

Report on an unannounced inspection of

HMP & YOI Low Newton

by HM Chief Inspector of Prisons

29 September–10 October 2014

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at:
<http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Crown copyright 2015

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or:
hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	13
Section 1. Safety	21
Section 2. Respect	31
Section 3. Purposeful activity	45
Section 4. Resettlement	51
Section 5. Summary of recommendations and housekeeping points	61
Section 6. Appendices	67
Appendix I: Inspection team	67
Appendix II: Progress on recommendations from the last report	69
Appendix III: Prison population profile	75
Appendix IV: Summary of prisoner questionnaires and interviews	79

Introduction

HMP Low Newton is a women's local prison situated near Durham that serves courts in the north-east of England, and also holds sentenced women. At the time of this inspection the prison was taking women from all over the north of England because of overcrowding elsewhere; as a result of this a third of the population was 100 miles or more away from home and family.

The prison's population was the most complex we have seen. It held women who were remanded in custody through to those with indeterminate sentences, and was one of only two women's prisons holding restricted status prisoners (the female equivalent of a high security A classification). There were 10 young women under 21, the youngest of whom was 19, and seven women over 60, the oldest of whom was 66. Levels of need in the population were extremely high, with more than three-quarters of the population receiving treatment or therapy for their mental health. Over a third said they had a disability of some sort, and 83% were taking medication. Over 40% said they had problems with drugs and nearly a third said the same about alcohol. About a third of the population were receiving opiate substitution treatment at the time of the inspection. For around half it was their first time in prison, and 60% had children under the age of 18 years.

Some of the mental health treatment required was very complex and some prison officers were beginning to discuss informally whether it was appropriate for them to wear uniform given the predominantly caring role they performed. It was not an unreasonable view as in many ways the services provided were more appropriate to a hospital than a prison. But a prison can never be a hospital and we had particular concerns about a small number of women who had been remanded at the prison 'for their own protection'. These women had significant mental health problems and prison was not an appropriate 'place of safety' for them.

In response to the high level of complex demand in the population, mental health services had improved both in terms of capacity and breadth and were generally very good overall. The care provided in the Primrose Unit for women with personality disorders and the groundbreaking PIPE unit (a 'psychologically informed planned environment') was outstanding; both were key components of the national offender personality disorder pathway. Primary physical health care was also generally very good although there were long waiting lists for some services. Despite the good quality of health services provided, overall many women were negative about them. We did not think the evidence supported these criticisms and more needed to be done to manage expectations and set appropriate boundaries about what could be provided.

A more coordinated approach to managing the many women with a multitude of complex needs was needed to ensure consistency and a more holistic approach. In common with other women's prisons, although the number of incidents of self-harm remained high, levels of self-harm had reduced and it was notable that six women accounted for 53% of such incidents in the months prior to our inspection. Levels of care for these women were generally good. There was a danger that because of the high number of very complex cases, women with 'ordinary' levels of need to be found in the prison (which by any objective measure was still very high) did not receive the attention they required. For example, we found two young adults who were being disciplined by being locked up alone in their cells for most of the day with very little to occupy them, despite being known to be at risk of suicide or self-harm.

As we have reported in other women's prison inspections, women had long waits in courts cells after they had been dealt with, before they were moved to the prison. This was exacerbated by the long distances women had to travel to the prison. Escorts continued to be shared with male prisoners and women often arrived late in the evening because the prison was the last drop off point for escorts; unlike male prisons, it did not have a specific cut off time for new arrivals. Nevertheless, reception was clean and welcoming and first night processes were good.

Most women told us they felt safe at the prison although 40% said they had felt unsafe at some time. However, there were few serious incidents and poor behaviour was well managed, often without recourse to formal disciplinary processes, which were in any case well managed. Security was proportionate to the population but while there was little concrete evidence of excessive drug availability, 41% of women in our survey said it was easy to obtain illegal drugs, a claim that was repeated by women and staff throughout the inspection. Managers needed to interrogate these perceptions and also remain vigilant to the threats posed. Demand for substances misuse services was very high but care was generally good, although the lack of a dedicated dual diagnosis service was a gap.

Living conditions were generally good, as was the food provided, and most women could eat together and some could self-cater. Relationships were very strong and underpinned much of the good work done at the prison, and personal officers were knowledgeable about the women in their care and provided some excellent support. Work in equalities and diversity was individualised and most women from the protected characteristics reported positively, although those with a disability were less positive about some outcomes. Complaints were generally dealt with well, but better scrutiny by senior managers was required.

Time out of cell was good and the regimes were delivered consistently and reliably. However, the time available for outside exercise was limited and there were clashes in the regime which meant opportunities to go outside in the fresh air were somewhat limited. There were sufficient purposeful activities for all women to work or attend education and the 'women-centred' approach adopted to curriculum planning meant that focus was appropriately on enhancing personal and social skills, employability and enterprise skills. There were some particularly good and innovative enrichment activities offered that helped to develop confidence, self-esteem and expression. While achievement of qualifications was generally good, improvements were needed in the key area of English at levels 1 and 2. The library and gym provided good support, although access to recreational gym was limited. Work had recently begun to promote a positive body image.

The prison had a sound understanding of the resettlement needs of the many groups of women held, and some good services were provided, although we felt that release on temporary licence was underused. Offender management work was generally good and benefited from a stable and well-established team. However, the quality and timeliness of some reports needed to be improved and elements of public protection work needed tightening. Children and families work was very good, although there were gaps in support for women who had been victimised or abused before their imprisonment. Most resettlement needs were identified on arrival, but there was no systematic pre-release process to check that needs had been addressed, and despite some good efforts too many women were being released with nowhere to live. Most other areas of resettlement support were strong.

Low Newton is a hugely complex prison holding a challenging and very vulnerable population mix. It is notable that despite these complexities, the approach to providing a safe and decent environment is humane and caring, and good attention is also paid to the essential elements of providing a purposeful and rehabilitative regime where women are encouraged to progress and address elements of risk. We have identified some areas where they still need to improve, but managers and staff at the prison should be commended for the valuable work they do for the women held and the public as a whole. In some cases, the mix of professionalism and compassion I witnessed being delivered to some very troubled women was very moving. But however good the level of care offered, the question remains about why some of these obviously very ill and troubled women are in prison at all, rather than in a health setting which would be much more appropriate for their needs.

Fact page

Task of the establishment

HMP and YOI Low Newton is a women's prison, holding convicted and unconvicted adult prisoners and young offenders. It holds restricted status women as well as those suitable for open conditions and serves the courts in the North East, Scottish Borders, North Yorkshire and Cumbria.

Prison status

Public

Region

North East

Number held

298 (on 29 September 2014)

Certified normal accommodation

291

Operational capacity

329

Date of last full inspection

31 October 2011

Brief history

Low Newton, on the outskirts of Durham, was built in 1965 as a small remand centre for both men and women. Additional accommodation was added in 1975. In 1976 the prison became a male young offender institution; it also had a small, self-contained unit holding women on remand. In 1998, Low Newton became a women's prison. It included an integrated personality disorder unit, the Primrose Service, a designated eight-bed unit for prisoners suitable for open conditions and a 40-bed psychologically informed planned environment (PIPE) unit.

Short description of residential units

There were five traditionally built wings: Aykley (A), Bede (B), Cuthbert (C), Dunelm (D) and Elvet (E). E wing, the induction and first night unit, also incorporated a substance misuse unit and the Lynx open conditions unit. Finchale (F) wing predominantly held long-term and indeterminate sentence women and included 12 Primrose Service prisoners and restricted status women. The security specifications for Giles (G) wing, the drug free unit, were less stringent. I wing consisted of the self-contained PIPE unit.

Name of governor/director

Alan Richer

Escort contractor

GEOAmey

Health service provider

Care UK

Tees Esk and Wear Valley NHS Foundation Trust

Learning and skills providers
The Manchester College

Independent Monitoring Board chair
Jim Armstrong

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 The 2010 'Bangkok Rules'¹ set out internationally agreed standards that should govern the treatment of women in prison. These standards are directly applicable to women's prisons in England and Wales and we now have Expectations which specifically address the outcomes we expect for women in prison.
- A5 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.

¹ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders

- **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.

A6 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.

A7 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.

A8 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 report

A9 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 and conditions for women in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.

- AII Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

² 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** Some women waited too long in court and had long journeys to the prison. Early days support was good. Most women felt safe and there were relatively few serious incidents. Care for women at risk was generally good but weak coordination meant there were gaps in support for some whose needs were complex. Safeguarding arrangements needed development. Security was proportionate. Many women said it was easy to get illegal drugs, but we did not find evidence to support this. Some adjudications could have been dealt with through other means. Use of force was low and well managed. Segregation was used infrequently. Substance misuse services were good overall. **Outcomes for prisoners were reasonably good against this healthy prison test.**
- S2** At the last inspection in 2011 we found that outcomes for prisoners in Low Newton were reasonably good against this healthy prison test. We made 18 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, five had been partially achieved and five had not been achieved.
- S3** Women still waited too long in court cells before being transferred to Low Newton. Some women's journeys to the prison were very long and they had to share escort vehicles with men. These issues were being exacerbated by the prison receiving regular over-crowding drafts of women from prisons some distance away, many of whom complained they had been given only minimal notice of the move.
- S4** Reception was clean and welcoming. Reception and first night staff provided women with good support, particularly if they needed to contact family during their early days in custody. An in-depth induction programme was delivered to all new arrivals every week. Some sessions were too long and information was poorly presented.
- S5** Most women told us they felt safe. In our survey, 40% of women said they had felt unsafe at some time, similar to the comparator. Around a third of women said they had been victimised by other prisoners. However, good staff-prisoner relationships supported safety and in the prison's own survey 78% of respondents said staff dealt with incidents of bullying effectively. Antisocial behaviour was relatively minor and consisted of name calling, gossip about offences and relationship issues. Despite the installation of CCTV, many women still felt unsafe in the health care waiting room. Safer custody staff proactively monitored antisocial behaviour, which enabled them to address many issues informally. Women subject to the challenging behaviour process were regularly monitored and completed a workbook with the help of a welfare officer. Good use was made of peer support workers.
- S6** Women understood the incentives and earned privileges scheme. Most were removed from the basic regime after a week. Very few were on the enhanced level and the national scheme was not flexible enough to motivate women.
- S7** There had been 177 incidents of self-harm in the six months prior to the inspection; six women accounted for 53% of them. Data indicated that the number of self-harm incidents was declining. Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm took place promptly and consisted of multidisciplinary reviews, but it was inconsistent and written comments did not always demonstrate that the required number of observations had occurred. Most women on ACCTs felt well supported. Prisoners had good access to Listeners (prisoners trained by the

Samaritans to provide confidential emotional support to fellow prisoners) who felt the Samaritans and prison staff provided them with good support.

- S8 The prison had no adult safeguarding policy or formal procedures but links had been made with the local adult safeguarding board. Specialist units provided many women with complex needs with excellent support, but care for some located elsewhere required improvement and lacked a coordinated, holistic approach.
- S9 Procedural security was proportionate and the management of intelligence was good. Important elements of dynamic security were in place and were underpinned by good staff-prisoner relationships and a predictable regime. Two restricted status women were well managed. Appropriate arrangements were in place to report and investigate staff misconduct.
- S10 There was little concrete evidence of the availability of drugs – the random mandatory drug testing positive rate averaged 4.8% against a target of 7% and there were few finds; however, only two suspicion tests had been carried out in the previous six months, which was low. Nevertheless, 41% of women in our survey thought it was easy to get illegal drugs and inspectors repeatedly heard this was the case during the inspection. However, only 4% said they had developed a problem at the prison. Appropriate measures were in place to minimise trading in prescribed medication.
- S11 The number of adjudications was low. Hearings were usually conducted fairly but some charges were petty and could have been dealt with less formally. Force was used infrequently and governance arrangements were good. Paperwork was usually completed correctly and officers' accounts demonstrated that de-escalation was used as a preferred option. The segregation unit was very clean and free of graffiti but the exercise yard was bleak. The use of segregation was comparatively low as was prisoners' length of stay. Relationships between staff and prisoners were good. Reintegration planning was well developed.
- S12 The substance misuse strategy was well managed and joint working was good. Psychosocial support was also good, and now included alcohol interventions; a mentoring scheme was being developed and a planned drug recovery wing would be a welcome addition. Demand for clinical interventions was high. First night prescribing was still variable and there was no dedicated dual diagnosis service. However, women were safely managed on the designated stabilisation unit and received a good level of care.

Respect

- S13 Living conditions were generally good. Relationships were strong, and the personal officer scheme worked very well. Equality and diversity support was provided on an individual basis and most women's needs were met. Faith services were good. Most responses to complaints were satisfactory. Legal services support was adequate. Health care provision was generally good although women's negative perceptions needed to be addressed. Demand for mental health services was exceptionally high and women's needs were mostly met. A small number of very ill women were inappropriately held for their own protection. Food was reasonable and self-catering opportunities were valued. Canteen items were too expensive. **Outcomes for prisoners were good against this healthy prison test.**

S14 At the last inspection in 2011 we found that outcomes for prisoners in Low Newton were reasonably good against this healthy prison test. We made 25 recommendations in the area of respect. At this follow-up inspection we found that 10 of the recommendations had been achieved, seven had been partially achieved, seven had not been achieved and one was no longer relevant.

S15 Women were positive about most residential arrangements, and appreciated the clean and generally well maintained, if somewhat impersonal, living environment. There continued to be unacceptable amounts of graffiti on some beds and some women lived in overcrowded cells. Prisoners had good access to hygiene facilities and laundries but the requirement to purchase all clothing through catalogues was unreasonable.

S16 Most women said staff treated them respectfully. Interactions we observed were friendly but appropriate, and most staff seemed to care about those for whom they were responsible. The personal officer scheme worked very well.

S17 Overall management of equality and diversity was good. Equalities staff were effective and the prisoner equality action group met each month. Prisoner equality and diversity representatives were in place and provided prisoners with firsthand support. Responses to discrimination incident reporting forms were good. The distinct needs of those with protected characteristics were recognised early and addressed and the equalities coordinator carried out regular reviews. Good individual support was available for the small group of foreign national prisoners, but access to specialist legal advice was poor. Access to Home Office immigration surgeries was reasonably good. Although most women felt well supported, those who said they had a disability felt less safe than others and fewer said that there was member of staff to turn if they had a problem. The prison managed women in relationships appropriately. The small number of young women held were dispersed around the prison. Most felt well cared for but would have valued the opportunity to participate in a forum. Faith provision was good.

S18 Most complaints were about relatively minor matters and were investigated at an appropriate level. Senior staff needed to improve their scrutiny of more serious cases, particularly those relating to staff. Responses to complaints were satisfactory. While we found no examples of replies being disrespectful some failed to provide an apology when the prison had made a mistake. There was no effective quality assurance of the complaints system.

S19 The prison had no legal services officers, but a strategy to improve the availability of advice was being developed. A duty offender supervisor saw newly arrived remand prisoners to discuss potential bail applications, and the charity NEPACS offered help on childcare proceedings and parental rights.

S20 Women we met consistently criticised health care services, and our survey results were far more negative than in 2011. Our findings did not support these negative perceptions. We found that health care was good overall and women's negative perceptions needed to be addressed. The co-location of some of the inpatient beds and primary care facilities on the ground floor was unsatisfactory and limited therapeutic options for both parts of the service. Women spent too long in waiting rooms before their appointments. The Patient Advice and Liaison Service helpline offered very good access to health care triage. The range of primary physical health care services was excellent; it included specific women's services and nurse-led clinics for long-term conditions. Despite offering additional clinics, dental and optician waiting times were too long and waiting lists extensive. Pharmacy and medicines management were mostly satisfactory. The level of dental care need was particularly high. The level of emotional and mental health need was extremely high. More than three-

quarters of the population were receiving mental health services or some form of therapy. Mental health services were generally very good. There was now more capacity and an extensive array of therapeutic options, although waiting times for counselling services were too long. We were concerned about a small number of very ill women who were remanded to the prison for their own protection,

- S21 Prisoners were generally satisfied with the food and could eat together. Self-catering was appreciated. The canteen list included a variety of products, but some women said that many catalogue items were not affordable on prison wages. Women were charged an administration fee for catalogue purchases, which was inappropriate.

Purposeful activity

S22 *Time out of cell was good but access to outside areas was limited. Leadership and management of learning and skills was good and focused appropriately on women's needs. Purposeful activity was good and the range offered was appropriate. The quality of the provision was good and individual targets were set. Achievements were good in most areas but poor in English. Learners were well motivated and behaviour was good. The library and gym provided some good support, although recreational gym was limited. **Outcomes for prisoners were good against this healthy prison test.***

S23 *At the last inspection in 2011 we found that outcomes for prisoners in Low Newton were good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, five had been partially achieved, two had not been achieved and one was no longer relevant.*

S24 Most women had good time out of cell, and the daily routine was followed consistently. In our survey, fewer than the comparator said that they could exercise outside three or more times a week; this was largely because sessions took place early in the morning and clashed with medication and other domestic routines.

S25 Leadership and management of learning and skills were good. The 'women-centred' approach to curriculum planning was effectively informed by data, which enabled the prison to focus on raising women's personal and social development, employment and enterprise skills. Quality assurance and self-assessment arrangements were good. The quality improvement group ensured that the provider was held accountable for its performance. Assessments of the quality of taught sessions, other than those delivered by the education provider, were not yet fully established. In a small minority of prison-delivered programmes, the collection and use of data required improvement.

S26 Initial assessment and session planning was effectively used to tailor learning to the individual. There were enough purposeful activity places to occupy all the women. They could combine work and study as part of an individual timetable to support resettlement. The range and variety of education and training provision was good and reflected a detailed understanding of the women's personal goals. There were some innovative activities to develop confidence, self-esteem and self-expression.

S27 The quality of taught sessions was good or better. Learners received good individual coaching in vocational training. Interactive learning technology was used effectively to support learning. The prison focused well on building English and mathematics skills in most sessions. Tutors promoted learning well and established links between theory and practice. Individual target setting was very effective. Peer mentors helped learners progress.

- S28 Women's achievement of qualifications was generally good in education and consistently high in vocational training. However, achievement in English at levels 1 and 2 required improvement. Women's personal and vocational skills development was good. In hairdressing and catering learners developed and applied skills that replicated good commercial practice. Prisoners in employment demonstrated a good work ethic. Learners' behaviour in sessions was excellent. Attendance rates were satisfactory or better and reflected the challenges of a complex and demanding population.
- S29 The library was well stocked and spacious. Access was good and according to the prison, around 90% of the prison population were members. It offered a good range of activities to promote reading. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available.
- S30 Management of the gym was good. However, women had limited access to recreational physical education. In our survey, only 28% of women said they attended the gym three or more times a week. The indoor facilities were adequate. The sports hall offered a good range of activities but the outside hard surface sports area was not in use. A good range and variety of accredited courses were offered from entry level to level 3. Links with health care were good. The prison recognised that it needed to promote a positive body image more widely.

Resettlement

- S31 *The prison had a good understanding of the resettlement needs of the population. Use of release on temporary licence (ROTL) was limited. Much offender management work was good, but the quality and timeliness of some assessments needed to improve. Aspects of public protection needed attention. Some reintegration work required improvement but resettlement services were generally good. Children and families work was very good but support for women who had been victimised or abused was underdeveloped. Too many women were released with no fixed address. A range of relevant offending behaviour programmes were offered and some excellent opportunities were offered to women with personality disorders. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S32 *At the last inspection in 2011 we found that outcomes for prisoners in Low Newton were good against this healthy prison test. We made nine recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, four had been partially achieved and one had not been achieved.*
- S33 Overall, the strategic approach to resettlement was good; a range of community providers worked with prison staff to support women. We saw good examples of carefully risk assessed, appropriate ROTL to support resettlement planning, but too few prisoners were able to participate. Women valued the Lynx unit, but they could not move around freely and had no meaningful additional freedoms or privileges.
- S34 Offender management unit staff were established, trained and supported. In our survey, prisoners were more positive than in comparator prisons about the resettlement support they received. The quality and timeliness of some offender assessment system documents, particularly those completed in the community, needed to be improved. Overall, we were satisfied that most prisoners received the interventions they required. Home detention curfew risk assessments were thorough, but some boards were not held promptly enough.

