

Report on an unannounced inspection of

HMP & YOI Styal

by HM Chief Inspector of Prisons

3–14 November 2014

Glossary of terms

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Introduction

HMP Styal is a women's local prison near Wilmslow in Cheshire that serves courts in the north-west of England and north Wales. Its major catchment areas are Greater Manchester and Merseyside, and it holds a complicated mix of women from those remanded by the courts, women serving both short and long sentences and those with indeterminate sentences. Like other women's local prisons the population is further complicated by high levels of self-harm, physical and mental health issues, and drug and alcohol abuse. Many of the women have experienced domestic violence and over half have children under 18. More women at Styal than at comparator prisons were in prison for the first time, and the vast majority told us they arrived with a range of problems.

As we have reported elsewhere, many women had long delays in court cells at the conclusion of their cases while waiting for transfer to the prison. This was compounded by escort vehicles being shared with male prisoners and frequent late evening arrivals at the prison. In contrast, early days support for women at the prison was very good. Women were dealt with swiftly in reception and staff were friendly and welcoming. First night support was also good and peer mentors were used to very good effect throughout the process. Induction was well managed and allocation to activities was swift and based on an individual assessment of needs and circumstances. A good risk assessment was conducted to establish if women could be safely located on the more 'open' side of the prison in houses, or needed greater supervision or support in the more 'closed' setting of Waite wing.

Most women felt safe and the majority of more serious incidents (of which there were few) were accounted for by a small number of individuals with the most problems. Good relationships between staff and prisoners, prisoner peer workers, and the prison's safer custody hub helped to support a safe environment. Vulnerable women, including those who self-harmed, were generally well cared for; and the Dove Centre provided a caring and supportive respite for those with the most complex problems - the unit represented a real step forward from previous arrangements for caring for such women. Security arrangements facilitated decent free movement around the site, and also focused on the ongoing challenge of restricting access to illicit drugs and preventing the trading of prescribed medications. Force was used proportionately and management arrangements were strong. However, some women with severe mental health issues and related challenging behaviour were held in segregation, and more thought needed to be given to how these women should be cared for, including better joined up work between the prison and mental health staff. Substance misuse support was much improved from the previous inspection and was now good overall.

The physical layout of the prison was unusual. Waite wing was a large, traditionally designed cellular unit used for those women deemed unsuitable for the houses, either because of their behaviour or vulnerability. In contrast, the main site enjoyed a very open regime where women lived communally in houses and had a degree of autonomy. Women from both parts of the prison were required to visit various hubs for information, support and to access staff, and we felt this engendered a sense of independence and personal responsibility for many everyday issues. While the standard of accommodation was reasonable, women, particularly on Waite wing complained about a range of frustrations concerning daily living. The layout of the main site also presented challenges for women used to a more traditional prison environment, as it required them to be much more involved in decisions about many day-to-day issues and less reliant on staff. Many women complained about a lack of staff visibility on the houses and this was compounded by the absence of any formal scheme of having named staff who were required to check on the women. While we supported the focus on encouraging women to be more independent, for some, particularly the more vulnerable in the population and women serving long sentences, more regular routine contact with staff was perhaps still needed. Peer mentors were used extensively and while we supported this approach, staff oversight and supervision of these individuals needed to be enhanced.

Equality and diversity work was adequate but meeting the needs of some groups needed more focus. Health care provision was good, but some triage arrangements presented unreasonable barriers for some women, particularly when trying to see a GP. Queuing for medications was pervasive, often happening outside with no cover, even in very inclement weather, and we considered this to be disrespectful.

Time out of cell was good and few, if any, women were locked up during the core day. The focus of learning and skills was appropriate, met the needs of women very well and supported rehabilitation work. Provision was well sequenced and the range, quality and quantity were good. Achievements and attendance were also good.

Resettlement work was also very effective. While there were some frailties in offender management work, support to higher-risk women was better. The excellent resettlement pathway support, driven from the Women's Centre (aimed to replicate the services provided by community-based women's centres - organisations with an exclusive focus on women's needs), provided very good support on arrival, during time spent at the prison, and, where relevant, pre-release. Children and families work was good and developing, and support for the victims of abuse was strong, although more needed to be done to provide staff with a better understanding of human trafficking.

Overall, Styal was a very good prison where outcomes for the women held were strong in all four of our healthy prison tests. We were particularly impressed with the efforts made to give women more independence and responsibility, and although this was a problem to some, it was aimed at better equipping women for life back in the community. Relationships were strong and these, alongside very good activities and resettlement work, supported a positive focus on rehabilitation. Challenges remain but this is a good inspection of a successful institution.

Nick Hardwick
HM Chief Inspector of Prisons

March 2015

Fact page

Task of the establishment

Styal is a closed female prison.

Prison status

Public

Region

North West

Number held

438 (on 4 November 2014)

Certified normal accommodation

450

Operational capacity

460

Date of last full inspection

5–15 July 2011

Brief history

Styal was built in 1898 as a children's home under the English Poor Law, which it remained until 1956. Between 1956 and 1959 it housed Hungarian refugees. In 1963, the establishment opened as a semi-secure prison for women. Styal, the only female prison in the North West, took all HMP Risley's unsentenced prisoners after its women's wing closed in 1999.

Short description of residential units

There were 16 detached Victorian houses, with mainly shared accommodation for approximately 20 women. Some had specialist functions: Oak house, the first night centre, held women for between 24 and 48 hours on reception; Barker house was used for induction; while Reach house consisted of the drug recovery unit. The mother and baby unit had spaces for nine mothers and 10 babies. Waite wing, holding 140 women on two spurs, consisted of a mixture of single and double cells in standard cellular accommodation and housed women needing greater supervision, including those on the basic regime and those requiring regular observations as part of suicide and self-harm prevention procedures. The segregation unit held up to nine women in cellular accommodation and the Dove Centre, a nine-bed unit, offered therapeutic support to women with complex needs.

