

Report on an unannounced inspection of

HMP Eastwood Park

by HM Chief Inspector of Prisons

11–22 November 2013

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Introduction

Eastwood Park is a women's prison in Falfield, Gloucestershire which, at the time of this inspection, held 327 women. It is a particularly needy and transient population from a very wide geographical area – and the response of the prison to the challenges this created was impressive.

The prison's catchment area was huge; taking women from Cornwall in the South West to Wolverhampton in the West Midlands, across Wales and along the south coast. The prison's accommodation services, for instance, had to work with between 70 to 80 different local authorities. Many women were therefore often a long way from home, which was a particular problem for the large number who also had dependent children. A significant number of the women had disabilities, half the population were in touch with the prison's mental health services, almost three-quarters were having treatment for drug and alcohol misuse and, on average, there were about 10 self-harm incidents every week. Many of the women held had histories of abuse, rape, domestic violence and involvement in prostitution. The prison also held a small number of young adults who presented particular challenges, and mothers and babies. Few women stayed at the prison for longer than a few weeks with most staying less than three months.

At the previous short follow-up inspection in 2012 we considered that the prison was making sufficient progress in three of our four healthy prison areas, but that there were some significant issues in the area of safety. We felt, in particular, that the support provided to women when they first arrived at the prison needed to be better.

First night and early days support was now very good and much improved from our previous inspection. Most women felt safe, although a third had felt unsafe at sometime. Nevertheless, safer custody work had developed and this was reflected in the experience of most women at the prison. There had been no self-inflicted death for some years and support for women who were vulnerable to self-harm was good. Incidence of self-harm had greatly reduced since our last inspection, although it was still high and a small number of women accounted for a significant proportion. The complex needs unit provided some excellent support to the women with the highest level of need in the population. Significant progress had been made in providing treatment and support for the high number of women with substance misuse problems.

There was no segregation unit and the small number of women who were subject to formal punishment served this on the units in their own cell. We wanted to be sure that this alternative arrangement did not replicate segregation conditions without the safeguards a specific unit would have. It did not, and was an improvement on the use of segregation units we normally see in women's prisons. However, oversight of this arrangement did need to be improved, as did scrutiny of some aspects of use of force.

The environment was generally decent although graffiti in a couple of areas was incongruous with the generally good focus on decency and respect. Relationships between staff and prisoners were particularly strong, and founded on mutual respect. Diversity work was generally well developed, and the very high numbers of women presenting with disabilities was a significant challenge. While many of these women remained somewhat negative about aspects of their care, we found that generally their needs were being met in a sensitive and planned way. Support for the small number of foreign national women was good, but some told us they felt isolated and more needed to be done to reduce this.

The prison was less well sighted on the needs of young adult women. About 10% of the population were aged between 18 and 21. They were more likely to be involved in self-harm and assaults and less likely to make progress in education. Services for this group were rudimentary and there had been little thought about their specific needs.

The mother and baby unit was a good resource but, as we have found elsewhere, was underused. The experienced staff and good facilities of mother and baby units are an important resource and the Prison Service should examine how they could be used more effectively to meet the needs of more women prisoners with babies and young children.

Health services generally were good, and mental health services very good, as befitting the needs of the population. The prison used a highly flexible model with a range of therapies which helped women held for short periods to start the recovery process. Support for women with learning difficulties was particularly good. More specialised counselling support would be welcome for women with needs such as bereavement.

Time out of cell was good for all – and excellent for those held on the enhanced units – and the structure of units with differential regimes provided real incentives for women to progress. There were sufficient activity places for the population, and much of what was available provided good quality and relevant opportunities to women, in particular within education. However, as women stayed in the prison for such short periods, they needed to be allocated to activities much more quickly. A good work ethic was encouraged which emphasised boosting self-esteem and confidence. However, strategic management of learning and skills needed to be sharper to better prioritise need and shape provision. There were insufficient and missed opportunities to provide accredited learning and the needs of some groups, such as young adults, higher achievers and those with basic skills issues were not being adequately addressed.

Resettlement work was appropriately focused on providing support to the vast majority of women who spent a short period of time at the prison, and a good range of partner agencies had been engaged in this work. Use of peer workers in this regard was excellent, as it was throughout the prison. Nevertheless, custody planning for these women was underdeveloped and a more robust system was needed pre-release to review progress in meeting needs. Strategic management of resettlement needed further development to ensure the needs of all groups were being addressed. The small number of women requiring more intense management received reasonable support from the developing offender management team, but delays in risk assessments and for release under home detention curfew were a major source of dissatisfaction. There was some excellent work with women to support and develop contact with family and friends, and some active plans to introduce Skype as a means of communicating with families, many of whom found the prison difficult to visit because of its location and wide catchment area.

Staff, managers and partner agencies at Eastwood Park, from top to bottom, should be proud of what they have achieved and the impressive mixture of compassion and professionalism we found on this inspection. The problems and needs they deal with go far beyond issues of crime and punishment. A large, closed institution, far from home, cannot be the best place to meet the needs we found among the women at Eastwood Park – and it is in view of those challenges that the outcomes achieved are all the more impressive. There are still areas where improvement is required but they should be seen in the context of these very positive findings overall.

The prison is now due to expand and take on a new role as a resettlement prison. We are not yet assured that the rehabilitation model adopted, primarily designed for the male estate, is right for a women's prison such as Eastwood Park. It will be important that as the new model is developed, full use is made of the tested operational experience and expertise available at Eastwood Park and other women's prisons to ensure it is fit for purpose and leads to real improvement in outcomes.

Nick Hardwick
HM Chief Inspector of Prisons

April 2014

Fact page

Task of the establishment

Eastwood Park is a closed women's prison.

Prison status

Public

Region

Southwest

Number held

327

Certified normal accommodation

315

Operational capacity

363

Date of last inspections (full and short follow-up)

October 2008

February 2012

Brief history

HMP Eastwood Park in South Gloucestershire opened as a female prison in March 1996, taking in prisoners from HMP Pucklechurch. The establishment opened a mother and baby unit in 2004 and the Mary Carpenter Unit (MCU) in 2005, which held 17-year-old girls. In 2013, the prison ceased to hold 17-year-olds, and the MCU became unit 10, an enhanced non-smoking unit. The Kinnon unit, a substance misuse unit opened in 2009.

Short description of residential units

1 and 3 – mothballed units

2 – drug recovery unit (capacity 43)

4 – complex needs unit (capacity 10)

5 – first night and induction unit (capacity 58)

6 – sentenced and unsentenced prisoners (capacity 110)

7 – enhanced unit (capacity 40)

8 – (Kinnon unit) detoxification and maintenance unit (capacity 84)

9 – mother and baby unit (capacity 12 mothers and their babies)

10 – enhanced non-smoking unit (capacity 16)

Units were split into category B and C, indicating the type of regime offered. Category C units offered prisoners greater time out of cell and a more generous regime than category B units. Category B units were 4, 5, 6, and 8, while C units were 2, 7, 9 and 10.

Name of governor

Simon Beecroft

Escort contractor

GeoAmey

Health service providers

Bristol Community Health

Hanham Health

Avon and Wiltshire Mental Health Partnership NHS Trust

Lloyds Pharmacy

Learning and skills providers

Weston College

Independent Monitoring Board chair

Jonathan Doran

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons 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 tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *Women waited for long periods in court cells before often lengthy journeys to the prison. Reception, first night and induction procedures were good. Most prisoners felt safe and violence reduction arrangements were good. A small number of women accounted for a large proportion of self-harm incidents. Work with women with complex needs was excellent and care for vulnerable women was good. Security arrangements were proportionate and the mandatory drug testing (MDT) rate low. Most use of force incidents involved minimal force, but de-escalation was not always used effectively. Prisoners were segregated in the units and the numbers were low, but governance arrangements needed to improve. Substance misuse support was impressive. **Outcomes for prisoners were good against this healthy prison test.***

- S2** Women often waited for long periods in court cells after their hearing and some had lengthy journeys to the prison. We found women arriving at the prison many hours after completing their hearing.
- S3** The reception was very good and was suitably furnished. Staff were welcoming and searching was carried out sensitively. Reception procedures were generally efficient, although there were some delays before prisoners saw a health professional. First night support was good, and peer supporters were valued by staff and prisoners. Induction arrangements were appropriate, and it was positive that the prison sought feedback from women about their experience in reception and on induction.
- S4** Most women felt safe: few women in our survey said they felt unsafe at the time of the inspection. Nevertheless, over a third of women had felt unsafe at some time while at the prison. There were few serious violent incidents, but the main sources of conflict were relationship problems, verbal threats and arguments. The prison focused well on cell-sharing risks and assessments were proportionate and monitored by the inter-departmental risk management team (IRMT). Better governance was being applied to the violence protection protocol to reduce immediate tensions following incidents, and measures were taken to address bullying and violence. Procedures to monitor poor behaviour included regular observations but they did little to challenge the behaviour.
- S5** There had been no self-inflicted deaths since 2007, which was notable given the many women vulnerable to self-harm. Staff were aware of the specific risks during a prisoner's early days, which were followed up. Self-harm levels had substantially declined since our last full inspection but remained high. Data showed that a very a large number of self-harm incidents were being carried out by a small number of prisoners, with some young adults being particularly prolific self-harmers.
- S6** Fewer assessment, care in custody and teamwork case management documents for prisoners at risk of suicide or self-harm were opened than when we last inspected; those we sampled had been completed well. Very few women had required a constant watch and strip-clothing was not used.
- S7** A small number of vulnerable women who were segregated on their landings received support through the safer custody department. Women received good support from a range of peer supporters including Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) which helped to reassure them.

- S8 Formal safeguarding arrangements were developing. However, work with the most vulnerable and mentally ill women at the prison, including the complex needs unit, was very good. Advocacy was available through charity MIND.
- S9 Security procedures were proportionate, and the security department worked well with other relevant prison departments and agencies. Dynamic security was good, as was the analysis of data, and security objectives were appropriate. There was an effective multi-departmental drug supply reduction action plan. Staff had renewed efforts to deliver a drug-free environment. The MDT positive rate was low and in four out of the past five months it had been clear, which represented a remarkable achievement compared to the previous year. Some prisoners told us that medication was being traded, but there was no evidence that this was a substantial problem, or that the small amount given in possession was the source.
- S10 The new entry level incentives and earned privileges (IEP) scheme was in place, but it was too soon to make a judgement about its impact. Overall the scheme was used appropriately. The number of adjudications was high, but those we reviewed were mostly appropriate. Most use of force incidents involved minimal force. It was positive that minor incidents were being reported, but we identified examples where de-escalation could have been used more effectively. Some good data was collected, but scrutiny arrangements were underdeveloped. There was no segregation unit, and the few women who were segregated were held in their own cells in the units. However, some governance arrangements were weak.
- S11 The substance misuse strategy and needs analysis were very good, as were inter-departmental communications between prison and therapy services. Clinical and psychosocial services were exceptional. Compact-based testing did not take place, but there were plans for this to be introduced. The prison's service user consultation and use of peer workers were very good.

Respect

S12 *Living conditions ranged from adequate to very good. Cleanliness was good, but there was some graffiti. The mother and baby unit (MBU) was excellent, if under-occupied. Staff-prisoner relationships were excellent. Equality and diversity support was good and faith provision excellent. Complaints were well managed, but bail and legal services support was inadequate. Health services were good. The demand for mental health services, which were good, was high. Food was good and opportunities to dine in association very good. Canteen arrangements were reasonable. **Outcomes for prisoners were good against this healthy prison test.***

- S13 The standard of accommodation varied from adequate to excellent and cleanliness was good. Women had access to attractive outdoor areas. Units 5 and 6 were under the most pressure and were somewhat shabby: some had damaged furniture and graffiti on the walls and furniture. Graffiti was also evident on some fixtures and fittings in other units. Prisoners had good access to baths, showers and cleaning materials, although there were insufficient showers in unit 6. Access to telephones was good, although many could not be used in private.
- S14 The MBU was safe and comfortable and had good facilities but was under occupied. Although women could now cook for their children, they were still unable to cook for themselves. Pregnant women spoke well of the antenatal support they received.

- S15 Staff-prisoner relationships were very strong. Most women told us they were treated with respect and that they had a member of staff they could turn to for help. Interactions we observed were friendly but professional, and staff were clearly focused on treating prisoners respectfully. As a result, many everyday concerns and tensions were amicably resolved in the units.
- S16 Equality and diversity support overall was good. Monitoring focused on issues that had been identified locally, along with mandatory areas. No underlying problems were evident, although monitoring was limited to race. The experienced and active equality officer was well known to prisoners but overstretched. Although some forums were held they did not take place often enough to support or keep women fully informed. The new equality champions were a useful means of support.
- S17 Most black and minority ethnic and foreign national women told us in groups and individually that they were treated respectfully. All newly arrived foreign national women were seen by an equalities orderly, but some who did not speak English reported feeling isolated.
- S18 A high proportion of prisoners (36%) were identified as having a disability. In our survey women with a disability were less positive than others in some areas of safety and respect. Despite this, women we spoke to were satisfied with their care and the adaptations supplied. Personal emergency and evacuation plans (PEEPS) were available, as were care plans. A learning disability nurse was also available.
- S19 Older women could attend the regular Rubies meeting for those aged 50 and over, which they enjoyed. Work with young adults needed better coordination, but a good monthly forum had been introduced. A very good range of support and activities was provided by the chaplaincy, which was well integrated into prison life.
- S20 Complaints were appropriately managed, and our survey suggested that more prisoners than the comparator had confidence in the system. Quality assurance processes were adequate and developing. The prison had not sufficiently addressed the needs of women requiring bail assistance who were not seen within their first 24 hours at the prison as was advertised. We found many applications for legal assistance that had not been dealt with.
- S21 Health services were good and women received thorough and timely care. The triage process for some units was unnecessarily protracted, but women could see a GP quickly. The management of long-term conditions was effective, but health promotion was underdeveloped. Hospital appointments were cancelled regularly. Medicines management was sound, but the failure to use patient group directions (which enable nurses to supply and administer prescription-only medicine) for new arrivals with substance withdrawal had caused some unacceptable delays. Dental services were very good. The demand for mental health provision was high; services were very good.
- S22 Prisoners were generally positive about the food, and we thought it was good. Breakfast was served each morning, prisoners could dine together and had some self-catering opportunities. Consultation arrangements were good. Canteen arrangements were reasonable but prisoners complained about the cost of many items.

Purposeful activity

S23 *Time out of cell varied from good to very good depending on the unit. Leadership and management of learning and skills were good, but there were some gaps. The number of activity places available was sufficient, but women were negative about the opportunities available and allocation arrangements needed attention. Attendance and punctuality were good and a work ethic was encouraged. The quality of teaching was good and a reasonable range of classes were offered, although shortfalls were evident. Too few work places provided accreditation, and opportunities at higher levels were limited, but achievements in vocational training and education were high. Outcomes for the small number of young adults were less good. The library and gym provided good opportunities. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S24** Time out of cell was good, particularly for the third of the population who lived in category C units. Unemployed women in category B units could be out of their cell for around seven hours. We found little evidence of regime cancellations, and exercise and association were offered every day.
- S25** Management of the Offender Learning and Skills Service (OLASS) provision was good. Effective performance management and quality improvement measures ensured that teaching and learning were good and improving. Data on educational and vocational achievements were accurate and timely and used effectively when planning and reviewing learning and skills provision. Partnership working between the prison and the OLASS provider was good. The prison was developing productive links with employers, but these were in their early stages. Strategic planning clearly identified prisoners' needs, but did not sufficiently distinguish which were the most important, or take account of options available when they left the establishment.
- S26** The provision was broadly sufficient for the population, but the allocation of prisoners to activities was not always timely or coordinated. The quantity and quality of work available was reasonable, but prisoners did not have sufficient opportunities to receive accreditation. Opportunities to combine work and study were too limited. Education and vocational courses were structured well to meet the needs of the majority of prisoners whose stay was short. The prison did not provide sufficient higher level courses. Education courses attracted women into learning, but there were not enough basic English and mathematics courses.
- S27** Teaching, learning and assessment in education and vocational training were good. Teaching was well planned, engaged and motivated learners well. Individual learning plans were well designed and used particularly effectively to record learners' progress. Academic and pastoral support for prisoners secured their sustained involvement in learning. The initial assessments of prisoners' English and mathematics skills were accurate but not always sufficiently timely. Classrooms were attractive and resources for vocational learning suitable. However, the availability and use of computer-based technology was not good enough.
- S28** Success rates on education and vocational courses were high. Most learners who started a course completed it successfully. Prisoners' confidence and self-esteem grew. Too few prisoners in work received recognition or accreditation for the skills they acquired. The achievements of the small number of young adults who attended education were good, but not as good as those of older learners. Attendance at education and vocational classes was very good.

- S29 The library catered well for prisoners' needs. More than two thirds were members and more than half borrowed books regularly. Access was good for most. The gym provision was very effective and opportunities to use the facilities were good for most prisoners.

Resettlement

S30 *Strategic management of resettlement needed to be developed. Prisoners had access to release on temporary licence (ROTL) and opportunities were developing. Arrangements for the small number of women subject to formal offender management were reasonable, but there was a backlog of some assessments. Public protection arrangements were good. Categorisation processes were also good, but too many women were moved further away from home to create spaces at the prison. Prisoners had their resettlement needs assessed on arrival, but pre-release work needed to be better coordinated. Some good support was offered in the resettlement pathways. Support to maintain contact with family and friends was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S31 The prison did not have a sufficiently clear understanding of the resettlement needs of the population. There was an impressive range of agencies working in the prison, but links with the offender management unit (OMU) were less well developed. ROTL was used appropriately to support resettlement aims.
- S32 Prisoners eligible for support were often not seen by an offender supervisor (OS) promptly after sentencing, and there were also delays in completing offender assessment system (OASys) documents. Prisoners subject to formal sentence planning arrangements received a reasonable assessment of their risks and needs, and there was evidence that they participated fully in the regime. There were delays in many home detention curfew (HDC) applications. Public protection arrangements were robust, and we were impressed by the IRMT meeting. However, some prisoners had not been told that they were subject to mail and telephone monitoring. Categorisation and allocation processes were generally good, but too many women were moved further away from home to create spaces at the prison.
- S33 A variety of agencies met with prisoners shortly after their arrival, and their needs were generally well met. However, there was no formal custody planning process for short-term prisoners. Particularly good use was made of peer mentors. Arrangements to review prisoners pre-release needed better coordination.
- S34 New receptions were assessed for their accommodation needs by trained orderlies who dealt with routine queries and referred on prisoners with more complex issues. While around 13% were recorded as being released to temporary accommodation relatively few were released with no address.
- S35 The various agencies involved in providing education, training and employment resettlement services were effective, but their activities were not sufficiently well coordinated. Coordination with community services to help prisoners access health care and substance misuse services were good.
- S36 The National Careers Service assessment and activity orderlies helped to identify women needing assistance with their finances. Citizens Advice provided debt advice services, which had led to some positive outcomes. A small number of women had received help to open bank accounts.

- S37 PACT (Prison Advice and Care Trust), a charity that works with prisoners and their families, provided women with valued support to maintain contact with their children and families, and information available about visits arrangements was good. Arrangements for visitors travelling long distances were underdeveloped. It was unfair that visitors had to use two visiting orders for two consecutive one hour visits, and the break between the visits was unnecessary. The visits room was small but welcoming, and provision for family and mother and child visits was good. The prison was looking at introducing Skype, which would have been particularly helpful given the distances many families had to travel to get to the prison.
- S38 A range of non-accredited courses and numerous opportunities within the regime helped women develop self-confidence and build motivation. Women who had experienced domestic violence or who were sex workers were offered some good provision.