- S35 Although the identification of public protection cases was good, monitoring arrangements needed to be tighter. We were not satisfied that multi-agency public protection arrangement levels were always accurately identified.
- S36 Many women – even some with children – had been moved away from their local area because of population pressures elsewhere. Some applied for transfers to Styal and New Hall, but these were rarely approved. Women on indeterminate sentences were generally positive about the support they received and the opportunities for interventions available.
- S37 Most women's resettlement needs were identified and dealt with well on arrival but a routine pre-release review was not conducted for all prisoners. The charity Open Gate provided some very good 'through the gate' support.
- S38 Women were encouraged to maintain contact with their families and children. The family engagement worker and personal officers provided women with very good one-to-one support to help maintain or re-establish contact with their children and families. The visitors' centre was well equipped and welcoming. A fully integrated team of staff interacted positively with families and friends providing support before and after visiting sessions. Visiting arrangements were mainly very good, but the prison needed to be more flexible in its definition of 'family'.
- S39 The work to support women who had experienced abuse, rape and domestic violence was in progress but still underdeveloped. Although, there were some good interventions for women at risk of domestic violence, rape or abuse, they were not being promoted well enough across the prison. Not all sex workers were being identified and support for this group was limited. Not enough staff had received the specialist training required to support women at risk of being trafficked.
- S40 Women discharged without a fixed address accounted for 11%. These women were prioritised and Shelter provided them with some good support, but despite these efforts this was too high. Shelter also helped women sustain tenancies.
- S41 Prisoners had good access to careers advice. Opportunities to develop CVs and research employment opportunities were good. An innovative project focused on developing the skills women needed for self-employment and provided post-release support. Enterprise courses helped prisoners develop skills to enable them to explore their employment options. Positive links with community agencies and a preparation for work course supported prisoners well to go on to education, training and employment after release. Typically 10% of prisoners gained employment and 20% participated in further education or training on release.
- S42 Pre-release health and substance misuse support was good. Palliative care arrangements were well developed. Finance and debt workshops were provided and bank accounts had been opened for some women, although this was very limited. Jobcentre Plus provided a service four days a week.
- S43 A good variety of offending behaviour programmes was available, including some intensive one-to-one work. The Primrose Service provided prisoners with personality disorders with therapy. The psychologically informed planned environment unit was also an excellent facility and now catered for a broader group of prisoners. Together these facilities made a significant contribution to the national offender personality disorder pathway for women.

Main concerns and recommendations

- S44 Concern: Some women with complex needs had no individual care plans and did not receive multidisciplinary oversight so that risks could be identified, agreed support provided and day-to-day needs met.

Recommendation: All women with complex needs should be appropriately identified, supported and managed by a multidisciplinary team.

- S45 Concern: We were concerned that women were remanded in prison custody for their own protection. It was unclear what mental health diversion opportunities had been offered to the women at court.

Recommendation: The prison health partnership board should engage with HM Courts and Tribunals Service to monitor jointly the transfer of women from magistrates' courts in the North East to HMP Low Newton to ensure that women at court with mental health problems are diverted to appropriate mental health services.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** Women waited too long in court cells before being transferred to the prison. Some had long journeys and travelled in the same escort vehicles as men. The prison was receiving regular over crowding drafts which were exacerbating the problem. Escort staff treated women with respect and person escort records were completed well. Escort staff passed on relevant risk information to reception staff.

- I.2** Women waited too long in court before being transferred to Low Newton, some spending more than five hours in court cells and experiencing long journeys to the prison. The length of journeys was being exacerbated by the prison receiving regular over-crowding drafts of women from prisons some distance away. Some of the women involved complained they had been given only minimal notice of the move which had not enabled them to notify their families of the move. They continued to travel in escort vehicles with men, which was inappropriate. The escort contractor took men to the local male prisons before travelling on to Low Newton; in our survey, 46% of women said they spent more than two hours in escort vans, compared with 37% in other similar prisons. Women said that escort staff were polite and respectful. In our survey 85% of women said they felt safe on their journey to Low Newton compared with 78% in the comparator.

- I.3** Person escort records and official documentation were completed well and the escort contractor passed on risk information about new arrivals to prison reception staff in a sensitive manner. Women were only restrained during escorts to hospital appointments when this was justified by an individual risk assessment. Special vehicles were used appropriately to transport pregnant women.

Recommendations

- I.4** **Women should be held in court cells for the minimum possible time.** (Repeated recommendation I.6)

- I.5** **Women should be given sufficient notice of transfers to other prisons so that they are able to notify family and friends of the move at least the day before.**

- I.6** **Men and women prisoners should be transported separately.** (Repeated recommendation I.5)

Early days in custody

Expected outcomes:

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

- I.7** Reception and first night procedures were good, but reception interviews were not always conducted in private. Induction was comprehensive but too long.
- I.8** Reception was welcoming and well maintained. Holding rooms were bright and clean and contained up-to-date and relevant information, such as on substance use and support services.
- I.9** Initial reception interviews were carried out with sensitivity, but not always in private. We observed some reception interviews being carried out at the reception desk, while those taking place in rooms had the door left open. Staff made sufficient checks to determine if women had been in custody before and most were not held in reception for longer than two hours.
- I.10** Reception and first night staff were courteous and searches were carried out respectfully. Staff in reception interacted positively with women who were upset and needed additional reassurance. Women received good support and free phone calls were provided in reception and again in the first night unit for those who needed to contact family members urgently. We observed staff helping new arrivals to obtain their family's telephone numbers in order to contact their children. In our survey 92% of women said they were treated well or very well in reception compared with 74% in other similar prisons.
- I.11** Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) in reception and the first night unit provided new arrivals with practical support, including offering them a meal and hot drink.
- I.12** Women's needs were assessed and any immediate anxieties addressed on their first night before they were locked up. Cell-sharing risk assessments were carried out in reception and case files handed over to first night staff.
- I.13** Night staff were aware of new arrivals and their specific needs; this information was shared discreetly. We observed experienced reception and first night staff working closely with women to ensure they felt safe and well on their first night and during their early days in custody.
- I.14** Women received an adequate induction pack informing them of prison routines, rules and entitlements. They could attend an induction and meet a personal officer within 24 hours of arrival. All new arrivals participated in an in-depth induction programme and a wide range of information was available. However, some sessions were too long. In addition, information was poorly presented and did not come in a broad enough variety of accessible formats, which meant it did not meet the needs of those with low literacy levels.
- I.15** In our survey, 81% of women said they had problems when they first arrived at Low Newton, and 48% said this included a mental health issue, both of which were significantly higher than similar prisons. This illustrated the complexity of the population held at the

prison and it was encouraging that more women than in other similar prisons reported they had received help with these problems.

Recommendations

- I.16 The reception interview should be completed in private.** (Repeated recommendation I.11)
- I.17 Induction should be delivered using a range of accessible formats specifically targeting those with low levels of literacy.**

Safe and supportive relationships

Expected outcomes:

Safe and supportive relationships are encouraged. Everyone feels and is safe from victimisation (which includes verbal and racial abuse, theft, violence and assault or threats). Women are protected from victimisation through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.

- I.18** *Most women said they felt safe. Safety was supported by good staff-prisoner relationships. Incidents involving problematic behaviour were monitored and addressed promptly. Peer workers were used well to support safety. The incentives and earned privileges (IEP) scheme was not flexible enough to motivate women.*
- I.19** Most women said they felt safe. In our survey 40% of prisoners said they had felt unsafe at some time, similar to the comparator. The prison's own safety survey revealed that while 39% felt that bullying was a problem, 78% said staff dealt with it very or quite effectively. Safety was supported by good staff-prisoner relationships and 84% in our survey said there was a member of staff they could turn to if they needed help.
- I.20** Safety was an agenda item at prisoner consultation meetings. However, minutes indicated the meetings provided information, for example, on the number of prisoners on the basic level of the regime, instead of discussing women's safety concerns openly. A senior manager led the safer custody team, assisted by a safer custody coordinator, safer custody officer and an administrator.
- I.21** Monthly violence reduction reports provided comparative data about challenging behaviour incidents and were discussed at monthly safer prisons meetings. Most incidents were relatively minor and involved name calling, gossip about offences and friendship or partnership breakdown. The prison's own survey also identified intimidation related to trading in tobacco and personal possessions as an issue.
- I.22** In the previous six months, there had been 17 fights and nine assaults on prisoners or staff which was not high and most incidents were relatively minor. Listeners and prisoner welfare representatives attended safer prisons meetings but rarely raised issues; the security department had not been represented at the meetings from March to August 2014. We had similar concerns in 2011.

- I.23** The role of prisoner welfare representatives was well publicised. They provided safer custody information during induction, supported their peers and liaised between prisoners and staff.
- I.24** In our survey, 43% of women said they had reported victimisation, fewer than the 55% comparator, echoing the prison's survey where 44% said they had informed staff about it; the main reason for not reporting victimisation was being perceived as a 'grass'.
- I.25** During the inspection, women repeated comments that they had made at our 2011 inspection about feeling unsafe in the health care waiting room. Although CCTV had been installed it did not prevent verbal intimidation. Women were left in the waiting room for a long time before and after their health care appointments. Although this was known to be a concern, it had still not been effectively addressed.
- I.26** Investigations into challenging behaviour were satisfactory. Staff monitored challenging behaviour reports from numerous sources and addressed many issues informally and promptly. Mediation was not well established for conflict resolution. Staff also monitored and identified perpetrators, and a trained staff welfare representative helped these individuals to complete a workbook designed to encourage them to understand the impact of their behaviour. Staff welfare representatives also supported victims and an assertiveness course was available through education. It was unclear why no victim support booklets had been established during the year.
- I.27** Women understood the IEP scheme and 51%, similar to the comparator, said they had been treated fairly; women with a disability were less positive. IEP boards considered contributions from a variety of appropriate staff, and senior managers reviewed women on the enhanced level quarterly. Most women subject to the basic regime were moved back to standard after a week.
- I.28** Only 29 women (9.8%) were on the enhanced level, which we were told was related to recent national changes to the scheme. The national scheme was not flexible enough to motivate women. The opportunity for enhancement was unobtainable for some as they had to have been in the prison for three months, and all newly convicted women had to complete 14 days on the entry level, irrespective of the status they had achieved while remanded. Women earned different rates of pay for the same job depending on their IEP level.

Recommendations

- I.29** **The prison should robustly address prisoners' perceptions of victimisation.**
- I.30** **Women's concerns about safety in the health care waiting room should be addressed effectively.**

Housekeeping points

- I.31** The security department should be represented at safer prisons meetings.
- I.32** The reasons for the lack of victim support plans should be investigated and if necessary addressed.

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Vulnerable women 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.33** *The prison had a comprehensive safer custody policy. Significant dates were circulated to all departments to forewarn them of possible self-harm triggers. Assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were established promptly and reviews were multidisciplinary, but case management was inconsistent and the number of required observations was not always evident. Prisoners had good access to Listeners who felt the Samaritans and most staff supported them well.*

- I.34** *The comprehensive safer custody policy set out staff responsibilities regarding suicide and self-harm; it acknowledged the impact and anxiety of mothers separated from children. A senior manager was responsible for the work of the safer custody team and safer prisons meetings took place every month (see section on safe and supportive relationships).*

- I.35** *A range of information was used to identify patterns in self-harm incidents, details of which were included in the safer prisons report discussed at safer prisons meetings. A 'trigger' database was maintained containing, for example, information about an anniversary of a significant death or other event, and details were circulated every week to all departments.*

- I.36** *There had been 177 self-harm incidents in the six months prior to the inspection; six women accounted for 53%. Data indicated that the number of self-harm incidents was decreasing. Serious incidents were investigated. Women regularly used wing activity packs to distract themselves; these contained a range of paper based materials such as puzzles designed to occupy and distract.*

- I.37** *A total of 154 ACCTs had been established from March to September 2014 for 100 women, and 27 were opened on one day of the inspection. ACCTs were timely, reviews multidisciplinary and care plans updated at subsequent reviews. The women on open ACCTs we spoke to were positive about the care they had received, however, we were concerned about two young adults on open ACCTs; one was on the basic level of IEP and the other serving a period of cellular confinement which meant that they were locked in their cell for most of the day with very little to occupy them. Case management was inconsistent and the names of some staff were illegible in documents. Written comments recorded some caring staff interactions but did not always demonstrate that the required number of observations had taken place.*

- I.38** *No individual observations were recorded overnight, but safer custody staff monitored 25% of women on open ACCTs using CCTV and night staff 'pegging' records (which electronically record when staff have visited particular areas of the prison) to ensure observations had been undertaken.*

- I.39** *Three women had been on constant watches during the year. Records showed that they had been appropriately authorised, but women were not always seen by a GP every 24 hours, despite this being a requirement. Anti-ligature clothing was not used.*

- I.40** *Prisoners had good access to Listeners who felt well supported by the Samaritans and most prison staff. It was unclear why the Listener suite was rarely used.*

- I.41 There had been two deaths since the previous inspection, one of natural causes and one self-inflicted. Prisons and Probation Ombudsman reports had been received and recommendations reviewed and updated at monthly safer prisons meetings.

Recommendations

- I.42 **ACCT documents should record the required number of observations to be undertaken.**
- I.43 **Women on constant watches should be seen by a GP every 24 hours.**

Safeguarding (protection of adults at risk) and women with complex needs

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.44 *There was no safeguarding adults policy or protocols developed with the local safeguarding board. Although some women with complex needs were well cared for, others were not and coordination needed improvement.*

- I.45 A manager attended meetings of the local safeguarding adults board but no safeguarding policy or protocols to safeguard adults at risk had yet been developed in conjunction with the local authority. Safer prison meetings included safeguarding vulnerable adults as an agenda item but minutes recorded little progress.
- I.46 Many women with complex needs were well cared for, for example, through the Primrose Service and the psychologically informed planned environment programme, and mental health and psychology staff provided good, individual support. Safer prison meetings discussed women with complex needs, however minutes simply recorded the facts relating to the woman concerned and no case discussion took place.
- I.47 There were no individual care plans through which risks could be identified, agreed support provided or day-to-day needs met and no multidisciplinary team with oversight of all those with complex needs. We found some examples of women whose needs were not effectively recognised or managed and coordination needed to be improved to ensure consistency and a more holistic approach.

Recommendation

- I.48 **Safeguarding policy and practice should be developed in conjunction with the local safeguarding adults board.**

³ 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).

Security

Expected outcomes:

Physical and procedural security measures are specific to the risks in a women's prison. Security and good order are underpinned by effective security intelligence and positive staff-prisoner relationships. Women are safe from exposure to substance misuse while in prison.

- I.49** Procedural security was generally proportionate and the management of intelligence was good. Important elements of dynamic security were in place and were underpinned by good staff-prisoner relationships and a predictable regime. There was little concrete evidence of the availability of drugs but many women said they thought it was easy to obtain them and inspectors repeatedly heard this during the inspection.

- I.50** A custodial manager supported by trained security analysts and collators reporting to an operational governor managed the small security department effectively.
- I.51** The general condition of the prison was reasonably sound and we saw no obvious anomalies in physical security. Regular checks and routine searches of perimeter fences and walls took place at appropriate times along with routine searches of communal areas and activities buildings.
- I.52** Important elements of dynamic security were very good and procedural security was well managed. Relationships between staff and prisoners were strong and communication between them was good. Generally, staff knew their prisoners well and supervised them effectively when they were unlocked. The regime was predictable and there was a relaxed atmosphere across the whole prison. Risk management systems were effective and there was little evidence of prisoners' access to a full regime or movements around the prison being unduly restricted. The regime for restricted status women was good and no unnecessary security measures were in place.
- I.53** The security department received an average of about 210 information reports each month. Full-time security collators and analysts processed and categorised them promptly. Intelligence was communicated effectively to other areas of the prison so they could make informed decisions about prisoners or take necessary action. Appropriate arrangements were in place to report and investigate staff misconduct.
- I.54** Information from these and other incident reports was collated into a comprehensive monthly intelligence report, which detailed all information received across a number of areas, including violence reduction, and information about drugs was presented to a well constructed security committee each month.
- I.55** In the previous six months the random mandatory drug testing (MDT) positive rate averaged 4.77% against a target of 7%. Only two suspicion tests had been carried out, which was low. Most drug-related intelligence related to medication. All 11 risk tests during that time were negative and few drug-related finds had been made. Resourcing of the MDT programme was satisfactory and testing targets were met.
- I.56** While there was little evidence of the availability of drugs, the number of women testing positive had in recent months increased and 41% of women in our survey said it was easy to obtain illegal drugs against a comparator of 24%. However, only 4% reported having developed a drug problem while in the prison compared to 17% in 2011.

- I.57** Test results and interviews with women pointed to subutex as the main drug in use, followed by diverted prescribed medication. Intelligence could not confirm whether or not 'spice' (synthetic cannabis) was a problem but the drug and alcohol recovery team (DART) had provided prisoners and staff with good appropriate information on the drug.
- I.58** Appropriate measures to minimise trading in prescribed medication were in place, the supply reduction strategy and action plan were well integrated with the overall drug strategy and information sharing between departments was good.

Recommendation

- I.59 Women's perception of the easy availability of drugs in the prison should be explored and addressed.**

Discipline

Expected outcomes:

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

- I.60** The number of adjudications was comparatively low and had declined slightly since the previous inspection. Hearings were usually conducted fairly but some charges were petty and could have been dealt with less formally. Use of force was relatively low and governance arrangements were good. Paperwork was usually completed correctly and accounts from officers demonstrated that de-escalation was used as a preferred option. The segregation unit was very clean and free of graffiti but the exercise yard was bleak. Use of segregation was comparatively low as was prisoners' length of stay. Relationships between staff and prisoners were good. Reintegration planning was well developed, particularly for prisoners segregated for good order.

Disciplinary procedures

- I.61** The number of formal adjudications was comparatively low at about seven per week, a reduction of about half since the previous inspection. Written records of hearings we examined had improved and assured us that hearings were conducted fairly; those we witnessed were well run. Prisoners could challenge the evidence, put across their version of events and call witnesses in their defence. Adjudicators took time to ensure that the prisoner fully understood each stage of the process before moving on and all were offered the opportunity to seek legal advice. However, we also found a few instances where the charges were petty; they would have been better dealt with informally.

The use of force

- I.62** Incidents involving the use of force were comparatively low. Force had been used on 22 occasions in the six-month period prior to the inspection, fewer than during similar periods at the previous inspection when we found over 50 incidents. Nearly all incidents took place spontaneously and no excessive force was used. Documents we examined indicated that interventions were well organised and properly carried out and on the whole, paperwork was completed correctly. Proper authorisation was recorded; senior staff supervised

incidents and accounts from officers demonstrated that de-escalation was used as a preferred option.

- I.63** Governance was generally good and arrangements to monitor the use of force through the security department had improved since the previous inspection. The governor and deputy often personally reviewed paperwork. However, the safer custody team's analysis was still not sufficient to identify patterns or trends.

Recommendation

- I.64 Analysis of trends in the use of force should be improved.**

Segregation

- I.65** On the whole, living conditions in the segregation unit were reasonable. Although the area was small and cramped, the corridors were in a decent state of repair and cells were clean. The small adjacent concrete exercise yard, however, was small and featureless.
- I.66** Use of segregation was low and had decreased slightly since the previous inspection. In the six months prior to this inspection, it had only been used in 23 separate cases for fairly short periods of time – an average of about three days. About 52% of cases were for good order or discipline and the remainder for punishment. The longest stay was for about 18 days, but women were rarely segregated for more than 10 days.
- I.67** Record keeping was very good and entries in prisoners' files demonstrated that segregated prisoners received reasonable standards of individual care and that officers were aware of their personal circumstances. The regime however was poor. Although the basic daily routine included showers, an hour's exercise and access to a telephone, prisoners spent nearly the whole day locked in their cells without anything meaningful to do. Nevertheless, relationships between staff and prisoners were good.
- I.68** Reviews for prisoners segregated for good order were timely and multidisciplinary meetings focused on the welfare of the prisoner. Planning to return them to the normal prison location was good. All prisoners had individual care plans and it was evident that no prisoners were transferred to other prisons following segregation.

Recommendations

- I.69 The condition of the segregation unit exercise yard should be improved.**
- I.70 The segregation unit regime should be improved and include some purposeful activity.**

Substance misuse

Expected outcomes:

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

- I.71** Women with drug and alcohol problems received good psychosocial and clinical support, and uncertainties around the re-commissioning of substance misuse services did not have an adverse impact on outcomes for prisoners. Prisoners' needs were substantial and clinical management was safe, but first night treatment remained variable and there was no designated dual diagnosis service.