Name of governor

John Hewitson

Escort contractor

GEOAmey

Health service providers

Spectrum Community Health
Greater Manchester West Mental Health NHS Trust
Lifeline

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Isabelle Duncan

About this inspection and report

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

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

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

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

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. 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.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 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.¹

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

Summary

Safety

- S1** *Women were often delayed in court for long periods and arrived at the prison late in the evening. Support during prisoners' early days at the prison was very good. Most women told us they felt safe, but our survey suggested the prison needed a better understanding of some women's views. Support for women at risk was generally good. The Dove Centre and safer custody hub were positive initiatives. Security was proportionate and the prison prioritised the management of illicit drug use. Some discipline charges could have been dealt with using the incentives and earned privileges (IEP) scheme. Use of force was not excessive and was well managed. Some women who were at risk were held in segregation. Substance misuse services had improved and were now good. **Outcomes for prisoners were good against this healthy prison test.***
- S2** *At the last inspection in 2011 we found that outcomes for prisoners in Styal were reasonably good against this healthy prison test. We made 32 recommendations in the area of safety. At this follow-up inspection we found that 16 of the recommendations had been achieved, four had been partially achieved and 12 had not been achieved.*
- S3** Women still shared escort vans with male prisoners and continued to face long delays in court waiting for transport to Styal, which meant they arrived at the prison late in the evening. The majority of women were not informed of their transfer destinations until the day they were leaving.
- S4** Reception was informal and welcoming and processes were thorough and swift. Peer workers helped women through the process. First night arrangements were good and peer workers played a key role in helping new arrivals to settle into the prison. Accommodation was clean and well prepared. Good risk assessment systems were in place to ensure women were allocated to appropriate accommodation. Induction was well managed.
- S5** Most prisoners felt safe although those with disabilities and gay women were less positive in our survey about some aspects. Perceptions of safety and victimisation were worse on Waite wing; the mix of women who were at risk, detoxing, subject to suicide or self-harm monitoring procedures alongside those displaying problematic behaviour were likely to have given rise to these perceptions. Assaults on prisoners and staff had increased since 2012, but often involved a very small number of women. Many incidents were minor and usually related to a breakdown in relationships or petty disputes. Good staff-prisoner relationships, safer prison representatives and the safer custody hub (where women had access to peer supporters, members of the safer custody team and equalities representatives and staff) supported safety well.
- S6** There had been no self-inflicted deaths since our previous inspection, which was significant given the high risk population held. The safer custody hub was an excellent initiative that supported well, work to keep women safe. Investigations into the few serious self-harm incidents took place so that lessons could be learned. Levels of self-harm were high and incidents were often associated with a small number of women who were distressed. Women on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm generally received good support and a wide range of interventions was offered. Most assessments were good, well coordinated and multidisciplinary. Listeners felt they received good support from the local Samaritans but not from all staff. Efforts were made to keep women at risk out of segregation. Few women

required constant observation and, although the use of strip-clothing was not monitored, we were assured that it was used only as a last resort.

- S7 There was no prison-based adult safeguarding policy and a more coordinated approach between the safer custody, equalities and health care departments was needed; however, there were examples of some good work. The Dove Centre, which offered therapeutic support to women with complex needs, had contributed to a significant improvement in the care of women with complex needs.
- S8 Security measures were generally proportionate and most women could move around the grounds freely. A reasonable amount of security information was analysed well and key areas requiring attention were identified and objectives set. Information-sharing with other departments, particularly safer custody, was good.
- S9 Survey results indicated that the availability of drugs was greater in the houses than on Waite wing and the random mandatory drug testing positive rate averaged 8.3% against a target of 7%. Positive test results and finds indicated opiates, subutex and benzodiazepines were the main drugs used. The supply reduction action plan had been reviewed to reflect the challenges presented and proactive steps taken to address the challenges, including trading in prescribed medications. Not all requested suspicion tests had been completed. Information-sharing between departments was good.
- S10 The number of adjudications had increased significantly since our previous inspection. Some charges could have been dealt with using the incentives and earned privileges (IEP) scheme. Force was not used frequently. Documents we reviewed showed that women were restrained as a last resort and de-escalation was often evident. The monitoring and analysis of incidents involving the use of force were good and quality assurance took place.
- S11 Few women remained in segregation for long periods, but the unit was sometimes used for women with complex needs; these women required better care planning; including greater mental health input. The unit and cells were clean but the exercise yards were cage-like and bare. Women could only spend time outside alone, regardless of the risks they presented. Staff-prisoner relationships in the segregation unit were supportive and staff knew the women well.
- S12 We were impressed by the range of psychosocial interventions, the use of peer mentors, and the development of structured support in the drug recovery house. Clinical management of women dependent on drugs and alcohol had improved since the previous inspection. Treatment was flexible and reviewed regularly, but demand remained high.

Respect

- S13 *The environment at the main site was relaxed. Waite wing had a somewhat institutional atmosphere and women there were less positive about some aspects of everyday life. Staff-prisoner relationships were good but some at risk women sought more direct contact with prison staff. Equality and diversity work was reasonable overall. Care for mothers, babies and pregnant women was very good. Complaints were well managed and legal services were adequate. Health services were reasonable, but the queues for medication were unacceptable. Women were negative about the food but valued opportunities to cater for themselves and canteen arrangements were adequate.*
Outcomes for prisoners were reasonably good against this healthy prison test.

S14 At the last inspection in 2011 we found that outcomes for prisoners in Styal were reasonably good against this healthy prison test. We made 38 recommendations in the area of respect. At this follow-up inspection we found that nine of the recommendations had been achieved, eight had been partially achieved, 19 had not been achieved and two were no longer relevant.