Main concerns and recommendations

- S39 Concern: The very good mother and baby unit held only four women and their babies, a third of its capacity. We have made similar findings at other prisons with MBUs.

The role and function of the mother and baby unit at Eastwood Park and of similar units in other prisons should be reviewed to better understand why they continue to be under occupied, and policy developed so that these high quality and skilled staff are used most effectively to support more women prisoners with babies and small children.

- S40 Concern: Around 10% of the population were young women aged 18 to 21. They were more likely to be involved in incidents such as assaults and more likely to self-harm than others. They were less likely to make progress in education, and there was a lack of focus on them to ensure aspects of the resettlement provision addressed their specific issues. Services for this group were not strategic or coordinated.

Recommendation: The specific needs of the young adult population should be clearly assessed, and a strategic and coordinated approach taken to meeting them.

- S41 Concern: the prison population was mainly transitory, which meant that most women were held for three months or less. This provided an additional imperative to ensure women were offered appropriate learning and skills activities promptly after arrival at the prison, an aim the prison was failing to achieve.

Recommendation: The prison should ensure that the allocation of prisoners to activities is timely, accurate and well coordinated.

- S42 Concern: Prisoners were seen after arrival by a range of specialist resettlement workers and peer supporters, and signposting to the activities hub was good. However, there was no custody planning process for the majority of women who were not subject to formal offender management support. As a result, the prison did not identify or address all their needs or review these prisoners' progress pre-release. This lack of a cohesive structure in custody planning meant those in most need of resettlement services could have fallen through gaps.

Recommendation: All prisoners should have a custody plan to identify and monitor their resettlement needs and these should be systematically reviewed pre-release.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- | |
|--|
| <p>I.1 <i>Women waited for long periods in court and many had lengthy journeys to the prison. Few women received information about the prison before their arrival. Video links were used well.</i></p> |
|--|
- I.2** Women often waited for long periods in court cells after their hearing and many had long journeys. There were 42 late arrivals in the past six months, of these 21 had arrived between five and 8.5 hours after completing their court hearings.
- I.3** Some said that screens had not been used when they were transported with men, but most said they felt safe, and were treated respectfully by escort staff. Appropriate vehicles were used for disabled and pregnant women and mothers with babies. Almost all women said their property arrived with them, but few received information about the prison before their arrival. Prisoners disembarked from vehicles promptly and restraints were not used.
- I.4** Video links were well used for a total of 341 hearings during the past six months. Women were given adequate notice of their transfer, and a hot breakfast was available in reception for women going out of the prison. A reasonable supply of civilian clothing was available if women required it.

Recommendations

- I.5** **Women should be held in court cells for the minimum possible period and arrive at the prison before 7pm.**
- I.6** **Female and male prisoners should be transported separately.**

Housekeeping point

- I.7** Prisoners should be given information at court about the prison.

Early days in custody

Expected outcomes:

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

1.8 *Reception offered a very good environment and procedures were generally efficient. Staff were welcoming, and searching was carried out sensitively. First night support was good and staff and prisoners valued the peer workers. Induction arrangements were appropriate and it was positive that the prison sought women's feedback about their experiences in reception and on induction.*

- 1.9** Reception was very good: it was clean and suitably furnished, and staff were welcoming. Holding rooms had reading material, including a range of leaflets in 16 languages and TVs which screened an informative video about the prison. The gender ratio of staff was appropriate. Searching was proportionate and carried out sensitively. Two peer support workers met all new arrivals; their work was valued by staff and prisoners.
- 1.10** Reception procedures were generally efficient, but in our survey, only half of women said they were there for less than two hours. Waits to see the doctor accounted for most delays (see section on health services, paragraph 2.84).
- 1.11** First night interviews and cell-sharing risk assessments were completed (in private) before women went to their units no matter how late they arrived. Women were given a comprehensive information booklet, which was only available in English. Professional translation services were routinely used for non-English speakers. Women who had been recalled were given appropriate information. Most women said they were told in reception what was going to happen to them.
- 1.12** All eligible women were offered a free telephone call in reception. They received toiletries, clean bedding and sufficient clothing and underwear to last a week. Reception packs and phone credit were offered, and women were told how the cost would be recouped. Microwave meals were available for late arrivals.
- 1.13** In our survey, only 30% of women compared with 45% said they were offered a shower in reception when they arrived. We found that many women declined the offer. Women in unit 8 and the mother and baby unit (MBU) had showers in their cells. First night cells were clean, but some furniture was damaged and there was graffiti. Toilet screens were poorly fitted.
- 1.14** First night support was good, and a peer supporter provided prisoners, including late arrivals, with excellent support. Night staff introduced themselves to all new women. Most said they felt safe on their first night, but those with disabilities were less positive.
- 1.15** Induction commenced on the first working day after arrival and lasted for up to two days. Those undergoing detoxification, received their induction as soon as they were stable enough. Induction was comprehensive, gave prisoners essential information and most women said it covered everything they needed to know about the prison.
- 1.16** Women said they felt well supported during their early days at the prison; 61% of those who had a problem on arrival said that staff helped them to deal with them, better than the comparator of 48%. The prison also obtained women's feedback about their experiences in reception and induction.

Recommendation

- 1.17** **Grffiti should be removed from first night cells and damaged furniture should be replaced.**

Housekeeping point

- I.18** Prison information booklets handed out in reception should be available in other languages.

Good practice

- I.19** *The reception environment was very good and the prison sought women's feedback about their experiences of reception and induction.*

Bullying and violence reduction

Expected outcomes:

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

- I.20** *Most women felt safe. Relationship problems, verbal threats and arguments were the main sources of conflict. Most incidents occurred on units holding new receptions. The few violent incidents were often associated with a small number of women and the prison was taking appropriate action to diffuse situations.*

- I.21** Most women felt safe: only 11% said that they felt unsafe at the time of the inspection. Nevertheless, over a third had felt unsafe at some time while at the prison. There were few serious violent incidents. On average five fights or prisoner assaults occurred each month, but most were attributed to a small number of women and were mainly fairly minor. An officer worked closely with two women who were regularly involved in incidents.
- I.22** Data on young offenders involved in antisocial behaviour, including violence, was now being captured, but ages were not always recorded. The data available indicated that young women (aged 18 to 21), who represented 9.4% of the population, had been involved in 16% of incidents in the year up to the inspection – but this needed greater scrutiny.
- I.23** Most antisocial behaviour occurred in units that accommodated new arrivals, including the detoxification unit (unit 8). In the prison's 2012 survey, in which 58% of women had responded, 22% said that they had had property stolen. Relationship problems, verbal threats and arguments were the main sources of conflict recorded on the prison's violence reduction database. No clear written strategy had been developed following the survey (see main recommendation S40).
- I.24** 14 % of the population were assessed as posing a high risk of violence when sharing a cell. The prison focused well on these risks. Assessments were proportionate and allowed some high risk women to share cells. Cases were monitored by the inter-departmental risk management team (IRMT).
- I.25** Better governance was being applied to the violence protection protocol, which was used to prevent incidents from escalating by placing women in their cells. This took place on average 17 times each month and mostly for short periods (from 10 minutes to two hours). Observations were recorded during this time. If a woman was locked in her cell for more than two hours, the authority of the duty governor was obtained; this had been the case in five incidents in the previous three months involving seven women.

- I.26** A range of measures were employed to address bullying and violence. These included adjudications, sanctions through the incentives and earned privileges (IEP) scheme and mediation through officers. A small number of women had been referred to the police for more serious incidents in the year up to the inspection. Some were asked to complete work booklets to encourage them to reflect on their negative behaviour, but their completion was not monitored closely.
- I.27** Procedures to monitor poor behaviour included regular observations, but this needed to be more proactively focused on challenging the behaviour. Sixty-two women had been monitored in the previous six months because they were perpetrators of antisocial behaviour.
- I.28** There was little formal support for women who were victims of bullying. A new programme Women of Worth was aimed at those with low self-esteem and victims (see section on faith and religious activity).
- I.29** The governance of safer custody was good. It included prisoners who attended the safer prisons meeting, which was led by a senior manager. The policy, published in September 2013, incorporated peer support, and 90% of staff had completed safer custody training.

Self-harm and suicide

Expected outcomes:

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

I.30 *There had been no self-inflicted deaths since 2007. Self-harm levels had fallen. A small number of women accounted for a large proportion of self-harm incidents, particularly among young adults. A range of staff and peer supporters were available, which helped reduce feelings of helplessness in this high risk population.*

- I.31** There had been no self-inflicted deaths since 2007. Staff were aware of the risks in prisoners' early days in custody and had links with the substance misuse team. Prisoners received information about the help available and risks were followed up.
- I.32** The prison had made efforts to learn from the death of a woman from an apparent drugs overdose within 24 hours of her release. As the Prisons and Probation Ombudsman could not investigate all such deaths, the opportunity to learn lessons was missed.
- I.33** Self-harm levels had declined since our last full inspection but remained high. Data showed that three women had accounted for 21% (111) of all incidents in the previous six months. Some young adults were particularly at risk. In the year to September 2013, 31% of self-harm incidents were by young women aged 18 to 21, who accounted for 9.4% of the population. Units holding new receptions and the complex needs unit were where most incidents occurred.
- I.34** An average of 39 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were opened each month, fewer than when we last inspected. Those we sampled were good and contained some detailed assessments and comprehensive support plans. Other departments were involved in reviews,

which were planned in advance. Women were asked about family contact and if they wanted to make a written contribution to or have a friend present at reviews. Only two women had been placed under a constant watch in the previous six months and strip-clothing was not used.

- I.35** A small number of vulnerable women segregated on their landings for their own protection or the protection of others were cared for appropriately, reviews took place frequently and there was evidence that the impact of segregation on their care was being considered.
- I.36** The safer custody department made efforts to support women who were segregated on their landings for good order. Women were encouraged to express their thoughts and feelings and they received packs to distract them (containing puzzles and other activities) (see section on segregation). The chaplaincy, mental health workers and a range of peer supporters, including Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), helped to ensure that many women's initial worries about imprisonment did not become feelings of despair and helplessness. Listeners attended the safer prisons meetings and generally felt supported.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

I.37 *Links had been made with the local safeguarding adults board, but these had not yet developed into effective safeguarding processes. Some current provision helped safeguard the most at risk adults with complex needs.*

I.38 Links had been made with the local adult safeguarding board through the head of safety and equality, but there was no local adult safeguarding policy or protocol in place to make referrals or identify the criteria for referrals. The manager responsible for safeguarding believed the prison's culture allowed staff to report concerns they had about the treatment of prisoners and could give examples of where action had been taken. Given what we observed this seemed reasonable.

Women with complex needs

I.39 In addition, a range of services provided assessment and support to women with complex needs. Unit 4 offered some of the most vulnerable and, in some cases, mentally ill women in the prison with a safe and therapeutic environment. Discipline staff worked collaboratively with the mental health team, safer custody and education colleagues to meet the women's needs. Six women were in the unit during our visit and the majority had acute mental health needs and behavioural issues. We observed positive relationships between the staff and women; staff cared for the women with patience and respect. Women we spoke to said they felt safe in the unit and that staff listened to and supported them.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.40** Admissions to the unit were carefully considered at a weekly multidisciplinary meeting and women were often admitted for assessment. The meeting reviewed each woman and ensured her stay was only as long as necessary to keep her safe and ensure she received the right care. Stays of more than a few days were the exception. The meeting ensured that each woman's progress was tracked and any new admission was carefully discussed and agreed. Advocacy was available through charity MIND.
- I.41** Each woman had a care plan that reflected risks, her day-to-day needs and the approach required to support her. All staff regularly made detailed entries in care plan records.
- I.42** Women were unlocked for as long as possible and were encouraged to participate in both the regular unit group and activity sessions run by discipline, mental health and education staff, as well as to spend time in mainstream education or gym sessions. Reintegration to the main units was planned and phased to meet individual needs.

Recommendation

- I.43** **The prison and the local safeguarding adult's board should establish effective safeguarding processes and staff training.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.44 *Security procedures were proportionate and there was good joint working between relevant prison departments and other agencies. Dynamic security and data analysis were good. Security objectives were appropriate. There was an effective multi-departmental drug supply reduction action plan. The mandatory drug testing (MDT) rate was low and a considerable improvement on the previous year.*

- I.45** The physical security of the prison was good. During the last six months, 984 security information reports (SIRs) had been submitted, which demonstrated good levels of dynamic security. There had been a slight drop in the number of SIRs submitted as a result of the introduction of a new electronic format, but managers had worked proactively to address this and numbers were increasing. Most SIRs related to drugs, threats or violence.
- I.46** Intelligence-led searches and drug tests, requested as a result of SIRs were not logged, so the prison could not determine if they had been completed. Security staff addressed this during our inspection. Between May 2013 and October 2013, there had been six finds during searches, five drug-related.
- I.47** Attendance at monthly security committee meetings was generally good. Action points arising from meetings informed the security action plan, which was well monitored, and matters were progressed between meetings. Intelligence reports were thorough, and there was a good analysis of data, resulting in appropriate security objectives. The main concern for security was the smuggling of drugs into the prison.

- I.48** There had been 41 strip-searches in the past six months, which had been appropriately authorised and based on supporting intelligence. Three women were subject to closed visits, for reasons directly related to visits. Closed visits were reviewed monthly at the security committee. Five visitors had been banned for appropriate reasons in the year 2013 up until the inspection. Individual letters explaining the reasons and the appeals process were sent to the visitors concerned.
- I.49** Links with the police were very good and a full-time police intelligence officer was based at the prison. There was evidence of some good joint working, particularly on domestic violence and child protection.
- I.50** A named manager dealt with staff professional standards issues and procedures in place appeared appropriate. The dissemination of security information to staff was good, and they received a quarterly innovative security bulletin.
- I.51** The prison had an effective multi-departmental drug supply reduction action plan and a prison-wide focus on delivering a drug-free environment. The MDT suite was functional and the tests we observed were sensitively conducted. Specimens were decanted on the work surface used for administrative purposes, which risked cross-contamination. Twenty-one per cent of prisoners said it was easy or very easy to get drugs at the prison, although the MDT rate was 3.28% in the year up until the inspection, compared with 8.64% in the previous year and a target of 8.5%. Moreover, over the past four months, the MDT rate was 0%. Some prisoners told us that medication was being traded, but there was no evidence that this was a substantial problem, or that the small amount given in possession was the source. Commendably, 26% of all tests were based on suspicion with occasional positive results. The majority of tests were completed in time and prisoners testing positive were referred for treatment.

Housekeeping point

- I.52** There should be separate work surfaces for administrative and specimen handling purposes in the MDT suite.

Incentives and earned privileges

Expected outcomes:

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

- I.53** *It was too soon to make a judgement about the impact of the new national IEP arrangements. However, overall the scheme was used appropriately and there were meaningful incentives to encourage positive behaviour.*

- I.54** IEP arrangements took account of the new national requirement to introduce an entry level, which was implemented on 1 November 2013. Both staff and prisoners had been effectively briefed about the new policy, but it was too soon to make a judgement about its impact.
- I.55** Only three women were on the basic regime during our inspection. They had sufficient time out of cell to enable them to demonstrate that their behaviour had improved, and

reasonable safeguards were in place to ensure that reviews were conducted regularly by appropriate staff. It was positive that the IEP scheme was not routinely used with women from the complex needs group. Category C units, where prisoners had more time unlocked and better facilities, encouraged women to comply with the regime and make progress.

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.

I.56 *The number of adjudications was high, but those we reviewed were mostly appropriate. Most use of force incidents involved minimal force, but scrutiny arrangements were underdeveloped. There was no segregation unit and few women were segregated. However, some governance arrangements were weak.*

Disciplinary procedures

- I.57** There had been 420 adjudications between April 2013 and September 2013, which was high compared with similar prisons. The number had increased as a result of a whole prison approach to dealing with drug abuse, and a 'zero tolerance' of violence. A few assault charges had been appropriately referred to the police, and 11 other charges to the independent adjudicator (a judge).
- I.58** Hearings had previously taken place in unit 4, which was inappropriate given it held the most vulnerable women at the prison. Most adjudication hearings were now held in units 5 and 8, and hearings involving the independent adjudicator were held in the visits room; a few had taken place by video link, which was a positive development.
- I.59** Adjudications we reviewed had been appropriately recorded and prisoners were given adequate time to seek legal advice. Punishments were in line with local tariff guidelines, which were reviewed at quarterly adjudications meetings and were available to prisoners. The appeals procedure was explained at hearings and we saw some evidence of appeals being upheld. Management quality checks of adjudications were completed by peer review and discussed at adjudications meetings. Monitoring of adjudications was reasonably good, but did not cover all the protected characteristics.

The use of force

- I.60** Most use of force incidents involved minimal force and control and restraint (C&R) techniques were usually not required. It was positive that even very minor incidents were reported. There had been four planned use of force incidents, in the previous six months, but one had not been filmed because the camera battery had not been charged. In two of the three filmed incidents we looked at, de-escalation could have been used more effectively to manage the situation, although we were reassured that this had happened off camera in the build up to force being used. Nursing staff were present at planned use of force incidents.
- I.61** Use of force reports were generally of a good standard. Strip-searches were only carried out during incidents if there was supporting intelligence. Formal debriefs with prisoners took place following incidents, when appropriate. Some good data was collected, but managers did

not routinely view paperwork or recordings of planned interventions. Monitoring data was discussed at quarterly use of force meetings but did not cover all protected characteristics. Most staff were up to date with their C&R training, which included a module about pregnant women.

Recommendation

- I.62 Use of force paperwork and videos should be reviewed promptly following incidents.**

Housekeeping point

- I.63** Daily checks should be made to ensure the video recorder is charged.

Segregation

- I.64** There was no segregation unit and when this was required it took place on the units in the women's usual cell. Few women were segregated, but some governance arrangements were weak. There was no segregation monitoring meeting, and only ethnicity data of those segregated were discussed at equality and diversity meetings.
- I.65** Authorisation for segregation and procedures to ensure it was safe to segregate a woman had been appropriately completed. A total of 36 women had been segregated in the previous six months: three had been given cellular confinement following adjudication; 17 had been segregated prior to adjudication and 16 had been segregated for their own safety or the safety of others. Nine of these women had been subject to ACCT case management procedures, but we found that their care had not been compromised. Segregation lasted an average of five days and the longest had been 16 days.
- I.66** Women received a copy of their written regime, and a manager spoke with them to discuss their individual circumstances. Segregated women had TVs; some had books and packs containing activities to occupy them in their cells, but all said they were bored. Meals were delivered to their cells.
- I.67** Segregation records were poor and some files were missing. Staff entries in daily logs were mostly observational and did not demonstrate meaningful interaction, although staff-prisoner relationships we observed were very good. We could not say with confidence whether or not all statutory visits or regime activities had taken place, because of the absence of entries on the subject. However, women we spoke to said they were given their entitlements, although they were only allowed half an hour in the open air. Reviews took place on time, but prisoners were rarely invited to participate, and a representative from the health care department did not always attend them. Behaviour targets were rarely set, although the risks of reintegrating the prisoner were considered. Duty governors advised women of the outcome of their reviews in person.