- I.72** The substance misuse strategy was well managed and we found evidence of good joint working between the numerous service providers. The policy document was up to date and included an annual action plan informed by local data analysis. A comprehensive needs assessment had been delayed by the procurement process. Substance misuse awareness training took place in response to emerging trends, such as new psychoactive substances.
- I.73** The remit of the non-clinical DART now encompassed primary alcohol users and in our survey, 86% of women said they had received support with alcohol problems against a comparator of 75%. The DART carried an overall active caseload of 146, which was high. A good range of interventions were offered, including structured one-to-one sessions, short group work modules and self-management and recovery training. A local community provider delivered a rolling eight-session alcohol programme and a 12-session recovery skills programme adapted to women's needs; Alcoholics Anonymous groups were also available. A service user forum now met quarterly, peer mentors had been selected to start training and the prison was keen to open a drug recovery wing.
- I.74** During the previous six months, 581 women required opiate substitution treatment, which was very high. Drug and alcohol dependent new arrivals were promptly admitted to the stabilisation unit where they received a good level of observation and care. First night treatment remained variable and prescribing between the three non-specialist GPs was inconsistent. A substance misuse nurse assessed women the following day when community prescriptions were confirmed, and a GP was now available on Saturday mornings. Most of the 93 women in treatment wanted reduced doses; reduction regimes were flexible, based on individual needs and discussed during regular clinical reviews. Good joint working between clinical and non-clinical DARTs was evident, but while communication between substance misuse and mental health teams had improved, the lack of a dual diagnosis pathway of care was a gap, especially in light of the large number of women with complex needs.

Recommendations

- I.75** **A designated drug recovery unit and a peer support scheme should be developed to further increase support for women with drug and alcohol problems.**
- I.76** **First night opiate substitute prescribing should be available consistently with prescribing regimes in line with national guidance.** (Repeated recommendation HP44)
- I.77** **A dual diagnosis pathway of care should be developed for women with both substance and mental health-related problems.**

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** Women were positive about most residential arrangements and the establishment was very clean. Single cells continued to be used as doubles and were cramped. Graffiti was still evident on some beds. All non-prison clothing had to be purchased from catalogues, which was unfair.
- 2.2** Much of the accommodation was impersonal and somewhat institutional, but in our survey women were positive about most residential arrangements. Cells and facilities were clean, generally well maintained and private. Women had door keys.
- 2.3** Single cells used as doubles on C, D and E wings continued to be cramped and not all women sharing had a lockable cupboard. Some cells on E wing still had inadequate wooden privacy screens, and some in-cell toilets were screened with curtains that did not reach the floor. As in 2011, excessive amounts of graffiti were on and under some bunk beds.
- 2.4** Women on G wing were not locked in their rooms at night and had free access to toilets and showers, and cells on I wing had en-suite facilities. The Lynx unit, on E wing, accommodated women suitable for open conditions (see section on resettlement); they shared the exercise area with all other E wing women, including those in the first night and substance misuse units.
- 2.5** We saw some officers entering cells without knocking on doors and waiting for a response first. Not all telephones were in booths, which did not ensure privacy.
- 2.6** In our survey fewer than the comparator (39% against 49%) said their cell bell was answered within five minutes. Records from four wings over several 24-hour periods did not provide evidence of frequent delays; however one woman appeared to have waited 20 minutes for a response. There was no managerial oversight of response times.
- 2.7** In our survey women were generally positive about the application process. Applications were recorded on an electronic database but they were not all fully tracked and there was no management oversight.
- 2.8** Women could have sufficient quantities of personal hygiene items in their cells and sanitary products were freely available. They could have their clothes washed at least once a week. A stock of donated, clean clothing was available in reception for women who arrived with few items, but it was very limited and we heard an officer advise a woman that it was probably pointless her making an application.
- 2.9** In our survey 64% said they were offered enough suitable clothes for the week less than the comparator of 73%. All non-prison clothing had to be purchased from catalogues, which women found expensive and frustrating. Minutes from prisoner consultative meetings recorded women's ongoing dissatisfaction with the cost and the catalogue ordering process.

Recommendations

- 2.10 Single cells should not be used as doubles.**
- 2.11 Graffiti should be removed from beds.**
- 2.12 Women should not have to buy all their clothing from catalogues.**
- 2.13 Officers should knock and wait for a reply before entering cells.**

Staff-prisoner relationships

Expected outcomes:

Women 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.

- 2.14 Staff-prisoner relationships were very good. In our survey most women said that staff treated them respectfully and this was reflected in what we saw. The personal officer scheme worked very well and staff knew the women in their care well.**

- 2.15 The vast majority of women reported in our survey that most staff treated them respectfully. This was confirmed by the interactions we observed, which were friendly but appropriate, and most staff seemed to care about the women for whom they were responsible. The personal officer scheme worked very well and all women had a nominated member of staff whom they met regularly. Many of these interactions were recorded in electronic case file notes, which demonstrated that some detailed discussions took place almost on a weekly basis. A range of relevant topics was tackled, including family issues.**

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 characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation, age and being pregnant and giving birth.

- 2.16** Strategic management of equality and diversity was generally effective. The distinct needs of women with protected characteristics were recognised early, addressed and regularly reviewed personally by the equalities coordinator. Continuing monitoring of the treatment and conditions of prisoners across protected characteristics was also good. Although most women said the environment was generally supportive, those who considered themselves to have a disability were less positive than others. Individual support for the small group of foreign national prisoners was good, but access to specialist legal advice was poor.

Strategic management

- 2.17** Although the diversity and equality policy focused on legal obligations, it now outlined how prisoners' individual needs would be met. Reviewing processes and the overall management of diversity and equality were effective.
- 2.18** The prison had a competent full-time equalities coordinator and a well constructed diversity, race and equality action team (DREAT). DREAT meetings took place every month and were chaired by a member of the senior management team, usually the governor. Most prison departments were represented and minutes showed that issues raised were followed up. Monitoring data covering all protected characteristics were used well and discussed in detail; they also resulted in some meaningful actions.
- 2.19** Prisoner equality and diversity representatives had been appointed. Their role, to provide firsthand support to prisoners, was well advertised and it was clear that staff supported their work and prisoners appreciated them. They attended all diversity and prisoner consultative meetings. Generally, good staff-prisoner relationships and an effective personal officer scheme also helped to ensure that prisoners with protected characteristics received the help and support they needed (see section on staff-prisoner relationships).
- 2.20** About 20 discrimination incident reporting forms (DIRFs) had been submitted since the beginning of 2014. All of them had been investigated thoroughly and there was evidence that one-to-one discussions took place with those involved. Responses were also quality assured by the head of safety, equality and diversity and, often, the deputy governor. Some complaints relating to equality and diversity were made through the prison's general complaints system. These were also dealt with appropriately and referred to the head of safety, equality and diversity for investigation. It was also clear that complaints of discrimination made against staff were taken seriously, and there was evidence of action being taken in appropriate cases (see section on complaints).

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.21** The distinct needs of those with protected characteristic were recognised early and addressed; and the equalities coordinator carried out regular reviews.
- 2.22** The number of prisoners from a black and minority ethnic group remained very low. During this inspection there were only 11 black or minority ethnic women. Women we spoke to were all generally positive about their treatment and all of them said they felt supported and that their needs were generally being met. Bimonthly black and minority ethnic prisoner consultation meetings open to all women took place. Led by the equalities coordinator, they considered perceptions, explored issues and offered support.
- 2.23** Our survey indicated that approximately 4% of the population were from a Gypsy, Romany or Traveller background, which was in line with the number identified by the prison. Although the prison had no formal support group for these prisoners, the equalities coordinator was aware of their circumstances, met with them frequently on an informal basis and dealt with any specific needs as they arose. These prisoners told us they felt supported.
- 2.24** There were 12 foreign national prisoners. All those we met could understand English, but an up-to-date register of foreign nationals who had difficulties with English had been published. Access to a telephone translation service was good and the prison had a list of prisoners and staff willing to act as translators. Very little in languages other than English was displayed on wings or in other communal areas throughout the prison.
- 2.25** Prisoners could make an international call to their families each month, whether or not they had received visits, and there was no limit to the number of letters they could send. Consultation with foreign national prisoners was good. Monthly forums were well attended and the equalities coordinator saw all foreign national prisoners individually at least once a month. These interviews were recorded in prisoners' files.
- 2.26** Formal legal support for foreign national prisoners was less well developed. Although immigration officers ran bimonthly drop-in surgeries, where prisoners could obtain information about their cases, they had little access to legal advice and all claimed it was nearly impossible to engage a specialist solicitor.
- 2.27** Effective systems were in place to identify prisoners with a disability. Reception screening was thorough and prisoners were asked to declare any disabilities. A disability screening form was completed during their induction and prisoners were asked again about disabilities during health care interviews. In our survey, 35% of respondents identified themselves as having a disability, which was in keeping with the prison's own records (about 36.5%).
- 2.28** There was an adapted cell on A, E, and I wings, and personal emergency and evacuation plans (PEEPs) were completed for all prisoners who required them. Care plans had been raised for prisoners with more complex physical needs but residential officers were not always informed of them. Although most women reported a generally supportive environment, women who considered themselves to have a disability were more negative than others in a number of key areas. In our survey, for example, 17% of respondents said that they felt unsafe at the time of the inspection, 34% said that they had been victimised by a member of staff and 72% said that they had a member of staff to turn to if they had a problem. These responses were poorer than those from prisoners who did not have a disability at 6%, 15% and 91% respectively.

- 2.29** Support for lesbian, gay, bisexual and transgender prisoners was very good. A decency and sexual policy had been published and staff and prisoners were aware of it. We saw these prisoners receive caring support from officers on a day-to-day basis and relationships between same-sex prisoners were appropriately monitored through the safer custody team.
- 2.30** The small number of young adult prisoners was identified at reception and all were seen individually by the equalities coordinator. Generally, their specific needs were met through good relationships and an effective personal officer scheme. Most felt well cared for but would have valued the opportunity to participate in a forum.
- 2.31** The prison recorded that 11% of the prison population were over 50, and 2.3% were over 60. Provision for this group of prisoners was generally good. An over 50s policy document had been published and care plans were in place for the small number of prisoners who required them. In our survey older prisoners were generally positive about their care and treatment. Older prisoner representatives had been appointed and the equalities coordinator ran an over 50s forum every month.

Recommendations

- 2.32** **Foreign national prisoners should have good access to specialist legal advice.** (Repeated recommendation 4.19)
- 2.33** **The poor perception of prisoners with disabilities should be explored and addressed.**

Faith and religious activity

Expected outcomes:

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

- 2.34** *The chaplaincy was well integrated and delivered good provision for all faiths. A wide range of useful groups and courses was also provided.*
- 2.35** The chaplaincy was active, visible and delivered good provision for all faiths. The team comprised a full-time managing chaplain supported by sessional and part-time chaplains that covered all the main religions. There was a well equipped chapel for Christian services, and a small multi-faith room.
- 2.36** All the main religious and cultural festivals were celebrated and regular religious classes and groups were held. Chaplains were well integrated into prison life, regularly attending appropriate meetings. They were actively involved, for example, in segregation and assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm.
- 2.37** All women had good access to corporate worship and faith meetings each week as well as to private weekly meetings with chaplains of their faith. Corporate worship was well advertised and prisoners could usually attend without making applications in advance. Although the Muslim population was relatively small, a Muslim chaplain attended at least once a week to conduct prayers, which were rarely cancelled. There was also a wide range of other faith-

related activities, such as a Catholic women's group, Bible and Quran studies and meditation groups.

- 2.38** In our survey 75% of respondents said that they could speak to a chaplain of their faith in private if they wanted to, better than the comparator of 66% and compared with the previous inspection (58%).

Complaints

Expected outcomes:

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

- 2.39** *Complaint forms were accessible. Most complaints were for relatively minor matters and most responses were satisfactory but closer scrutiny was required.*

- 2.40** Complaint forms were accessible and complaints clerks opened sealed complaints boxes every day. In our survey, 66%, similar to the comparator, said that it was easy to make a complaint. An average of 65 complaints were submitted each month.
- 2.41** Most complaints were about relatively minor matters and investigated at an appropriate level. However, senior staff did not scrutinise complaints about staff well enough. In our survey, more women than at our previous inspection said that complaints were dealt with fairly.
- 2.42** Responses to complaints were mostly satisfactory. While we found no examples of replies being disrespectful, some did not contain apologies when the prison had made a genuine mistake. Some recorded that complaints had been resolved following face-to-face contact but did not record the details of the interaction. Not all responses answered the complaint fully. As we found at the last inspection, there was no effective quality assurance of the system.

Recommendation

- 2.43 A senior manager should carry out effective quality assurance of the complaints procedure and scrutinise complaints about staff more closely.**

Legal rights

Expected outcomes:

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

- 2.44** There were no trained legal services officers, but support was available for bail applications and child custody proceedings. A strategy to improve the availability of advice was being developed.

- 2.45** There were no legal services officers, but offender supervisors spoke to all newly arrived unconvicted prisoners to discuss potential bail applications. Women could obtain advice about parental rights and child custody proceedings through a family support worker from the charity NEPACS.
- 2.46** In our survey, most prisoners' perceptions of legal rights were similar to comparator prisons. However, more women than in the comparator said that their legal mail had been opened by staff in their absence. Records showed that only six letters had been opened in error in the previous six months, and in each case an explanatory letter had been sent to the woman involved. The prison was developing a strategy to improve awareness of the various sources of legal help using prisoner peer workers, supported by two uniformed staff.

Health services

Expected outcomes:

Women 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 women could expect to receive elsewhere in the community.

- 2.47** Women we met consistently criticised health care services, and our survey results were far more negative than in 2011. Our findings did not support these negative perceptions and more needed to be done to address them. The range of primary physical health care and mental health services was excellent; they included specific women's services and nurse-led clinics for long-term conditions. Despite offering additional clinics, dental and optician waiting times were too long and waiting lists too extensive. The co-location of some of the inpatient beds and primary care facilities on the ground floor limited therapeutic options. Medicines were dispensed promptly. Waiting times for counselling services were too long. Demand for mental health services was very high, and support provided was generally very good although more counselling interventions were needed. Some women with severe mental issues were held at the prison for their own protection, which was inappropriate.

Governance arrangements

- 2.48** Health care was provided by Care UK. Governance and partnership working arrangements were very good, although the health needs assessment was out of date. The service was out to tender but this had not disrupted standards of care.
- 2.49** There had been no serious or adverse incidents since April 2014. Actions were almost complete in response to a death in custody in 2013. There had been few complaints – only 6.6 per month since April 2014 – and responses were timely and focused.
- 2.50** Fewer women (36%) said the overall quality of health services were good or very good, against a comparator of 45%, or compared to 2011 (53%). Women were unremittingly negative in their comments about health care. Health care staff attended the monthly prisoner consultative committee and there was a rolling patient satisfaction survey. The survey results were mixed and health care staff believed that prisoners' expectations were unrealistic. Overall we did not find evidence to justify women's views and more needed to be done to explain what was provided, manage expectations, and set realistic boundaries around what could be delivered.

- 2.51** There were at least two registered nurses on site at all times, an improvement since our last visit. Patients could choose to see a female GP or a nurse. Primary care nurses had completed mandatory and selected clinical training. Clinical supervision for nursing staff was based on direct observations of practice and discussion, and often took the form of peer review and reflection.
- 2.52** Care planning for long-term conditions was good and subject to audit. National and professional guidance informed clinical decisions. All clinicians and substance misuse workers used SystmOne (the electronic clinical information system). However, we did not see an information-sharing protocol, although we were told that there was one.
- 2.53** The health centre comprised several offices, clinical rooms and inpatient beds on two floors. On the ground floor, inpatient beds were mixed in with primary care clinical rooms. This limited therapeutic options for both functions. Custody and health care staff nevertheless had been able to maintain both functions simultaneously. The waiting area had been expanded since our previous visit, with better visibility and CCTV, but patients still said they felt unsafe (see section on safe and supportive relationships).
- 2.54** A satellite health suite and two medicine administration rooms were located on the main prison corridor. The suite was adequate for primary care purposes and the waiting area was supervised by an officer. Patients waited too long there before their appointments; we observed three patients waiting from 9am to 11am before they got to see a doctor, which was unacceptable.
- 2.55** Standards of cleanliness were good. There were regular area infection control audits but no comprehensive review since 2011. Some fixtures and fittings did not comply with current infection control requirements, for example, the taps.
- 2.56** Emergency arrangements were appropriate with 37% of officers trained to use the equipment; 68% had also received training on emergency codes. Resuscitation kits, which were checked every week and included automated external defibrillators, were strategically placed around the prison. An emergency childbirth kit was kept in the treatment room. There were arrangements for the loan of occupational therapy equipment.
- 2.57** Staff had access to a range of specialist nurses in the community, including a continence adviser. Pregnancy and antenatal care was good, with community midwives visiting every week. A designated nurse led services for older women and there were nurses, with additional training, responsible for the care of patients with long-term conditions and visiting specialists also ran clinics.
- 2.58** There were active immunisation programmes for childhood diseases, blood borne viruses and influenza and women could undergo breast and cervical screening. Clinics were also available for smear testing, contraception and sexual health and genitourinary medicine. Age-specific activities included chlamydia screening for younger women and 'over 40 life checks' for older patients. Women over 50 were offered health checks and were automatically referred to the local mammography service.
- 2.59** A nurse took the lead on health promotion and organised attractive displays on themed campaigns: we observed a display on breast screening that was very impressive. Dental dams were available, as were smoking cessation services.

Recommendations

- 2.60** **There should be an up-to-date health needs assessment.**

- 2.61 A strategy to address prisoners' negative perceptions of health care should be implemented.**
- 2.62 Primary care and inpatient facilities should not be co-located.**
- 2.63 Patients should not wait for excessive periods before and after their health care appointments.**

Housekeeping point

- 2.64 There should be an up-to-date comprehensive audit of infection control compliance.**

Delivery of care (physical health)

- 2.65 Reception health screening and secondary health assessments carried out by nurses and GPs were good. Health service staff ran part of the general induction programme and women were given a comprehensive booklet about health services.**
- 2.66 Women could telephone the Patient Advice and Liaison Service (PALS) line to make an appointment or ask questions about treatment. The line, which received up to 60 calls per day, was staffed by a registered nurse or trained administrator. Prisoners could also use a dedicated health application system to make an appointment. Access to services was very efficient.**
- 2.67 Primary care services were extensive. Nurses provided triage by telephone (through PALS) or visited prisoners. Nurses saw most patients, but women whose cases were urgent could visit the GP on the same day. The failure-to-attend rate for the GP was carefully managed and was low at 4.9%. GP out-of-hours' cover was provided by the local Durham on-call service. Although additional clinics were arranged as required, 30 women had been waiting an average of nine weeks to see an optician, which was too long.**
- 2.68 Health clinics took place in a pleasant and confidential colposcopy suite. A consultant gynaecologist attended to perform colposcopies and ultrasound scans. A midwife from the local maternity unit visited every week to provide both ante- and post-natal care.**
- 2.69 Patients benefited from telemedicine and a number of health professionals attended to provide services, which meant that women did not have to visit hospitals for these appointments. The arrangements for those who did attend secondary care appointments at local hospitals, including maternity services, were good. Appointments were rarely cancelled.**
- 2.70 There were 11 inpatient cells and of these, five did not form part of the prison's certified normal accommodation. Bed occupancy was usually at 80%. There was also an association room with comfortable seating and a television. The association room was used for interviews with individual patients and some group sessions, although staff walking through to reach the administrative area beyond often interrupted them. Inpatients could attend activities such as education and work.**
- 2.71 At the time of our visit there were four inpatients, all of whom had significant mental health problems. Not all of the Care UK staff caring for them had the relevant competencies to provide complex mental health interventions.**

Pharmacy

- 2.72** Medicines were dispensed promptly by an in-house pharmacist and registered pharmacy technician. Prescriptions were checked before dispensing to ensure that review dates had not been exceeded, and adjustments were made to the quantity supplied if necessary.
- 2.73** According to our survey 49% of patients had medicines in their possession. In-possession medication was supplied by the pharmacy team and nursing staff administered medication not held in possession from separate treatment rooms along the main corridor of the prison. Medicine queues were well controlled although custody staff had to be vigilant to ensure patients collecting medications had enough privacy.
- 2.74** There was no published in-possession policy, only one in draft form, and staff did not routinely fill in risk assessments on SystmOne, which meant decisions about patients' in-possession medicines were left to the prescriber. One patient received medicines every week despite SystmOne indicating she should receive it monthly in possession – the prescriber had changed this without documenting the reason for it.
- 2.75** Medicines not held in possession were supplied at prescribed times and night medicines at 10pm, an improvement since our last visit. Patients who were seen secreting night medicines would have them stopped and subsequent doses would be given at 6.30pm, although there was no written policy covering this.
- 2.76** There was no 'special sick' policy (for immediate health treatment without an appointment), but nurses could provide medicine from a specific cupboard outside the pharmacy's usual hours.
- 2.77** A medicines and therapeutics committee was well attended, and the pharmacy had a wide range of standard operating procedures. There was a relevant formulary and the prescribing of tradable drugs was closely monitored. Patient group directions (which enable nurses to supply and administer prescription-only medicine) were used primarily for immunisations and to administer medicines for minor ailments.