- S15 The external environment was generally good. Accommodation varied; the houses offered a positive informal environment whereas Waite wing was more institutional in character. Some rooms contained excessive amounts of graffiti. In our survey, women were concerned about a number of aspects relating to everyday life, particularly on Waite wing where they were more negative in our survey about access to some amenities and services. Access to laundry facilities was good but the requirement to purchase all clothing via catalogues was unreasonable. Women and staff were unsure about access to sources of clothing. Some women did not have a coat despite bad weather. In our survey fewer women than in the comparator said their cell bell received a response in less than five minutes, but we could not verify this. Peer workers provided good information and support but they needed more robust supervision.
- S16 Staff-prisoner interactions we observed were respectful, and in our survey women said that most staff treated them well. In some cases relationships were excellent. Efforts had been made to encourage women to take responsibility for day-to-day decisions. Women, particularly those most at risk and those serving longer sentences missed having regular contact with named officers. Electronic case file notes concentrated on negative behaviour rather than on any positive aspects and did not take into account women's personal circumstances.
- S17 Prisoners knew who equalities staff were and said they provided good support, but other staff needed to be more involved. Allegations made in discrimination incident reporting forms were investigated to a satisfactory standard, although there was no external quality assurance. A range of prisoner consultation groups was run. All Foreign national women were seen on arrival, but none of the women we spoke to were aware of their entitlements, and they only received a free phone call if they had not had a visit. Some older women and those with disabilities felt well supported but there were no suitable facilities for women with a disability on Waite wing. Up-to-date personal emergency and evacuation plans (PEEPs) were available and some women had care plans. However, not all officers knew who was subject to a PEEP.
- S18 Services for young women were developing and most pregnant women felt well supported; ante-natal care was good. The mother and baby unit (MBU) was safe and comfortable and had suitable facilities; staff supported women well. Faith provision was good.
- S19 Most complaints were about relatively minor matters and responses were timely and satisfactory. Apologies were provided when necessary. The senior management team monitored complaints and took action to address issues identified. However, prisoners were dissatisfied with some aspects of the complaints system and many expressed a lack of confidence in the process. The governor oversaw all complaints about staff. Prisoners could see a range of specialist solicitors in the Women's Centre (aimed to replicate the services provided by community-based women's centres- organisations with an exclusive focus on women's needs). Legal visits arrangements were satisfactory.
- S20 Overall health care was reasonably good. Governance arrangements were generally good, but different health providers did not sufficiently integrate the care of women with complex needs. Many of the clinical rooms needed refurbishment and some, including the pharmacy area, in the main health care unit were not appropriate. Too many women queued outside,

often for long periods, in all weathers, for medication, which was unacceptable. Health promotion was very good.

- S21 Women were overwhelmingly negative about access to some health services. Waiting times for primary care services were good, but the nurse triage system was ineffective. Some aspects of medicines management required improvement and too few women had medication in possession. Dental services were very good. Demand for mental health services was very high. The services available were impressive, but transfers to secure units took too long.
- S22 In our survey only 15% of women said the food was good or very good. The food we tasted was cold and although serveries were clean, they required better supervision. Self-catering opportunities were valued but many women complained that portion sizes were small.
- S23 In our survey women were generally satisfied with the range of canteen products available and received at least two reception grocery packs² in their first fortnight, which offset somewhat the lack of a full canteen service.

Purposeful activity

S24 *Time out of cell was very good. Learning and skills appropriately focused on women's needs and prisoners were positive about the opportunities offered. Activities were organised on an individual basis and the range, quantity and quality of provision was good. Most teaching and learning was good or better than previously and achievements reflected this. Attendance at activities was now good. The library and gym provided some good opportunities. **Outcomes for prisoners were good against this healthy prison test.***

S25 *At the last inspection in 2011 we found that outcomes for prisoners in Styal were good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved and two had been partially achieved.*

- S26 Time out of cell was very good for all women; they were unlocked for most of the working day.
- S27 Good joint working with The Manchester College (TMC) led to a well planned and coherent curriculum that met the needs of the prison population effectively. The college's observation of teaching and learning was effective in maintaining good standards. However, prison managers had not yet implemented a similar procedure to cover learning that was directly delivered by the prison. TMC's use of learner focus groups helped improve the provision. Self-assessment was inclusive, detailed and well established and clearly identified key strengths and areas for improvement.
- S28 Women in our survey were positive about the activity opportunities offered. The prison provided sufficient activities to meet the needs of the population. The progression board was effective in ensuring that allocations to education, training or work were efficient and prompt and met prisoners' needs. The range of accredited education provision was particularly good. The wide range of vocational training helped women to develop useful transferable skills.

² reception grocery packs usually contain basic food and drink items such as tea, milk, sugar and sweets

- S29 Teaching, learning and assessment were good. Some of it was outstanding, especially in classroom-based courses. Teachers were well qualified and enthusiastic and managed sessions effectively. They planned lessons well to meet individual needs. However, in a small minority of lessons, teachers did not plan effectively to meet the diverse needs of all learners. Individual learning plans (ILPs) had improved. However, a minority contained insufficiently clear or challenging targets. Prisoners with physical or learning disabilities were well supported in class. The development of prisoners' English and mathematics was reasonably good. However, these basic skills were not well promoted in vocational learners' written work. Equality and diversity was effectively embedded.
- S30 Retention and success rates on courses were very high. There were no significant performance differences between groups of learners. Attendance had improved in recent months as a result of an effective strategy to ensure that women attended sessions for which they were scheduled. Work was of a good standard and prisoners developed strong personal and social skills. Women developed useful transferable skills in a wide range of vocational areas to help them on release. Those who were promoted to team leader, key worker and orderly roles gained particularly good teamwork skills when supervising training and assessing other women.
- S31 The library had strong links with TMC, which helped promote its use. The library stock was good, as was the promotion and development of prisoners' reading skills. Prisoners had good opportunities to visit the facilities.
- S32 The promotion of physical education and healthy living was effective. The gym was understaffed and as a consequence almost no accredited courses were offered. The indoor sports hall and gym facilities were satisfactory. However, there was no all-weather outdoor facility. The programme of activities met the needs of most prisoners, but there was no specific provision for older women or mothers and babies. Monitoring of prisoners' use of the library and gym facilities required improvement.