Recommendations

- I.68 Monitoring of adjudications, use of force, and segregation should include all the protected characteristics, and segregation records should be comprehensive and monitored daily by managers.**

- 1.69 Segregated women should have at least one hour in the open air every day and should get their meals from the server.**

Substance misuse

Expected outcomes:

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

1.70 *Prisoners were satisfied with the drug and alcohol services available, which were impressive. The prison was considering a proposal to introduce compact-based testing. Peer mentors provided support, and regular independent service user consultation took place.*

- 1.71** There was an excellent needs analysis accompanied by an effective drug and alcohol strategy with a number of associated action plans. Communications via the multi-agency drug and alcohol committee and related groups were good.
- 1.72** All prisoners – over 130 per month – were seen in reception when they first arrived. More detailed assessments usually took place after three days and follow-up after seven days. During the process prisoners were provided with literature and introduced to substance misuse services. As a result 73% entered treatment. In our survey, 90% against a comparator of 80% said the support they received was helpful.
- 1.73** Services were prominently advertised in the prison. On average, psychosocial service staff saw prisoners 500 times every month, which included reviews after four and 12 weeks. Compact-based drug testing was not available to support recovering patients; a proposal to introduce it was under consideration.
- 1.74** Prisoners with drug and alcohol problems had prompt access to an impressive array of recovery-based one-to-one and group-based programmes of treatment. Processes to enable prisoners involved in treatment to evaluate their own progress were being introduced. The drug rehabilitation unit (DRU or unit 2) offered a drug-free therapeutic community approach with 43 places, which residents told us they valued. The DRU had a Kings Fund reflective garden, a welcoming and tranquil space that residents could visit throughout the day.
- 1.75** Psychosocial and clinical staff were co-located, which meant communications between the two teams were excellent. There were 83 places for prisoners on clinical treatment on Kinnon unit: 109 patients were in clinical treatment, several of whom received treatment for a dual diagnosis and 16% were on a reducing regime, which was low but reflected the needs of the population. Peer mentors offered support and regular independent service user consultation took place.

Good practice

- 1.76** *Independent service user consultation enabled the prison to identify prisoners' concerns and ideas and respond promptly.*

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The standard of accommodation varied from reasonable to good. Graffiti was prevalent in a few areas but standards of cleanliness were generally good. There was good access to cleaning materials, the laundry, showers and telephones, although not all phones could be used in private. Prisoners were generally positive about the applications process.*
- 2.2** The standard of accommodation varied from adequate to very good. Accommodation in units 5 and 6 showed the most wear: they had some damaged furniture and graffiti on furnishings and walls. Graffiti was also evident on fixture and fittings in some other cells, in particular in units 8 and 10. Some cells designed for one continued to accommodate two.
- 2.3** All cells contained small lockable safes. There were dedicated cells in all units for young women. Prisoners had courtesy keys to their cells in units 2 and 7 and the mother and baby unit (MBU). Outdoor areas were pleasant and had seating; the garden in unit 2 was particularly attractive.
- 2.4** The prison was generally clean and prisoners told us they could obtain sufficient cleaning materials. Showers and baths were also clean and could be used in private; many cells had en suite facilities. Unit 6 had one bath and six showers for a maximum of 109 prisoners and fewer prisoners there said they could shower every day compared to those in other units. Some women complained about fluctuations in water pressure.
- 2.5** Prisoners wore their own clothes, and there was good access to laundry facilities. Those needing additional clothing could have clothes handed or posted in at any time. However, this was due to be reduced to two annual exchanges from January 2014. Prisoners could apply for clean donated clothing from a stock held in reception. Waterproof jackets were available for women to use during outside exercise.
- 2.6** Prison bedding was washed externally and some prisoners complained that it was not clean when it returned, although again we found no evidence of this. Women could obtain clean sheets when necessary outside designated exchange days.
- 2.7** No problems with mail were reported. Prisoners said access to telephones was good. Phones in some units were in booths and could be used privately, but this was not the case for many others; for example a bank of five phones in unit 2 association room was adjacent to each other affording limited privacy.
- 2.8** In our survey, prisoners were more positive than the comparator when asked if it was easy to make an application. Written applications were recorded daily in log books but responses were not recorded.

Recommendations

- 2.9 **Graffiti should be removed and a system put in place to record the condition of cells regularly.**
- 2.10 **Cells designed for one should not be used for two.**
- 2.11 **Prisoners should be able to use all telephones in private.**

Housekeeping point

- 2.12 All prisoners should have cell safe keys.

Mothers and babies

Expected outcomes:

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

- 2.13 *The MBU offered women a safe and stimulating environment with good facilities and care, but the unit was under occupied. Staff redeployment often meant only one officer was available in the unit, which was not sufficient. With the exception of meat products, prisoners could cook for their babies but not for themselves. The admissions process was clear and all women were seen by an MBU officer. Antenatal support for pregnant women commenced promptly.*
- 2.14 The bright, purpose-built MBU provided up to 12 women and 13 babies with a safe and stimulating environment with good facilities and care. However, as we have found in other prisons, the MBU was under occupied and only four mothers and babies occupied the unit during the inspection. Babies stayed with their mothers for 18 months, but this could be extended depending on the mother's release date.
 - 2.15 Well-furnished rooms had en suite facilities, and women were expected to remain in their rooms in the evenings and overnight. Women could order baby products from catalogues and food from a supermarket chain; foreign national women received £20 a week because they were not eligible for child benefit. Good quality donated baby and maternity clothing were available.
 - 2.16 Staff designated to work in the MBU had received suitable training, including paediatric first aid. Mothers in the unit spoke positively about the care and support they received from all staff. Staffing redeployment often meant only one officer was available in the unit; as a result, women were not accompanied to attend appointments elsewhere or they were escorted by an untrained officer. On occasion single male officers staffed the unit at night which was inappropriate.
 - 2.17 With the exception of meat products, prisoners could cook for their baby, but not for themselves. Baby meal planning advice was provided by a caterer.
 - 2.18 All women were seen by an MBU officer within 24 hours of arrival and if they had a child under 18 months old or were pregnant, they received verbal and written information about the MBU and were invited to apply.

- 2.19** The prison's clear admissions policy and applications were discussed by a multidisciplinary panel led by an independent chairperson; the governor made the final decision. Prisoners attended the meeting and could bring a peer supporter if they wished. Emergency boards could be convened at short notice. Women whose application for a place in the unit had been unsuccessful received outreach support from MBU staff in the main prison.
- 2.20** Suitable women moved to the MBU one month before the expected delivery date or as soon as possible if a child was joining its mother from the community. Prisoners developed birth plans and could nominate a birthing partner, subject to a risk assessment. Care plans were good and detailed both the mother's and baby's development. A health visitor attended the unit twice a week. Nursery workers cared for the children in a suitably equipped nursery and took babies on visits in the local community while mothers were involved in prison activities.
- 2.21** Plans with approved family or foster carers for women due to be separated from their children before sentence completion were developed in good time. All women were allocated a carer, approved by social services, to look after the baby in an emergency and for periods of home care in the community.
- 2.22** All women were pregnancy tested in reception. Pregnancy care planning commenced promptly and pregnant women were referred to a midwife for antenatal care. Pregnant women told us that they received good antenatal care and support. Some said that they did not consistently receive their daily pregnancy pack of extra milk and fruit.

Recommendation

- 2.23** **During the day the MBU should always be staffed by a minimum of two MBU trained officers and single male officers should not staff them at night.**

Housekeeping points

- 2.24** The requirement for women with babies to remain in their rooms during the evenings and overnight should be reviewed.
- 2.25** Women prisoners should be able to cater for themselves and for their children including having access to meat products.

Staff-prisoner relationships

Expected outcomes:

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

- 2.26** *Relationships between staff and prisoners were very strong. Most women felt respected by staff and daily interactions we observed reflected this. Staff and prison management focused on providing a safe and decent prison environment, and many day-to-day tensions were resolved without recourse to formal processes. Despite there being no personal officer scheme, most women said they had a member of staff they could turn to for help. Nevertheless, links to resettlement needed to improve.*

- 2.27** Staff-prisoner relationships were very good. Most women told us they were treated with respect and that they had a member of staff they could turn to for help. Interactions we observed were friendly but professional, and staff focused on providing a safe and decent prison environment. The strong relationships meant that many everyday concerns and tensions were resolved without the need for formal processes.
- 2.28** The prison management team also focused on treating prisoners respectfully, which was reinforced by robust action if staff did not meet the desired standard in their dealings with prisoners. This sent out a clear message about the behaviour that was expected.
- 2.29** The very high levels of turnover in the population had led to a decision not to have a personal officer scheme. While this did not have an adverse effect on the quality of relationships, links to resettlement needed to improve. Electronic case file entries were regular but mainly superficial, although more detailed notes were made for more vulnerable or at risk women.

Recommendation

- 2.30** **Staff who have regular contact with prisoners should be required to make meaningful contributions to sentence planning and risk reduction processes.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.31** *The equalities protocol covered all the protected characteristics. The diversity and equality action team (DEAT) met regularly and included prisoners and external representation. The equalities officer was very proactive but stretched. The gender ratio of staff was good, and support for protected groups was generally well developed. Despite some women with disabilities being negative in our survey, the support provided was good.*

Strategic management

- 2.32** The equalities protocol included all protected characteristics, but did not mention how the needs of young women would be identified or met. Bimonthly DEAT meetings chaired by the governor, included prisoner and community representatives.
- 2.33** The systematic monitoring and analysing of race equality treatment (SMART) covered mandatory and local areas of concern and discrepancies were investigated by the DEAT. The prison did not carry out monitoring across all protected characteristics.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.34** Discrimination incident reporting forms (DIRFs) were freely available; 27 had been submitted from January 2013 up to the inspection week. Most related to minor incidents and were adequately investigated. Letters detailing outcomes of investigations were not automatically sent to those involved. The number and outcomes of DIRFs were monitored by the DEAT, and independent scrutiny was provided through the Independent Monitoring Board (IMB) and representatives from the charity Resettlement and Care of Older ex-Offenders and Prisoners (Recoop).
- 2.35** Sixty-one per cent of staff in prisoner contact roles were female and 39% male. 31 (23%) of staff in prisoner contact roles had undertaken the Women Awareness Staff Programme training and 12 (9%) the Sex Workers in Custody and Community training. Most staff continued to refer to adult women prisoners as 'girls'.
- 2.36** Women knew the name of the experienced and proactive equalities officer (EO) but his remit was too broad to cover all the necessary work. None of the equality strands had named lead staff, and it was too soon to judge the impact of prison officer equality champions, recruited in September 2013.
- 2.37** Weekly reports produced by the EO and published on the intranet, detailed the names and locations of pregnant women, foreign nationals, Gypsies and Travellers, older women, those subject to personal emergency and evacuation plans (PEEPs), and women with current or previous racially aggravated offences. Those in the latter group were also highlighted on name boards in unit offices and staff knew who they were.
- 2.38** Monthly newsletters promoted events such as St George's Day, Buddha Day, Chinese New Year, Ramadan, Remembrance Day and Black History Month. Prisoner forums did not take place often enough to enable those involved to develop effective peer support or to keep women fully informed. The issues arising in these groups were not discussed at the DEAT.

Housekeeping points

- 2.39** The equalities protocol should be based on a needs analysis of all protected characteristics.
- 2.40** Letters should be sent to those concerned on completion of DIRF investigations.

Protected characteristics

- 2.41** In our survey, 5% of respondents identified themselves as Gypsies or Travellers compared to 1.8% identified by the prison. Twelve per cent of the population were from black and minority ethnic groups, and in groups and individually most black and minority ethnic and foreign national women said they were treated respectfully. The EO regularly purchased skin and hair products that black and minority ethnic women requested from shops in Bristol.
- 2.42** The 21 foreign national women included two detainees. An equalities orderly met all foreign national women on arrival to gather information about their needs and provide them with details about the support available. They were then all seen by the EO and, if they had immigration concerns, by an immigration officer, who attended the prison every week. The EO knew the domestic and immigration circumstances of each woman. Immigration advice was available through fortnightly surgeries held by two local solicitors firms. The EO, equalities orderly and immigration officer had an awareness of trafficking. However, staff, including those in key areas such as health care or the offender management unit, had not received any training on trafficking.

- 2.43** All women with family abroad, including British citizens, received a free five-minute monthly phone call regardless of whether or not they had received a visit. Many received additional free calls as necessary. The establishment was considering the use of Skype.
- 2.44** A variety of translated information was available and additional material in other languages was obtained when necessary. There was evidence in unit comments books that telephone interpreting had been used, but some women who spoke little English still reported feeling isolated, and appeared unaware of some of the prison regimes and services. None of the women we spoke to reported feeling disadvantaged as a result of their faith.
- 2.45** Prisoners were asked on arrival if they wished to declare a disability and in our survey, 39% of respondents said they had a disability, similar to 36% identified by the prison. Ninety-three per cent of this group reported that they had problems on arrival against a comparator of 66%; they were much more negative about some areas of safety and respect.
- 2.46** Despite this the care provided to the women with disabilities we met was good. Eleven women had a good quality PEEP, and in one case a multidisciplinary care plan; staff were aware of those involved. An orderly visited all those with a PEEP every week, and was the allocated carer for one woman.
- 2.47** Five fully adapted cells were available and individual adaptations, including mobility scooters, provided. Prisoners we spoke to were generally satisfied with the level of care they received. A learning disability nurse was available and a wellbeing group, managed by the mental health team, held its first meeting during the inspection.
- 2.48** Eighteen women were aged 50 to 72 (6.9%). There was no allocated accommodation for older women, although many moved to units 7 and 10, which were of a better standard. Some said they would have welcomed specific 'quieter' accommodation. Many enjoyed attending the twice weekly Rubies meetings, led by volunteers from Recoop, which offered advice and mentoring and arranged activities and talks. Retirees received an unacceptably low £3.50 a week.
- 2.49** Twenty-one young women aged 18 to 20 were accommodated within the general population. They were allocated to particular cells but were not formally recognised as having specific needs within the equality protocol. However, monthly forums introduced in August 2013 and led by a member of the chaplaincy, encouraged young women to share their experiences and suggest ways the prison could meet their needs.
- 2.50** The establishment did not routinely collect data on prisoners' sexual orientation. In our survey, 21% of women identified themselves as gay or bisexual, and this group raised few issues in our survey or individually. Support for transgender prisoners was covered in the equalities protocol, which included a dedicated transgender prisoner compact.

Recommendations

- 2.51** **The poorer perceptions of prisoners with a disability highlighted in our survey should be investigated and any issues addressed.**
- 2.52** **The pension for retired prisoners should be increased**

Housekeeping point

- 2.53** All staff should be aware of the needs of trafficked women and the support available for them.

Faith and religious activity

Expected outcomes:

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

2.54 *The chaplaincy supported the needs of women of all faiths and none. Prisoners in groups and individually were positive about faith support. Women received information from a chaplain on arrival and could attend a variety of chaplaincy activities and receive support.*

- 2.55** The chaplaincy supported women of all faiths and none. A monthly chaplaincy newsletter promoted various activities and major religious festivals were celebrated, often with catering support.
- 2.56** In groups and individually, prisoners were positive about faith support. Women received information on the services available from a chaplain on arrival. The facilities, the chapel and multi-faith room were good.
- 2.57** One chaplain was instrumental in the development of groups for young women, which included Bible, Catholic and Islamic study groups and monthly Christian meditation. Weekly Changing Tunes groups supported women to learn an instrument or sing, and a weekly arts group was offered to women on unit 4. The chaplaincy led the Women of Worth programme, which was introduced during the inspection and consisted of a six-session self-esteem building course that women could access following a referral from safer custody staff.
- 2.58** Chaplains had effective links with community agencies, including community chaplaincy schemes, which provided 'through the gate' services, such as meeting women at the gate and escorting them to various appointments. Volunteers were being sought to deliver the Sycamore Tree restorative justice course for which funding had been agreed.
- 2.59** The team was very much involved in prison life, supporting women following a death or serious illness and attending management meetings to assist in the prison's work. There was an active prison visitor scheme.

Complaints

Expected outcomes:

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

2.60 *Complaints were well managed. Replies were prompt and polite, and prisoners had confidence in the system.*

2.61 Complaints forms and information about complaints processes were readily available. They were collected daily by administrative staff, whom prisoners knew well. Posters about the IMB and the Prisons and Probation Ombudsman were prominently displayed.

2.62 The number of complaints was lower than in comparator prisons, but there were few appeals and few 'confidential access' complaints (complaints that are placed in a sealed envelope and can only be opened by the governing governor). In our survey, more prisoners than in comparator prisons said complaints were dealt with fairly. We concluded that prisoners had confidence in the system.

2.63 Replies were prompt and generally respectful. In most cases, we were pleased to see evidence of a meeting with the prisoner to discuss the complaint, but in a few cases the records of what was discussed at the meeting were not sufficient. We saw some examples of excellent investigations and replies. Quality assurance procedures were adequate, and developing. There was scope to improve the quality of data analysis.

Legal rights

Expected outcomes:

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

2.64 *Bail support and assistance to access legal services were inadequate and had not been routinely available for five months.*

2.65 Women who might have been eligible for bail or who needed legal assistance were not seen within their first 24 hours as advertised by the prison. There had been no regular bail or legal service since May 2013. An administrative officer had been identified for this post two weeks before the inspection and was learning the role. One key task was to verify solicitors' contact numbers. We found 26 applications for bail or legal assistance waiting to be dealt with. Legal visits, available from Monday to Friday, were held in clean and private cubicles. The video link was also used for solicitor consultations.

Recommendation

2.66 **An effective bail support service should be established.**

Health services

Expected outcomes:

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

2.67 *Health services were good and women received thorough and timely care. This was reflected in our survey where women were more positive than the comparator about most aspects of care. The triage process for some units was unnecessarily protracted, but women could see a GP promptly. The management of long-term conditions was effective, but health promotion was underdeveloped. Hospital appointments were regularly cancelled. Medicines management was sound, but women requiring symptom relief on arrival sometimes waited too long to see the GP. Dental services were very good. There was a high demand for mental health services, which were very good.*

Governance arrangements

- 2.68** Health care was provided by Bristol Community Health, Hanham Health; Avon and Wiltshire Mental Health Partnership NHS Trust provided mental health services. There was no overall lead staff member, but working relationships between providers and the prison were strong.
- 2.69** There was an effective quarterly partnership board with appropriate representation. The health needs assessment was out of date. More women (63%) said that health services were good or very good than in comparator prisons (42%) and those we spoke to were mostly positive about their experience.
- 2.70** Some clinical policies were integrated across different providers, including those on infection control and blood borne viruses, and a number were overdue for review. National and professional guidance informed clinical decisions. The information sharing protocol was well used but limited to health professionals rather than staff representing other prison functions.
- 2.71** The staffing profile meant women could choose to see a female GP or nurse. Nurses did not wear name badges, but introduced themselves to women. Primary care nurses had completed mandatory and selected clinical training. New starters had a helpful four-week induction, during which they were accompanied by another nurse to help them understand the prison context. Clinical supervision for nursing staff was based on direct observation of practice and discussion.
- 2.72** Formal care planning was limited, but individual records showed that prisoners' key clinical needs were identified and followed up appropriately. No serious adverse incidents had been reported in the previous year. Clinical incidents were reported and acted on. There had been 37 clinical incidents in the past six months and most related to medicines' management, but there was no evidence of poor practice or system failings.
- 2.73** The health centre provided a positive environment much like a community GP practice. Drop-in triage clinics and medication were delivered from unit treatment rooms and non-clinical rooms, some of which were inappropriate for clinical use. Regular hand hygiene audits had been conducted and an infection control audit was due shortly.