Recommendation

- 2.78** **The prison should have ratified and up-to-date policies for in-possession medicines and 'special sick'. Both should be subject to regular clinical audit.**

Housekeeping point

- 2.79** Reasons for making changes to patients' medications should be documented.

Dentistry

- 2.80** Fewer women (39%) than in 2011 (56%) said that the quality of the dental service was good or very good. The prison offered two sessions per week and waiting times for urgent assessments were short, which was good. However, despite occasional extra clinics, 85 patients were waiting for up to 18 weeks for non-urgent treatment, which was unacceptable. The waiting time was compounded by one in 10 missed appointments because patients failed to attend. Treatment was very good and prisoners could expect the same care as was available in the community. The dental surgery was small but adequate, required

certifications were up to date and de-contamination facilities were compliant with best practice.

Recommendation

2.81 The waiting time for dental treatments should be reduced.

Delivery of care (mental health)

- 2.82** The governor informed us that magistrates' courts in the North East occasionally committed women to Low Newton for their own protection. It appeared that many of the women had serious mental health problems, but it was unclear what services had been offered to the women at court. We considered this practice to be inappropriate. The governor had expressed his concerns to NHS England, which had raised the issue with HM Courts and Tribunals Services (HMCTS).
- 2.83** Mental health services were provided by Tees, Esk and Wear Valley NHS Foundation Trust (TEVW). The prison had an open referral system with a stepped model of care. The model offered extensive individual and group primary care, secondary care and trauma recovery therapeutic options, including support for victims of domestic violence. Demand for mental health services was very high; over 50% of the population were in treatment and a further 25% in talking therapy. At least 40 patients were subject to the care programme approach (mental health services for individuals diagnosed with a mental illness) or TEVW physical care monitoring, which was very high. The prison had access to TEVW learning disability services. There were plans to offer an NHS programme to treat those convicted of arson offences.
- 2.84** The clinical professionals and skills mix was impressive and services available included art therapy, nursing, occupational therapy, psychiatry and psychotherapy. The service's capacity had been increased since our previous visit, and each therapist had up to 28 patients with complex needs on their caseload. Increased staffing had outstripped office space: 11 clinicians were based in an office designed for no more than four and therapy space was very limited. The prison had imaginative plans to better use the space but options were limited by the dated building stock.
- 2.85** MIND ran counselling services. However, only one session per week was available and 30 clients were waiting for help, the longest waiting for 36 weeks, which was too long. The chaplaincy also offered women emotional support.
- 2.86** In the year to September 2014, seven patients had been transferred to external mental health units. The average transfer time (excluding two unusually complex and protracted cases) was less than 10 days, which was very good.

Recommendation

2.87 The prison should have a mental health needs analysis that covers the requirement for emotional support and counselling.

Catering

Expected outcomes:

Women 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.

- 2.88** *The kitchen and serveries were clean and well managed. There was too long a gap between hot meals at weekends and not enough fruit or vegetables were available. Women appreciated the catering facilities.*

- 2.89** The kitchen and serveries were clean and well managed. In our survey, 34% of women said the food was good, more than the comparator of 26%.

- 2.90** The pre-select four-week menu cycle provided hot and cold options at lunchtime and evening meals from Monday to Thursday. Women continued to have a cold evening meal on Fridays and weekends. A hot brunch was served at 10.30pm at weekends, which meant women waited 24 hours for their next hot meal on Sunday and even longer from Sunday to Monday. Breakfast packs contained insufficient portions of cereal. Meals did not have sufficient portions of fruit or vegetables.

- 2.91** Women were consulted about food at six-monthly surveys, focus groups and prisoner consultative meetings. Monthly themed nights provided women with a choice of food from different countries and cultures. Prisoner diversity representatives attended prisoner consultation meetings to represent the interests of black and minority ethnic women.

- 2.92** Women ate together in a supervised dining room; those on E wing had their own separate dining room. Meals were served at appropriate times and women were called on a rota basis from their wings. As at the last inspection, the prison allowed one hour for lunch and women called last to the dining room only had a short time to eat. Many complained they were told to hurry up and we saw evidence of this.

- 2.93** Comment books were available in both serveries but women had to ask for them; catering staff responded to comments. Women on F, G and I wings could cater for themselves in fully equipped kitchens, which they appreciated.

Recommendations

- 2.94** **The gap between hot meals at weekends should be reduced.** (Repeated recommendation 8.8)

- 2.95** **Women should receive sufficient portions of fruit and vegetables.**

Purchases

Expected outcomes:

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

2.96 *Women could buy a variety of products and regular consultation took place.*

- 2.97** Canteen lists, which were publicised prominently on every wing, included a variety of products. Women could buy products within 24 hours of their arrival and place orders every week. Some women said that the list of products should change more often to reflect the diversity of the population. Women were consulted regularly through the prisoner consultative meetings and a review of the canteen list was carried out twice a year.
- 2.98** Some women said that many catalogue items were not affordable on prison wages. Women were charged an administration fee for the national contract catalogue purchases which was inappropriate. A local system to manage this was under review in order to reduce costs. Women had access to accurate and up-to-date records of their finances.

Recommendation

2.99 **There should be no administration charge for catalogue orders.**

Section 3. Purposeful activity

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

Women are able, and expected, to engage in activity⁵ that is likely to benefit them.

- 3.1** *Time out of cell was good, but access to exercise in the open air was limited.*
- 3.2** The published core day provided women with 10 hours out of their cell Monday to Thursday, eight hours 20 minutes on Friday and seven and a half hours at weekends. Women said that this was delivered consistently.
- 3.3** During our mid-session roll checks we found between 2% and 9% of prisoners locked up, which was low. Evening association was available until 7.15pm Monday to Thursday. Some association areas were very pleasant, but the room shared by A and B wings was too small.
- 3.4** In our survey, only 24% of women took exercise in the open air three or more times a week, less than the comparator. Women said there were other competing demands in the regime, such as medication, showers and physical education (PE). In addition, outside exercise began at 7.40am on weekdays, when it was often cold, damp and not completely light, and the fenced, mostly concrete exercise yards were uninviting.

Recommendation

- 3.5** **The prison should ensure that more women have more opportunities and are encouraged to take exercise in the open air.**

Learning and skills and work activities

Expected outcomes:

All women can engage in activities that are purposeful, benefit them and increase their employability. Women 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.

- 3.6** *Leadership and management of learning and skills and work were good and ensured that curriculum planning supported improvements in women's personal and social development and employment and enterprise skills. The provision of purposeful activity was good, as was the range offered. The quality of provision was good. Achievement rates in most areas were good, but improvements were required in functional English at levels 1 and 2. Learners were well motivated and well behaved in taught sessions. The library provided some good support.*

⁵ 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.

- 3.7** Ofsted⁶ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work:	Good
Achievements of prisoners engaged in learning and skills and work:	Good
Quality of learning and skills and work provision:	Good
Leadership and management of learning and skills and work:	Good

Management of learning and skills and work

- 3.8** Leadership and management of learning and skills were good. The range of education and training provision was good and reflected a detailed understanding of the women's future work goals. This 'women-centred' approach was effectively informed by national and local data and led to a newly implemented curriculum development model that focused on women's personal and social development as well as their employment and enterprise skills.
- 3.9** Quality assurance and self-assessment arrangements were good; they helped improve standards and outcomes for women. The quality improvement group ensured that the provider was held accountable for its performance and made a valuable contribution to effective interagency working. However, taught sessions other than those delivered by the education provider were not yet being assessed. Managers used data for performance management purposes. However, in a small minority of programmes run by the prison, they did not collect data in an appropriate format so that success could be monitored against demanding targets or comparisons made between different groups' performance. Teaching staff were appropriately qualified and experienced. The education and vocational training provision provided by The Manchester College was good.

Recommendation

- 3.10** **The prison should ensure that all taught sessions are subject to improvement arrangements and managers use comprehensive data to inform performance management.**

Provision of activities

- 3.11** Prisoners received an appropriate induction to the learning and skills provision. The prison's initial assessment of women's skills and knowledge levels was good and identified barriers to development. Prisoners participated in effective information, advice and guidance interviews that helped them plan their time at the prison and construct realistic longer-term resettlement objectives.
- 3.12** Activities supported women's successful resettlement and were appropriately reinforced through the use of the new curriculum development model. The allocation of women to

⁶ 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>.

activities was prompt and fair. The process made good use of sentence plans, English and mathematics levels and women's prior experience to inform allocation. Pay rates were fair and did not discourage women from participating in activities.

- 3.13** The 321 full-time equivalent purposeful activity places were sufficient to occupy the prison population. Typically 84% of prisoners were involved in full-time activity at any one time. During the inspection, a small number of prisoners waiting for places in their preferred activity were receiving support to consider alternatives. Women could combine work, education and training on a part- or full-time basis, as outlined in their individually agreed timetable. The range and variety of education and training provision was good and reflected a detailed understanding of the women's personal goals.
- 3.14** The Manchester College provided accredited education and vocational courses including: information and communications technology (ICT) and functional skills in English and mathematics from entry level to level 2; hairdressing and business administration at levels 1 and 2; beauty therapy, hospitality services at level 2; and art, cookery, contact centre operations and gardening at level 1. Women could also participate in a personal development programme. At the time of inspection, 109 learners were attending morning or afternoon education classes.
- 3.15** The prison had around 150 full-time equivalent work places, all of which offered accredited training. At the time of the inspection, 48% of prisoners were working towards an accredited award at levels 1 or 2. An appropriate range of work activities were available in the prison, including in the kitchens, laundry and gardens, as well as cleaning on the accommodation wings and in communal areas. Additional orderly work consisted of duties in the library, education, serveries, gym and first night reception. Work generally allowed women to develop further by carrying out progressively more complex tasks.
- 3.16** Twenty women were following distance learning programmes, including four with the Open University. Staff in the education and resettlement departments supported them. Use of release on temporary licence (ROTL) was low and only two women were accessing it at the time of the inspection (see section on resettlement). Prisoners could participate in art projects in the community where they could exhibit their work and a new initiative offered women courses focusing on topics such as domestic violence.

Quality of provision

- 3.17** Teaching, coaching, learning and assessment were good or better than previously. Tutors planned lessons well and had a good understanding of women's individual needs. They provided activities that challenged learners to progress. In lessons, women were encouraged to develop independent learning skills and attempt activities that were increasingly more complex. In education, the use of interactive learning technology was good and tutors and prisoners used it confidently. Verbal and written feedback on learners' work was prompt and included constructive comments. Outreach to involve prisoners who were reluctant to enter education was good. Tutors provided clear feedback and set appropriate in-cell work. Support to develop prisoners' English and maths while they were in work was also good. In a small minority of learning sessions, tutors did not sufficiently improve women's understanding of equality and diversity.
- 3.18** Tutorials were used well to help learners review and develop targets for achieving vocational, education and personal skills. All set targets related to qualities learners needed in employment or training after release. Individual learning plans were detailed and ensured women were clear about what they needed to do to progress. Tutors used mentors well to support learning, providing effective support for less able learners.

- 3.19** In vocational training, tutors were skilled at linking practice and theory to help learners understand how their skills applied in work situations. They used their understanding of relevant industries to provide informal advice and guidance on how to progress into employment or training after release. Enterprise projects effectively used and linked skills developed across the prison. For example, tablecloths required for the hospitality course were commissioned from the Sewing Sister, a craft group in the prison. Other projects included the sale of a range of gift products, designed and manufactured by learners as part of an enterprise course, at a local shopping mall. Standards of accommodation in education and vocational training were good.

Education and vocational achievements

- 3.20** Achievement of accredited qualifications had remained high for the past three years; however, achievements in functional skills English at levels 1 and 2 required improvement. Attendance rates were satisfactory or better and reflected the challenges of a complex and demanding prison population. Women made good progress and quickly developed their personal skills. They became more confident and talked enthusiastically about their work. They knew how English and mathematics were linked to their vocational work. Work was of a good standard and most adopted a professional approach, particularly in hairdressing and food preparation. In prison work, particularly in industrial cleaning, learners developed a good work ethic.
- 3.21** In education, standards in art were good and prisoners had achieved success in national competitions. In a variety of courses aimed at improving personal and social skills, prisoners made good progress. In one project, prisoners wrote a play for a professional theatre company; and performances had taken place in the custodial estate within the area.
- 3.22** Prisoners were motivated and willing to engage in discussions. Standards of behaviour were excellent and there was a high degree of mutual respect between learners and tutors. Mentors developed their skills well. Standards of written work were mainly good. Learners had a good understanding of health and safety, which they applied in their vocational work. Attendance rates were satisfactory or better and reflected the challenges of a complex and demanding population.

Recommendation

- 3.23** **The prison should improve the achievement of functional skills English at levels 1 and 2.**

Library

- 3.24** The library, which was spacious and well maintained, operated seven sessions over three weekdays and two evenings, providing all women with good access. No weekend provision was available. Library membership was high at around 90%. However in our survey only 45% of women claimed they used the library at least once a week.
- 3.25** The range of stock was good, reflected the needs of library users and included fiction and non-fiction books, Prison Service Instructions, appropriate legal texts and publications to support education and training courses. A newly developed enterprise zone had a wide range of employment information to support pre-release provision. Education staff used the library to support learning courses. Computers had been installed as part of the virtual campus

initiative (internet access for prisoners to community education, training and employment opportunities) but were not operational.

- 3.26** Three part-time library staff, supported by three orderlies, promoted literacy across the prison well through activities such as the Six Book Challenge, National Poetry Day and the Toe by Toe mentoring scheme. The library promoted equality and diversity effectively using displays and books to highlight events such as Black History Month. Staff monitored library use and book losses, which were relatively low.

Physical education and healthy living

Expected outcomes:

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

- 3.27** Management of the gym was good but women had limited access to recreational PE. Indoor facilities were adequate but the outdoor hard surface area was not operational. The sports hall offered a good range of activities and the range of accredited courses was good. All women received an appropriate assessment of their fitness to participate in gym activities at induction. Partnership working with health care was good. A narrow range of classes for specific groups was offered. The wider promotion of a positive body image needed improvement.

- 3.28** Management of the gym was good. The three PE department staff were appropriately qualified and experienced. Four orderlies helped in the gym and had suitable access to qualifications that supported careers in health and fitness on release.
- 3.29** Women's access to recreational PE facilities was limited to 8am to 8.30am Monday to Friday and two hours on Friday afternoon. The gym was closed during the evenings and at weekends. In our survey, only 28% of women said they attended the gym three times a week.
- 3.30** The indoor facilities were adequate and included cardiovascular, resistance and weight machines. In addition, a small cardiovascular suite was available on an accommodation wing that housed women with impaired mental health. The sports hall offered a good range of activities including volleyball, basketball, hockey, circuit training, badminton, rounders and touch rugby. The outside hard surface sports area was not in use. The communal showers and changing areas were good but little used as the women preferred to use wing facilities.
- 3.31** A good range of accredited courses was available from entry level to level 3. At inspection, four full-time and 35 part-time learners were working towards qualifications. However, achievement data could not capture the courses' overall success.
- 3.32** Prior to attending the gym, all women received a detailed induction that included a declaration of personal health concerns. PE staff effectively used their good working links with health care to crosscheck this information and identify any further support actions. Prisoners received timely remedial gym sessions to aid their recovery. Classes for specific groups such as the over 50s had been introduced but was underdeveloped.
- 3.33** The benefits of participating in gym activity, such as healthy living, were well advertised on wings. However, the prison recognised that it needed to promote a positive body image more widely. The prison used the findings of an annual survey of gym use and prisoners' needs to identify unmet demands.

Recommendations

3.34 The prison should improve access to recreational PE and outdoor exercise facilities.

3.35 The promotion of a positive body image should be improved.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Women are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending. Planning for a prisoner's release or transfer starts on her 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** Overall, the strategic approach to resettlement was good. The prison understood the needs of the women it held, and a range of community providers worked closely with prison staff to meet them. Use of release on temporary licence (ROTL) was limited. The regime for women suitable for open conditions was too restrictive.

- 4.2** In our survey, women were more positive than in comparator prisons about the support they received in preparation for release. The resettlement strategy was up to date, took account of national and regional policies and contained appropriate high level strategic priorities. Managers had used offender assessment system (OASys) data to help them understand the needs of the population, but other needs assessment information was out of date.

- 4.3** A good range of community providers worked with the prison to meet prisoners' resettlement needs. Provider representatives regularly attended the quarterly reducing reoffending meeting, although prison staff attended it less frequently. The meeting monitored resettlement services, but some areas of work such as with victims of domestic violence or women involved in prostitution were underdeveloped (see section on reintegration planning, victimisation, abuse and vulnerability). The senior management team considered data on key areas each month. Staff across the prison had a good knowledge of the services available and offered good support.

- 4.4** The prison had reviewed its ROTL processes to comply with new, more stringent national instructions. We saw a few examples of ROTL being used to support release planning, and were satisfied that risk assessments were robust and releases appropriate. However, there were very few applications and ROTL had been granted on only nine occasions in the previous six months. We felt that ROTL should have been more widely available, particularly as all women's prisons were due to become resettlement estates; the prison was also holding a number of women judged suitable for open conditions.

- 4.5** The Lynx unit allowed women suitable for open conditions to live together with minimal supervision. However, they were confined to their landing whenever the prison was locked up and had no meaningful additional freedoms or privileges. Women liked the unit, but the opportunities available were not comparable to those in an open prison.

Recommendations

- 4.6** Subject to appropriate risk assessments, ROTL should be used more widely to support resettlement planning.

4.7 Women suitable for open conditions should have a less restricted regime.

Offender management and planning

Expected outcomes:

All women have a sentence based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody.

Women, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.8** *Much work in the offender management unit was good and most prisoners were positive about the support offered. Some OASys work needed to be improved. Home detention curfew (HDC) risk assessments were thorough, but were sometimes delayed. The identification of public protection cases was good, but monitoring arrangements were not well administered. Many women – even some with children – were not in their home area because of population pressures elsewhere. Women on indeterminate sentences were generally positive about the support they received.*

- 4.9** Staff in the offender management unit were confident, well trained and supported by their managers, and much of their work was good. The six offender supervisor (OS) posts included probation officers, probation service officers and prison officers. Caseloads were manageable, and OSs knew individual women well. All OSs had quarterly case management supervision, which concentrated on higher risk cases. Case administrators sat in a separate office, but we witnessed frequent interactions, and considered communication to be effective.

- 4.10** In our survey, most prisoners said they had a sentence plan, and more than in comparator prisons said that staff in the prison, including their OS, worked with them to achieve their sentence plan targets. OSs kept detailed notes of their work, which demonstrated that they worked proactively with the women, challenging and motivating them; there was also evidence of multidisciplinary sentence planning boards. However, these notes were kept separately from the prison's electronic case note system, which meant they were not easily shared with other prison staff or establishments. Prison OSs' work was generally of a higher standard than that of external offender managers. The prison did not hold offender managers to account for the timeliness or quality of their work.

- 4.11** As at our previous inspection, too many risk management plans failed adequately to address identified risks. Most lacked essential detail, and were not used to help manage prisoners' risk of harm. In addition, OASys documents and sentence plans were not routinely reviewed when there was a significant change in risk, such as a transfer to open conditions. Overall, we were satisfied that most prisoners received the interventions they required.

- 4.12** HDC risk assessments were thorough and decisions balanced. However, most boards were held after the woman's eligibility date, and some decisions were delayed because they only considered applications once a week.