Resettlement

S33 *Prison staff had a good understanding of the resettlement needs of the population. The quality of offender management work was mixed; high risk cases were appropriately prioritised, but support for others needed improvement. Public protection arrangements were generally good. Arrangements to assess resettlement needs were very good. The Women's Centre was outstanding. Children and families work was reasonable and developing, and victims of abuse were supported well. Some very good pathway support was provided. **Outcomes for prisoners were good against this healthy prison test.***

S34 *At the last inspection in 2011 we found that outcomes for prisoners in Styal were reasonably good against this healthy prison test. We made 35 recommendations in the area of resettlement. At this follow-up inspection we found that 16 of the recommendations had been achieved, five had been partially achieved, 13 had not been achieved and one was no longer relevant.*

S35 Prison staff understood the needs of the women well and were informed by a recent needs analysis. A series of resettlement pathway action plans drove improvements. The outstanding Women's Centre enabled prisoners to access to a wealth of resettlement services provided by a wide range of community organisations. Despite an enormous catchment area, outcomes for women on release were equitable. Release on temporary licence was used well.

- S36 Overall, the offender supervisor group was enthusiastic but inexperienced, and relied heavily on the small probation team for expertise and guidance. There was evidence that practice was improving, but progress had been hindered by the excessive redeployment of staff. A backlog in offender assessment system documents was being effectively managed and completed assessments were generally reasonable. Overall offender management services for higher risk cases were also reasonable. In our survey, fewer women than in comparator prisons said they had an offender supervisor, and records confirmed that many had never met them. Home detention curfew assessments were sound and took place more promptly than previously, but most women were released after their eligibility date.
- S37 Public protection processes needed to be more consistent. Multi-agency public protection arrangement levels were not routinely established when prisoners were nearing release. However, restrictions within the prison were well managed, and child protection arrangements were adequate, as were categorisation and allocation processes. However, too many women were transferred on overcrowding drafts and were further from home as a result. There were no specific services for women on indeterminate sentences, and many did not have up-to-date sentence plans; nevertheless, access to interventions was good and enabled them to address risk issues.
- S38 Women's resettlement needs were assessed during induction, and appropriate referrals made. They were followed up two weeks prior to release to ensure that all their needs had been met.
- S39 Two family engagement workers had recently been employed and were already helping women to maintain or re-establish contact with their families. Children and family days were open to all women irrespective of their IEP status, and women had good opportunities to spend time with their children. Visits facilities were good and staff supported first-time visitors. Visiting arrangements were satisfactory.
- S40 Services for women who had suffered domestic violence were reasonable and were being developed. Some good support was available in the health care department for women who had been involved in prostitution, but a more integrated approach was needed. Staff's awareness of human trafficking was not sufficient.
- S41 Most women were released to settled accommodation. The prison had good links with housing providers and trained peer mentors were used effectively.
- S42 The quality of the careers information and guidance provided by the National Careers Service was good. Prisoners used the virtual campus (internet access for prisoners to community education, training and employment opportunities) to good effect. The prison had some effective links with employers to provide training and employment on release, although opportunities for women to interact with employers in the prison were limited.
- S43 Pre-release planning to meet women's health needs was effective. Women who required it received very good palliative care. The 'through-the-gate' substance misuse service was very good; workers were engaging with a number of women, including some who were now back in the community. Good finance, debt and benefit support was provided.
- S44 Good, relevant offending behaviour programmes, with no waiting lists, were available. Some restorative justice work had been undertaken.

Main concern and recommendation

S45 Concern: Women living in the houses had to queue outside for medications for long periods, often more than once a day. There was no shelter and they were therefore often queuing up in bad weather. Queues were visible to all, which meant that other prisoners were aware of who was on prescribed medications.

Recommendation: The facilities and systems for medication administration should ensure that women can receive their prescribed medication promptly and privately without having to queue outside.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- | |
|--|
| <p>I.1 <i>Women still shared escort vans with male prisoners and continued to spend a long time in court prior to their transfer to Styal. The majority of women were only told where they were going on the day of their transfer.</i></p> |
|--|
- I.2** Women still shared escort vehicles with men, which was inappropriate. Many women waited a long time in court before being transferred to Styal and too many arrived late in the evening. In the six months prior to our inspection 60 women arrived at Styal over five hours after court cases had concluded and 69 after 7pm. The situation was exacerbated by escort contractors routinely dropping male prisoners off before travelling to Styal. Reception remained open to accommodate the late arrivals. First night procedures were undertaken for most regardless of the time they arrived. Escort vans were adequately clean and women provided with food and drinks. We observed appropriate transport being provided for disabled and pregnant women.
- I.3** The majority of women we spoke to who were being transferred from Styal had been told of their destination half an hour prior to attending reception on the day of the move, which was poor. Women had access to a telephone in reception so they could inform family and friends.

Recommendations

- I.4** **Female and male prisoners should be transported separately.** (Repeated recommendation I.2)
- I.5** **Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm.** (Repeated recommendation I.3)
- I.6** **All women should be given 24 hours' notice of planned transfers unless there are well-evidenced individual risk assessments otherwise.** (Repeated recommendation I.4)

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.