- 2.74** Emergency arrangements were sound: the prison had guidelines detailing when to call an ambulance. Resuscitation kits, which were checked every day, were in health care rooms around the prison. Automated external defibrillators (AEDs) were located in unit offices. Nursing staff received annual training; approximately 31% of prison staff had up-to-date first aid training, including in the use of AEDs.
- 2.75** Pregnancy and antenatal care was good. Community midwives visited every week, and women told us they received excellent care. One woman who had given birth in a local hospital, said escort staff were sensitive and supportive. A community health visitor visited the MBU regularly and immunised the babies.
- 2.76** Designated nurses led services for older women and those with long-term conditions. Women over 50 were offered a health screening. Prisoners who required an assessment for disabilities were referred to the community occupational therapy service, but there were no formal arrangements for the provision of aids or adaptations. Safeguarding arrangements were sound and two referrals had been made in the past year.
- 2.77** Complaints were made using the main prison system, but the process was not confidential. There had been approximately 70 health care complaints in the past six months, some 15% of which had been upheld. The health care manager provided responses in almost all cases, which were prompt.
- 2.78** There were active immunisation programmes including for childhood diseases, blood borne viruses and flu. Women had access to breast and cervical screening programmes and could have condoms and lubrication on release. Health promotion was underdeveloped and waiting times for the smoking cessation clinic were too long.

Recommendations

- 2.79** **An up-to-date health needs assessment should inform health provision and health promotion activity, including smoking cessation, should be regular and timely.**
- 2.80** **The complaints process should be confidential.**

Housekeeping points

- 2.81** All clinical policies should be up to date, ratified and integrated across providers.
- 2.82** Arrangements for the provision of disability aids and adaptations should be formalised.

Delivery of care (physical health)

- 2.83** Women were seen on arrival by a nurse or health care assistant and a GP. A reception screening was completed; it focused on risks and the prisoners' immediate needs, including those relating to substance use withdrawal, pregnancy, mental health and self-harm. A basic identification of disabilities took place, but we were aware of one woman who had not been identified as having a learning disability during the reception screening, although the prison had recognised this subsequently.

- 2.84** The change from patient group directions (PGDs), which enable nurses to supply and administer prescription-only medicine, to GP assessment and prescribing for substance use withdrawal symptoms had meant some women waited too long in reception. This caused women to become agitated and angry.
- 2.85** Drop-in clinics enabled women to be seen promptly by a health care assistant; women then attended a nurse triage clinic before seeing a GP. Some women had a complicated path to get their health needs resolved, however most women who needed to, could see a GP within two days. The primary care consultations with GPs and nurses we observed were clinically thorough and respectful. We were told that women could be chaperoned when seeing a male doctor.
- 2.86** Women were given a secondary assessment within 48 hours by either a nurse or health care assistant. Assessments were comprehensive and patients were referred or directed to specialist services such as antenatal care, mental health, long-term conditions and smoking cessation. Prescribing was confirmed promptly with community GPs.
- 2.87** Long-term conditions were well managed: reviews were good and diagnostic tests were followed up appropriately.
- 2.88** In our survey, more women said that they found it easy to see a nurse (65%) than at comparator prisons (56%) and more women said that they found it easy to see a GP (39%) than at comparator prisons (30%). Women were also more positive about their experience of seeing a nurse (72% compared with 63% at comparator prisons) and 69% said their experience of seeing a GP was good or very good compared with 48% at comparator prisons. Our observations of health professional consultations supported this.
- 2.89** Women often waited too long in the health centre to go back to the units, and there was no dedicated officer present in the centre.
- 2.90** Hospital appointments were regularly rearranged owing to limited escorts, which had led to long waits for physiotherapy appointments. There were plans to introduce an in-house physiotherapy service. Women were not usually aware they were going to hospital until shortly beforehand, which meant they could not prepare for this and frequently refused to go.

Recommendation

- 2.91** **External hospital appointments should not be delayed and women should be given sufficient notice of the appointment.**

Housekeeping point

- 2.92** Women who have received an initial health screening from a health care assistant should be seen by a nurse for the secondary assessment to ensure key health issues are identified.

Pharmacy

- 2.93** Lloyds Pharmacy supplied all medication, a technician visited the prison every week and a clinical pharmacist attended the prison approximately two days a week. Prisoners could ask to see the pharmacist although this rarely happened. The pharmacist conducted ad-hoc medicine reviews but there were no pharmacy-led clinics.

- 2.94** The majority of patients had some medicines in possession and were encouraged to take responsibility for reordering their own medication. Prisoners had lockable cabinets for medicine storage.
- 2.95** Medicine administration in the units was supervised well: prison officers were regularly present and all staff were vigilant. Patients were given written information about their medication. Night-time sedative medication was provided at an appropriate time.
- 2.96** Medicines management procedures were mostly impressive, although refrigerator temperature records were not always completed every day and some temperatures were outside the recommended range. We observed some loose tablets and large quantities of paracetamol tablets decanted into unlabelled plastic cups for administration. Drawers containing medicines were not always locked.
- 2.97** The prison had comprehensive standard operating procedures. A newly ratified in-possession risk assessment was robust; information about the prisoner's medicine use was recorded appropriately and a review took place if there had been a change in medication or a concern. Random spot checks were carried out alongside checks following concerns about the suitability of in-possession medication.
- 2.98** Safe and clinically appropriate prescribing was underpinned by locally agreed national guidance on managing persistent pain in secure settings. PGDs were used primarily for immunisations, and to administer medicines as part of the special sick procedure (immediate health treatment without an appointment); these were recorded correctly, but the pharmacy was not informed. A new minor ailments policy had not yet been ratified. A large amount of medicines were supplied as stock rather than for named patients.
- 2.99** A quarterly drugs and therapeutics committee took place, but there was no commissioner input. The committee ratified policies and reviewed aggregated prescribing data. Audits of tradable medication had been completed and showed prescribing levels within an acceptable range.

Recommendations

- 2.100 Women should have access to pharmacist clinics and medicine use reviews should be undertaken.**
- 2.101 The range of PGDs should be expanded to include a wider range of medicines and avoid unnecessary consultations with the doctor and delays in reception on arrival.**
- 2.102 The pharmacy should be routinely notified where medicine is administered using the special sick policy.**
- 2.103 Named patient medicines should always be used except where there is no alternative but to use stock.**

Housekeeping points

- 2.104** The drug refrigerators' maximum and minimum temperatures should be recorded every day and action taken if they are out of range.
- 2.105** Loose tablets and tablet foils should not be present in stock.

- 2.106** Drugs cabinets and drawers containing medicines in treatment rooms on wings should be locked at all times.

Dentistry

- 2.107** More women (53%) than at comparator prisons (44%) said their experience of the dental service was good or very good. An independent dentist provided dental services for two and a half sessions per week. Waiting times for routine dental appointments were short and the range of treatment available was equivalent to community services. Dental staff had provided primary care nurses with dental triage training.
- 2.108** The dentist recorded clinical consultations on a stand-alone electronic system and only exceptionally on SystemOne (an electronic clinical information system). Prescribing was carried out using SystemOne. Paper dental records were stored in a filing cabinet.
- 2.109** The dental surgery was clean and appropriately equipped. A satisfactory infection control audit had been completed in August 2012. We were told that the servicing and maintenance of specialist equipment was up to date, including radiological protection reviews. Storage was limited, which meant the dentist had to store servicing and maintenance certificates off site.
- 2.110** Dental staff had access to training and continuing professional development, including in basic life support, and were up to date in their training. Limited emergency drugs and oxygen were kept in the dental suite.

Housekeeping points

- 2.111** A headline summary of all dental consultations should be recorded on SystemOne to ensure continuity of care.
- 2.112** All dental equipment documentation should be stored in the dental suite.

Good practice

- 2.113** *Dental triage training for primary care staff supported the prompt identification of dental problems and timely treatment.*

Delivery of care (mental health)

- 2.114** Mental health services were based on an integrated model of care starting with stabilisation through trauma-focused therapy to reintegration. The team comprised community psychiatric nurses and health care assistants, adult and forensic psychiatrists and psychologists. Women could refer themselves to the service; referrals were also accepted from all prison staff, from wider criminal justice services or community services working with women in the prison.
- 2.115** Women requiring routine assessment were seen within three weeks, usually sooner; urgent referrals received a response within 24 hours. Referrals were discussed at the weekly multidisciplinary meeting and women were often able to start individual therapies and group work before their case had been discussed.

- 2.116** Approximately 150 women (over 50% of the population) were in contact with mental health services during our visit. Approximately 91 of them were being cared for using the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness) in October 2013. Consultations were recorded on SystemOne, and CPA documentation was recorded on the RiO system (the mental health clinical record system) with key risk assessments and reviews accessible on SystemOne.
- 2.117** The range of individual and group therapies was impressive and was flexible enough to care for this transient population. Women received support so that they felt safe enough to start the healing process through a portfolio of services including psycho education, mindfulness, adapted dialectical behavioural therapy and psychology services. There was a specific wellbeing group for women with learning disabilities, which had emerged out of a forum to find out what these women would find helpful. Women with complex mental health needs were admitted to unit 4 (see section on safeguarding).
- 2.118** Counselling to help prisoners with issues such as bereavement was only available to women in contact with mental health services. Plans were underway to develop a specialist personality disorder unit due to open in April 2014.
- 2.119** Eight women had been transferred to hospital under the Mental Health Act in the past year and two had waited more than two weeks from their second assessment until they were transferred. Only five (2%) prison staff (out of a total of 228) had received mental health awareness training during the previous year.

Recommendations

- 2.120** **Counselling should be provided to support all women with needs such as bereavement.**
- 2.121** **Prison staff should all receive mental health awareness training to enable them to identify and support women with mental ill health.**

Good practice

- 2.122** *The prison uses a highly flexible model that focuses on women feeling safe enough to engage with services, helping women staying for short periods to start the recovery process; the model includes a designated group for women with learning disabilities.*

Catering

Expected outcomes:

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

- 2.123** *Catering was good, women could dine communally, and there were some limited self-catering opportunities. Meaningful consultation arrangements were in place.*

- 2.124** In our survey, prisoners were comparatively positive about the quality of food, and we thought it was good. Breakfast was served each morning, and most prisoners could dine in

association. If any food was left over after everyone had been served, second helpings were offered. In the category C units, women could eat outside, and there were some limited self-catering opportunities.

- 2.125** The catering manager attended a monthly prisoner consultation meeting, and conducted a twice yearly food survey. There was evidence that the menu changed in response to feedback or complaints. In the previous month, a hot breakfast had been introduced on a Saturday morning. Managers were working hard to improve relationships between unit staff and the catering team further.
- 2.126** The menu had enough variety and included healthy options. Efforts to gather views from foreign national and black and minority ethnic women had not been successful, and more work was required. In particular, the prison needed to ensure that menus were translated. Occasional themed meals celebrated major religious and cultural events, and prisoners in education had used the kitchen to make a special cake for Diwali. The dietary needs of pregnant and breastfeeding women were met.
- 2.127** The kitchen was clean and generally well maintained. Some meals were served from the kitchen servery, and the food there was consistently good. Meals were also transported to serveries in other parts of the prison. Food temperature records in these areas were patchy, and often suggested that some meals served in these locations were not hot enough.

Housekeeping points

- 2.128** Menus should be translated for foreign national women.
- 2.129** Food temperature records should be accurately recorded before every meal is served.

Purchases

Expected outcomes:

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

2.130 *Access to canteen on arrival was good and some women could purchase cooking ingredients. Arrangements for black and minority ethnic women to obtain specialist products were good.*

- 2.131** Prisoners arriving at the prison had good access to the canteen, which was provided through the national contract. Women could make a canteen order every week. The canteen list was not available in a range of formats and women complained it was expensive.
- 2.132** Our survey indicated that over half of women thought a wide enough range of goods was available. Unit representatives were relied on to canvass opinions about quarterly changes to the local product list. A survey was held annually and focus groups were held occasionally. Products for some minority groups were available and there had been few formal complaints about the provision – 17 in the year up to the inspection. It was good that some women had access to supermarket shopping, which enabled them to buy food. Avon catalogue shopping was still limited to enhanced prisoners only.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁴

3.1 *Time out of cell varied from good to very good and depended on the unit women lived in. There was little evidence of regime cancellations and exercise and association were offered every day.*

3.2 Time out of cell was good, particularly for the third of the population who lived in the category C units. The core hours of the day allowed most women to be out of their cells for 11 hours, and up to 13 hours on enhanced units; those on the mother and baby unit were not locked up.

3.3 The majority of women lived in category B units, where those in full-time activities could be out of their cells for 10 hours. On one day during the inspection around half of women achieved this. Those who had no activity could be out of their cells for around seven hours. The prison estimated that overall women were out of their cells for an average of 8.9 hours during the week – which seemed realistic. At weekends the published day allowed 9.25 hours unlocked.

3.4 We found little evidence of regime cancellations; exercise and association were offered every day.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.5 *Leadership and management of learning and skills were good although strategic planning needed improvement. The Offender Learning and Skills Service (OLASS) provider's performance management and quality improvement measures were effective. The number of activity places was sufficient, but allocation arrangements were not good enough. The prison offered a reasonable range of classes, although not enough at higher levels. The quality of teaching and learning was good. Prisoners attended classes regularly and punctually. Achievement rates in education and vocational training were high, but too few workplaces accredited prisoners' skills. The library was good.*

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.6 *Ofsted⁵ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

Management of learning and skills and work

- 3.7** Management of the OLASS provision was good. The contractor Weston College had acted effectively to raise and sustain high success rates for prisoners following education and vocational courses. Data on educational and vocational achievements were accurate and timely. Managers used them effectively when reviewing the learning and skills provision.
- 3.8** Effective performance management and improvement measures ensured that the quality of teaching and learning was good and improving. The feedback managers gave teachers when they observed their classes focused appropriately on how well prisoners were learning and how to improve this further. Managers and teachers regularly discussed progress in implementing these actions at scheduled individual meetings and appraisals.
- 3.9** Partnership working between the prison and the OLASS provider was good. Effective collaborative action had led to tangible benefits, such as better attendance at education and vocational classes. Meetings of the quality improvement group were regular and becoming more productive.
- 3.10** The self-assessment process was well-established and made good use of the views of learners and staff as well as performance data. Quality improvement planning was generally effective. Self-assessment clearly identified strengths, but some judgements were too generous.
- 3.11** The prison was developing productive links with employers and exploring useful ways in which employers might supplement training provided through the OLASS for prisoners working outside in the community. However these links were still in their early stages.
- 3.12** Strategic planning of the provision required improvement. Plans clearly identified needs prisoners had on arrival at the prison and outlined how that provision might benefit them. However, they did not establish a clear direction or the most important learning and skills and work priorities, or take enough account of the options for work or training available to prisoners when they were transferred or released.

Recommendation

- 3.13** **The prison should ensure strategic planning provides clear direction and suitable learning and skills and work priorities, informed by the labour market and other relevant resettlement information.**

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Provision of activities

- 3.14** The quantity of provision was broadly sufficient for the population, However, allocation to activities was not always timely or coordinated well, which meant some prisoners waited too long before they started work or learning, and at times they did not get onto the provision that would have most benefited them. Only around a third of prisoners responding to our survey said it was easy to get a prison job or vocational training and only half said it was easy to get into education, well below similar prisons.
- 3.15** The quantity and quality of work available was reasonable with a good number of potentially interesting roles, such as mentoring and kitchen work as well as more mundane cleaning jobs. However, the prison did not offer sufficient recognition or accreditation of the skills prisoners developed while at work. Opportunities to combine work and study were very limited.
- 3.16** Education and vocational courses were structured very well to cater for the short periods of time most prisoners stayed at the prison. Courses attracted many women into learning whose previous education experiences had been poor. However the range of courses was less effective at catering for the minority whose stay at the prison was extended and failed to meet the needs of those who needed provision at higher levels.
- 3.17** The prison did not offer enough foundation English and mathematics provision to meet prisoners' identified literacy and numeracy needs. Classes in these subjects and in English for speakers of other languages were only offered on a part-time basis. However the prison had introduced some useful more intensive entry-level provision for prisoners who faced particular barriers to learning.
- 3.18** The prison had set up a small but innovative project to produce and sell luxury bath soap. This very effectively enabled prisoners to develop vocational and business skills. The project had established early, but promising, links between enterprises in- and outside the prison.

Recommendation

- 3.19 The prison should offer enough English and mathematics provision to meet prisoners' identified needs.**

Quality of provision

- 3.20** Teaching, learning and assessment in education and vocational training were good. Teaching was well planned and met the differing needs and skills of learners. Simple but dynamic activities challenged learners very effectively, ensuring they made good progress and grasped new concepts quickly.
- 3.21** Teachers had very good subject knowledge, and were particularly skilled at motivating the many prisoners facing barriers to learning, such as mental illness. They were highly effective at enabling them to understand the benefits of learning, for example, applying mathematical skills in everyday life.
- 3.22** Pastoral and academic support for prisoners was very good. Peer mentor orderlies were used regularly and productively to provide helpful assistance to individuals and groups in vocational and education classes. A specialist teacher provided very effective support sessions for prisoners whose reading and mathematics skills were too weak to allow them to join education classes.

- 3.23** Individual learning plans were used particularly effectively to record learners' progress. Plans were well designed. Learners valued the opportunity to reflect on and celebrate the learning they achieved. Although the feedback learners received from tutors on assessments and individual learning plans was encouraging, it did not always indicate clearly enough what they needed to do to progress further.
- 3.24** Initial assessments of prisoners' English and mathematics skills were accurate but not consistently timely. The development of prisoners' English and mathematics skills was not sufficiently promoted in other subject areas. Tutors did not consistently correct common spelling mistakes learners made in their written work, or routinely exploit opportunities in vocational classes for learners to develop mathematical skills, for example by calculating profit margins or when weighing ingredients.
- 3.25** Classrooms were attractive and resources for vocational learning were appropriate. However the availability and use of computer-based technology, such as interactive whiteboards to support teaching and learning, was not good enough. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was little used.

Recommendations

- 3.26** **The prison should increase the use, quality and quantity of information and learning technology to support teaching and learning.**
- 3.27** **Prisoners' English and mathematics development should be promoted effectively across all subject areas.**

Education and vocational achievements

- 3.28** Prisoners' achievements were good. Success rates on education and vocational courses were high. Most prisoners who started a course completed it and achieved a qualification. Prisoners' confidence and self-esteem grew while they were in education and training. They developed the capacity to study productively and concentrate for sustained periods. Prisoners following vocational programmes developed good practical skills.
- 3.29** Prisoners in work often acquired useful skills, but too few received any recognition or accreditation. Most working practices were safe, but a small minority need improvement. Prisoners involved in recycling did not consistently wear personal protective equipment.
- 3.30** Gaps in performance between different groups were minimal. However, the small number of young adults who attended education achieved less well than older learners. The OLASS provider was starting to take suitable remedial action.
- 3.31** Rates of attendance at learning and skills and work were high. Attendance at education and vocational classes had improved and was very good. Average attendance was in excess of 90%.

Recommendation

- 3.32** **The prison should ensure that prisoners use necessary personal protective equipment.**

Library

- 3.33** The library provision was good. It was welcoming, well lit and suitably furnished. While generally spacious enough, it became crowded at peak times. A full-time, qualified librarian and a library assistant staffed the library, supported effectively by two orderlies. The extensive stock comprised over 6000 books and 500 music CDs. Books had been chosen well to appeal to the prison population and were displayed attractively. They included easy-readers and publications in over 25 languages other than English. The stock was current, in good condition and regularly refreshed. Prisoners' requests were met well through loans organised through other libraries. However, the library did not stock any newspapers or periodicals. Staff readily followed up prisoners' information requests, but there were no computers so that prisoners could search for information independently.
- 3.34** The library was well used. Over two-thirds of prisoners had registered with the library and more than half of all prisoners had books out on loan. The library's convenient location in the education building and good week day opening hours enabled many prisoners to drop in to borrow or return books when they went to and from activities and during breaks in education classes. Despite this, access for a minority of prisoners was not good enough. Although there was a detailed schedule of weekly visits to the library for each unit, visits from the largest, unit 6, rarely took place.
- 3.35** The library promoted reading and literacy well. It organised participation in the Six Book Challenge reading scheme every year and regular literature-related competitions. A small but enthusiastic reading group had started meeting weekly. CD Mums (which enabled mothers to send personally recorded stories to their children) ran in partnership with Leyhill prison. Although the library provided prisoners and mentors involved in the Toe by Toe mentoring scheme (to help prisoners learn to read) with a useful meeting place, support offered in the units needed to be developed.