Recommendations

- 4.13 OASys documents and reviews, including risk management and sentence plans, should be conducted on time and to a sufficient standard, regardless of whose responsibility they are.**

- 4.14 Risk management plans for high risk prisoners, and those posing a potential risk to children should be routinely monitored.**
- 4.15 OSs should record their work with prisoners on the prison's electronic case note system.**

Housekeeping point

- 4.16 Home detention curfew boards should be held on an ad hoc basis if this means a woman is released closer to her eligibility date.**

Public protection

- 4.17 New arrivals were screened for public protection concerns, and OSs explained any restrictions imposed. Inter-departmental risk management team meetings were used on an ad hoc basis to assist risk management, but not as a routine method of monitoring public protection arrangements.**
- 4.18 Prisoners prevented from seeing children could make applications to see named children; applications were processed swiftly and none were outstanding during our inspection. However, documentation to help visits staff identify these children was not up to date.**
- 4.19 There was no system to ensure that decisions to monitor prisoners' mail and telephone calls were reviewed regularly. A few reviews were overdue when we inspected, and some had shown that there had been insufficient evidence to support monitoring.**
- 4.20 Prisoners potentially subject to multi-agency public protection arrangements (MAPPA) were highlighted on a database. However, we found many cases where it was unclear what level of MAPPA management was required in preparation for release. In some cases, there were discrepancies between different recording systems and we were not satisfied that MAPPA levels were always accurately identified. In those cases where a management level had been agreed, systems to contribute to MAPPA arrangements were sound.**

Recommendations

- 4.21 There should be sufficient evidence to justify mail and telephone restrictions and reviews should be conducted on time.**
- 4.22 The management level of every MAPPA nominal should be confirmed six months prior to release.**

Housekeeping point

- 4.23 Visits staff should have access to documentation confirming which children could visit prisoners subject to child protection restrictions.**

Allocation

- 4.24 Most convicted women remained at Low Newton throughout their sentence. Women who needed to transfer to complete specific interventions were moved promptly. However, one**

third of the population was over 100 miles from home, and many women had arrived on overcrowding drafts. Some women, particularly those with young children, applied for transfers to Styal or New Hall prisons, but these were very rarely approved.

- 4.25** Prisoners with very significant resettlement needs, for example, those who had serious medical problems or MAPPA 3 cases (prisoners on the highest risk level), could transfer back to their home area in preparation for release, but for the majority, this was not possible.
- 4.26** OSs considered women for open conditions every six months. Depending on their family circumstances, some of those who were successful chose to remain at Low Newton to be closer to their families rather than transfer to Askham Grange prison in Yorkshire.
- 4.27** A local assessment panel reviewed restricted status women (the women's estate equivalent of category A) each year, and made recommendations to National Offender Management Service headquarters. Women received detailed explanations of the outcome of these reviews, and we saw that restricted status had been lifted in one case.

Recommendation

- 4.28** **Women, particularly those with young children, should be held as close to home as possible, or should have access to regular accumulated visits.**

Indeterminate sentence prisoners

- 4.29** A number of staff from departments across the prison had received training to work with indeterminate sentenced prisoners, and there was evidence of these staff sharing information and raising concerns at occasional strategic meetings.
- 4.30** Women on indeterminate sentences were broadly satisfied with their access to interventions and the support they received. Once a year, the prison held an extended visit for prisoners on indeterminate sentences, during which they could share a meal and participate in activities with their family. Women's supporters could also meet key staff.
- 4.31** Parole assessments were thorough and up to date. However, we found one case where a decision from the secretary of state had been delayed for three months after the parole board's recommendation letter, apparently due to a review related to indeterminate sentence prisoners in the open estate.

Reintegration planning

Expected outcomes:

Women's 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.

- 4.32** Prisoners knew what resettlement services were available, and most received a reasonable assessment of their needs on arrival. Not all women were routinely seen prior to release. Some good 'through the gate' support was provided. Support to maintain family ties was very good. Visiting arrangements were generally good, but the prison did not define what constituted 'family' flexibly enough. Work targeting women who had experienced abuse, rape, domestic violence and sex work was in progress but underdeveloped. Good efforts were made to identify and support women who needed settled accommodation on release but too many left the prison with no fixed address. Women received some good advice and guidance about education, training and employment post release, but the virtual campus, providing prisoners with internet access for community education, training and employment opportunities, was not available. All women were invited to a health interview prior to release. Women were given substance misuse harm reduction advice prior to release and exit plans were comprehensive. Good links had been established with community drug intervention programme (DIP) teams. A very good range of offending behaviour interventions was available.
- 4.33** The induction process and a short resettlement needs assessment, which an OS carried out on arrival, ensured that women knew about the resettlement services available and that referrals were made. In our survey women were generally positive about their access to resettlement support before release. Women subject to formal sentence planning arrangements received ongoing support from their OS, and could raise any final concerns in the weeks before their release. However, women on remand or short sentences were not seen routinely prior to their release and we met some women who were extremely anxious or confused about their release arrangements.
- 4.34** The charity Open Gate provided many women with valuable support on the day of their release, including lifts to the station, mentoring services and practical help. Other community organisations visited the prison to build relationships in advance of release.

Recommendation

- 4.35** **All women should be seen shortly before release to confirm their resettlement plans and ensure that necessary support is in place.**

Children, families and contact with the outside world

- 4.36** Personal officers identified women's relationship and family circumstances during their early days in custody. Prisoners were informed of their visiting entitlements within 24 hours of their arrival and were allowed to make phone calls so they could speak to any dependants, which promoted family contact early on. Over 30% of women lived more than 100 miles from their home address, which meant visits from family needed to be planned in advance; key staff helped organise communication with children and families very well.
- 4.37** The specialist family engagement worker worked closely with personal officers and OSs to provide a fully integrated family support service; relevant information was shared effectively.

The family engagement worker supported women positively through one-to-one targeted case work including, assisting women to make or re-establish contact with children. There were no relationship or parenting programmes to improve women's skills in these areas.

- 4.38** Additional children and parent visits, extended play visits and family days were available to those with children under 18 years old; however, the criteria penalised some women who were step-parents or grandparents. These extra visits, which were good, did not replace normal domestic visits. An effective system was in place to monitor women who did not receive any visitors from family or friends and three trained volunteer prison visitors regularly attended social visits.
- 4.39** The visits booking system was accessible and flexible; a 24-hour national online system and a local telephone booking line were in place to support the diverse range of visitors to the prison. Some visitors and prisoners reported delays in visiting start times.
- 4.40** The visitors' centre was bright and well equipped. A fully integrated team of non-uniformed staff was based in the centre. These staff interacted positively with families and friends providing support where necessary before and after visiting sessions. The team employed in the centre included a woman on full-time ROTL from Low Newton.
- 4.41** The visits area was staffed unobtrusively and the furniture was arranged to ensure easy contact between visitors and prisoners. The play area in the visits hall was very good and offered a wide range of toys and crafts in a welcoming space.
- 4.42** Visitors were searched in a respectful and sensitive manner. They could contact the safer custody helpline, which was appropriately advertised, if they were concerned about a woman they had been visiting. Family members told us that any concerns they had reported to prison staff had been efficiently and effectively dealt with.

Recommendations

- 4.43** **Women should be able to participate in relationship and parenting courses.**
- 4.44** **The criteria for attendance at children and family visits should be extended to include step-parents and grandparents.**

Housekeeping point

- 4.45** All visits should start on time.

Victimisation, abuse and vulnerability

- 4.46** A detailed needs analysis carried out since our previous inspection by forensic psychological services had identified areas that required development to support women with experience of abuse, rape, domestic violence and sex work. Two strategies were in place but staff were not yet ready to offer the targeted support required to address the specific needs of this group of women.
- 4.47** The prison had made links with a number of specialist outside agencies whose representatives visited the prison regularly offering women a range of interventions. Women in Prison and Sex Workers in Custody and the Community had held six weekly surgeries offering one-to-one advice to 31 women in the previous 12 months. Thirty-seven women

had completed the eight-week Freedom domestic violence reduction programme between February and September 2014, which Derwentside Domestic Abuse Service delivered.

- 4.48** Although these interventions for women at risk were good, they were not being promoted well enough across the prison. Not all sex workers were being identified and support for this group was limited. Important links had been made with external networks such as the North East Sex Worker Forum, but staff had little understanding of the national referral mechanism (which identifies, protects and supports victims of human trafficking) and not enough of them had received the specialist training required to support women at risk of being trafficked.

Recommendations

- 4.49** **The strategies developed since the needs assessment should be implemented so that a coordinated range of services can be put in place to identify and support women at risk of victimisation and abuse.**
- 4.50** **Prison staff should receive specialist training to support women at risk of sexual exploitation, abuse and being trafficked.**

Accommodation

- 4.51** Shelter advisors, who supported prisoners with their accommodation needs, including assisting them to sustain tenancies, had been integrated into the offender management unit. Two trained peer mentors saw all women within three days of their arrival to complete an initial screening form to identify both their accommodation and debt needs. The Shelter worker completed full assessments in more complex cases. Applications forms were available for those whose accommodation needs changed during their sentence.
- 4.52** Over the previous six months 11% of women discharged had no fixed accommodation, which was too high. Women who were likely to be homeless on release were prioritised. Women who said they would have problems finding accommodation were referred to the relevant local authority, regardless of whether or not they met the criteria for housing priority. There was some good support in individual cases. Links with Foundation – Through the Gate, a charity that supported women before release who were at risk of homelessness, were good as were those with a range of organisations offering post release support. A training co-ordinator provided housing workshops.

Recommendation

- 4.53** **An action plan should be developed to reduce the number of women released with no fixed accommodation.**

Education, training and employment

- 4.54** The quality of the National Careers Service provided by CfBT Education Trust was good. The information, advice and guidance provided at induction focused on prisoners' longer-term education training and employment objectives on release. Women had good access to advice throughout their sentence. Opportunities to develop their CVs and research employment opportunities were good; however, prisoners had no access to the virtual campus because it was not operational (see section on the library). An innovative project

that focused on developing the skills prisoners needed for self-employment provided longer-term support after release.

- 4.55** Good links between the prison's vocational courses and employers had been made and enterprise courses helped women develop skills that allowed them to explore their employment options. Contact with providers such as recruitment agency Pertemps provided women with effective support to continue into training or employment after release. The preparation for work course allowed women to develop useful employment skills that supported successful resettlement. Typically, 20% of prisoners transferred into education or training and 10% employment on release.

Recommendation

- 4.56 The virtual campus should be operational and used to support resettlement.**

Health care

- 4.57** All women were invited to a health care interview prior to release and those without a GP received assistance to register with one. A discharge letter was sent to the patient's GP when they were discharged. Take home medication was supplied and appropriate arrangements were made for those attending court. Palliative care services were good and there were links with Macmillan Cancer Support. Despite the limitations of the inpatient unit we heard how a patient who died at the prison had received sensitive care.

Drugs and alcohol

- 4.58** Good joint working took place between the clinical and non-clinical drug and alcohol recovery team to plan and review women's treatment. Care plans were detailed and shared with the offender management unit. Women were consistently given harm reduction advice prior to release and exit plans were comprehensive. Good links had been established with community DIP teams, and local community services representatives visited the prison. Several women had been successfully placed at residential rehabilitation centres post-release.

Finance, benefit and debt

- 4.59** Shelter helped address housing debt and provided women with help with housing benefit claims. Workshops offered advice in areas such as dealing with non-priority debts, and debt self-help guides were provided. There were links to other specialist advisors. Only a limited number of women had been able to open a bank account, largely due to the strict criteria used by the bank the prison worked with. Jobcentre Plus provided a service four days a week. All women were invited to attend an interview three to four weeks before their release when they could make benefit claims in advance.

Attitudes, thinking and behaviour

- 4.60** A good range of offending behaviour programmes was available. Prisoners could complete the well-run Thinking Skills Programme (TSP). A motivational programme, A-Z had been introduced in April 2014 and had been delivered on a group and one-to-one basis, which catered for those who were no longer eligible for the TSP. The psychology team delivered Life Minus Violence mostly on a one-to-one basis. OSs felt that these opportunities, along

with those available through the substance misuse and health services, met the needs of most prisoners.

- 4.61** Low Newton also made a significant contribution to the national offender personality disorder pathway for women. The non-residential Primrose Service provided women with multiple personality disorders with intensive therapy. Women in therapy were fully integrated into prison life, living alongside other prisoners. They appreciated the support and the challenging environment. A good number of staff had received training, which had given them a broad understanding of personality disorder, so most women felt supported even during other prison activities. Women could apply to the Primrose Service from any of the women's prisons, and there was now a waiting list of eight. The prison had links with other units for prisoners with personality disorders at HMP New Hall and HMP Foston Hall, which formed part of the women's pathway.
- 4.62** The psychologically informed planned environment (PIPE) on I wing, offered a further progression route. It now catered for a broader group of prisoners and provided women with personality disorders with intensive support, and gave others who had graduated from various other interventions necessary help.
- 4.63** Custody staff and therapists at the Primrose Service and the PIPE received direction, training and clinical supervision from the Tees, Esk and Wear Valleys NHS Foundation Trust, which enabled the prison to meet NHS standards of governance and practice. Both units demonstrated improved outcomes for prisoners.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations To the governor

- 5.1** All women with complex needs should be appropriately identified, supported and managed by a multidisciplinary team. (S44)
- 5.2** The prison health partnership board should engage with HM Courts and Tribunals Service to monitor jointly the transfer of women from magistrates' courts in the North East to HMP Low Newton to ensure that women at court with mental health problems are diverted to appropriate mental health services. (S45)

Recommendation To NOMS

Offender management and planning

- 5.3** Women, particularly those with young children, should be held as close to home as possible, or should have access to regular accumulated visits. (4.28)

Recommendations To the governor

Courts, escort and transfers

- 5.4** Women should be held in court cells for the minimum possible time. (1.4, repeated recommendation 1.6)
- 5.5** Women should be given sufficient notice of transfers to other prisons so that they are able to notify family and friends of the move at least the day before. (1.5)
- 5.6** Men and women prisoners should be transported separately. (1.6, repeated recommendation 1.5)

Early days in custody

- 5.7** The reception interview should be completed in private. (1.16, repeated recommendation 1.11)
- 5.8** Induction should be delivered using a range of accessible formats specifically targeting those with low levels of literacy. (1.17)

Safe and supportive relationships

- 5.9** The prison should robustly address prisoners' perceptions of victimisation. (I.29)
- 5.10** Women's concerns about safety in the health care waiting room should be addressed effectively. (I.30)

Self-harm and suicide prevention

- 5.11** ACCT documents should record the required number of observations to be undertaken. (I.42)
- 5.12** Women on constant watches should be seen by a GP every 24 hours. (I.43)

Safeguarding

- 5.13** Safeguarding policy and practice should be developed in conjunction with the local safeguarding adults board. (I.48)

Security

- 5.14** Women's perception of the easy availability of drugs in the prison should be explored and addressed. (I.59)

Discipline

- 5.15** Analysis of trends in the use of force should be improved. (I.64)
- 5.16** The condition of the segregation unit exercise yard should be improved. (I.69)
- 5.17** The segregation unit regime should be improved and include some purposeful activity. (I.70)

Substance misuse

- 5.18** A designated drug recovery unit and a peer support scheme should be developed to further increase support for women with drug and alcohol problems. (I.75)
- 5.19** First night opiate substitute prescribing should be available consistently with prescribing regimes in line with national guidance. (I.76, repeated recommendation HP44)
- 5.20** A dual diagnosis pathway of care should be developed for women with both substance and mental health-related problems (I.77)

Residential units

- 5.21** Single cells should not be used as doubles. (2.10)
- 5.22** Graffiti should be removed from beds. (2.11)
- 5.23** Women should not have to buy all their clothing from catalogues. (2.12)
- 5.24** Officers should knock and wait for a reply before entering cells. (2.13)

Equality and diversity

- 5.25** Foreign national prisoners should have good access to specialist legal advice. (2.32, repeated recommendation 4.19)
- 5.26** The poor perception of prisoners with disabilities should be explored and addressed. (2.33)

Complaints

- 5.27** A senior manager should carry out effective quality assurance of the complaints procedure and scrutinise complaints about staff more closely. (2.43)

Health services

- 5.28** There should be an up-to-date health needs assessment. (2.60)
- 5.29** A strategy to address prisoners' negative perceptions of health care should be implemented. (2.61)
- 5.30** Primary care and inpatient facilities should not be co-located. (2.62)
- 5.31** Patients should not wait for excessive periods before and after their health care appointments. (2.63)
- 5.32** The prison should have ratified and up-to-date policies for in-possession medicines and 'special sick'. Both should be subject to regular clinical audit. (2.78)
- 5.33** The waiting time for dental treatments should be reduced. (2.81)
- 5.34** The prison should have a mental health needs analysis that covers the requirement for emotional support and counselling. (2.87)

Catering

- 5.35** The gap between hot meals at weekends should be reduced. (2.94, repeated recommendation 8.8)
- 5.36** Women should receive sufficient portions of fruit and vegetables. (2.95)

Purchases

- 5.37** There should be no administration charge for catalogue orders. (2.99)

Time out of cell

- 5.38** The prison should ensure that more women have more opportunities and are encouraged to take exercise in the open air. (3.5)

Learning and skills and work activities

- 5.39** The prison should ensure that all taught sessions are subject to improvement arrangements and managers use comprehensive data to inform performance management. (3.10)

- 5.40** The prison should improve the achievement of functional skills English at levels 1 and 2. (3.23)

Physical education

- 5.41** The prison should improve access to recreational PE and outdoor exercise facilities. (3.34)
- 5.42** The promotion of a positive body image should be improved. (3.35)

Strategic management of resettlement

- 5.43** Subject to appropriate risk assessments, ROTL should be used more widely to support resettlement planning. (4.6)
- 5.44** Women suitable for open conditions should have a less restricted regime. (4.7)

Offender management and planning

- 5.45** OASys documents and reviews, including risk management and sentence plans, should be conducted on time and to a sufficient standard, regardless of whose responsibility they are. (4.13)
- 5.46** Risk management plans for high risk prisoners, and those posing a potential risk to children should be routinely monitored. (4.14)
- 5.47** OSs should record their work with prisoners on the prison's electronic case note system. (4.15)
- 5.48** There should be sufficient evidence to justify mail and telephone restrictions and reviews should be conducted on time. (4.21)
- 5.49** The management level of every MAPPA nominal should be confirmed six months prior to release. (4.22)

Reintegration planning

- 5.50** All women should be seen shortly before release to confirm their resettlement plans and ensure that necessary support is in place. (4.35)
- 5.51** Women should be able to participate in relationship and parenting courses. (4.43)
- 5.52** The criteria for attendance at children and family visits should be extended to include step-parents and grandparents. (4.44)
- 5.53** The strategies developed since the needs assessment should be implemented so that a coordinated range of services can be put in place to identify and support women at risk of victimisation and abuse. (4.49)
- 5.54** Prison staff should receive specialist training to support women at risk of sexual exploitation, abuse and being trafficked. (4.50)
- 5.55** An action plan should be developed to reduce the number of women released with no fixed accommodation. (4.53)

- 5.56** The virtual campus should be operational and used to support resettlement. (4.56)

Housekeeping points

Safe and supportive relationships

- 5.57** The security department should be represented at safer prisons meetings. (1.31)
- 5.58** The reasons for the lack of victim support plans should be investigated and if necessary addressed. (1.32)

Health services

- 5.59** There should be an up-to-date comprehensive audit of infection control compliance. (2.64)
- 5.60** Reasons for making changes to patients' medications should be documented. (2.79)

Offender management and planning

- 5.61** Home detention curfew boards should be held on an ad hoc basis if this means a woman is released closer to her eligibility date. (4.16)
- 5.62** Visits staff should have access to documentation confirming which children could visit prisoners subject to child protection restrictions. (4.23)

Reintegration planning

- 5.63** All visits should start on time. (4.45)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Fionnuala Gordon	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Samantha Galisteo	Senior researcher
Alissa Redmond	Research officer
Jessica Kelly	Research officer
Colette Daoud	Research trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Sue Melvin	Health services inspector
Katie Tucker	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Daryl Jones	Ofsted inspector
Stephen Miller	Ofsted inspector
Vivienne Clarke	Offender management inspector
Ian Menary	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, reception was welcoming and there were appropriate first night and induction arrangements. New anti-social behaviour procedures looked promising. There was good support for women at risk of suicide and self-harm. Security arrangements were proportionate. Use of force and segregation was well monitored and the levels were not high. Some adjudications were poorly conducted. Clinical management for substance users was mostly good but there had been prescribing delays at weekends. The positive mandatory drug test rate was relatively low but there were problems with misuse of prescription drugs. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

First night opiate substitute prescribing should be available consistently with prescribing regimes in line with national guidance. (HP44)

Partially achieved (recommendation repeated, 1.76)

The violence reduction strategy should include action points to improve perceptions of safety in areas of the prison where women indicated they felt more vulnerable and new procedures to challenge unacceptable behaviour should be fully embedded, understood and implemented by all staff. (HP45)

Partially achieved

Sufficient interventions to help women tackle problems with alcohol should be introduced, including extending the remit of CARAT services for ongoing work with primary alcohol users. (HP47)

Achieved

Recommendations

Men and women prisoners should be transported separately. (1.5)

Not achieved (recommendation repeated, 1.6)

Women should be held in court cells for the minimum possible time. (1.6)

Not achieved (recommendation repeated, 1.4)

The reception interview should be completed in private. (1.11)

Partially achieved (recommendation repeated, 1.16)

Insiders on the first night and induction wing should actively engage with new arrivals. (1.15)

Achieved

Only female officers should provide night cover on the first night and induction wing. (1.16)

Achieved

Women who feel vulnerable because of their offence should be identified, including through checks on meal collecting, and provided with appropriate support to ensure they feel safe. (3.13)

Partially achieved

The safer prisons report should analyse data for trends to help indicate the efficacy of the strategy.