- 1.7** *Reception was informal and welcoming and women were dealt with thoroughly and swiftly. Peer workers played a valuable role. First night arrangements were good and accommodation clean and well prepared. Risk assessments to determine where women were accommodated were good. Induction was well managed.*
- 1.8** Reception was informal and welcoming. Women were mostly allowed to move freely around the area to obtain hot and cold drinks and magazines and to watch television while waiting to be dealt with. Staff interacted well with the women; we observed them behave politely and respectfully. In our survey, 76% of women, more than at our previous inspection, reported that they had been treated well or very well in reception.
- 1.9** Women were dealt with swiftly and thoroughly and all new arrivals had a private interview with staff. In our survey, 84% reported that they had been in reception for less than two hours, which was better than the comparator. Trained peer workers provided women with valuable support and gave them a reception pack that included information and basic toiletries. Information was only provided in English and although staff told us they would use telephone interpreting services, some women whose English was not adequate told us this had not been used to help them in reception (see section on equality and diversity, recommendation 2.49). Women we spoke to appreciated the support that peer workers provided.
- 1.10** Clothing was offered to those who needed it and women received microwave meals to take to the first night centre. Reception staff did not have prompt access to telephone numbers for local police, social services nor out of hours' emergency services should they have required them.
- 1.11** The officer dealing with each woman took her to the first night centre in Oak house to provide continuity of care and undertake a handover with first night staff. Oak house was clean and accommodation well prepared for new arrivals. Women who were detoxing no longer had to share cells with those who were not. First night staff had a private conversation with women and peer supporters and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were on hand to help women settle in. In our survey, 76% of women reported feeling safe on their first night, more than the 69% at our previous inspection. Women stayed in the unit for only a few days before moving to either Barker house, where induction took place, or Waite wing. Risk assessment processes to ensure women were appropriately accommodated were good and designed to ensure they were safe.
- 1.12** Induction had improved and women were participating in the process more promptly than they were earlier in the year. Women who were detoxing were appropriately given five days to stabilise before they were required to attend induction. Although induction only took place on Mondays and Wednesdays, all women received a visit from key agency staff on their first morning and had access to peer supporters, Listeners and staff in Oak and Barker

houses in the interim. Induction was thorough, included all relevant departments and was well presented.

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.13 *Most women told us they felt safe but our survey suggested some women's perceptions needed to be better understood. Most incidents were minor and involved verbal rather than physical threats. There was a difficult mix of women on Waite wing and the balance between giving women more responsibility in the residential houses and the potential risks needed to be closely monitored. Weekly meetings to consider risks seemed to be working effectively and the services provided through the safer custody hub supported the safety of the prison.*

I.14 Most women felt safe and overall levels of violence were not high. There were on average 49 'incidents', encompassing a range of behaviour, and an average of five assaults or fights between prisoners every month. Most incidents occurred on Waite wing and were often associated with a very small number of women. Many were minor and often related to a breakdown in relationships or petty disputes. On average, there were five assaults on staff each month, which had doubled since 2012. However, they were often related to the removal of ligatures from women attempting self-harm.

I.15 However, women with disabilities and gay women were less positive in our survey about some aspects, which needed to be explored. Some perceptions of safety and victimisation were worse on Waite wing; the mix of women who were at risk, detoxing and subject to suicide or self-harm monitoring procedures, alongside those displaying problematic behaviour were likely to have significantly contributed to these perceptions.

I.16 A monthly safer prisons meeting chaired by a senior manager was well attended by relevant staff and Listeners. Comparative data was analysed across a range of safer custody areas and identified more problematic behaviour. Not all incidents were reported to the security department which meant there was some under-reporting on the national database - collects data on performance. The prison did not specifically monitor the safety of young adults, although they were involved in focus groups and were invited to attend bimonthly staff-prisoner consultation meetings, focusing on safety.

I.17 There was little evidence that the redeployment of officers from the houses in September 2013 had led to any significant increase in violence, although some women were concerned about this. Two incidents of concerted indiscipline had taken place since June 2013, which was unusual for a women's prison; both had occurred in the houses and our survey indicated the availability of drugs was higher there than on Waite wing. The balance between giving women more responsibility and the potential risks involved needed to be monitored closely.

I.18 A safeguarding checklist procedure had been introduced in November 2013. The purpose of the checklist was to investigate concerns about bullying and ensure appropriate action was taken, but no formal record of perpetrators, victims or outcomes had been maintained. From September 2014, safer prison officers (staff with specific responsibilities for safer

custody work) had taken over responsibility for completing checklists, and the investigations of incidents we examined were good. Most perpetrators were dealt with through the incentives and earned privileges (IEP) scheme, disciplinary processes or, if appropriate, were moved to Waite wing where there was more staff supervision.

- I.19** Two multidisciplinary meetings took place every week to share information and assess women's risks. A safer regimes meeting focused on keeping women safe and considered, for example, adjudications for violent incidents, cell-sharing risk assessments, suspicions about illicit drugs activity and the need for some women to be escorted when they were not on the wing. This was followed by a meeting that considered women's suitability to live in one of the houses and considered, for example, reports on non-attendance at activities, conflicts or refusals to move to one of the houses from Waite wing.
- I.20** The IEP scheme was administered reasonably well. Most written warnings were for failing to attend activities. Reviews were convened to provide women with a final warning before considering whether or not to downgrade them and targets were identified to improve behaviour. Nine (2.1%) women were on the basic regime and located on Waite wing. They had regular reviews and their regime was not overly restrictive. We were given examples where women's risks and vulnerabilities were taken into account when a downgrade to the basic regime was being considered.
- I.21** We observed some good staff-prisoner relationships and peer work, which supported safety. Safer prison orderlies saw all new receptions, participated in induction and provided women with outreach support. Staff were accessible and the safer custody hub, which offered women access to peer supporters, members of the safer custody team as well as equalities representatives and staff, was well used with over 1500 visits in the previous three months. Collectively these measures supported safety well.

Recommendation

- I.22** **The prison should explore the reasons why women with disabilities and gay women hold more negative perceptions of safety in our survey.**

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.23** *There had been no self-inflicted deaths since 2011. Levels of self-harm remained high but involved fewer women. Good support was available, particularly through the excellent safer custody hub, but some assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm needed improvement. Listeners did not always feel well supported by all officers.*

- I.24** There had been no self-inflicted deaths since we last inspected, which was significant given the high risk population held. An up-to-date action plan focused on Prisons and Probation Ombudsman recommendations relating to previous deaths in custody.