Recommendation

- 3.36** **Support for the Toe by Toe scheme on the units should be improved**
- 3.37** **All prisoners should have suitable access to the library.**

Housekeeping point

- 3.38** A suitable range of newspapers and periodicals should be available.

Physical education and healthy living

Expected outcomes:

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

3.39 *Physical education (PE) provision was very effective. Staff were enthusiastic and facilities good. Links with the health care department were effective. Fitness activities were well promoted and access for most prisoners was good.*

3.40 A team of enthusiastic officers and three gym orderlies planned and delivered the PE provision well. Gym facilities comprised an adequate-sized indoor sports hall, a large fitness suite and an outdoor exercise area. Induction was timely and thorough. Liaison with prison health care professionals was good and ensured PE staff knew when individuals' health conditions precluded them from participating in particular activities, or required them to undertake rehabilitative programmes.

3.41 Access to PE facilities for most prisoners was good. Extended opening hours included an early morning session for prisoners in work and education. A comprehensive timetable of activities and unit visits was well advertised. The proportion of prisoners responding to our survey visiting the gym at least three times a week was higher than in the comparator. However, access for prisoners on the basic regime was inappropriately restricted to one session a week.

3.42 PE staff promoted the value of physical exercise, and successfully encouraged many prisoners, who were initially reluctant, to participate. Step-training, body-pumping and aerobics were particularly popular. PE staff produced detailed fitness and weight loss programmes for individuals to work on in the gym or their cells. Positive initiatives across the prison included yoga sessions in the drug recovery unit. Plans were underway to reintroduce gym instructor qualifications.

3.43 The analysis of data on prisoners using the facilities was not sufficient for the prison to identify those whose needs were not being met. Our survey showed that the proportion of prisoners with disabilities who visited the gym at least three times a week was low and only around half that of the prison population as a whole.

Recommendations

3.44 **Prisoners on the basic regime should have the same access to PE activity as other prisoners.**

3.45 **The prison should encourage women with disabilities to access PE, and monitor uptake.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The prison had not yet produced a clear action plan for resettlement that was grounded in the assessed needs of the population. The vibrant activities hub was the main focus for the prison's reducing reoffending activities, supporting women across the resettlement pathways. Release on temporary licence (ROTL) was used well.*

4.2 The reducing reoffending strategy was based on a survey from June 2012. Women's needs and the main characteristics of the population had been identified, but it was not clear how or if this information had informed service provision or action planning. A particular omission was the lack of any differentiated strategy for the young adults. The survey had been repeated in June 2013, but the data had not been analysed. Most of the senior staff in the reducing reoffending and offender management functions were new in post and did not yet have a sufficient understanding of the strategy. There was a quarterly reducing reoffending policy committee meeting, but it was not well attended, did not monitor the action plan and its strategic focus was impaired by detailed discussions of operational matters. There was little evidence that resettlement services were monitored.

4.3 A large number of community agencies were involved in delivering services to prisoners. Regular resettlement fairs were held to promote awareness of services among prisoners and staff, and each unit had a directory of resettlement services. There were also folders advertising services in the South West, Midlands and Wales to cover the prison's wide catchment area. A plethora of free telephone advice lines were available. In our survey, prisoners reported more positively than in comparator prisons about their knowledge of how to get help with resettlement issues. We observed that the vibrant activities hub (see section on reintegration planning), rather than the offender management unit (OMU), was the main focus for reducing reoffending activities in the prison. While this was unusual, it seemed appropriate for the population because it could respond promptly to the needs of women with short stays, most of whom were not eligible for offender management.

4.4 ROTL was used well to support release planning, for example, two prisoners regularly worked at a nearby conference centre, and there were six periods of childcare resettlement leave in the past six months.

Recommendation

4.5 **Regular strategic resettlement meetings should review the effectiveness of resettlement provision in the light of the assessed needs of the population and monitor progress against a strategic plan.**

Offender management and planning

Expected outcomes:

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

4.6 *The offender management unit (OMU) did not have a very high profile. The competency of offender supervisors was developing after staff changes. Administration services were generally efficient. Risk assessment practices were good, but there were delays in home detention curfew (HDC) assessments. Public protection arrangements were robust. Prisoners were often required to transfer to other prisons to free up cells at Eastwood Park. Indeterminate sentence prisoners were appropriately managed.*

4.7 The OMU was separate from the activities hub (see section on reintegration planning) and was located in a shabby portacabin, which made it appear unimportant. The offender supervisor team comprised four prison officer offender supervisors and two probation officers. The probation officers were highly trained and experienced, but some of the prison officers were very new in post and were still undergoing training. Efforts were being made to develop expertise across the team. For example, all offender supervisors received case supervision from the senior probation officer and there were regular team meetings. However, the team was split between several separate offices in the portacabin, which did not promote a healthy team ethos. Work was further hampered because prison officer offender supervisors were regularly redeployed to other duties; as a result the department lost 100 hours between August 2013 and October 2013.

4.8 The offender supervisor team was complemented by two teams of four administrative staff, one performing traditional custody functions, such as checking records, release dates and warrants, and one supporting offender supervisors. This rather dated model was due to be replaced by the more efficient case administration model, but implementation was slow.

4.9 For offender management purposes, the population was split in three roughly equal groups of women, who received one of three tiers of provision. Unsented women received no service from the OMU, except if public protection concerns had been identified (see section on public protection). Women serving less than 12 months received the same service as unsented women, but were also seen for an allocation and categorisation assessment (see section on categorisation). Women sentenced to 12 months or more were also allocated an offender supervisor. This happened promptly after sentencing, but it often took longer than 10 days for them to be seen. Continuing contact was mostly reactive rather than proactive, driven either by prisoners' applications or sentence planning and HDC processes. About 30 prisoners were judged to pose a high or very high risk to the public, and were therefore managed by the more experienced probation offender supervisors.

4.10 In general, the prison lacked a whole prison approach to resettlement. Some sentenced prisoners were transferred before their offender assessment system (OASys) document had been completed, and there was a backlog of 25 initial documents. OMU staff felt that their role was poorly understood across the prison. They did not routinely share sentence planning targets on the prison's IT system, and since unit staff did not have access to the OASys database, they could not easily find out what objectives had been set for individual prisoners. Offender supervisors used both P-Nomis (the Prison Service IT system) and a separate electronic case note system, which meant that there was no single comprehensive

record relating to each prisoner. With the exception of the substance misuse team, few staff in the prison made regular entries on P-Nomis to support offender management processes.

- 4.11** HMI Probation inspectors identified many procedural weaknesses in the sample of higher risk case files they examined. Many related to the timeliness of work; others were about the effectiveness of communication between those involved in multi-agency public protection arrangements (MAPPA) and the quality of assessments and analysis. Most of this work was the responsibility of community offender managers rather than offender supervisors in the prison. However, the prison did not adequately monitor case files or liaise appropriately with their counterparts in the community to ensure that work was completed on time or to an acceptable standard. We were concerned that although all prolific or priority offenders (PPOs) were involved in some form of purposeful activity, the prison could not provide the heightened levels of intervention typically required by this group of prisoners.
- 4.12** The local ROTL policy was sound and arrangements were appropriate. Risk assessment arrangements were robust: information gathering was comprehensive; liaison with offender managers was good; assessments were nuanced; and decisions were reasoned and not overly risk averse. Appeals were carefully considered, and there had been no ROTL failures (for instance where a prisoner fails to return to the prison) in the year up to the inspection.
- 4.13** Similar rigour was applied to HDC decisions. However, there were some substantial delays and few women were released on their earliest eligibility date. Some delays were not within the prison's control, but closer management attention was required.

Recommendations

- 4.14** **All sentenced prisoners should be seen by an offender supervisor promptly after sentencing, and receive an OASys document before they are transferred.**
- 4.15** **OMU managers should monitor and closely manage the key processes of the department, including OASys documents, HDC and the timeliness of initial interviews.**
- 4.16** **Offender supervisor should use P-Nomis to create a comprehensive central case record.**

Good practice

- 4.17** *All offender supervisors received case supervision from the senior probation officer.*

Public protection

- 4.18** All new arrivals were thoroughly screened to identify public protection issues, and referred to the twice-monthly inter-departmental risk management team (IRMT). The meeting had clear terms of reference, was chaired by the senior probation officer and was attended by an appropriate multidisciplinary team. It provided assurances that risks were carefully managed. A spreadsheet was used across the prison to ensure that staff in other areas knew which prisoners posed particular risks.
- 4.19** Several prisoners subject to mail and telephone monitoring had not been informed of this. This was a short-term administrative problem rather than a policy failure.

- 4.20** Women subject to child protection restrictions could apply to have contact with named children. Applications were processed quickly and social services generally responded promptly.
- 4.21** Very few prisoners were being managed at MAPPA level 2 or above (for those posing a medium to high risk level). When invitations to MAPPA meetings were received, a form was always sent out so people could make written contributions if they couldn't attend the meeting, and where possible, the offender supervisor attended either in person, or by video conference. However, during our inspection one such meeting did not take place.

Housekeeping point

- 4.22** All prisoners subject to public protection restrictions should be informed as soon as the restriction is put in place.

Categorisation

- 4.23** All newly sentenced prisoners were interviewed by administrative staff so that a decision could be made about where they should be transferred to, and each woman received an allocation notice, with details of how to appeal. In practice, allocation decisions were arbitrary, and moves often occurred with less than 24 hours' notice, based on the requirement to ensure a sufficient number of places were available at Eastwood Park for prisoners arriving from courts. Very few women wanted to leave the prison, because a move generally meant being held further away from their homes, and staff worked hard to ensure that local women, particularly those with young children, remained at Eastwood Park whenever possible. Nevertheless, many women were forced to move further from their homes because of the need to create spaces.

Recommendation

- 4.24** **All sentenced prisoners should be held in the prison closest to their home unless they need to go elsewhere temporarily to complete an intervention.**

Indeterminate sentence prisoners

- 4.25** Prisoners charged with offences likely to attract an indeterminate sentence were identified on reception. They were referred to the IRMT and allocated an offender supervisor, who saw them regularly to provide support and help them understand the implications of a potential indeterminate sentence. Once sentenced, indeterminate sentence prisoners did not stay at Eastwood Park any longer than necessary, but were transferred in line with their sentence plan.

Reintegration planning

Expected outcomes:

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

4.26 *Prisoners knew how to access a wide range of resettlement services, but there was no formal custody planning process for short-term prisoners. Trained housing orderlies helped to identify women with accommodation problems on arrival. Complex issues were referred to a probation service assistant. Around 13% were recorded as being released into temporary accommodation; relatively few were released with no address. The work of education agencies responsible for meeting the resettlement needs of prisoners lacked coordination. Women were not always seen by health care staff before their discharge date, but mental health referrals were made when needed. Substance misuse staff linked prisoners to their receiving criminal justice intervention teams and respective clinical services. Women with finance problems were identified and offered help, and assistance with benefits was available. PACT (Prison Advice and Care Trust), a charity working with prisoners and their families, provided highly valued child and family support. Information about visits was good. It was unfair that prisoners had to use up two visiting orders for two consecutive one hour visits. The mother and child visits provision was good. The prison regime, including some non-accredited offending behaviour programmes, provided women with opportunities to develop their confidence and self-esteem. Women involved in prostitution or who had experienced rape, abuse or domestic violence could access good community support.*

4.27 Women on remand or serving less than 12 months received no formal custody or sentence planning. Instead a central referral system was used by both staff and prisoners, to access the wide range of services available. Applications were processed in an activities hub, which was a base for many service providers, and prisoners could make an appointment to see them. A positive feature of the provision was the frequent and imaginative use of peer mentors to support prisoners and assist with the referral process. Although the prison had particular opportunities to identify women's needs on reception, first night, and during induction, the referral mechanism could be used at any stage.

4.28 Referrals were logged on a database and checked to ensure the women received appropriate advice. This was a good way of responding promptly to the needs of remanded and short-term prisoners, but there was no overall assessment of prisoners' needs and no systematic check pre-release to ensure that all needs had been met. In our survey, fewer women than in comparator prisons said that something had happened to them at Eastwood Park to make them less likely to offend in future. We felt that the absence of custody planning was a weakness, particularly for women who might have lacked the skills to identify their own needs or to access services, or who were not allocated to an offender supervisor.

4.29 Prisoners received discharge grants and holdalls, and a good number were collected at the gate by one of the community agencies working with the prison. At the time of the inspection in November we saw that some women were discharged without a coat because they did not have one of their own, and the prison had none in their size.

Housekeeping point

4.30 Women leaving prison should have suitable clothing for the time of year.

Accommodation

- 4.31** New receptions were assessed for their accommodation needs on arrival by trained orderlies who provided written information, dealt with routine queries and referred prisoners with more complex issues to a probation service assistant who took the lead on this pathway.
- 4.32** Links with local housing providers, including supported accommodation, were good, and contact had been made with 70 to 80 local authorities. Women were seen one week before release to confirm their address. More women than in comparator prisons who said that they had problems with accommodation on release said that they knew whom to contact in the prison for help.
- 4.33** There had been 992 releases over the previous year. While around 13% were recorded as being released to temporary accommodation relatively few were released with no address – on average two to three per month. However, we were shown evidence of the efforts made to arrange accommodation in these cases. There were insufficient resources to complete any post release monitoring.

Education, training and employment

- 4.34** Prisoners due for transfer or release received appropriate help to meet their individual education, training and employment needs. Resettlement agencies, including Jobcentre Plus, worked independently; activities lacked coordination and there was little sharing of information between them. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was used for a limited range of resettlement activities.
- 4.35** The service provided by the National Careers Service (NCS) required improvement. Advisors offered skilled initial advice and guidance, which often led to skills action plans. However the setting for advice sessions was poor and compromised confidentiality, which reduced the effectiveness of the interviews.
- 4.36** NCS skills action plans often correctly identified prisoners who needed to improve their English and mathematics to progress in vocational training. However the prison rarely ensured this information appeared in sentence plans.

Recommendations

- 4.37** **The work of agencies responsible for meeting the resettlement needs of prisoners should be effectively coordinated and prisoners' additional identified needs should be added to sentence plans.**
- 4.38** **Suitable accommodation for NCS interviews should be provided.**

Health care

- 4.39** Women were not routinely seen by a nurse before release. Women received a supply of prescribed medicines and a summary of their clinical history was sent to their GP. Women with severe and enduring mental health needs were linked with their local community mental health or learning disabilities team.

Recommendation

- 4.40** **Women should be seen by health care staff before their discharge date to enable effective preparation for transfer or release.**

Drugs and alcohol

- 4.41** Prisoners nearing their release date were linked to their receiving criminal justice intervention teams (a community based drug service available to police, courts and probation) and respective clinical services. Pre-release preparation was focused on harm minimisation and included reminding prisoners about overdose prevention. The peer mentor scheme was being extended post-release.

Good practice

- 4.42** *The extension of the peer mentor scheme to the community provided women with informed and experienced support when they might most be susceptible.*

Finance, benefit and debt

- 4.43** The NCS assessment and activity orderlies helped to identify women needing assistance with finance matters. Citizens Advice provided debt advice services one day per week for which there was a short waiting list. They assisted an average of 34 women each month, helping women manage debts and recoup money owed. Services to help women with budgeting were planned.
- 4.44** Jobcentre Plus provided the equivalent of two full-time workers to assist women with benefit claims. A small number of women had received help to open bank accounts, but this was restricted because some women were there for too a short a time. There were links with women's community projects which could continue offering support following release. More women than in comparator prisons who said they had problems with finances on release knew whom to contact in the prison for help.

Children, families and contact with the outside world

- 4.45** PACT provided women with valued support to maintain contact with their children and family, and information available about visits arrangements was good. Prisoners were well aware of the PACT family support worker and we saw some good entries in case notes demonstrating excellent support on a range of family matters. PACT organised CD Mums, which enabled mothers to send personally recorded stories to their children. It also ran the two-day Time to Connect course to help mothers stay in touch with their children.
- 4.46** Reception visits were available within a week of arrival. Women on remand could have visits on each visits day, and sentenced women received two to four visits per month depending on their incentives and earned privileges scheme status. Children's visits were available on week day mornings, and visiting orders were not required. Family days were available every three months and lasted two and a half hours.
- 4.47** Visits could be booked easily through the visits booking line or during social visits, which took place each afternoon except Mondays and Thursdays and lasted one hour, except on Sundays when they were for two hours. Women could request a two-hour visit on other

days, but had to use up two visiting orders and visitors had to leave the visits room and wait outside the prison before returning for the second hour. Chaplains ran an official prison visitor scheme for women who received few visits. Arrangements for visitors travelling long distances were underdeveloped.

- 4.48** There was a small visitors' centre outside the main gate. It opened an hour before visits commenced, but closed before they ended. Toilets, baby changing facilities, and refreshments were available.
- 4.49** The visits room was small but bright, and the environment relaxed. A small outside area was available during the summer. A snack bar served a suitable range of refreshments, including homemade cakes. A small cramped children's play area had a range of activities for most age groups. A PACT play leader attended most afternoons, and a volunteer attended fortnightly at weekends. Private rooms were available for sensitive visits and breast feeding.
- 4.50** Searching was carried out sensitively, and babies were only searched if there was supporting intelligence. A drug dog indication only led to a closed visit when there was supporting intelligence. Pushchairs, car seats, bags or nappies could not be taken into the visits room (nappies and wet wipes were provided in the baby changing room).
- 4.51** Prisoners were identified by pink wrist bands. Appropriate safeguarding procedures were in place in the visits room and visitor feedback forms were readily available.
- 4.52** Childcare resettlement leave allowed some women to spend time with their children. The video link had been used 39 times in the past six months for inter-prison visits. Mothers could write to their children using the free weekly letters facility, and visiting orders could be exchanged for letters. PACT facilitated weekly phone calls for women with their children. The prison was looking at introducing Skype, which would be particularly helpful given the distance many families had to travel to get to the prison.

Recommendations

- 4.53** **Women should not have to give up two visiting orders for a two-hour visit, and there should not be a break in the middle of week day two-hour visits.**
- 4.54** **Arrangements, such as all day visits, should be made for visitors travelling long distances.**
- 4.55** **The visitor centre should remain open at the end of visits to enable visitors to seek advice or support.**
- 4.56** **Arrangements should be made to enable parents to take pushchairs and car seats into visits.**

Good practice

- 4.57** *Easy-to-complete visitor feedback forms were readily available.*

Attitudes, thinking and behaviour

- 4.58** Short lengths of stay meant formal accredited offending behaviour programmes were not feasible, but a range of courses was available and numerous opportunities within the regime allowed prisoners to participate in activities likely to boost their confidence and self-esteem (see sections on safeguarding, delivery of care (mental health) and educational and vocational achievements). Of note was the new Women of Worth course being piloted by the chaplaincy, designed to support victims of bullying and intimidation.