(3.14)

Achieved

Representatives from all relevant departments should regularly attend the violence reduction and safer prisons meetings. (3.29)

Not achieved

Assessment, care in custody and teamwork reviews should be multidisciplinary and, where appropriate, involve families in care planning. (3.30)

Partially achieved

Sufficient Listeners should be recruited to ensure a regular and viable scheme can be maintained.

(3.31)

Achieved

The rota for night staff working nights should include first aid-trained staff. (3.32)

Not achieved

A less restricted policy for prisoner movements should be introduced. (7.6)

Achieved

Stringent quality assurance measures should be implemented to ensure that all adjudicators are carrying out consistently competent and fair adjudications. (7.12)

Achieved

Use of force data should routinely be analysed by senior managers for trends over time and all records scrutinised to ensure that force is used only when necessary and all actions carried out by staff during the incident are justified. (7.18)

Achieved

Joint working between substance misuse and mental health teams should be developed and a dual diagnosis service should be introduced for women with both substance and mental health-related problems. (3.53)

Not achieved (recommendation repeated, 1.77)

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, relationships between staff and prisoners were generally positive, as was personal officer work. The prison was clean and well maintained and accommodation standards were mostly good. Food and shop arrangements were satisfactory. Despite a limited diversity policy, outcomes for minority groups were generally good, particularly for women with disabilities. Women were positive about the work of chaplains but not all had free access to services. Responses to applications were not all logged. Some replies to complaints did not fully cover the points raised. There were appropriate legal and bail services. Health services were mostly good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The diversity strategy should set out how the needs of different women will be identified and met, including through monitoring outcomes and through effective consultation with women prisoners for each of the diversity strands. (HP46)

Partially achieved

Recommendations

All cells should be of an appropriate standard, with adequately screened toilets and functioning windows, and be graffiti free and suitably equipped, including with lockable cupboards. (2.10)

Partially achieved

Allocation of young adult women to F wing should ensure that the placement is primarily in their best interests as well as subject to risk assessment. (2.11)

No longer relevant

There should be at least one telephone for every 20 women on each wing. (2.12)

Achieved

Staff working in the censors department should be trained in public/child protection and harassment issues. (2.13)

Not achieved

Enhanced prisoners should receive a standard bonus payment as an incentive rather than being paid higher rates of pay than other prisoners for doing the same job. (7.29)

Not achieved

Efforts should be made to increase the proportion of women prison officers to 70%. (2.22)

Achieved

Officer grades should be prioritised to undertake the women's awareness staff programme. (2.23)

Partially achieved

The gap between hot meals at weekends should be reduced. (8.8)

Not achieved (recommendation repeated, 2.94)

Women prisoners should be able to have five portions of fruit or vegetables a day and menus should be reviewed periodically by a nutritionist to ensure they are healthy, varied and balanced. (8.9)

Not achieved

Women prisoners should be able to make a shop order within 24 hours of arrival. (8.21)

Achieved

The National Offender Management Service should rescind the introduction of a mandatory handling fee for catalogue orders as it unfairly penalises prisoners. (8.20)

Not achieved

Black and minority ethnic women should be consulted specifically about shop provision and have access to a suitable range of specialised products. (8.22)

Achieved

Following consultation with black and minority ethnic women, events should be held to celebrate racial, ethnic and cultural diversity and efforts should be made to involve external organisations.

(4.10)

Partially achieved

Foreign national women should have access to independent immigration advice. (4.19)

Not achieved (recommendation repeated, 2.32)

Pay for women over the age of 60 who choose not to work, or those with disabilities preventing them from working, should be no less than the minimum available to an employed woman. (4.23)

Partially achieved

Quality assurance arrangements should identify and address replies to complaints that do not adequately respond to the matters raised. (3.37)

Not achieved

All women prisoners should have free access to religious services. (3.47)

Achieved

A suitable and appropriately supervised waiting room should be provided with sufficient seating for the number of women waiting. (5.4)

Achieved

There should be formal information sharing arrangements between all health providers, with clear lines of responsibility for care delivery. (5.11)

Achieved

There should be a lead nurse for older women. (5.17)

Achieved

Prescribing medication identified as high risk or liable to abuse should be reviewed. (5.23)

Achieved

Night medication should be given at an appropriate time to ensure patients get the best treatment possible. (5.24)

Partially achieved

Women should be effectively supervised to and from the treatment hatches to reduce the possibility of medication trading. (5.25)

Achieved

There should be robust governance and management arrangements to ensure that a full range of mental health services, including counselling services, are available promptly to all those who need them. (5.39)

Partially achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2011, time out of cell was very good and there were sufficient activities to keep women purposefully occupied. Although some jobs were mundane, others offered reasonable training opportunities. Education provision was good and women were positive about their participation in education and training. There was adequate access to the library and to the gym but participation rates for both were relatively low. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All women prisoners should have the opportunity to spend at least one hour in the open air every day. (6.3)

Not achieved

Attendance patterns at courses should be improved and regime interruptions avoided. (6.9)

Partially achieved

Opportunities to gain accreditation in work areas should be increased. (6.10)

Achieved

Comprehensive quality assurance and improvements arrangements should be implemented, including more effective use of data. (6.11)

Partially achieved

Appropriate accommodation for individual information, advice and guidance interviews should be provided. (6.14)

Achieved

Tea packing and sewing work should be housed in more appropriate accommodation. (6.18)

No longer relevant

The low uptake and retention of prisoners in the kitchen should be investigated and addressed. (6.19)

Achieved

More opportunities for learning above level 1 should be provided. (6.30)

Partially achieved

Additional peer mentors should be introduced to support women in their learning. (6.31)

Achieved

Parenting and family learning programmes should be provided. (6.32)

Partially achieved

Women should have adequate access to computer-based resources in the library. (6.36)

Not achieved

Opportunities to participate in PE should be extended to include better access to recreational PE, sessions for specific groups and facilities for exercise in the open air. (6.45)

Partially achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2011, there was an appropriate reducing reoffending strategy. Offender management work was good and the offender management model extended to all sentenced women. Women with indeterminate sentences were effectively managed. Public protection arrangements were good. Some helpful resettlement pathway work took place but services under the additional pathways for women needed better promotion. There was a useful range of interventions, including the Primrose unit for women with severe personality disorders and some helpful individual psychology work. Services to support contact with children and families were good. There had been some good development of alcohol services for which there was a high level of need. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Custody plans should be introduced for women on remand or serving short sentences. (9.21)

Not achieved

Risk management plans should accurately describe how the objectives of the risk management plan and other activities address the risk of harm to others and protect actual and potential victims. (9.31)

Partially achieved

The care programme approach should be introduced and used effectively. (9.45)

Achieved

Women prisoners should be helped to open a bank account before release. (9.47)

Partially achieved

A local needs analysis should inform the drug and the alcohol strategy action plans and development targets, which should include substance misuse awareness training for prison staff. (9.57)

Partially achieved

Drug and alcohol service providers should increase service user involvement and increase the available support for women by developing a peer mentoring scheme and a designated drug-free unit. (9.58)

Partially achieved

Women prisoners on the basic regime should not have the length of their visits reduced. (9.69)

Achieved

There should be sufficient programmes staff to deliver necessary interventions. (9.82)

Achieved

Women with histories of domestic violence or sex work should be identified where possible and referred to appropriate support services, which should be well promoted to prisoners. (9.89)

Achieved

Appendix III: 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	228	79.2
Recall	0	20	6.7
Convicted unsentenced	1	18	6.4
Remand	1	21	7.4
Civil prisoners	0	1	0.3
Detainees	0	0	0
Total	10	288	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	2	42	13.8
Less than 6 months	1	25	8.7
6 months to less than 12 months	1	10	3.7
12 months to less than 2 years	1	38	12.1
2 years to less than 4 years	4	70	23.9
4 years to less than 10 years	1	63	21.5
10 years and over (not life)	0	5	1.7
ISPP (indeterminate sentence for public protection)	0	11	3.7
Life	0	24	10.9
Total	10	288	100

Age	Number of prisoners	%
Please state minimum age here: 19		
Under 21 years	10	3.4
21 years to 29 years	100	33.6
30 years to 39 years	107	35.9
40 years to 49 years	49	16.4
50 years to 59 years	25	8.4
60 years to 69 years	7	2.3
70 plus years	0	0
Please state maximum age here: 66		
Total	298	100

Nationality	18–20 yr olds	21 and over	%
British	10	276	96.0
Foreign nationals		12	4.0
Total	10	288	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A – Restricted		2	0.7
Category B – N/A			
Category C – N/A			
Category D		13	4.4
Other - Closed	10	273	94.9
Total	10	288	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	9	266	92.3
Irish		3	1.0
Gypsy/Irish Traveller		1	0.3
Other white		6	2.0
Mixed			
White and black Caribbean			
White and black African			
White and Asian		1	0.3
Other mixed		1	0.3
Asian or Asian British			
Indian			
Pakistani	1		0.3
Bangladeshi		1	0.3
Chinese			
Other Asian			
Black or black British			
Caribbean		3	1.0
African		3	1.0
Other black		2	0.9
Other ethnic group			
Arab			
Other ethnic group			
Not stated		1	0.3
Total	10	288	100

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England	2	84	28.9
Roman Catholic	3	70	24.5
Other Christian denominations		25	8.4
Muslim	1	4	1.7
Sikh			
Hindu			
Buddhist		3	1.0
Jewish		1	0.3
Other		2	0.7
No religion	4	99	34.5
Total	10	288	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		3	1
Total		3	1

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3	27	9.1
1 month to 3 months	2	0.7	50	19.4
3 months to 6 months	1	0.3	52	16.4
6 months to 1 year	4	1.4	58	18.5
1 year to 2 years			35	11.1
2 years to 4 years			18	6
4 years or more			6	2
Total	8	2.7	246	82.5

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	5	125	43.6
Total	5	125	43.6

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.7	20	6.7
1 month to 3 months			8	2.7
3 months to 6 months			11	3.7
6 months to 1 year			3	1.0
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total	2	0.7	42	14.1

Main offence	18–20 yr olds	21 and over	%
Violence against the person	5	99	33.4
Sexual offences	0	3	1.0
Burglary	1	43	15.4
Robbery	1	25	9.6
Theft and handling	1	27	9.0
Fraud and forgery	0	2	0.7
Drugs offences	0	32	11.8
Other offences	2	53	17.8
Civil offences	0	3	1.0
Offence not recorded/holding warrant	0	1	0.3
Total	10	288	100

Appendix IV: 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 establishment⁷. 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 29 September 2014 the prisoner population at HMP Low Newton was 298. Using the method described above, questionnaires were distributed to a sample of 159 prisoners.

We received a total of 133 completed questionnaires, a response rate of 84%. This included two questionnaires completed via interview. Five respondents refused to complete a questionnaire, 13 questionnaires were not returned and eight were returned blank.

⁷ 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
A	10
B	11
C	18
D	23
E	16
F	18
G	21
I	15
Health care	0
Segregation unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Low Newton.

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 significant⁸ 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 Low Newton in 2014 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 Low Newton in 2014 compared with the responses of prisoners surveyed at HMP Low Newton in 2011.
- A comparison within the 2014 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 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 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 2014 survey between the induction unit (E wing) and the rest of the establishment.

⁸ 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 I: About You

Q1.2	How old are you?	
	Under 21	6 (5%)
	21 - 29.....	40 (30%)
	30 - 39.....	45 (34%)
	40 - 49.....	25 (19%)
	50 - 59.....	15 (11%)
	60 - 69.....	1 (1%)
	70 and over.....	0 (0%)
Q1.3	Are you sentenced?	
	Yes	104 (79%)
	Yes - <i>on recall</i>	10 (8%)
	No - <i>awaiting trial</i>	10 (8%)
	No - <i>awaiting sentence</i>	8 (6%)
	No - <i>awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	18 (14%)
	Less than 6 months	13 (10%)
	6 months to less than 1 year	8 (6%)
	1 year to less than 2 years	14 (11%)
	2 years to less than 4 years	39 (30%)
	4 years to less than 10 years	24 (18%)
	10 years or more	2 (2%)
	IPP (<i>indeterminate sentence for public protection</i>)	4 (3%)
	Life.....	9 (7%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)	
	Yes	8 (6%)
	No.....	123 (94%)
Q1.6	Do you understand spoken English?	
	Yes	128 (97%)
	No	4 (3%)
Q1.7	Do you understand written English?	
	Yes	130 (98%)
	No	2 (2%)
Q1.8	What is your ethnic origin?	
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	113 (86%)
	Asian or Asian British - Chinese	0 (0%)
	White - Irish	4 (3%)
	Asian or Asian British - other.....	0 (0%)
	White - other.....	8 (6%)
	Mixed race - white and black Caribbean.....	1 (1%)
	Black or black British - Caribbean.....	2 (2%)
	Mixed race - white and black African	2 (2%)
	Black or black British - African	0 (0%)
	Mixed race - white and Asian	0 (0%)
	Black or black British - other	0 (0%)
	Mixed race - other.....	0 (0%)
	Asian or Asian British - Indian	1 (1%)
	Arab.....	0 (0%)
	Asian or Asian British - Pakistani.....	0 (0%)
	Other ethnic group.....	1 (1%)
	Asian or Asian British - Bangladeshi.....	0 (0%)

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	Yes.....	5 (4%)
		No.....	122 (96%)
Q1.10	What is your religion?	None.....	32 (25%)
		Church of England	41 (32%)
		Catholic	40 (31%)
		Protestant.....	3 (2%)
		Other Christian denomination	5 (4%)
		Buddhist	3 (2%)
		Hindu	0 (0%)
		Jewish	0 (0%)
		Muslim	2 (2%)
		Sikh	0 (0%)
		Other.....	3 (2%)
Q1.11	How would you describe your sexual orientation?	Heterosexual/ Straight	87 (66%)
		Homosexual/Gay.....	11 (8%)
		Bisexual.....	34 (26%)
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.....	46 (35%)
		No.....	86 (65%)
Q1.13	Are you a veteran (ex- armed services)?	Yes.....	3 (2%)
		No.....	128 (98%)
Q1.14	Is this your first time in prison?	Yes.....	63 (48%)
		No.....	67 (52%)
Q1.15	Do you have children under the age of 18?	Yes.....	79 (60%)
		No.....	52 (40%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	Less than 2 hours	61 (46%)
		2 hours or longer	61 (46%)
		Don't remember	10 (8%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?	My journey was less than two hours	61 (47%)
		Yes.....	36 (27%)
		No.....	30 (23%)
		Don't remember	4 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?	My journey was less than two hours	61 (48%)
		Yes.....	6 (5%)
		No.....	54 (43%)
		Don't remember	6 (5%)
Q2.4	On your most recent journey here, was the van clean?	Yes.....	82 (64%)
		No.....	36 (28%)
		Don't remember	10 (8%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes.....	110 (85%)
	No.....	17 (13%)
	Don't remember	2 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	38 (29%)
	Well.....	66 (51%)
	Neither	22 (17%)
	Badly.....	1 (1%)
	Very badly	0 (0%)
	Don't remember	2 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that applies to you.)	
	Yes, someone told me	102 (77%)
	Yes, I received written information	6 (5%)
	No, I was not told anything	21 (16%)
	Don't remember	6 (5%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes.....	112 (86%)
	No.....	17 (13%)
	Don't remember	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	88 (67%)
	2 hours or longer	31 (24%)
	Don't remember	12 (9%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	121 (93%)
	No	6 (5%)
	Don't remember	3 (2%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	59 (45%)
	Well.....	61 (47%)
	Neither	7 (5%)
	Badly.....	1 (1%)
	Very badly.....	2 (2%)
	Don't remember	0 (0%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that applies to you.)	
	Loss of property	13 (10%)
	Housing problems	35 (27%)
	Contacting employers	3 (2%)
	Contacting family	35 (27%)
	Childcare	4 (3%)
	Money worries.....	24 (19%)
	Feeling depressed or suicidal	50 (39%)
	Physical health	28 (22%)
	Mental health.....	62 (48%)
	Needing protection from other prisoners	5 (4%)
	Getting phone numbers	25 (19%)
	Other.....	8 (6%)
	Did not have any problems	24 (19%)

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	62 (49%)
	No	40 (32%)
	Did not have any problems	24 (19%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that applies to you.)	
	Tobacco	114 (88%)
	A shower	71 (55%)
	A free telephone call.....	108 (83%)
	Something to eat.....	93 (72%)
	PIN phone credit.....	87 (67%)
	Toiletries/ basic items	104 (80%)
	Did not receive anything	2 (2%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that applies to you.)	
	Chaplain	75 (61%)
	Someone from health services.....	93 (76%)
	A Listener/Samaritans	54 (44%)
	Prison shop/canteen.....	40 (33%)
	Did not have access to any of these.....	11 (9%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that applies to you.)	
	What was going to happen to you	69 (58%)
	What support was available for people feeling depressed or suicidal.....	72 (61%)
	How to make routine requests (applications)	60 (50%)
	Your entitlement to visits.....	59 (50%)
	Health services	67 (56%)
	Chaplaincy	66 (55%)
	Not offered any information.....	18 (15%)
Q3.9	Did you feel safe on your first night here?	
	Yes	103 (80%)
	No	22 (17%)
	Don't remember	4 (3%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	15 (11%)
	Within the first week.....	48 (37%)
	More than a week.....	59 (45%)
	Don't remember	9 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	15 (11%)
	Yes	64 (49%)
	No	38 (29%)
	Don't remember	14 (11%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	20 (16%)
	Within the first week.....	25 (20%)
	More than a week.....	63 (50%)
	Don't remember	17 (14%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to.....		Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?		16 (13%)	39 (33%)	16 (13%)	29 (24%)	7 (6%)	13 (11%)
Attend legal visits?		24 (21%)	40 (35%)	15 (13%)	8 (7%)	3 (3%)	23 (20%)
Get bail information?		9 (8%)	14 (13%)	12 (11%)	18 (17%)	7 (7%)	47 (44%)
Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?							
Not had any letters.....							18 (14%)
Yes.....							59 (47%)
No.....							49 (39%)
Q4.3 Can you get legal books in the library?							
Yes.....							54 (43%)
No.....							6 (5%)
Don't know							65 (52%)
Q4.4 Please answer the following questions about the wing/unit you are currently living on:		Yes	No	Don't know			
Do you normally have enough clean, suitable clothes for the week?		81 (64%)	44 (35%)	1 (1%)			
Are you normally able to have a shower every day?		123 (95%)	5 (4%)	1 (1%)			
Do you normally receive clean sheets every week?		117 (92%)	7 (6%)	3 (2%)			
Do you normally get cell cleaning materials every week?		119 (93%)	7 (5%)	2 (2%)			
Is your cell call bell normally answered within five minutes?		47 (39%)	41 (34%)	33 (27%)			
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?		90 (71%)	34 (27%)	2 (2%)			
If you need to, can you normally get your stored property?		36 (29%)	51 (41%)	38 (30%)			
Q4.5 What is the food like here?							
Very good.....							5 (4%)
Good.....							37 (30%)
Neither							34 (27%)
Bad							31 (25%)
Very bad.....							18 (14%)
Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?							
Have not bought anything yet/ don't know.....							6 (5%)
Yes							62 (49%)
No							59 (46%)
Q4.7 Can you speak to a Listener at any time, if you want to?							
Yes							107 (82%)
No							9 (7%)
Don't know							14 (11%)
Q4.8 Are your religious beliefs respected?							
Yes							85 (66%)
No							10 (8%)
Don't know/ N/A.....							34 (26%)
Q4.9 Are you able to speak to a Chaplain of your faith in private if you want to?							
Yes							96 (75%)
No							3 (2%)
Don't know/ N/A.....							29 (23%)

Q4.10 How easy or difficult is it for you to attend religious services?