- I.25** Investigations took place so lessons could be learned from the prison's few serious self-harm incidents. Levels of self-harm, as in most women's prisons, were high, averaging 53 over the previous six months. They were often associated with a small number of women who were distressed. The number of women who self-harmed was not routinely monitored but an analysis at the time of the inspection indicated that it had declined each year since 2011. The safer custody hub (a drop in centre that provided a range of peer and staff input to anyone feeling vulnerable, isolated or otherwise in need of support) was at the heart of work to keep women safe.
- I.26** On average 50 ACCT documents were opened each month. Those assessed as having a higher risk of self-harm were placed on Waite wing where staff were better placed to provide ongoing observation and support (see section on safe and supportive relationships, paragraph I.14). Women were generally well supported and a good range of interventions was offered to promote good mental health. Women we met who were subject to ACCT procedures were largely positive about their care. Some meaningful work activities were available in the safer custody hub, which provided women on ACCTs with additional opportunities to participate in purposeful activity in a more supportive environment. A good range of other interventions and support groups were also run from the hub.
- I.27** Most ACCT assessments were good and reviews well coordinated. Reviews were mostly multidisciplinary and often included a member of the safer prisons team and a mental health nurse, but case managers were not consistent. We saw some examples where women had been encouraged to complete a written contribution in advance of their reviews. Care plans often specified which member of staff should follow through actions and women were encouraged to get involved in activities. Staff had occasionally involved families.
- I.28** Most comments made daily in ACCT documents consisted of simple observations rather than demonstrating caring interactions; observations often took place at predictable, instead of irregular, intervals and there was no evidence that managers checked documents. Some women would have benefited from a named worker to provide consistent support.
- I.29** The team of nine Listeners felt that they received good support from the local Samaritans but not from all prison staff. Officers did not always follow the protocol for the use of Listeners or the Listener suite and sometimes did not take women's requests to see a Listener seriously. Despite this most women and Listeners we met felt they were accessible. Women could contact the Samaritans directly by phone day and night.
- I.30** Women subject to ACCT procedures were on occasion held in segregation. This was authorised by a senior manager and only took place as a last resort; the decision was reviewed frequently. Three women had been placed on constant observations since April 2014 and as far as we could tell this was for appropriate reasons. The use of strip-clothing during these times was not monitored.

Recommendations

- I.31** **ACCT procedures, including the quality of daily entries, consistency of case manager and identification of a key worker, should be improved.**
- I.32** **All officers should support the Listener scheme.**

Good practice

- I.33** *The safer custody hub was accessible to all women held and offered a wide range of both peer and specialist staff input to those feeling vulnerable or otherwise in need of support on a drop in basis.*

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.34** *Although there was no formal policy for safeguarding women with complex needs, support for women at risk was generally good. The Dove Centre provided a good level of care.*

- I.35** There was no prison-based adult safeguarding policy. Following approaches from the local safeguarding children's board in July 2014, some joint work was developing. Health care providers had guidelines for the implementation of a multi-agency safeguarding adults policy. However, the prison lacked a more coordinated approach involving the health care provider and Cheshire East local safeguarding adults board, which could have led to the development of a single prison-based policy.

- I.36** However, despite the absence of a formal policy, there were examples of some good work. The Dove Centre, a nine-bedded unit run by discipline staff and supported by mental health workers, provided women with complex needs, previously held in the Keller unit (a segregation unit for women with complex needs that had closed), with much better care. Although officers had had no specific training we were impressed with their level of commitment. There was some evidence of a reduction in self-harm among this population.

- I.37** Weekly multidisciplinary reviews took place, including for a small number of women at risk held in segregation who were being considered for the Dove Centre. Minutes of the reviews contained little detail and while some were assigned specific mental health workers, systematic care planning had not been developed. The unit was calm and relaxed and staff there were aware of women's needs. Most women returned to the main population and some attended activities away from the unit.

Recommendation

- I.38** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

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.39 *Security measures were appropriate. A reasonable amount of security information was analysed well and information-sharing with other departments was good. Areas requiring attention were identified at the security committee meeting with relevant longer term objectives set and actions were clearly followed up.*

I.40 Security was proportionate. The majority of women could move freely around the grounds, which enabled them to attend activities and appointments without unnecessary delay.

I.41 A reasonable amount of information, consisting of 813 information reports in the previous six months, was received and analysed well, and information-sharing with other departments, particularly safer custody, was good. The lack of staff in the security department at weekends meant that some searching and drug tests were not followed up promptly enough, although urgent matters were dealt with. Areas requiring attention, such as concerns about drugs and threats to staff and prisoners, were identified at the monthly security committee meeting. Longer term objectives had been set, actions were clearly followed up and issues resolved. Security bulletins with details of these objectives were distributed to all staff. All searching, including strip-searching, was intelligence-led. The security department also provided information to the weekly safer regimes meeting, where a range of safety issues were considered (see section on safe and supportive relationships, paragraph I.19).

I.42 The security department contributed to assessments for women's access to activities and work as well as for release on temporary licence, home detention curfew and parole reports. Women were not unnecessarily restricted by security matters when they were allocated to activities.

I.43 The department had good links with the police and a memorandum of understanding had been developed to deal with prison referrals relating to crime. A regional intelligence unit had been set up approximately six months before the inspection to take the place of local police intelligence officers. It was too soon to say how effective the unit was in providing the prison with support. There were adequate procedures in place to protect women from illegal conduct or misconduct by staff. Women were confident that they could complain about staff and appropriate action was taken to deal with such complaints.

I.44 The random mandatory drug testing (MDT) positive rate averaged 8.3% in the previous six months against a target of 7%. In our survey, 43% of women in the houses said it was easy to get illegal drugs compared to 25% on Waite wing. There trading in medication seemed to be more of an issue with 15% of women reporting they had developed a problem, against 7% of women in the houses. Tests and finds were for opiates, subutex and benzodiazepines, but women had also misused a range of medication.