Additional resettlement services

- 4.59** A small group of officers had received basic domestic violence training and met privately with prisoners who requested help. They carried out a basic assessment of needs and referred prisoners to women's community projects or partner agencies. Some limited 'listening therapy' was available via the chaplaincy, but there was no formal counselling. The Freedom Programme, designed for female victims of domestic violence, had not been available for some months, but a partner agency planned to run it in the community in 2014 and would accept women on ROTL.
- 4.60** Representatives from specialist community organisations from Bristol and Birmingham visited the prison regularly to work with local women involved in prostitution. They received a high level of motivational support to keep them safe or to move away from prostitution and drug use. Women from other areas were referred to an appropriate women's community projects on release. All women were offered condoms in reception and could learn about potentially dangerous clients and pimps from an Ugly Mugs and Dodgy Punters file.
- 4.61** Only 12 staff had attended the national Sex Workers in Custody and Community course, and the prison relied on community agencies to deliver support. Although this provided specialist help for local women, those living further away received much weaker provision. There was scope to provide support to a broader range of the population and to promote the pathway more vigorously, both to raise staff awareness and encourage prisoners to disclose their needs and experiences.

Recommendation

- 4.62 Prisoners with experiences of abuse, rape, domestic violence and involvement in prostitution should be supported by an environment that encourages disclosure and provides appropriate counselling and support services.**

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendation

To NOMS

- 5.1** The role and function of the mother and baby unit at Eastwood Park and of similar units in other prisons should be reviewed to better understand why they continue to be under occupied, and policy developed so that these high quality and skilled staff are used most effectively to support more women prisoners with babies and small children. (S39)

Main recommendations

To the governor

- 5.2** The specific needs of the young adult population should be clearly assessed, and a strategic and coordinated approach taken to meeting them. (S40)
- 5.3** The prison should ensure that the allocation of prisoners to activities is timely, accurate and well coordinated. (S41)
- 5.4** All prisoners should have a custody plan to identify and monitor their resettlement needs and these should be systematically reviewed pre-release. (S42)

Recommendations

To NOMS

Courts, escort and transfers

- 5.5** Women should be held in court cells for the minimum possible period and arrive at the prison before 7pm. (1.5)
- 5.6** Female and male prisoners should be transported separately. (1.6)

Recommendations

To the governor

Early days in custody

- 5.7** Graffiti should be removed from first night cells and damaged furniture should be replaced. (1.17)

Safeguarding

- 5.8** The prison and the local safeguarding adult's board should establish effective safeguarding processes and staff training. (1.43)

Discipline

- 5.9** Use of force paperwork and videos should be reviewed promptly following incidents. (1.62)
- 5.10** Monitoring of adjudications, use of force, and segregation should include all the protected characteristics, and segregation records should be comprehensive and monitored daily by managers. (1.68)
- 5.11** Segregated women should have at least one hour in the open air every day and should get their meals from the server. (1.69)

Residential units

- 5.12** Graffiti should be removed and a system put in place to record the condition of cells regularly. (2.9)
- 5.13** Cells designed for one should not be used for two. (2.10)
- 5.14** Prisoners should be able to use all telephones in private. (2.11)

Mothers and babies

- 5.15** During the day the MBU should always be staffed by a minimum of two MBU trained officers and single male officers should not staff them at night. (2.23)

Staff-prisoner relationships

- 5.16** Staff who have regular contact with prisoners should be required to make meaningful contributions to sentence planning and risk reduction processes. (2.30)

Equality and diversity

- 5.17** The poorer perceptions of prisoners with a disability highlighted in our survey should be investigated and any issues addressed. (2.51)
- 5.18** The pension for retired prisoners should be increased (2.52)

Legal rights

- 5.19** An effective bail support service should be established. (2.66)

Health services

- 5.20** An up-to-date health needs assessment should inform health provision and health promotion activity, including smoking cessation, should be regular and timely. (2.79)
- 5.21** The complaints process should be confidential. (2.80)
- 5.22** External hospital appointments should not be delayed and women should be given sufficient notice of the appointment. (2.91)
- 5.23** Women should have access to pharmacist clinics and medicine use reviews should be undertaken. (2.100)

- 5.24** The range of PGDs should be expanded to include a wider range of medicines and avoid unnecessary consultations with the doctor and delays in reception on arrival. (2.101)
- 5.25** The pharmacy should be routinely notified where medicine is administered using the special sick policy. (2.102)
- 5.26** Named patient medicines should always be used except where there is no alternative but to use stock. (2.103)
- 5.27** Counselling should be provided to support all women with needs such as bereavement. (2.120)
- 5.28** Prison staff should all receive mental health awareness training to enable them to identify and support women with mental ill health. (2.121)

Learning and skills and work activities

- 5.29** The prison should ensure strategic planning provides clear direction and suitable learning and skills and work priorities, informed by the labour market and other relevant resettlement information. (3.13)
- 5.30** The prison should offer enough English and mathematics provision to meet prisoners' identified needs. (3.19)
- 5.31** The prison should increase the use, quality and quantity of information and learning technology to support teaching and learning. (3.26)
- 5.32** Prisoners' English and mathematics development should be promoted effectively across all subject areas. (3.27)
- 5.33** The prison should ensure that prisoners use necessary personal protective equipment. (3.32)
- 5.34** Support for the Toe by Toe scheme on the units should be improved (3.36)
- 5.35** All prisoners should have suitable access to the library. (3.37)

Physical education and healthy living

- 5.36** Prisoners on the basic regime should have the same access to PE activity as other prisoners. (3.44)
- 5.37** The prison should encourage women with disabilities to access PE, and monitor uptake. (3.45)

Strategic management of resettlement

- 5.38** Regular strategic resettlement meetings should review the effectiveness of resettlement provision in the light of the assessed needs of the population and monitor progress against a strategic plan. (4.5)

Offender management and planning

- 5.39** All sentenced prisoners should be seen by an offender supervisor promptly after sentencing, and receive an OASys document before they are transferred. (4.14)

- 5.40** OMU managers should monitor and closely manage the key processes of the department, including OASys documents, HDC and the timeliness of initial interviews. (4.15)
- 5.41** Offender supervisor should use P-Nomis to create a comprehensive central case record. (4.16)
- 5.42** All sentenced prisoners should be held in the prison closest to their home unless they need to go elsewhere temporarily to complete an intervention. (4.24)

Reintegration planning

- 5.43** The work of agencies responsible for meeting the resettlement needs of prisoners should be effectively coordinated and prisoners' additional identified needs should be added to sentence plans. (4.37)
- 5.44** Suitable accommodation for NCS interviews should be provided. (4.38)
- 5.45** Women should be seen by health care staff before their discharge date to enable effective preparation for transfer or release. (4.40)
- 5.46** Women should not have to give up two visiting orders for a two-hour visit, and there should not be a break in the middle of week day two-hour visits. (4.53)
- 5.47** Arrangements, such as all day visits, should be made for visitors travelling long distances. (4.54)
- 5.48** The visitor centre should remain open at the end of visits to enable visitors to seek advice or support. (4.55)
- 5.49** Arrangements should be made to enable parents to take pushchairs and car seats into visits. (4.56)
- 5.50** Prisoners with experiences of abuse, rape, domestic violence and involvement in prostitution should be supported by an environment that encourages disclosure and provides appropriate counselling and support services. (4.62)

Housekeeping points

Courts, escort and transfers

- 5.51** Prisoners should be given information at court about the prison. (1.7)

Early days in custody

- 5.52** Prison information booklets handed out in reception should be available in other languages. (1.18)

Security

- 5.53** There should be separate work surfaces for administrative and specimen handling purposes in the MDT suite. (1.52)

Discipline

- 5.54** Daily checks should be made to ensure the video recorder is charged. (1.63)

Residential units

- 5.55** All prisoners should have cell safe keys. (2.12)

Mothers and babies

- 5.56** The requirement for women with babies to remain in their rooms during the evenings and overnight should be reviewed. (2.24)
- 5.57** Women prisoners should be able to cater for themselves and for their children including having access to meat products. (2.25)

Equality and diversity

- 5.58** The equalities protocol should be based on a needs analysis of all protected characteristics. (2.39)
- 5.59** Letters should be sent to those concerned on completion of DIRF investigations. (2.40)
- 5.60** All staff should be aware of the needs of trafficked women and the support available for them. (2.53)

Health services

- 5.61** All clinical policies should be up to date, ratified and integrated across providers. (2.81)
- 5.62** Arrangements for the provision of disability aids and adaptations should be formalised. (2.82)
- 5.63** Women who have received an initial health screening from a health care assistant should be seen by a nurse for the secondary assessment to ensure key health issues are identified. (2.92)
- 5.64** The drug refrigerators' maximum and minimum temperatures should be recorded every day and action taken if they are out of range. (2.104)
- 5.65** Loose tablets and tablet foils should not be present in stock. (2.105)
- 5.66** Drugs cabinets and drawers containing medicines in treatment rooms on wings should be locked at all times. (2.106)
- 5.67** A headline summary of all dental consultations should be recorded on SystemOne to ensure continuity of care. (2.111)
- 5.68** All dental equipment documentation should be stored in the dental suite. (2.112)

Catering

- 5.69** Menus should be translated for foreign national women. (2.128)

- 5.70** Food temperature records should be accurately recorded before every meal is served. (2.129)

Learning and skills and work activities

- 5.71** A suitable range of newspapers and periodicals should be available. (3.38)

Offender management and planning

- 5.72** All prisoners subject to public protection restrictions should be informed as soon as the restriction is put in place. (4.22)

Reintegration planning

- 5.73** Women leaving prison should have suitable clothing for the time of year. (4.30)

Examples of good practice

- 5.74** The reception environment was very good and the prison sought women's feedback about their experiences of reception and induction. (1.19)
- 5.75** Independent service user consultation enabled the prison to identify prisoners' concerns and ideas and respond promptly. (1.76)
- 5.76** Dental triage training for primary care staff supported the prompt identification of dental problems and timely treatment. (2.113)
- 5.77** The prison uses a highly flexible model that focuses on women feeling safe enough to engage with services, helping women staying for short periods to start the recovery process; the model includes a designated group for women with learning disabilities. (2.122)
- 5.78** All offender supervisors received case supervision from the senior probation officer. (4.17)
- 5.79** The extension of the peer mentor scheme to the community provided women with informed and experienced support when they might most be susceptible. (4.42)
- 5.80** Easy-to-complete visitor feedback forms were readily available. (4.57)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Helen Ranns	Research officer
Joe Simmonds	Research officer
Gemma Quayle	Research trainee

Specialist inspectors

Paul Tarbuck	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Huw Jenkins	Care Quality Commission inspector
John Grimmer	Ofsted inspector
Maria Navarro	Ofsted inspector
Alastair Pearson	Ofsted inspector
Colin Barnes	Offender management inspector
Martyn Griffiths	Offender management inspector
Mike Lane	Offender management inspector

Appendix II: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	8	196	62.4
Recall	1	10	3.4
Convicted unsentenced	7	32	11.9
Remand	4	63	20.5
Civil prisoners	0	0	0.0
Detainee	0	2	0.6
Other	0	4	1.2
Total			100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	11	104	35.2
Less than 6 months	5	68	22.3
6 months to less than 12 months	0	41	12.5
12 months to less than 2 years	2	29	9.5
2 years to less than 4 years	1	47	14.7
4 years to less than 10 years	1	17	5.5
10 years and over (not life)	1	15	4.9
ISPP	0	1	0.3
Life	0	2	0.6
Total	20	307	100

Age	Number of prisoners	%
Please state minimum age: 18	0	0
Under 21 years	20	6.1
21 years to 29 years	109	33.3
30 years to 39 years	116	35.5
40 years to 49 years	65	19.9
50 years to 59 years	13	4.0
60 years to 69 years	3	0.9
70 plus years	1	0.3
Please state maximum age: 72		
Total	327	100

Nationality	18–20 yr olds	21 and over	%
British	20	282	92.4
Foreign nationals	0	25	7.6
Not stated	0	0	0.0
			100

Security category	18–20 yr olds	21 and over	%
Female Closed	7	148	47.4
Female Open	0	2	0.6
Unclassified	13	156	51.7
Unsentenced	0	1	0.3
Total	20	307	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	18	263	85.9
Irish	0	3	0.9
Other White	0	13	3.9
	18	279	90.8
Mixed			
White and Black Caribbean	1	6	2.1
White and Black African	0	0	0.0
White and Asian	0	0	0.0
Other mixed	0	1	0.3
	1	7	2.4
Asian or Asian British			
Indian	0	1	0.3
Pakistani	0	1	0.3
Bangladeshi	0	0	0.0
Other Asian	0	3	0.9
	0	5	1.5
Black or Black British			
Caribbean	1	5	1.8
African	0	3	0.9
Other Black	0	2	0.6
	1	10	3.4
Chinese or other ethnic group			
Chinese	0	1	0.3
Arab	0	0	0.0
Other ethnic group	0	1	0.
Not stated	0	4	1.2
Total	20	307	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.3
Church of England	1	51	15.9
Roman Catholic	0	38	11.6
Other Christian denominations	4	44	14.7
Muslim	0	5	1.5
Sikh	0	1	0.3
Hindu	0	0	0.0
Buddhist	0	2	0.6
Jewish	0	0	0.0
Other	0	3	0.9
No religion	15	162	54.1
Total	20	307	100

Other demographics	18–20 yr olds	21 and over	%
Gypsy/Romany/Traveller	0	6	1.8
Total	0	6	1.8

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	0	0.0
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	0.9	75	23
1 month to 3 months	4	1.2	69	21.1
3 months to 6 months	1	0.35	25	7.6
6 months to 1 year	1	0.3	21	6.4
1 year to 2 years	0	0.0	12	3.7
2 years to 4 years	0	0.0	1	0.3
4 years or more	0.	0.0	0	0.0
Total	9	2.8	203	62.1

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	2	0.6
Public protection cases	1	24	7.4
Total	1	26	8.0

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	0.9	37	11.3
1 month to 3 months	3	0.9	40	12.2
3 months to 6 months	3	0.9	18	5.5
6 months to 1 year	2	0.6	8	2.4
1 year to 2 years	0	0.0	1	0.3
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	0	0.0
Total	11	3.4	104	62.1

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total	N/K	N/K	N/K

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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.⁶ Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 11 November the prisoner population at HMP Eastwood Park was 337. Using the method described above, questionnaires were distributed to a sample of 170 prisoners.

We received a total of 154 completed questionnaires, a response rate of 91%. This included three questionnaires completed via interview. Seven respondents refused to complete a questionnaire, eight questionnaires were not returned and one was returned blank.

⁶ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
Res 2 (B)	16
Res 5 (D)	20
Res 6 (E)	52
Res 7 (F)	21
Res 8 (K)	33
Res 10 (J)	7
M – Mother and Baby	3
H – Complex Needs	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Eastwood Park.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁷ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Eastwood Park in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in seven local prisons since April 2009.
- The current survey responses from HMP Eastwood Park in 2013 compared with the responses of prisoners surveyed at HMP Eastwood Park in 2008.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.
- A comparison within the 2013 survey between the category B unit (residential 6, E wing) and the rest of the establishment.

⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section 1: About You

Q1.2	How old are you?		
	<i>Under 21</i>	10 (7%)	
	<i>21 - 29</i>	50 (33%)	
	<i>30 - 39</i>	55 (36%)	
	<i>40 - 49</i>	27 (18%)	
	<i>50 - 59</i>	7 (5%)	
	<i>60 - 69</i>	3 (2%)	
	<i>70 and over</i>	1 (1%)	
Q1.3	Are you sentenced?		
	<i>Yes</i>	91 (59%)	
	<i>Yes - on recall</i>	4 (3%)	
	<i>No - awaiting trial</i>	28 (18%)	
	<i>No - awaiting sentence</i>	30 (20%)	
	<i>No - awaiting deportation</i>	0 (0%)	
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	58 (40%)	
	<i>Less than 6 months</i>	32 (22%)	
	<i>6 months to less than 1 year</i>	14 (10%)	
	<i>1 year to less than 2 years</i>	14 (10%)	
	<i>2 years to less than 4 years</i>	15 (10%)	
	<i>4 years to less than 10 years</i>	11 (8%)	
	<i>10 years or more</i>	0 (0%)	
	<i>IPP (indeterminate sentence for public protection)</i>	0 (0%)	
	<i>Life</i>	1 (1%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>	12 (8%)	
	<i>No</i>	140 (92%)	
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	146 (98%)	
	<i>No</i>	3 (2%)	
Q1.7	Do you understand written English?		
	<i>Yes</i>	146 (97%)	
	<i>No</i>	5 (3%)	
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	120 (78%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	4 (3%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	17 (11%)	<i>Mixed race - white and black</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	4 (3%)	<i>Caribbean</i>
	<i>Black or black British - African</i>	0 (0%)	<i>Mixed race - white and black</i> 0 (0%)
	<i>Black or black British - other</i>	1 (1%)	<i>African</i>
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Mixed race - white and Asian</i> 0 (0%)
			<i>Mixed race - other</i> 1 (1%)
			<i>Arab</i> 0 (0%)

<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	0 (0%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

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

Yes.....	7 (5%)
No.....	144 (95%)

Q1.10 What is your religion?

<i>None</i>	70 (46%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	33 (22%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	24 (16%)	<i>Muslim</i>	5 (3%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	13 (8%)	<i>Other</i>	8 (5%)
<i>Buddhist</i>	0 (0%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	118 (79%)
<i>Homosexual/Gay</i>	8 (5%)
<i>Bisexual</i>	24 (16%)

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

Yes.....	58 (39%)
No.....	92 (61%)

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

Yes.....	1 (1%)
No.....	152 (99%)

Q1.14 Is this your first time in prison?