<i>I don't want to attend</i>	26 (21%)
<i>Very easy</i>	38 (30%)
<i>Easy</i>	33 (26%)
<i>Neither</i>	8 (6%)
<i>Difficult</i>	5 (4%)
<i>Very difficult</i>	3 (2%)
<i>Don't know</i>	12 (10%)

Section 5: Applications and complaints**Q5.1 Is it easy to make an application?**

<i>Yes</i>	110 (90%)
<i>No</i>	6 (5%)
<i>Don't know</i>	6 (5%)

Q5.2 Please answer the following questions about applications (*If you have not made an application please tick the 'not made one' option.*)

	Not made one	Yes	No
<i>Are applications dealt with fairly?</i>	9 (8%)	78 (68%)	28 (24%)
<i>Are applications dealt with quickly (within seven days)?</i>	9 (8%)	47 (42%)	56 (50%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	77 (66%)
<i>No</i>	18 (15%)
<i>Don't know</i>	22 (19%)

Q5.4 Please answer the following questions about complaints (*If you have not made a complaint please tick the 'not made one' option.*)

	Not made one	Yes	No
<i>Are complaints dealt with fairly?</i>	46 (38%)	34 (28%)	42 (34%)
<i>Are complaints dealt with quickly (within seven days)?</i>	46 (40%)	28 (24%)	41 (36%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

<i>Yes</i>	22 (19%)
<i>No</i>	92 (81%)

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>	25 (21%)
<i>Very easy</i>	24 (20%)
<i>Easy</i>	39 (33%)
<i>Neither</i>	15 (13%)
<i>Difficult</i>	12 (10%)
<i>Very difficult</i>	4 (3%)

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>	11 (9%)
<i>Yes</i>	64 (51%)
<i>No</i>	27 (22%)
<i>Don't know</i>	23 (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)	
	Don't know what the IEP scheme is.....	11 (9%)
	Yes.....	58 (49%)
	No.....	34 (29%)
	Don't know.....	15 (13%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes.....	7 (6%)
	No.....	118 (94%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	I have not been to segregation in the last 6 months	99 (83%)
	Very well.....	3 (3%)
	Well.....	6 (5%)
	Neither	5 (4%)
	Badly.....	4 (3%)
	Very badly	2 (2%)
Section 7: Relationships with staff		
Q7.1	Do most staff treat you with respect?	
	Yes.....	99 (79%)
	No.....	26 (21%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	104 (84%)
	No.....	20 (16%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	55 (43%)
	No.....	73 (57%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	7 (6%)
	Never.....	23 (18%)
	Rarely	30 (24%)
	Some of the time	27 (21%)
	Most of the time	25 (20%)
	All of the time.....	14 (11%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	20 (16%)
	In the first week.....	62 (49%)
	More than a week.....	35 (28%)
	Don't remember	10 (8%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/ I have not met him/ her	20 (17%)
	Very helpful.....	36 (31%)
	Helpful	37 (31%)
	Neither	11 (9%)
	Not very helpful	14 (12%)
	Not at all helpful.....	0 (0%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes	48 (40%)
No	73 (60%)

Q8.2 Do you feel unsafe now?

Yes	12 (10%)
No	106 (90%)

Q8.3 In which areas have you felt unsafe? (Please tick all that applies to you.)

Never felt unsafe	73 (61%)	At meal times	20 (17%)
Everywhere	8 (7%)	At health services	20 (17%)
Segregation unit	3 (3%)	Visits area	4 (3%)
Association areas	13 (11%)	In wing showers	14 (12%)
Reception area	3 (3%)	In gym showers	2 (2%)
At the gym	9 (8%)	In corridors/stairwells	10 (8%)
In an exercise yard	4 (3%)	On your landing/wing	12 (10%)
At work	12 (10%)	In your cell	3 (3%)
During movement	21 (18%)	At religious services	2 (2%)
At education	8 (7%)		

Q8.4 Have you been victimised by other prisoners here?

Yes	42 (33%)
No	85 (67%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)

Insulting remarks (about you or your family or friends)	22 (17%)
Physical abuse (being hit, kicked or assaulted)	7 (6%)
Sexual abuse	1 (1%)
Feeling threatened or intimidated	32 (25%)
Having your canteen/property taken	8 (6%)
Medication	9 (7%)
Debt	3 (2%)
Drugs	5 (4%)
Your race or ethnic origin	0 (0%)
Your religion/religious beliefs	1 (1%)
Your nationality	1 (1%)
You are from a different part of the country than others	8 (6%)
You are from a traveller community	0 (0%)
Your sexual orientation	1 (1%)
Your age	6 (5%)
You have a disability	4 (3%)
You were new here	9 (7%)
Your offence/ crime	11 (9%)
Gang related issues	3 (2%)

Q8.6 Have you been victimised by staff here?

Yes	27 (21%)
No	100 (79%)

Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)	
	Insulting remarks (about you or your family or friends)	12 (9%)
	Physical abuse (being hit, kicked or assaulted)	1 (1%)
	Sexual abuse	1 (1%)
	Feeling threatened or intimidated	13 (10%)
	Medication	9 (7%)
	Debt	3 (2%)
	Drugs	4 (3%)
	Your race or ethnic origin.....	2 (2%)
	Your religion/religious beliefs	0 (0%)
	Your nationality	2 (2%)
	You are from a different part of the country than others.....	4 (3%)
	You are from a traveller community	0 (0%)
	Your sexual orientation	1 (1%)
	Your age.....	2 (2%)
	You have a disability.....	4 (3%)
	You were new here.....	4 (3%)
	Your offence/ crime	2 (2%)
	Gang related issues.....	1 (1%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	75 (64%)
Yes	18 (15%)
No	24 (21%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	7 (6%)	12 (10%)	38 (30%)	17 (14%)	42 (34%)	9 (7%)
The nurse	9 (7%)	16 (13%)	46 (38%)	23 (19%)	27 (22%)	1 (1%)
The dentist	14 (12%)	5 (4%)	6 (5%)	6 (5%)	45 (38%)	44 (37%)

Q9.2 What do you think of the quality of the health service from the following people?

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	9 (8%)	16 (13%)	31 (26%)	16 (13%)	28 (23%)	20 (17%)
The nurse	3 (3%)	17 (15%)	45 (38%)	20 (17%)	19 (16%)	13 (11%)
The dentist	30 (26%)	9 (8%)	24 (21%)	13 (11%)	17 (15%)	21 (18%)

Q9.3 What do you think of the overall quality of the health services here?

Not been	2 (2%)
Very good.....	14 (11%)
Good.....	30 (24%)
Neither	22 (18%)
Bad	23 (19%)
Very bad.....	33 (27%)

Q9.4 Are you currently taking medication?

Yes	105 (83%)
No	21 (17%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

Not taking medication.....	21 (17%)
Yes, all my meds	30 (24%)
Yes, some of my meds	22 (17%)
No.....	53 (42%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes.....	89 (70%)
	No.....	38 (30%)
Q9.7	Are your being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	Do not have any emotional or mental health problems.....	38 (31%)
	Yes.....	67 (54%)
	No.....	18 (15%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	54 (43%)
	No.....	71 (57%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	37 (30%)
	No.....	87 (70%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	35 (28%)
	Easy	16 (13%)
	Neither	10 (8%)
	Difficult.....	8 (6%)
	Very difficult.....	3 (2%)
	Don't know	52 (42%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	0 (0%)
	Easy	1 (1%)
	Neither	4 (3%)
	Difficult.....	10 (8%)
	Very difficult.....	31 (25%)
	Don't know	78 (63%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	5 (4%)
	No.....	118 (96%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	7 (6%)
	No.....	115 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	67 (56%)
	Yes.....	46 (38%)
	No.....	7 (6%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	87 (71%)
	Yes.....	30 (25%)
	No.....	5 (4%)

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>	57 (49%)
<i>Yes</i>	51 (44%)
<i>No</i>	8 (7%)

Section III: 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	8 (7%)	19 (16%)	50 (43%)	15 (13%)	15 (13%)	10 (9%)
Vocational or skills training	13 (12%)	12 (11%)	40 (37%)	16 (15%)	16 (15%)	10 (9%)
Education (including basic skills)	6 (5%)	18 (16%)	52 (46%)	12 (11%)	16 (14%)	8 (7%)
Offending behaviour programmes	21 (19%)	10 (9%)	34 (31%)	16 (15%)	18 (17%)	9 (8%)

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

<i>Not involved in any of these</i>	14 (12%)
<i>Prison job</i>	78 (66%)
<i>Vocational or skills training</i>	24 (20%)
<i>Education (including basic skills)</i>	53 (45%)
<i>Offending behaviour programmes</i>	37 (31%)

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	12 (12%)	48 (46%)	28 (27%)	16 (15%)
Vocational or skills training	19 (23%)	36 (43%)	12 (14%)	16 (19%)
Education (including basic skills)	12 (12%)	57 (57%)	14 (14%)	17 (17%)
Offending behaviour programmes	20 (22%)	47 (52%)	10 (11%)	14 (15%)

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

<i>Don't want to go</i>	10 (8%)
<i>Never</i>	22 (18%)
<i>Less than once a week</i>	36 (29%)
<i>About once a week</i>	52 (42%)
<i>More than once a week</i>	4 (3%)

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

<i>Don't use it</i>	29 (23%)
<i>Yes</i>	77 (62%)
<i>No</i>	18 (15%)

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

<i>Don't want to go</i>	39 (33%)
<i>0</i>	35 (29%)
<i>1 to 2</i>	12 (10%)
<i>3 to 5</i>	20 (17%)
<i>More than 5</i>	14 (12%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	13 (11%)
<i>0</i>	43 (36%)
<i>1 to 2</i>	34 (29%)
<i>3 to 5</i>	12 (10%)
<i>More than 5</i>	17 (14%)

Q11.8	How many times do you usually have association each week?	
	Don't want to go	3 (3%)
	0	9 (8%)
	1 to 2	10 (9%)
	3 to 5	11 (9%)
	More than 5	84 (72%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	Less than 2 hours	8 (7%)
	2 to less than 4 hours	14 (12%)
	4 to less than 6 hours	18 (15%)
	6 to less than 8 hours	15 (13%)
	8 to less than 10 hours	24 (20%)
	10 hours or more	25 (21%)
	Don't know	16 (13%)

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?	
	Yes	58 (50%)
	No	57 (50%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	57 (47%)
	No	64 (53%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	23 (19%)
	No	96 (81%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	I don't get visits	29 (24%)
	Very easy	15 (12%)
	Easy	20 (16%)
	Neither	5 (4%)
	Difficult	22 (18%)
	Very difficult	27 (22%)
	Don't know	4 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	18 (15%)
	Yes	90 (76%)
	No	11 (9%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that applies to you.)	
	Not sentenced/ NA	29 (24%)
	No contact	34 (29%)
	Letter	32 (27%)
	Phone	9 (8%)
	Visit	34 (29%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	88 (79%)
	No.....	23 (21%)
Q13.4	Do you have a sentence plan?	
	Not sentenced.....	18 (15%)
	Yes.....	74 (63%)
	No.....	26 (22%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/not sentenced.....	44 (38%)
	Very involved.....	20 (17%)
	Involved	31 (27%)
	Neither	6 (5%)
	Not very involved	6 (5%)
	Not at all involved.....	9 (8%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that applies to you.)	
	Do not have a sentence plan/not sentenced.....	44 (38%)
	Nobody.....	21 (18%)
	Offender supervisor	33 (29%)
	Offender manager	24 (21%)
	Named/ personal officer	17 (15%)
	Staff from other departments	30 (26%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/not sentenced	44 (37%)
	Yes	59 (50%)
	No	4 (3%)
	Don't know	11 (9%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/not sentenced	44 (37%)
	Yes	7 (6%)
	No	48 (41%)
	Don't know	19 (16%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/not sentenced.....	44 (37%)
	Yes	21 (18%)
	No	22 (18%)
	Don't know	33 (28%)
Q13.10	Do you have a needs based custody plan?	
	Yes	8 (7%)
	No	43 (39%)
	Don't know	59 (54%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	23 (21%)
	No	88 (79%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	11 (10%)	56 (53%)	39 (37%)
Accommodation	12 (11%)	60 (56%)	36 (33%)
Benefits	9 (8%)	67 (61%)	33 (30%)
Finances	14 (14%)	40 (39%)	49 (48%)
Education	13 (13%)	53 (52%)	36 (35%)
Drugs and alcohol	24 (22%)	62 (56%)	25 (23%)

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.....	18 (16%)
Yes.....	64 (56%)
No.....	32 (28%)



Prisoner survey responses HMP Low Newton 2014

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				
	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	HMP Low Newton 2014	Local Women's Prisons Comparator	HMP Low Newton 2014	HMP Low Newton 2011
	Number of completed questionnaires returned	133	1027	133	138
	SECTION 1: General information				
1.2	Are you under 21 years of age?	4%	7%	4%	12%
1.3	Are you sentenced?	86%	77%	86%	85%
1.3	Are you on recall?	8%	5%	8%	13%
1.4	Is your sentence less than 12 months?	16%	25%	16%	14%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	2%	3%	7%
1.5	Are you a foreign national?	6%	13%	6%	3%
1.6	Do you understand spoken English?	97%	97%	97%	
1.7	Do you understand written English?	99%	96%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	22%	5%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	7%	4%	4%
1.1	Are you Muslim?	1%	6%	1%	3%
1.11	Are you homosexual/gay or bisexual?	34%	24%	34%	39%
1.12	Do you consider yourself to have a disability?	35%	28%	35%	20%
1.13	Are you a veteran (ex-armed services)?	2%	1%	2%	
1.14	Is this your first time in prison?	49%	48%	49%	34%
1.15	Do you have any children under the age of 18?	60%	54%	60%	49%
	SECTION 2: Transfers and escorts				
	On your most recent journey here:				
2.1	Did you spend more than 2 hours in the van?	46%	37%	46%	45%
	For those who spent two or more hours in the escort van:				
2.2	Were you offered anything to eat or drink?	52%	45%	52%	
2.3	Were you offered a toilet break?	9%	13%	9%	
2.4	Was the van clean?	64%	62%	64%	
2.5	Did you feel safe?	85%	78%	85%	
2.6	Were you treated well/very well by the escort staff?	81%	75%	81%	78%
2.7	Before you arrived here were you told that you were coming here?	77%	76%	77%	
2.7	Before you arrived here did you receive any written information about coming here?	4%	5%	4%	
2.8	When you first arrived here did your property arrive at the same time as you?	86%	81%	86%	87%
	SECTION 3: Reception, first night and induction				
3.1	Were you in reception for less than 2 hours?	67%	49%	67%	
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	87%	93%	86%

Main comparator and comparator to last time

Key to tables

		HMP Low Newton 2014	Local Women's Prisons Comparator	HMP Low Newton 2014	HMP Low Newton 2011
	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				
3.3	Were you treated well/very well in reception?	92%	74%	92%	75%
	When you first arrived:				
3.4	Did you have any problems?	81%	76%	81%	77%
3.4	Did you have any problems with loss of property?	10%	13%	10%	9%
3.4	Did you have any housing problems?	27%	27%	27%	37%
3.4	Did you have any problems contacting employers?	2%	2%	2%	1%
3.4	Did you have any problems contacting family?	27%	29%	27%	28%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	7%	3%	4%
3.4	Did you have any money worries?	19%	24%	19%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	39%	35%	39%	36%
3.4	Did you have any physical health problems?	22%	23%	22%	
3.4	Did you have any mental health problems?	48%	29%	48%	
3.4	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	7%
3.4	Did you have problems accessing phone numbers?	19%	27%	19%	28%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	61%	50%	61%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	88%	82%	88%	91%
3.6	A shower?	55%	45%	55%	64%
3.6	A free telephone call?	83%	80%	83%	84%
3.6	Something to eat?	72%	83%	72%	81%
3.6	PIN phone credit?	67%	56%	67%	
3.6	Toiletries/ basic items?	80%	76%	80%	
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?	61%	52%	61%	
3.7	Someone from health services?	76%	70%	76%	
3.7	A Listener/Samaritans?	44%	45%	44%	
3.7	Prison shop/ canteen?	33%	25%	33%	9%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	58%	50%	58%	55%
3.8	Support was available for people feeling depressed or suicidal?	61%	51%	61%	55%
3.8	How to make routine requests?	50%	40%	50%	44%
3.8	Your entitlement to visits?	50%	39%	50%	48%
3.8	Health services?	56%	51%	56%	61%
3.8	The chaplaincy?	55%	49%	55%	49%
3.9	Did you feel safe on your first night here?	80%	73%	80%	77%
3.10	Have you been on an induction course?	88%	87%	88%	84%

Main comparator and comparator to last time

Key to tables

		HMP Low Newton 2014	Local Women's Prisons Comparator	HMP Low Newton 2014	HMP Low Newton 2011
	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				
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	55%	59%		
3.12	Did you receive an education (skills for life) assessment?	84%	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?	46%	44%		
4.1	Attend legal visits?	57%	61%		
4.1	Get bail information?	22%	26%		
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	39%		
4.3	Can you get legal books in the library?	43%	47%		
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	73%		
4.4	Are you normally able to have a shower every day?	96%	91%		
4.4	Do you normally receive clean sheets every week?	92%	90%		
4.4	Do you normally get cell cleaning materials every week?	93%	83%		
4.4	Is your cell call bell normally answered within five minutes?	39%	49%		
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	67%		
4.4	Can you normally get your stored property, if you need to?	29%	33%		
4.5	Is the food in this prison good/very good?	34%	26%		
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	49%		
4.7	Are you able to speak to a Listener at any time, if you want to?	82%	69%		
4.8	Are your religious beliefs are respected?	66%	60%		
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	66%		
4.10	Is it easy/very easy to attend religious services?	57%	54%		
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	90%	82%		
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	74%	66%		
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	48%		
5.3	Is it easy to make a complaint?	66%	65%		
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	45%	48%		
5.4	Do you feel complaints are dealt with quickly (within seven days)?	41%	45%		
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	16%		
5.6	Is it easy/very easy to see the Independent Monitoring Board?	53%	34%		
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%	51%		
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	51%		

Main comparator and comparator to last time

Key to tables

		HMP Low Newton 2014	Local Women's Prisons Comparator	HMP Low Newton 2014	HMP Low Newton 2011
	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				
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	5%	6%	8%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	44%	57%	44%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	79%	80%	79%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	81%	84%	79%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	43%	45%	43%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	31%	24%	31%	29%
7.5	Do you have a personal officer?	84%	58%	84%	89%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	75%	73%	74%	70%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	40%	41%	40%	45%
8.2	Do you feel unsafe now?	10%	15%	10%	16%
8.4	Have you been victimised by other prisoners here?	33%	35%	33%	34%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	17%	17%	17%	21%
8.5	Hit, kicked or assaulted you?	6%	7%	6%	10%
8.5	Sexually abused you?	1%	2%	1%	2%
8.5	Threatened or intimidated you?	25%	23%	25%	
8.5	Taken your canteen/property?	6%	7%	6%	8%
8.5	Victimised you because of medication?	7%	6%	7%	
8.5	Victimised you because of debt?	3%	1%	3%	
8.5	Victimised you because of drugs?	4%	3%	4%	7%
8.5	Victimised you because of your race or ethnic origin?	0%	5%	0%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	2%
8.5	Victimised you because of your nationality?	1%	4%	1%	
8.5	Victimised you because you were from a different part of the country?	6%	3%	6%	4%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	2%
8.5	Victimised you because of your age?	5%	3%	5%	1%
8.5	Victimised you because you have a disability?	3%	4%	3%	3%
8.5	Victimised you because you were new here?	7%	8%	7%	8%
8.5	Victimised you because of your offence/crime?	9%	8%	9%	7%
8.5	Victimised you because of gang related issues?	3%	3%	3%	2%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	21%	26%	21%	26%