I.45 The prison had reviewed its supply reduction strategy and action plan, appropriate security measures were in place and proactive steps had been taken to address the challenges, including trading in prescribed medications. However, target testing was still problematic. In the previous six months, 89 suspicion tests had been requested, but only 63 had been completed. MDT took place on set days, which made testing too predictable. Information-

sharing between security and substance misuse services was generally good, although not all women who tested positive were referred to the drug and alcohol recovery service (DARS).

- I.46** Three women were subject to closed visits restrictions and six were not allowed visitors – the reasons for the restrictions all related to illicit activity during visits, such as passing on drugs. Cases were reviewed every month and restrictions were lifted as soon as the risks had been reduced.

Housekeeping point

- I.47** Women testing positive under MDT should be consistently referred to the DARS.

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.48** *The number of adjudications had increased substantially since our previous inspection and some matters could have been better dealt with using the IEP process. Use of force was not excessive and was well managed. On average 20 women each month were segregated and women with complex needs were sometimes placed there. Few women remained in segregation for long periods. The unit was clean, but the exercise yards were bare, and the regime inadequate.*

Disciplinary procedures

- I.49** There had been 504 adjudications in the previous six months, a substantial increase since our previous inspection when there had been 330 over the same period (although this was still similar to other prisons). Hearings were carried out in the segregation unit in relatively informal surroundings. Our own observations and records showed that women could have their say and contact legal advisers or call on additional support or witnesses. Some adjudications could have been more suitably dealt with in the first instance by using the IEP system, such as when women were found in areas which were out of bounds; this had contributed significantly to the increase in numbers. Adjudications for only the most serious offences were appropriately referred to the independent adjudicator who attended every three weeks.
- I.50** Quarterly adjudications meetings took place, a wide range of data were considered and the punishment tariff was reviewed regularly. A sample of adjudications was reviewed at the meeting and lessons learned were shared with staff.

Recommendation

- I.51** **Adjudications should only be used for serious disciplinary offences; IEP warnings should be issued for lesser infringements of the rules.**

The use of force

- I.52** Force was not used frequently and 103 incidents had taken place in the previous six months. A small number of women accounted for a large number of these incidents. Planned interventions, which occurred infrequently, were recorded on video but not routinely reviewed.
- I.53** Documentation showed that staff attempted de-escalation before and during incidents and the use of handcuffs was appropriate. We were assured that force was used only as a last resort and incidents were managed well. All incidents were reviewed at the morning meeting the following day and more in-depth discussions, analyses, monitoring and reviews took place at the quarterly use of force meeting.

Segregation

- I.54** The segregation unit had been reinstated following the closure of the Keller unit. On average 20 women each month were segregated, 121 in the six months prior to our inspection. Reviews took place at regular intervals and staff from relevant departments attended, but they often resulted in generic targets that did not address women's behavioural issues.
- I.55** Some women with very complex needs had been segregated, although few remained in the unit for long periods. Mental health workers attended the weekly review meeting for women with complex needs in the segregation unit (see section on safeguarding (protection of adults at risk) and women with complex needs, paragraph 1.37), and key workers visited to provide support. However, staff felt they had insufficient specialist training and support from the mental health team, which had an impact on their ability to support these women effectively (see section on delivery of care (mental health), paragraph 2.116).
- I.56** The unit, including its cells, was clean. The exercise yard was bare and cage-like and women were only allowed in the open air alone, regardless of the risks they posed. Women received daily visits from the duty manager and had access to showers, phone calls and exercise every day. Otherwise, the regime remained inadequate and the women we spoke to said they spent most of their time in their cells. Some women whose behaviour was satisfactory had televisions.
- I.57** Staff-prisoner relationships were supportive and we observed positive interactions. Staff knew the women very well and written records often showed that staff interacted well with them. Segregation monitoring was undertaken at a quarterly meeting but had led to few improvements.

Recommendation

- I.58** **Women should be allowed to exercise and associate with others when risk assessments permit.**

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.59** *The DARS delivered an impressive range of psychosocial interventions and women were positive about the support available. Demand for treatment remained high but clinical management had improved following the introduction of a specialist substance misuse service. Controlled drug administration was time consuming and queues outside the health care department were unacceptable.*
- I.60** The drug and alcohol strategy had been re-launched and the policy document was currently under review. A needs assessment was underway and would inform the annual action plan. A designated policy lead staff member coordinated services well.
- I.61** Under a new service specification the DARS was provided by Lifeline, while Delphi Health delivered the clinical element. Services for women with alcohol problems had improved considerably, and in our survey 90% said they had received support against a comparator of 77%.
- I.62** The teams were co-located at the Iris Centre, which had good facilities and offered the 225 women involved (more than half the population) easy access. Interventions ranged from low-key 'recovery café' drop-in sessions and evening complementary therapy groups to structured one-to-one work, substance-specific modules and a Pillars to Recovery course. Lifeline's recovery programme ran four times a year and another agency Acorn provided a 12-week reduction and abstinence recovery programme (RAMP), which was offered separately to women with alcohol problems.
- I.63** Self-help groups included Alcoholics Anonymous, Narcotics Anonymous and self-management and recovery training; six recovery champions were actively involved in service promotion and delivery. Two peer mentors were based in Reach house, which had become a drug recovery unit providing structured support and recovery-based drug testing to 18 women.
- I.64** In the previous six months 413 women required opiate substitute treatment and 189 alcohol detoxification. Following a screening at the first night centre, treatment started the same evening. Substance misuse nurses saw all new arrivals immediately; DARS workers saw them on the following day. However, five-day reviews were not conducted jointly and joint care plans had not yet been developed. Treatment regimes were flexible and based on individual needs, with a quarter of women reducing their dosage. Specialist substance misuse clinics had been introduced and six- as well as 12-week reviews were conducted jointly. A designated dual diagnosis service had not yet been developed (see section on health services).
- I.65** Monitoring and observations on Waite wing were good, but methadone and medicines administration was time consuming. Women could re-locate as soon as they were stable, which meant that the majority of the 223 women in treatment lived in the houses. However, they had to queue outside the health care building to receive their medication (see section on health services).