Yes.....	60 (40%)
No.....	91 (60%)

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

Yes.....	95 (62%)
No.....	58 (38%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	81 (53%)
<i>2 hours or longer</i>	67 (44%)
<i>Don't remember</i>	5 (3%)

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

<i>My journey was less than two hours</i>	81 (54%)
Yes.....	35 (23%)
No.....	32 (21%)
<i>Don't remember</i>	3 (2%)

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

<i>My journey was less than two hours</i>	81 (53%)
Yes.....	16 (11%)
No.....	52 (34%)
<i>Don't remember</i>	3 (2%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes.....	101 (67%)
	No.....	38 (25%)
	Don't remember.....	11 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes.....	129 (85%)
	No.....	20 (13%)
	Don't remember.....	2 (1%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	62 (41%)
	Well.....	66 (44%)
	Neither.....	17 (11%)
	Badly.....	3 (2%)
	Very badly.....	1 (1%)
	Don't remember.....	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me.....	118 (78%)
	Yes, I received written information.....	5 (3%)
	No, I was not told anything.....	21 (14%)
	Don't remember.....	10 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes.....	137 (92%)
	No.....	9 (6%)
	Don't remember.....	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours.....	76 (50%)
	2 hours or longer.....	65 (43%)
	Don't remember.....	10 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes.....	139 (93%)
	No.....	7 (5%)
	Don't remember.....	3 (2%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	56 (37%)
	Well.....	73 (48%)
	Neither.....	12 (8%)
	Badly.....	4 (3%)
	Very badly.....	4 (3%)
	Don't remember.....	2 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	23 (15%)	<i>Physical health</i> 41 (27%)
	<i>Housing problems</i>	51 (34%)	<i>Mental health</i> 57 (38%)
	<i>Contacting employers</i>	3 (2%)	<i>Needing protection from other prisoners</i> 9 (6%)
	<i>Contacting family</i>	39 (26%)	<i>Getting phone numbers</i> 44 (29%)
	<i>Childcare</i>	8 (5%)	<i>Other</i> 7 (5%)
	<i>Money worries</i>	49 (32%)	<i>Did not have any problems</i> 34 (23%)
	<i>Feeling depressed or suicidal</i>	53 (35%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>	68 (47%)	
	<i>No</i>	44 (30%)	
	<i>Did not have any problems</i>	34 (23%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>	134 (88%)	
	<i>A shower</i>	45 (30%)	
	<i>A free telephone call</i>	134 (88%)	
	<i>Something to eat</i>	130 (86%)	
	<i>PIN phone credit</i>	108 (71%)	
	<i>Toiletries/ basic items</i>	136 (89%)	
	<i>Did not receive anything</i>	1 (1%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>	87 (59%)	
	<i>Someone from health services</i>	116 (78%)	
	<i>A Listener/Samaritans</i>	76 (51%)	
	<i>Prison shop/ canteen</i>	48 (32%)	
	<i>Did not have access to any of these</i>	15 (10%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>	101 (68%)	
	<i>What support was available for people feeling depressed or suicidal</i>	97 (65%)	
	<i>How to make routine requests (applications)</i>	82 (55%)	
	<i>Your entitlement to visits</i>	72 (48%)	
	<i>Health services</i>	92 (62%)	
	<i>Chaplaincy</i>	88 (59%)	
	<i>Not offered any information</i>	20 (13%)	
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>	115 (77%)	
	<i>No</i>	31 (21%)	
	<i>Don't remember</i>	4 (3%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	<i>Have not been on an induction course</i>	22 (15%)	
	<i>Within the first week</i>	59 (40%)	
	<i>More than a week</i>	55 (38%)	
	<i>Don't remember</i>	10 (7%)	

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	22 (15%)
	<i>Yes</i>	74 (52%)
	<i>No</i>	32 (23%)
	<i>Don't remember</i>	14 (10%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	28 (19%)
	<i>Within the first week</i>	28 (19%)
	<i>More than a week</i>	75 (52%)
	<i>Don't remember</i>	14 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	17 (11%)	32 (22%)	18 (12%)	38 (26%)	26 (18%)	17 (11%)
	<i>Attend legal visits?</i>	28 (20%)	55 (40%)	12 (9%)	11 (8%)	9 (6%)	24 (17%)
	<i>Get bail information?</i>	6 (5%)	31 (24%)	16 (12%)	24 (18%)	20 (15%)	34 (26%)

Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?	
	<i>Not had any letters</i>	23 (15%)
	<i>Yes</i>	58 (39%)
	<i>No</i>	69 (46%)

Q4.3	Can you get legal books in the library?	
	<i>Yes</i>	66 (45%)
	<i>No</i>	5 (3%)
	<i>Don't know</i>	76 (52%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	110 (72%)	42 (28%)	0 (0%)
	<i>Are you normally able to have a shower every day?</i>	140 (93%)	10 (7%)	0 (0%)
	<i>Do you normally receive clean sheets every week?</i>	114 (78%)	29 (20%)	3 (2%)
	<i>Do you normally get cell cleaning materials every week?</i>	117 (81%)	23 (16%)	4 (3%)
	<i>Is your cell call bell normally answered within five minutes?</i>	68 (46%)	53 (36%)	28 (19%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	97 (66%)	50 (34%)	0 (0%)
	<i>If you need to, can you normally get your stored property?</i>	41 (29%)	56 (39%)	46 (32%)

Q4.5	What is the food like here?	
	<i>Very good</i>	6 (4%)
	<i>Good</i>	49 (33%)
	<i>Neither</i>	44 (29%)
	<i>Bad</i>	27 (18%)
	<i>Very bad</i>	24 (16%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	16 (11%)
	<i>Yes</i>	77 (52%)
	<i>No</i>	54 (37%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	117 (77%)
	No.....	5 (3%)
	Don't know.....	29 (19%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	77 (52%)
	No.....	11 (7%)
	Don't know/ N/A.....	61 (41%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	101 (69%)
	No.....	3 (2%)
	Don't know/ N/A.....	42 (29%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	42 (28%)
	<i>Very easy</i>	32 (21%)
	<i>Easy</i>	35 (23%)
	<i>Neither</i>	4 (3%)
	<i>Difficult</i>	10 (7%)
	<i>Very difficult</i>	4 (3%)
	<i>Don't know</i>	22 (15%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes.....	126 (89%)
	No.....	13 (9%)
	Don't know.....	2 (1%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>).	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	Are <i>applications</i> dealt with fairly?	15 (11%) 91 (65%) 34 (24%)
	Are <i>applications</i> dealt with quickly (within seven days)?	15 (12%) 62 (50%) 47 (38%)
Q5.3	Is it easy to make a complaint?	
	Yes.....	89 (65%)
	No.....	16 (12%)
	Don't know.....	32 (23%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>).	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	Are <i>complaints</i> dealt with fairly?	65 (47%) 42 (30%) 31 (22%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	65 (47%) 38 (28%) 34 (25%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes.....	17 (13%)
	No.....	119 (88%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	44 (30%)
	<i>Very easy</i>	27 (19%)
	<i>Easy</i>	37 (26%)
	<i>Neither</i>	27 (19%)
	<i>Difficult</i>	4 (3%)
	<i>Very difficult</i>	6 (4%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	29 (20%)
	<i>Yes</i>	75 (51%)
	<i>No</i>	16 (11%)
	<i>Don't know</i>	27 (18%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	29 (20%)
	<i>Yes</i>	77 (53%)
	<i>No</i>	20 (14%)
	<i>Don't know</i>	20 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	7 (5%)
	<i>No</i>	138 (95%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	129 (89%)
	<i>No</i>	16 (11%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	119 (81%)
	<i>No</i>	28 (19%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	65 (44%)
	<i>No</i>	83 (56%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	13 (9%)
	<i>Never</i>	16 (11%)
	<i>Rarely</i>	29 (20%)
	<i>Some of the time</i>	39 (26%)
	<i>Most of the time</i>	35 (24%)
	<i>All of the time</i>	16 (11%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	115 (79%)
	<i>In the first week</i>	18 (12%)
	<i>More than a week</i>	3 (2%)
	<i>Don't remember</i>	10 (7%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	115 (80%)
	<i>Very helpful</i>	13 (9%)
	<i>Helpful</i>	9 (6%)
	<i>Neither</i>	2 (1%)
	<i>Not very helpful</i>	1 (1%)
	<i>Not at all helpful</i>	3 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	55 (37%)
	<i>No</i>	94 (63%)

Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	16 (11%)
	<i>No</i>	124 (89%)

Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	94 (68%)
	<i>Everywhere</i>	11 (8%)
	<i>Segregation unit</i>	0 (0%)
	<i>Association areas</i>	14 (10%)
	<i>Reception area</i>	5 (4%)
	<i>At the gym</i>	5 (4%)
	<i>In an exercise yard</i>	9 (6%)
	<i>At work</i>	3 (2%)
	<i>During movement</i>	18 (13%)
	<i>At education</i>	8 (6%)
	<i>At meal times</i>	16 (12%)
	<i>At health services</i>	10 (7%)
	<i>Visits area</i>	1 (1%)
	<i>In wing showers</i>	9 (6%)
	<i>In gym showers</i>	0 (0%)
	<i>In corridors/stairwells</i>	14 (10%)
	<i>On your landing/wing</i>	21 (15%)
	<i>In your cell</i>	10 (7%)
	<i>At religious services</i>	3 (2%)

Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	43 (29%)
	<i>No</i>	105 (71%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	25 (17%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	28 (19%)
	<i>Having your canteen/property taken</i>	11 (7%)
	<i>Medication</i>	11 (7%)
	<i>Debt</i>	4 (3%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	4 (3%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	10 (7%)
	<i>Your offence/ crime</i>	10 (7%)
	<i>Gang related issues</i>	8 (5%)

Q8.6	Have you been victimised by staff here?	
	Yes	35 (24%)
	No.....	109 (76%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	16 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	9 (6%)
	<i>Medication</i>	10 (7%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	4 (3%)
	<i>You were new here</i>	6 (4%)
	<i>Your offence/ crime</i>	5 (3%)
	<i>Gang related issues</i>	5 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	92 (69%)
	Yes.....	17 (13%)
	No.....	24 (18%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	9 (6%)	14 (10%)	43 (29%)	19 (13%)	41 (28%)	21 (14%)
	The nurse	8 (6%)	24 (17%)	68 (48%)	11 (8%)	23 (16%)	7 (5%)
	The dentist	24 (17%)	8 (6%)	17 (12%)	9 (6%)	32 (22%)	53 (37%)
Q9.2	What do you think of the quality of the health service from the following people:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	10 (7%)	35 (24%)	57 (40%)	20 (14%)	14 (10%)	7 (5%)
	The nurse	3 (2%)	36 (26%)	61 (44%)	19 (14%)	13 (9%)	6 (4%)
	The dentist	49 (36%)	19 (14%)	27 (20%)	15 (11%)	10 (7%)	15 (11%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>	3 (2%)					
	<i>Very good</i>	28 (19%)					
	<i>Good</i>	61 (42%)					
	<i>Neither</i>	25 (17%)					
	<i>Bad</i>	17 (12%)					
	<i>Very bad</i>	11 (8%)					
Q9.4	Are you currently taking medication?						
	Yes.....	125 (85%)					
	No.....	22 (15%)					

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	22 (15%)
	<i>Yes, all my meds</i>	34 (23%)
	<i>Yes, some of my meds</i>	21 (14%)
	<i>No</i>	69 (47%)

Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	84 (58%)
	<i>No</i>	60 (42%)

Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	60 (43%)
	<i>Yes</i>	46 (33%)
	<i>No</i>	32 (23%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	73 (51%)
	<i>No</i>	69 (49%)

Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	51 (36%)
	<i>No</i>	89 (64%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	13 (9%)
	<i>Easy</i>	17 (12%)
	<i>Neither</i>	8 (6%)
	<i>Difficult</i>	8 (6%)
	<i>Very difficult</i>	13 (9%)
	<i>Don't know</i>	82 (58%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	0 (0%)
	<i>Easy</i>	3 (2%)
	<i>Neither</i>	3 (2%)
	<i>Difficult</i>	12 (9%)
	<i>Very difficult</i>	29 (21%)
	<i>Don't know</i>	89 (65%)

Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	6 (4%)
	<i>No</i>	135 (96%)

Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	11 (8%)
	<i>No</i>	128 (92%)

Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	64 (48%)
	<i>Yes</i>	57 (43%)
	<i>No</i>	12 (9%)

Q10.8 Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)

<i>Did not / do not have an alcohol problem</i>	89 (64%)
Yes.....	43 (31%)
No.....	8 (6%)

Q10.9 Was the support or help you received, whilst in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	61 (46%)
Yes.....	65 (49%)
No.....	7 (5%)

Section 11: Activities**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	24 (17%)	11 (8%)	36 (26%)	14 (10%)	34 (24%)	20 (14%)
Vocational or skills training	32 (24%)	9 (7%)	37 (28%)	16 (12%)	27 (21%)	10 (8%)
Education (including basic skills)	21 (15%)	17 (12%)	50 (36%)	14 (10%)	28 (20%)	8 (6%)
Offending behaviour programmes	47 (36%)	8 (6%)	28 (21%)	11 (8%)	23 (18%)	14 (11%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	40 (31%)
Prison job.....	54 (42%)
Vocational or skills training.....	6 (5%)
Education (including basic skills).....	41 (32%)
Offending behaviour programmes.....	5 (4%)

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

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	39 (34%)	44 (38%)	23 (20%)	10 (9%)
Vocational or skills training	38 (40%)	34 (36%)	16 (17%)	7 (7%)
Education (including basic skills)	29 (26%)	55 (49%)	17 (15%)	11 (10%)
Offending behaviour programmes	47 (48%)	22 (23%)	14 (14%)	14 (14%)

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

<i>Don't want to go</i>	12 (9%)
<i>Never</i>	24 (17%)
<i>Less than once a week</i>	36 (26%)
<i>About once a week</i>	42 (30%)
<i>More than once a week</i>	24 (17%)

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

<i>Don't use it</i>	27 (21%)
Yes.....	83 (63%)
No.....	21 (16%)

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

<i>Don't want to go</i>	37 (26%)
0.....	29 (21%)
1 to 2.....	35 (25%)
3 to 5.....	22 (16%)
<i>More than 5</i>	17 (12%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	20 (14%)
	<i>0</i>	17 (12%)
	<i>1 to 2</i>	33 (24%)
	<i>3 to 5</i>	34 (24%)
	<i>More than 5</i>	36 (26%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	10 (7%)
	<i>0</i>	11 (8%)
	<i>1 to 2</i>	16 (11%)
	<i>3 to 5</i>	21 (15%)
	<i>More than 5</i>	82 (59%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	16 (11%)
	<i>2 to less than 4 hours</i>	37 (26%)
	<i>4 to less than 6 hours</i>	21 (15%)
	<i>6 to less than 8 hours</i>	17 (12%)
	<i>8 to less than 10 hours</i>	10 (7%)
	<i>10 hours or more</i>	29 (21%)
	<i>Don't know</i>	11 (8%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	76 (56%)
	<i>No</i>	60 (44%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	37 (26%)
	<i>No</i>	104 (74%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	25 (18%)
	<i>No</i>	117 (82%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	31 (23%)
	<i>Very easy</i>	9 (7%)
	<i>Easy</i>	27 (20%)
	<i>Neither</i>	8 (6%)
	<i>Difficult</i>	23 (17%)
	<i>Very difficult</i>	32 (23%)
	<i>Don't know</i>	7 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	58 (39%)
	<i>Yes</i>	53 (36%)
	<i>No</i>	38 (26%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	96 (65%)
	<i>No contact</i>	24 (16%)
	<i>Letter</i>	8 (5%)
	<i>Phone</i>	3 (2%)
	<i>Visit</i>	22 (15%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	45 (33%)
	<i>No</i>	92 (67%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	58 (39%)
	<i>Yes</i>	33 (22%)
	<i>No</i>	57 (39%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (78%)
	<i>Very involved</i>	10 (7%)
	<i>Involved</i>	12 (8%)
	<i>Neither</i>	2 (1%)
	<i>Not very involved</i>	5 (3%)
	<i>Not at all involved</i>	3 (2%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (79%)
	<i>Nobody</i>	10 (7%)
	<i>Offender supervisor</i>	9 (6%)
	<i>Offender manager</i>	6 (4%)
	<i>Named/ personal officer</i>	0 (0%)
	<i>Staff from other departments</i>	9 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (79%)
	<i>Yes</i>	24 (16%)
	<i>No</i>	4 (3%)
	<i>Don't know</i>	3 (2%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (78%)
	<i>Yes</i>	8 (5%)
	<i>No</i>	21 (14%)
	<i>Don't know</i>	4 (3%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (78%)
	<i>Yes</i>	18 (12%)
	<i>No</i>	9 (6%)
	<i>Don't know</i>	6 (4%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	10 (8%)
	<i>No</i>	54 (41%)
	<i>Don't know</i>	69 (52%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 27 (21%)
 No..... 102 (79%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	27 (22%)	50 (41%)	45 (37%)
Accommodation	25 (20%)	65 (51%)	37 (29%)
Benefits	24 (20%)	64 (52%)	35 (28%)
Finances	30 (25%)	42 (35%)	47 (39%)
Education	31 (26%)	52 (43%)	38 (31%)
Drugs and alcohol	24 (20%)	72 (60%)	25 (21%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?
Not sentenced..... 58 (40%)
 Yes..... 42 (29%)
 No..... 44 (31%)

Main comparator and comparator to last time



Prisoner survey responses HMP Eastwood Park 2013

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

Key to tables

		HMP Eastwood Park	Female Local Prisons	HMP Eastwood Park 2013	HMP Eastwood Park 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		154	1004	154	96
SECTION 1: General information					
1.2	Are you under 21 years of age?	7%	9%	7%	16%
1.3	Are you sentenced?	62%	79%	62%	51%
1.3	Are you on recall?	3%	7%	3%	7%
1.4	Is your sentence less than 12 months?	32%	23%	32%	29%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%	0%	2%
1.5	Are you a foreign national?	8%	13%	8%	9%
1.6	Do you understand spoken English?	98%	97%	98%	
1.7	Do you understand written English?	97%	95%	97%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	23%	8%	24%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	7%	5%	
1.1	Are you Muslim?	3%	6%	3%	5%
1.11	Are you homosexual/gay or bisexual?	21%	26%	21%	17%
1.12	Do you consider yourself to have a disability?	39%	23%	39%	11%
1.13	Are you a veteran (ex-armed services)?	1%	1%	1%	
1.14	Is this your first time in prison?	40%	47%	40%	44%
1.15	Do you have any children under the age of 18?	62%	52%	62%	58%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	44%	34%	44%	30%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	50%	44%	50%	
2.3	Were you offered a toilet break?	23%	10%	23%	
2.4	Was the van clean?	67%	61%	67%	
2.5	Did you feel safe?	86%	77%	86%	
2.6	Were you treated well/very well by the escort staff?	85%	74%	85%	77%
2.7	Before you arrived here were you told that you were coming here?	78%	73%	78%	

Main comparator and comparator to last time

Key to tables

		HMP Eastwood Park	Female Local Prisons	HMP Eastwood Park 2013	HMP Eastwood Park 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
2.7	Before you arrived here did you receive any written information about coming here?	3%	5%	3%	
2.8	When you first arrived here did your property arrive at the same time as you?	92%	80%	92%	87%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	50%	46%	50%	
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	87%	93%	94%
3.3	Were you treated well/very well in reception?	86%	73%	86%	82%
When you first arrived:					
3.4	Did you have any problems?	78%	76%	78%	71%
3.4	Did you have any problems with loss of property?	15%	13%	15%	13%
3.4	Did you have any housing problems?	34%	27%	34%	31%
3.4	Did you have any problems contacting employers?	2%	2%	2%	7%
3.4	Did you have any problems contacting family?	26%	31%	26%	30%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	7%	5%	13%
3.4	Did you have any money worries?	32%	24%	32%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	35%	35%	35%	34%
3.4	Did you have any physical health problems?	27%	22%	27%	
3.4	Did you have any mental health problems?	38%	26%	38%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	6%	6%	9%
3.4	Did you have problems accessing phone numbers?	29%	28%	29%	31%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	61%	48%	61%	
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	88%	83%	88%	96%
3.6	A shower?	30%	45%	30%	46%
3.6	A free telephone call?	88%	80%	88%	86%
3.6	Something to eat?	86%	81%	86%	90%
3.6	PIN phone credit?	71%	53%	71%	
3.6	Toiletries/ basic items?	90%	74%	90%	
SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	59%	48%	59%	
3.7	Someone from health services?	78%	68%	78%	
3.7	A Listener/Samaritans?	51%	41%	51%	
3.7	Prison shop/ canteen?	32%	19%	32%	7%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	68%	47%	68%	63%
3.8	Support was available for people feeling depressed or suicidal?	65%	50%	65%	66%
3.8	How to make routine requests?	55%	38%	55%	50%
3.8	Your entitlement to visits?	48%	41%	48%	55%
3.8	Health services?	62%	50%	62%	62%
3.8	The chaplaincy?	59%	47%	59%	57%
3.9	Did you feel safe on your first night here?	77%	73%	77%	65%
3.10	Have you been on an induction course?	85%	87%	85%	85%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	62%	58%	62%	67%
3.12	Did you receive an education (skills for life) assessment?	81%	80%	81%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	33%	46%	33%	42%
4.1	Attend legal visits?	60%	61%	60%	61%
4.1	Get bail information?	28%	26%	28%	36%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	39%	39%	27%
4.3	Can you get legal books in the library?	45%	48%	45%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	72%	70%	72%	51%
4.4	Are you normally able to have a shower every day?	93%	90%	93%	94%
4.4	Do you normally receive clean sheets every week?	78%	91%	78%	85%
4.4	Do you normally get cell cleaning materials every week?	81%	83%	81%	89%
4.4	Is your cell call bell normally answered within five minutes?	46%	51%	46%	46%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	66%	66%	60%
4.4	Can you normally get your stored property, if you need to?	29%	32%	29%	29%
4.5	Is the food in this prison good/very good?	37%	25%	37%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	48%	53%	56%
4.7	Are you able to speak to a Listener at any time, if you want to?	78%	66%	78%	76%
4.8	Are your religious beliefs are respected?	52%	60%	52%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	63%	69%	52%
4.10	Is it easy/very easy to attend religious services?	45%	54%	45%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	89%	79%	89%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	73%	63%	73%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	57%	46%	57%	44%
5.3	Is it easy to make a complaint?	65%	65%	65%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	58%	45%	58%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	53%	45%	53%	39%
5.5	Have you ever been prevented from making a complaint when you wanted to?	12%	16%	12%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	44%	32%	44%	25%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	50%	51%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	49%	53%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	89%	79%	89%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	81%	81%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	44%	44%	44%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	35%	23%	35%	29%
7.5	Do you have a personal officer?	21%	67%	21%	77%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	79%	73%	79%	80%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	37%	42%	37%	40%
8.2	Do you feel unsafe now?	11%	15%	11%	13%
8.4	Have you been victimised by other prisoners here?	29%	34%	29%	28%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	17%	17%	17%	14%
8.5	Hit, kicked or assaulted you?	4%	7%	4%	8%
8.5	Sexually abused you?	2%	1%	2%	1%
8.5	Threatened or intimidated you?	19%	23%	19%	
8.5	Taken your canteen/property?	7%	7%	7%	9%
8.5	Victimised you because of medication?	7%	5%	7%	