Main comparator and comparator to last time

Key to tables

		HMP Low Newton 2014	Local Women's Prisons Comparator	HMP Low Newton 2014	HMP Low Newton 2011
	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				
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	10%	10%	15%
8.7	Hit, kicked or assaulted you?	1%	2%	1%	0%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	10%	12%	10%	
8.7	Victimised you because of medication?	7%	6%	7%	
8.7	Victimised you because of debt?	3%	1%	3%	
8.7	Victimised you because of drugs?	3%	3%	3%	5%
8.7	Victimised you because of your race or ethnic origin?	1%	2%	1%	2%
8.7	Victimised you because of your religion/religious beliefs?	0%	2%	0%	1%
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?	3%	2%	3%	2%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.7	Victimised you because of your sexual orientation?	1%	3%	1%	4%
8.7	Victimised you because of your age?	1%	2%	1%	4%
8.7	Victimised you because you have a disability?	3%	3%	3%	1%
8.7	Victimised you because you were new here?	3%	4%	3%	7%
8.7	Victimised you because of your offence/crime?	1%	4%	1%	5%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	43%	55%	43%	52%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	40%	31%	40%	53%
9.1	Is it easy/very easy to see the nurse?	51%	58%	51%	61%
9.1	Is it easy/very easy to see the dentist?	9%	17%	9%	24%
	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?	42%	51%	42%	63%
9.2	The nurse?	55%	63%	55%	66%
9.2	The dentist?	39%	45%	39%	56%
9.3	The overall quality of health services?	36%	45%	36%	53%
9.4	Are you currently taking medication?	83%	73%	83%	77%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	49%	51%	49%	
9.6	Do you have any emotional well being or mental health problems?	70%	52%	70%	62%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	79%	54%	79%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	43%	41%	43%	54%

Main comparator and comparator to last time

Key to tables

		HMP Low Newton 2014	Local Women's Prisons Comparator	HMP Low Newton 2014	HMP Low Newton 2011
	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				
10.2	Did you have a problem with alcohol when you came into this prison?	30%	29%	30%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	24%	41%	34%
10.4	Is it easy/very easy to get alcohol in this prison?	1%	3%	1%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	5%	4%	17%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	7%	6%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	87%	82%	87%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	86%	75%	86%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	86%	85%	86%	78%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	59%	47%	59%	
11.1	Vocational or skills training?	49%	42%	49%	
11.1	Education (including basic skills)?	63%	56%	63%	
11.1	Offending behaviour programmes?	41%	31%	41%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	66%	54%	66%	62%
11.2	Vocational or skills training?	20%	14%	20%	15%
11.2	Education (including basic skills)?	45%	34%	45%	51%
11.2	Offending behaviour programmes?	31%	14%	31%	23%
11.3	Have you had a job while in this prison?	88%	78%	88%	88%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	52%	55%	52%	65%
11.3	Have you been involved in vocational or skills training while in this prison?	77%	67%	77%	77%
	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?	56%	59%	56%	63%
11.3	Have you been involved in education while in this prison?	88%	77%	88%	91%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	65%	69%	65%	76%
11.3	Have you been involved in offending behaviour programmes while in this prison?	78%	63%	78%	79%
	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?	66%	60%	66%	73%
11.4	Do you go to the library at least once a week?	45%	50%	45%	33%
11.5	Does the library have a wide enough range of materials to meet your needs?	62%	52%	62%	
11.6	Do you go to the gym three or more times a week?	28%	23%	28%	27%
11.7	Do you go outside for exercise three or more times a week?	24%	40%	24%	16%
11.8	Do you go on association more than five times each week?	72%	54%	72%	76%
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	16%	21%	15%

Main comparator and comparator to last time

Key to tables

	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		

SECTION 12: Friends and family

12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	50%	55%
12.2	Have you had any problems with sending or receiving mail?	47%	37%
12.3	Have you had any problems getting access to the telephones?	20%	21%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	33%

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?	89%	61%
	For those who are sentenced what type of contact have you had with your offender manager:		
13.2	No contact?	38%	35%
13.2	Contact by letter?	36%	27%
13.2	Contact by phone?	10%	12%
13.2	Contact by visit?	38%	45%
13.3	Do you have a named offender supervisor in this prison?	79%	43%
	For those who are sentenced:		
13.4	Do you have a sentence plan?	74%	51%
	For those with a sentence plan:		
13.5	Were you involved/very involved in the development of your plan?	71%	68%
	Who is working with you to achieve your sentence plan targets:		
13.6	Nobody?	30%	33%
13.6	Offender supervisor?	47%	34%
13.6	Offender manager?	34%	27%
13.6	Named/ personal officer?	24%	16%
13.6	Staff from other departments?	42%	20%
	For those with a sentence plan:		
13.7	Can you achieve any of your sentence plan targets in this prison?	80%	73%
13.8	Are there plans for you to achieve any of your targets in another prison?	10%	23%
13.9	Are there plans for you to achieve any of your targets in the community?	28%	34%
13.10	Do you have a needs based custody plan?	7%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	21%	22%
	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?	59%	44%
13.12	Accommodation?	62%	57%
13.12	Benefits?	67%	61%
13.12	Finances?	45%	38%
13.12	Education?	60%	46%
13.12	Drugs and alcohol?	71%	66%
	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?	67%	58%

	HMP Low Newton 2014	
	HMP Low Newton 2011	
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		

Diversity Analysis



Key question responses (disability, age over 50) HMP Low Newton 2014

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

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	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		46	86	16	116
1.3	Are you sentenced?	83%	88%	94%	85%
1.5	Are you a foreign national?	7%	6%	0%	6%
1.6	Do you understand spoken English?		100%	95%	94% 97%
1.7	Do you understand written English?		100%	98%	100% 99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	2%	7%	0%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%	0%	4%
1.1	Are you Muslim?	2%	1%	0%	2%
1.12	Do you consider yourself to have a disability?			39% 35%	
1.13	Are you a veteran (ex-armed services)?	4%	1%	0%	3%
1.14	Is this your first time in prison?	45%	51%	61% 48%	
2.6	Were you treated well/very well by the escort staff?	79%	81%	94% 79%	
2.7	Before you arrived here were you told that you were coming here?	76%	77%	75% 78%	
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	95%	94% 93%	
3.3	Were you treated well/very well in reception?	89%	94%	94% 92%	
3.4	Did you have any problems when you first arrived?		91%	76%	87% 81%
3.7	Did you have access to someone from health care when you first arrived here?	77%	75%	65% 77%	
3.9	Did you feel safe on your first night here?		69%	86%	88% 79%
3.10	Have you been on an induction course?	85%	90%	94% 88%	
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	45%	31% 47%	

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	71%	76%	63%
4.4	Are you normally able to have a shower every day?	93%	96%	94%	96%
4.4	Is your cell call bell normally answered within five minutes?	33%	42%	55%	36%
4.5	Is the food in this prison good/very good?	27%	37%	22%	35%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	47%	50%	47%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	79%	84%	100%	80%
4.8	Do you feel your religious beliefs are respected?	57%	71%	88%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	68%	80%	74%	75%
5.1	Is it easy to make an application?	86%	93%	94%	90%
5.3	Is it easy to make a complaint?	61%	68%	74%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	59%	42%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	58%	45%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	4%	0%	7%
7.1	Do most staff, in this prison, treat you with respect?	73%	82%	87%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	91%	87%	84%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	21%	36%	39%	29%
7.4	Do you have a personal officer?	84%	84%	94%	83%
8.1	Have you ever felt unsafe here?	49%	35%	13%	42%
8.2	Do you feel unsafe now?	17%	6%	7%	11%
8.3	Have you been victimised by other prisoners?	39%	29%	27%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	27%	6%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	0%	0%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	2%	5%	12%	4%

Diversity Analysis

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	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				
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	0%	6%	3%
8.6	Have you been victimised by a member of staff?	34%	15%	27%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	11%	12%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	0%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because of your nationality? (By staff)	4%	0%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	9%	0%	6%	3%
9.1	Is it easy/very easy to see the doctor?	30%	46%	21%	42%
9.1	Is it easy/ very easy to see the nurse?	37%	58%	29%	53%
9.4	Are you currently taking medication?	88%	81%	94%	82%
9.6	Do you feel you have any emotional well being/mental health issues?	87%	61%	79%	69%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	44%	42%	41%
11.2	Are you currently working in the prison?	60%	69%	65%	65%
11.2	Are you currently undertaking vocational or skills training?	12%	23%	36%	19%
11.2	Are you currently in education (including basic skills)?	42%	46%	65%	43%
11.2	Are you currently taking part in an offending behaviour programme?	23%	36%	29%	32%
11.4	Do you go to the library at least once a week?	43%	46%	39%	46%
11.6	Do you go to the gym three or more times a week?	27%	29%	22%	29%
11.7	Do you go outside for exercise three or more times a week?	25%	24%	14%	26%
11.8	On average, do you go on association more than five times each week?	62%	77%	71%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	24%	42%	17%
12.2	Have you had any problems sending or receiving mail?	50%	46%	42%	47%
12.3	Have you had any problems getting access to the telephones?	32%	14%	27%	19%

Diversity analysis



Key question responses (sexual orientation) HMP Low Newton 2014

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

		Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		45	87
1.3	Are you sentenced?	89%	85%
1.5	Are you a foreign national?	4%	7%
1.6	Do you understand spoken English?	100%	95%
1.7	Do you understand written English?	100%	98%
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%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%
1.1	Are you Muslim?	2%	1%
1.12	Do you consider yourself to have a disability?	43%	31%
1.13	Are you a veteran (ex-armed services)?	2%	2%
1.14	Is this your first time in prison?	25%	61%
2.6	Were you treated well/very well by the escort staff?	80%	81%
2.7	Before you arrived here were you told that you were coming here?	71%	80%
3.2	When you were searched in reception, was this carried out in a respectful way?	96%	92%
3.3	Were you treated well/very well in reception?	96%	91%
3.4	Did you have any problems when you first arrived?	87%	79%
3.7	Did you have access to someone from health care when you first arrived here?	78%	75%
3.9	Did you feel safe on your first night here?	87%	76%
3.10	Have you been on an induction course?	87%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	52%	42%

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		
	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?	66%	64%
4.4	Are you normally able to have a shower every day?	96%	95%
4.4	Is your cell call bell normally answered within five minutes?	27%	46%
4.5	Is the food in this prison good/very good?	29%	37%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	84%	81%
4.8	Do you feel your religious beliefs are respected?	66%	67%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	89%	69%
5.1	Is it easy to make an application?	96%	88%
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?	52%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	4%
7.1	Do most staff, in this prison, treat you with respect?	81%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	85%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	27%	34%
7.4	Do you have a personal officer?	81%	86%
8.1	Have you ever felt unsafe here?	38%	41%
8.2	Do you feel unsafe now?	8%	11%
8.3	Have you been victimised by other prisoners?	44%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	30%	23%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	0%
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 sexual orientation? (By prisoners)	2%	0%
8.5	Have you been victimised because of your age? (By prisoners)	2%	5%

Diversity analysis

Key to tables

		Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	4%
8.6	Have you been victimised by a member of staff?	28%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
8.7	Have you been victimised because of your sexual orientation? (By staff)	0%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%
9.1	Is it easy/very easy to see the doctor?	44%	39%
9.1	Is it easy/ very easy to see the nurse?	57%	48%
9.4	Are you currently taking medication?	84%	83%
9.6	Do you feel you have any emotional well being/mental health issues?	79%	65%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	38%
11.2	Are you currently working in the prison?	71%	64%
11.2	Are you currently undertaking vocational or skills training?	14%	22%
11.2	Are you currently in education (including basic skills)?	34%	51%
11.2	Are you currently taking part in an offending behaviour programme?	37%	29%
11.4	Do you go to the library at least once a week?	55%	40%
11.6	do you go to the gym three or more times a week?	37%	24%
11.7	Do you go outside for exercise three or more times a week?	34%	19%
11.8	On average, do you go on association more than five times each week?	80%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	22%	20%
12.2	Have you had any problems sending or receiving mail?	57%	42%
12.3	Have you had any problems getting access to the telephones?	29%	15%



Prisoner survey responses HMP Low Newton 2014 (Wing 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	Induction unit (E wing)	A, B, C, D, F, G and I Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		

Number of completed questionnaires returned

16 **116**

SECTION 1: General information

1.2	Are you under 21 years of age?	0%	5%
1.3	Are you sentenced?	69%	90%
1.3	Are you on recall?	6%	8%
1.4	Is your sentence less than 12 months?	31%	14%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	4%
1.5	Are you a foreign national?	0%	7%
1.6	Do you understand spoken English?	94%	97%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	0%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	11%	3%
1.1	Are you Muslim?	0%	2%
1.11	Are you homosexual/gay or bisexual?	25%	36%
1.12	Do you consider yourself to have a disability?	19%	36%
1.13	Are you a veteran (ex-armed services)?	0%	3%
1.14	Is this your first time in prison?	50%	49%
1.15	Do you have any children under the age of 18?	75%	58%

SECTION 2: Transfers and escorts

On your most recent journey here:

2.1	Did you spend more than 2 hours in the van?	11%	50%
2.5	Did you feel safe?	75%	87%
2.6	Were you treated well/very well by the escort staff?	100%	78%
2.7	Before you arrived here were you told that you were coming here?	75%	78%
2.8	When you first arrived here did your property arrive at the same time as you?	75%	88%

SECTION 3: Reception, first night and induction

3.1	Were you in reception for less than 2 hours?	75%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	100%	93%
3.3	Were you treated well/very well in reception?	100%	92%
	When you first arrived:		
3.4	Did you have any problems?	89%	81%
3.4	Did you have any problems with loss of property?	0%	12%
3.4	Did you have any housing problems?	25%	28%
3.4	Did you have any problems contacting employers?	0%	3%

Key to tables

	Any percentage highlighted in green is significantly better	Induction unit (E wing)	A, B, C, D, F, G and I Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Did you have any problems contacting family?	50%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	11%	2%
3.4	Did you have any money worries?	11%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	31%	40%
3.4	Did you have any physical health problems?	19%	22%
3.4	Did you have any mental health problems?	31%	50%
3.4	Did you have any problems with needing protection from other prisoners?	19%	2%
3.4	Did you have problems accessing phone numbers?	50%	15%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	94%	88%
3.6	A shower?	63%	54%
3.6	A free telephone call?	94%	82%
3.6	Something to eat?	89%	70%
3.6	PIN phone credit?	56%	68%
3.6	Toiletries/ basic items?	100%	78%
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?	81%	58%
3.7	Someone from health services?	94%	73%
3.7	A Listener/Samaritans?	75%	40%
3.7	Prison shop/ canteen?	37%	32%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	75%	56%
3.8	Support was available for people feeling depressed or suicidal?	75%	59%
3.8	How to make routine requests?	69%	48%
3.8	Your entitlement to visits?	69%	47%
3.8	Health services?	89%	52%
3.8	The chaplaincy?	81%	52%
3.9	Did you feel safe on your first night here?	69%	82%
3.10	Have you been on an induction course?	56%	94%
3.12	Did you receive an education (skills for life) assessment?	61%	88%
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?	50%	46%
4.1	Attend legal visits?	44%	60%
4.1	Get bail information?	22%	22%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	11%	51%
4.3	Can you get legal books in the library?	31%	46%

Key to tables

	Any percentage highlighted in green is significantly better	Induction unit (E wing)	A, B, C, D, F, G and I Wings
	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		
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	63%	65%
4.4	Are you normally able to have a shower every day?	100%	95%
4.4	Do you normally receive clean sheets every week?	88%	94%
4.4	Do you normally get cell cleaning materials every week?	94%	94%
4.4	Is your cell call bell normally answered within five minutes?	44%	39%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	100%	69%
4.4	Can you normally get your stored property, if you need to?	31%	29%
4.5	Is the food in this prison good/very good?	56%	30%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	81%	83%
4.8	Are your religious beliefs are respected?	69%	66%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	77%
4.10	Is it easy/very easy to attend religious services?	63%	57%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	94%	91%
5.3	Is it easy to make a complaint?	75%	64%
5.5	Have you ever been prevented from making a complaint when you wanted to?	6%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	71%	50%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	81%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	74%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	5%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	100%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	94%	83%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	37%	44%
7.4	Do staff normally speak to you most of the time/all of the time during association?	37%	30%
7.5	Do you have a personal officer?	63%	88%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	37%	40%
8.2	Do you feel unsafe now?	7%	10%
8.4	Have you been victimised by other prisoners here?	33%	33%
Since you have been here, have other prisoners:			
8.5	Made insulting remarks about you, your family or friends?	12%	18%
8.5	Hit, kicked or assaulted you?	6%	5%
8.5	Sexually abused you?	6%	0%

Key to tables

	Any percentage highlighted in green is significantly better	Induction unit (E wing)	A, B, C, D, F, G and I Wings
	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	Threatened or intimidated you?	21%	26%
8.5	Taken your canteen/property?	0%	7%
8.5	Victimised you because of medication?	6%	7%
8.5	Victimised you because of debt?	6%	2%
8.5	Victimised you because of drugs?	6%	4%
8.5	Victimised you because of your race or ethnic origin?	0%	0%
8.5	Victimised you because of your religion/religious beliefs?	0%	1%
8.5	Victimised you because of your nationality?	0%	1%
8.5	Victimised you because you were from a different part of the country?	0%	7%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	0%	5%
8.5	Victimised you because you have a disability?	6%	3%
8.5	Victimised you because you were new here?	6%	7%
8.5	Victimised you because of your offence/crime?	6%	9%
8.5	Victimised you because of gang related issues?	0%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	11%	22%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	0%	10%
8.7	Hit, kicked or assaulted you?	0%	1%
8.7	Sexually abused you?	6%	0%
8.7	Threatened or intimidated you?	0%	11%
8.7	Victimised you because of medication?	0%	8%
8.7	Victimised you because of debt?	6%	2%
8.7	Victimised you because of drugs?	6%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	2%
8.7	Victimised you because of your religion/religious beliefs?	0%	0%
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%	0%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	2%
8.7	Victimised you because you have a disability?	6%	3%
8.7	Victimised you because you were new here?	0%	4%
8.7	Victimised you because of your offence/crime?	0%	2%
8.7	Victimised you because of gang related issues?	0%	1%

Key to tables

	Any percentage highlighted in green is significantly better	Induction unit (E wing)	A, B, C, D, F, G and I Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		

SECTION 9: Health services

9.1	Is it easy/very easy to see the doctor?	63%	37%
9.1	Is it easy/very easy to see the nurse?	63%	49%
9.1	Is it easy/very easy to see the dentist?	25%	7%
9.4	Are you currently taking medication?	89%	82%
9.6	Do you have any emotional well being or mental health problems?	50%	73%

SECTION 10: Drugs and alcohol

10.1	Did you have a problem with drugs when you came into this prison?	50%	42%
10.2	Did you have a problem with alcohol when you came into this prison?	11%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	44%
10.4	Is it easy/very easy to get alcohol in this prison?	0%	1%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	0%	7%

SECTION 11: Activities

	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	56%	60%
11.1	Vocational or skills training?	50%	49%
11.1	Education (including basic skills)?	63%	63%
11.1	Offending Behaviour Programmes?	39%	41%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	25%	73%
11.2	Vocational or skills training?	6%	23%
11.2	Education (including basic skills)?	25%	48%
11.2	Offending Behaviour Programmes?	0%	36%
11.4	Do you go to the library at least once a week?	12%	50%
11.5	Does the library have a wide enough range of materials to meet your needs?	53%	64%
11.6	Do you go to the gym three or more times a week?	13%	31%
11.7	Do you go outside for exercise three or more times a week?	13%	25%
11.8	Do you go on association more than five times each week?	67%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	22%

SECTION 12: Friends and family

12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	58%	50%
12.2	Have you had any problems with sending or receiving mail?	19%	52%
12.3	Have you had any problems getting access to the telephones?	7%	20%
12.4	Is it easy/ very easy for your friends and family to get here?	37%	28%

SECTION 13: Preparation for release

13.3	Do you have a named offender supervisor in this prison?	50%	84%
13.10	Do you have a needs based custody plan?	7%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	36%	19%