three or more times a week?	71%	39%	61%	43%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	20%	0%	19%
7.7	On average, do you go on association more than five times each week?	69%	58%	77%	58%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	13%	28%	24%	27%
8.1	Do you have a personal officer?	62%	81%	73%	80%
8.9	Have you had any problems sending or receiving mail?	38%	21%	39%	24%
8.10	Have you had any problems getting access to the telephones?	29%	9%	35%	10%



Key questions (sexual orientation analysis) HMP Foston Hall 2009

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

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to be lesbian, gay or bisexual	Consider themselves to be heterosexual
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		41	56
1.3	Are you sentenced?	86%	81%
1.7	Are you a foreign national?	2%	2%
1.8	Is English your first language?	100%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	5%	18%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	2%
1.11	Are you Muslim?	10%	9%
1.13	Do you consider yourself to have a disability?	22%	17%
1.14	Is this your first time in prison?	47%	43%
2.1d	Was the attention paid to your health needs good/very good?	42%	31%
2.3	Were you treated well/very well by the escort staff?	76%	72%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	90%	84%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	43%	52%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	51%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	63%	63%
3.2a	Did you have any problems when you first arrived?	75%	69%
3.3a	Were you seen by a member of healthcare staff in reception?	79%	77%
3.3b	When you were searched in reception, was this carried out in a respectful way?	65%	82%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to be lesbian, gay or bisexual	Consider themselves to be heterosexual
	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.		
3.4	Were you treated well/very well in reception?	69%	66%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	80%
3.9	Did you feel safe on your first night here?	59%	72%
3.10	Have you been on an induction course?	79%	85%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	58%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	71%	58%
4.3b	Are you normally able to have a shower every day?	100%	100%
4.3e	Is your cell call bell normally answered within five minutes?	50%	70%
4.4	Is the food in this prison good/very good?	24%	28%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	51%
4.6a	Is it easy/very easy to get a complaints form?	95%	91%
4.6b	Is it easy/very easy to get an application form?	95%	93%
4.9	Have you made a complaint?	73%	54%
4.13	Are you on the enhanced (top) level of the IEP scheme?	40%	32%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	47%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	14%	4%
4.17a	Do you feel your religious beliefs are respected?	68%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	69%
4.18	Are you able to speak to a Listener at any time, if you want to?	89%	89%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	85%
4.19b	Do most staff, in this prison, treat you with respect?	73%	84%

Key to tables

		Consider themselves to be lesbian, gay or bisexual	Consider themselves to be heterosexual
	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.		
5.1	Have you ever felt unsafe in this prison?	41%	27%
5.2	Do you feel unsafe in this prison at the moment?	14%	6%
5.4	Have you been victimised by another prisoner?	44%	28%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	6%
5.5h	Have you been victimised because of your sexuality? (By prisoners)	0%	0%
5.5i	Have you been victimised because you have a disability? (By prisoners)	5%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	6%
5.6	Have you been victimised by a member of staff?	19%	17%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	6%
5.5g	Have you been victimised because of your sexuality? (By staff)	5%	2%
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	42%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	15%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	15%
6.1a	Is it easy/very easy to see the doctor?	46%	54%
6.1b	Is it easy/ very easy to see the nurse?	77%	72%
6.2	Are you able to see a pharmacist?	54%	43%
6.5	Are you currently taking medication?	89%	73%
6.7	Do you feel you have any emotional well-being/mental health issues?	44%	31%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to be lesbian, gay or bisexual	Consider themselves to be heterosexual
	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.		
7.1a	Are you currently working in the prison?	75%	64%
7.1b	Are you currently undertaking vocational or skills training?	28%	15%
7.1c	Are you currently in education (including basic skills)?	50%	45%
7.1d	Are you currently taking part in an offending behaviour programme?	25%	21%
7.3	Do you go to the library at least once a week?	57%	53%
7.4	On average, do you go to the gym at least twice a week?	33%	28%
7.5	On average, do you go outside for exercise three or more times a week?	54%	36%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	25%	13%
7.7	On average, do you go on association more than five times each week?	65%	57%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	31%
8.1	Do you have a personal officer?	81%	80%
8.9	Have you had any problems sending or receiving mail?	27%	24%
8.10	Have you had any problems getting access to the telephones?	5%	15%