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	Percentages which are not highlighted show there is no significant difference				
8.5	Victimised you because of debt?	3%	1%	3%	
8.5	Victimised you because of drugs?	3%	4%	3%	2%
8.5	Victimised you because of your race or ethnic origin?	4%	5%	4%	5%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	2%
8.5	Victimised you because of your nationality?	3%	5%	3%	
8.5	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	0%	2%	0%	1%
8.5	Victimised you because of your age?	1%	3%	1%	
8.5	Victimised you because you have a disability?	3%	4%	3%	1%
8.5	Victimised you because you were new here?	7%	9%	7%	13%
8.5	Victimised you because of your offence/crime?	7%	7%	7%	5%
8.5	Victimised you because of gang related issues?	6%	2%	6%	
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	24%	24%	24%	12%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	9%	11%	3%
8.7	Hit, kicked or assaulted you?	2%	2%	2%	0%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	6%	12%	6%	
8.7	Victimised you because of medication?	7%	6%	7%	
8.7	Victimised you because of debt?	1%	1%	1%	
8.7	Victimised you because of drugs?	4%	3%	4%	2%
8.7	Victimised you because of your race or ethnic origin?	2%	2%	2%	2%
8.7	Victimised you because of your religion/religious beliefs?	1%	2%	1%	0%
8.7	Victimised you because of your nationality?	1%	2%	1%	
8.7	Victimised you because you were from a different part of the country?	2%	2%	2%	1%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	0%	3%	0%	1%
8.7	Victimised you because of your age?	2%	2%	2%	
8.7	Victimised you because you have a disability?	3%	3%	3%	0%
8.7	Victimised you because you were new here?	4%	4%	4%	5%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	3%

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8.7	Victimised you because of gang related issues?	4%	1%	4%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	41%	55%	41%	41%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	39%	30%	39%	51%
9.1	Is it easy/very easy to see the nurse?	65%	56%	65%	64%
9.1	Is it easy/very easy to see the dentist?	18%	16%	18%	13%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	69%	48%	69%	72%
9.2	The nurse?	72%	63%	72%	81%
9.2	The dentist?	53%	44%	53%	41%
9.3	The overall quality of health services?	63%	42%	63%	65%
9.4	Are you currently taking medication?	85%	70%	85%	78%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	44%	52%	44%	
9.6	Do you have any emotional well being or mental health problems?	58%	50%	58%	41%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	59%	54%	59%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	51%	41%	51%	55%
10.2	Did you have a problem with alcohol when you came into this prison?	37%	31%	37%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	21%	25%	21%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	2%	4%	2%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	7%	4%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	6%	8%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	83%	82%	83%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	84%	76%	84%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	90%	80%	90%	87%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	34%	53%	34%	

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11.1	Vocational or skills training?	35%	46%	35%	
11.1	Education (including basic skills)?	49%	62%	49%	
11.1	Offending behaviour programmes?	28%	34%	28%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	42%	59%	42%	50%
11.2	Vocational or skills training?	5%	16%	5%	10%
11.2	Education (including basic skills)?	32%	36%	32%	55%
11.2	Offending behaviour programmes?	4%	16%	4%	9%
11.3	Have you had a job while in this prison?	67%	82%	67%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	57%	57%	57%	
11.3	Have you been involved in vocational or skills training while in this prison?	60%	71%	60%	
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	60%	60%	60%	
11.3	Have you been involved in education while in this prison?	74%	82%	74%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	66%	69%	66%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	52%	68%	52%	
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	44%	63%	44%	
11.4	Do you go to the library at least once a week?	48%	48%	48%	49%
11.5	Does the library have a wide enough range of materials to meet your needs?	63%	49%	63%	
11.6	Do you go to the gym three or more times a week?	28%	22%	28%	15%
11.7	Do you go outside for exercise three or more times a week?	50%	35%	50%	49%
11.8	Do you go on association more than five times each week?	59%	56%	59%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	15%	21%	15%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	56%	54%	56%	59%
12.2	Have you had any problems with sending or receiving mail?	26%	40%	26%	36%
12.3	Have you had any problems getting access to the telephones?	18%	21%	18%	23%
12.4	Is it easy/ very easy for your friends and family to get here?	26%	33%	26%	
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	58%	63%	58%	

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	Percentages which are not highlighted show there is no significant difference				
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	47%	30%	47%	
13.2	Contact by letter?	16%	30%	16%	
13.2	Contact by phone?	6%	13%	6%	
13.2	Contact by visit?	43%	48%	43%	
13.3	Do you have a named offender supervisor in this prison?	33%	47%	33%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	37%	53%	37%	33%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	69%	69%	69%	91%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	33%	31%	33%	
13.6	Offender supervisor?	30%	37%	30%	
13.6	Offender manager?	20%	30%	20%	
13.6	Named/ personal officer?	0%	20%	0%	
13.6	Staff from other departments?	30%	18%	30%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	78%	78%	78%	77%
13.8	Are there plans for you to achieve any of your targets in another prison?	25%	25%	25%	
13.9	Are there plans for you to achieve any of your targets in the community?	54%	33%	54%	
13.10	Do you have a needs based custody plan?	8%	7%	8%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	21%	23%	21%	20%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	53%	38%	53%	
13.12	Accommodation?	64%	54%	64%	
13.12	Benefits?	65%	58%	65%	
13.12	Finances?	47%	31%	47%	
13.12	Education?	58%	40%	58%	
13.12	Drugs and alcohol?	74%	62%	74%	
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	49%	58%	49%	76%

Diversity Analysis



Key question responses (disability) HMP Eastwood Park 2013

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

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		58	92
1.3	Are you sentenced?	58%	63%
1.5	Are you a foreign national?	3%	11%
1.6	Do you understand spoken English?	98%	98%
1.7	Do you understand written English?	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	7%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%
1.1	Are you Muslim?	7%	1%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	32%	46%
2.6	Were you treated well/very well by the escort staff?	90%	83%
2.7	Before you arrived here were you told that you were coming here?	75%	79%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	95%
3.3	Were you treated well/very well in reception?	83%	90%
3.4	Did you have any problems when you first arrived?	93%	66%
3.7	Did you have access to someone from health care when you first arrived here?	70%	83%
3.9	Did you feel safe on your first night here?	65%	83%
3.10	Have you been on an induction course?	84%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	36%

Key to tables

Diversity Analysis

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	67%	75%
4.4	Are you normally able to have a shower every day?	90%	95%
4.4	Is your cell call bell normally answered within five minutes?	48%	45%
4.5	Is the food in this prison good/very good?	34%	41%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	87%
4.8	Do you feel your religious beliefs are respected?	59%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	68%	69%
5.1	Is it easy to make an application?	90%	89%
5.3	Is it easy to make a complaint?	65%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	58%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	4%
7.1	Do most staff, in this prison, treat you with respect?	81%	94%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	83%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	31%	38%
7.4	Do you have a personal officer?	26%	18%
8.1	Have you ever felt unsafe here?	48%	31%
8.2	Do you feel unsafe now?	21%	7%
8.3	Have you been victimised by other prisoners?	42%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	0%
8.5	Have you been victimised because of your age? (By prisoners)	2%	1%

Diversity Analysis

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	0%
8.6	Have you been victimised by a member of staff?	37%	16%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	5%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	0%
8.7	Have you been victimised because of your nationality? (By staff)	3%	0%
8.7	Have you been victimised because of your age? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	8%	0%
9.1	Is it easy/very easy to see the doctor?	39%	41%
9.1	Is it easy/ very easy to see the nurse?	65%	65%
9.4	Are you currently taking medication?	97%	79%
9.6	Do you feel you have any emotional well being/mental health issues?	79%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	21%
11.2	Are you currently working in the prison?	34%	47%
11.2	Are you currently undertaking vocational or skills training?	4%	4%
11.2	Are you currently in education (including basic skills)?	34%	30%
11.2	Are you currently taking part in an offending behaviour programme?	2%	5%
11.4	Do you go to the library at least once a week?	47%	46%
11.6	Do you go to the gym three or more times a week?	16%	37%
11.7	Do you go outside for exercise three or more times a week?	36%	60%
11.8	On average, do you go on association more than five times each week?	51%	63%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	27%
12.2	Have you had any problems sending or receiving mail?	21%	29%
12.3	Have you had any problems getting access to the telephones?	21%	16%

Diversity analysis



Key question responses (sexual orientation) HMP Eastwood Park 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		32	118
1.3	Are you sentenced?	56%	63%
1.5	Are you a foreign national?	6%	9%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	97%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	6%
1.1	Are you Muslim?	3%	4%
1.12	Do you consider yourself to have a disability?	44%	37%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	29%	44%
2.6	Were you treated well/very well by the escort staff?	90%	85%
2.7	Before you arrived here were you told that you were coming here?	94%	74%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	95%
3.3	Were you treated well/very well in reception?	90%	85%
3.4	Did you have any problems when you first arrived?	71%	78%
3.7	Did you have access to someone from health care when you first arrived here?	74%	79%
3.9	Did you feel safe on your first night here?	90%	73%
3.10	Have you been on an induction course?	81%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	31%

Key to tables

Diversity analysis

		Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in green is significantly better		
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	74%
4.4	Are you normally able to have a shower every day?	97%	92%
4.4	Is your cell call bell normally answered within five minutes?	38%	48%
4.5	Is the food in this prison good/very good?	29%	40%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	56%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	75%	78%
4.8	Do you feel your religious beliefs are respected?	58%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	68%	70%
5.1	Is it easy to make an application?	89%	89%
5.3	Is it easy to make a complaint?	69%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	64%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	67%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	4%
7.1	Do most staff, in this prison, treat you with respect?	83%	90%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	85%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	27%	38%
7.4	Do you have a personal officer?	14%	23%
8.1	Have you ever felt unsafe here?	35%	39%
8.2	Do you feel unsafe now?	6%	13%
8.3	Have you been victimised by other prisoners?	30%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	23%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	0%	0%
8.5	Have you been victimised because of your age? (By prisoners)	0%	2%

Diversity analysis

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8.5	Have you been victimised because you have a disability? (By prisoners)	3%	4%
8.6	Have you been victimised by a member of staff?	23%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	5%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your sexual orientation? (By staff)	0%	0%
8.7	Have you been victimised because of your age? (By staff)	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	3%
9.1	Is it easy/very easy to see the doctor?	36%	41%
9.1	Is it easy/ very easy to see the nurse?	67%	65%
9.4	Are you currently taking medication?	86%	85%
9.6	Do you feel you have any emotional well being/mental health issues?	70%	55%
10.3	Is it easy/very easy to get illegal drugs in this prison?	24%	20%
11.2	Are you currently working in the prison?	39%	44%
11.2	Are you currently undertaking vocational or skills training?	0%	6%
11.2	Are you currently in education (including basic skills)?	26%	33%
11.2	Are you currently taking part in an offending behaviour programme?	0%	5%
11.4	Do you go to the library at least once a week?	31%	53%
11.6	do you go to the gym three or more times a week?	31%	27%
11.7	Do you go outside for exercise three or more times a week?	54%	50%
11.8	On average, do you go on association more than five times each week?	64%	58%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	24%	20%
12.2	Have you had any problems sending or receiving mail?	30%	26%
12.3	Have you had any problems getting access to the telephones?	20%	18%



Prisoner survey responses HMP Eastwood Park (Res 6 comparator)

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

Key to tables

	Any percentage highlighted in green is significantly better	Res 6 (E Wing)	Res 2,5,7,8 & 10
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		52	97
SECTION 1: General information			
1.2	Are you under 21 years of age?	10%	4%
1.3	Are you sentenced?	63%	62%
1.3	Are you on recall?	0%	4%
1.4	Is your sentence less than 12 months?	41%	29%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	0%
1.5	Are you a foreign national?	6%	10%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	98%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%
1.1	Are you Muslim?	0%	5%
1.11	Are you homosexual/gay or bisexual?	36%	13%
1.12	Do you consider yourself to have a disability?	33%	43%
1.13	Are you a veteran (ex-armed services)?	2%	0%
1.14	Is this your first time in prison?	21%	49%
1.15	Do you have any children under the age of 18?	63%	62%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	39%	47%
2.5	Did you feel safe?	87%	84%
2.6	Were you treated well/very well by the escort staff?	87%	83%
2.7	Before you arrived here were you told that you were coming here?	84%	75%
2.8	When you first arrived here did your property arrive at the same time as you?	92%	92%

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	62%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	94%
3.3	Were you treated well/very well in reception?	84%	85%
	When you first arrived:		
3.4	Did you have any problems?	77%	79%
3.4	Did you have any problems with loss of property?	23%	11%
3.4	Did you have any housing problems?	41%	31%
3.4	Did you have any problems contacting employers?	2%	2%
3.4	Did you have any problems contacting family?	31%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	8%	4%
3.4	Did you have any money worries?	35%	32%
3.4	Did you have any problems with feeling depressed or suicidal?	35%	34%
3.4	Did you have any physical health problems?	28%	28%
3.4	Did you have any mental health problems?	41%	35%
3.4	Did you have any problems with needing protection from other prisoners?	6%	6%
3.4	Did you have problems accessing phone numbers?	31%	29%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	94%	85%
3.6	A shower?	35%	28%
3.6	A free telephone call?	92%	87%
3.6	Something to eat?	92%	85%
3.6	PIN phone credit?	75%	70%
3.6	Toiletries/ basic items?	92%	88%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	64%	57%
3.7	Someone from health services?	86%	75%

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3.7	A Listener/Samaritans?	59%	47%
3.7	Prison shop/ canteen?	39%	27%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	70%	66%
3.8	Support was available for people feeling depressed or suicidal?	70%	62%
3.8	How to make routine requests?	66%	50%
3.8	Your entitlement to visits?	62%	41%
3.8	Health services?	76%	55%
3.8	The chaplaincy?	70%	54%
3.9	Did you feel safe on your first night here?	86%	72%
3.10	Have you been on an induction course?	90%	84%
3.12	Did you receive an education (skills for life) assessment?	82%	81%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	28%	35%
4.1	Attend legal visits?	77%	49%
4.1	Get bail information?	34%	24%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	35%
4.3	Can you get legal books in the library?	49%	43%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	75%
4.4	Are you normally able to have a shower every day?	88%	96%
4.4	Do you normally receive clean sheets every week?	84%	76%
4.4	Do you normally get cell cleaning materials every week?	88%	77%
4.4	Is your cell call bell normally answered within five minutes?	40%	46%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	67%
4.4	Can you normally get your stored property, if you need to?	19%	33%
4.5	Is the food in this prison good/very good?	38%	34%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	61%	48%

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4.7	Are you able to speak to a Listener at any time, if you want to?	82%	74%
4.8	Are your religious beliefs are respected?	53%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	74%	68%
4.10	Is it easy/very easy to attend religious services?	47%	44%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	98%	85%
5.3	Is it easy to make a complaint?	77%	58%
5.5	Have you ever been prevented from making a complaint when you wanted to?	10%	14%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	46%	43%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	61%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	88%	89%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	83%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	48%
7.4	Do staff normally speak to you most of the time/all of the time during association?	26%	36%
7.5	Do you have a personal officer?	10%	24%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	24%	43%
8.2	Do you feel unsafe now?	7%	15%
8.4	Have you been victimised by other prisoners here?	24%	33%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	19%	17%

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8.5	Hit, kicked or assaulted you?	0%	6%
8.5	Sexually abused you?	0%	3%
8.5	Threatened or intimidated you?	17%	21%
8.5	Taken your canteen/property?	7%	9%
8.5	Victimised you because of medication?	2%	11%
8.5	Victimised you because of debt?	0%	4%
8.5	Victimised you because of drugs?	0%	4%
8.5	Victimised you because of your race or ethnic origin?	2%	5%
8.5	Victimised you because of your religion/religious beliefs?	0%	1%
8.5	Victimised you because of your nationality?	0%	4%
8.5	Victimised you because you were from a different part of the country?	0%	3%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	0%
8.5	Victimised you because of your age?	0%	2%
8.5	Victimised you because you have a disability?	2%	4%
8.5	Victimised you because you were new here?	0%	11%
8.5	Victimised you because of your offence/crime?	7%	7%
8.5	Victimised you because of gang related issues?	2%	7%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	19%	26%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	11%
8.7	Hit, kicked or assaulted you?	0%	4%
8.7	Sexually abused you?	0%	2%
8.7	Threatened or intimidated you?	2%	9%
8.7	Victimised you because of medication?	4%	9%
8.7	Victimised you because of debt?	0%	1%

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8.7	Victimised you because of drugs?	0%	5%
8.7	Victimised you because of your race or ethnic origin?	0%	4%
8.7	Victimised you because of your religion/religious beliefs?	0%	1%
8.7	Victimised you because of your nationality?	0%	2%
8.7	Victimised you because you were from a different part of the country?	0%	4%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	2%	4%
8.7	Victimised you because you were new here?	0%	7%
8.7	Victimised you because of your offence/crime?	2%	4%
8.7	Victimised you because of gang related issues?	0%	5%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	33%	42%
9.1	Is it easy/very easy to see the nurse?	59%	67%
9.1	Is it easy/very easy to see the dentist?	17%	19%
9.4	Are you currently taking medication?	86%	88%
9.6	Do you have any emotional well being or mental health problems?	62%	56%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	77%	40%
10.2	Did you have a problem with alcohol when you came into this prison?	37%	38%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	21%
10.4	Is it easy/very easy to get alcohol in this prison?	2%	2%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	9%

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SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	31%	35%
11.1	Vocational or skills training?	41%	31%
11.1	Education (including basic skills)?	47%	50%
11.1	Offending Behaviour Programmes?	33%	24%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	37%	44%
11.2	Vocational or skills training?	0%	7%
11.2	Education (including basic skills)?	39%	29%
11.2	Offending Behaviour Programmes?	0%	6%
11.4	Do you go to the library at least once a week?	38%	54%
11.5	Does the library have a wide enough range of materials to meet your needs?	63%	65%
11.6	Do you go to the gym three or more times a week?	30%	28%
11.7	Do you go outside for exercise three or more times a week?	29%	60%
11.8	Do you go on association more than five times each week?	59%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	23%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	48%	59%
12.2	Have you had any problems with sending or receiving mail?	31%	24%
12.3	Have you had any problems getting access to the telephones?	28%	13%
12.4	Is it easy/ very easy for your friends and family to get here?	30%	25%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	26%	35%
13.10	Do you have a needs based custody plan?	10%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	23%