Recommendation

- I.66** The DARS should conduct five-day reviews jointly and develop joint care plans for women requiring both psychosocial and clinical support.

Housekeeping point

- I.67** The drug and alcohol strategy policy should be updated once the needs analysis has been completed.

Good practice

- I.68** *The DARS provided women with drug and/or alcohol problems with an impressive range of interventions, including recovery courses, peer mentoring and structured support in the designated recovery house.*

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** *The atmosphere in the accommodation varied from relaxed in the houses to the more institutional on Waite wing. Some single cells continued to be used as doubles and a number of in-cell toilets were unscreened. There was an excessive amount of graffiti. In our survey, women on Waite wing were more negative about some aspects of everyday life, including access to showers, clothing and cleaning materials. The need to purchase all clothing from catalogues was unreasonable. Although some women were anxious about approaching peers, the residential hub provided women with a positive experience and peer workers made a valuable contribution.*
- 2.2** The external environment was generally good. Waite wing, staffed at all times and housing women needing greater supervision, was classed as ‘closed’ cellular accommodation. The unstaffed houses were classed as ‘semi-open’ and were a less institutional environment.
- 2.3** Most rooms in the houses were shared and each had a laundry, servery, dining facilities and a comfortable lounge; women could access the facilities freely. Many bunk beds had excessive amounts of graffiti as did some cell walls and furniture on Waite wing.
- 2.4** Private toilet and shower facilities were clean but tiles were damaged in some houses. Three- and four-bedded house rooms were cramped and had insufficient furniture, although this was somewhat offset by women having access to lounges. Not all women sharing had a key to their room and everyone paid 50p for their TV.
- 2.5** Some single cells on Waite wing continued to be used as doubles and had insufficient seating and unscreened toilets; toilets in some single cells also lacked screening. Not all officers knocked and waited for a response before entering cells.
- 2.6** Women had good access to laundry facilities. Underwear had to be hand-washed on the wing, but not all women had bowls or knew that washing tablets were available from the residential hub (see paragraph 2.9). In our surveys, women, particularly those on the wing, were concerned about some aspects of everyday life, including access to clean clothing and cleaning material. We understood that only new arrivals received free toiletries, although staff had different opinions, which meant women did not receive them consistently.
- 2.7** Women could receive one or two parcels of clothing up to their allowance within 28 days of arrival. After that, most clothing had to be purchased from catalogues, which was expensive and unreasonable. The prison had no storage facilities for clothing and each replacement item had to be handed out or donated to the prison and a new item purchased. There were other sources of clothing including donated or cheaply priced items available on application to the equalities team. Those with little external support or money, such as foreign nationals, were prioritised. Women and staff were unsure about prisoners’ access and entitlements to sources of clothing; some women did not have a coat despite the bad weather.

- 2.8** In our survey, fewer women than the comparator said their cell bell received a response within five minutes. The wing call bell system was awaiting repair, which meant that this could not be monitored.
- 2.9** Women could drop in to the residential hub for pre-arranged meetings with officers based there and could ask peer workers about residential issues; two peer workers were also wing-based. This encouraged women to take responsibility for themselves but some were anxious about trusting or approaching peers.
- 2.10** In our survey, women were less positive than those in comparator prisons about the application process and some were concerned about confidentiality as a result of the involvement of peers (see also section on children, families and contact with the outside world, paragraph 4.42). Applications were submitted to hub or wing prisoner workers or placed in a locked box outside the hub. They were either logged onto an electronic database or recorded in a book. Workers dealt with them or forwarded them to appropriate sources. Responses to applications from the houses were logged electronically and outstanding applications pursued; responses to applications from the wing were not well recorded. Monitoring of applications dealt with by the hub during April to September 2014 revealed that 85% received a response within five working days.
- 2.11** Peer workers made a valuable contribution to the work of the prison across many areas. However, they had access to prisoners' personal information and we had some concerns about supervision and oversight (see section on equality and diversity and children, families and contact with the outside world).

Recommendations

- 2.12** **Single cells should not be used for two women.** (Repeated recommendation 2.4)
- 2.13** **Graffiti should be removed from all areas.**
- 2.14** **All toilets should be screened.** (Repeated recommendation 2.11)
- 2.15** **Staff and prisoners should be clear about access and entitlements to clothing and women should be able to obtain it from a range of sources.**
- 2.16** **Senior managers should ensure that all peer workers are appropriately supervised and overseen.**

Housekeeping points

- 2.17** All women should have a key to their room.
- 2.18** Television charges should be proportionate and based on the number of women sharing a room.
- 2.19** Free basic toiletries should be available to all women. (Repeated recommendation 2.10)
- 2.20** Managers should monitor all cell call bell response times.

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.

2.21 *Staff-prisoner relationships were generally strong, and some were excellent. Staff had high expectations of women and were not afraid to challenge poor behaviour. Women were encouraged to take responsibility for day-to-day decisions. There was no personal officer scheme and some groups missed regular contact with a named member of staff.*

2.22 Most staff-prisoner interactions we observed were respectful, and in our survey women said that the majority of staff treated them well. Some relationships were excellent, for example, in the safer custody hub and Dove Centre. Staff had high expectations of women in their care, knew many of them well, and were not afraid to challenge poor behaviour. Women were encouraged to take responsibility for day-to-day decisions. Nevertheless, many women, particularly those most at risk and serving longer sentences missed having regular contact with a named member of staff, which might have helped to address some concerns about safety and victimisation. There was no formal scheme promoting routine contact with women to check on their personal circumstances or concerns or to encourage them. In addition, electronic case notes were superficial and staff failed to fill them in regularly; more detailed entries concentrated on negative behaviour rather than on any positive aspects. Case notes also failed to take into account women's personal circumstances.

Recommendation

2.23 **Women, particularly those most at risk and serving long sentences should have regular opportunities to meet one-to-one with a named member of staff to review personal circumstances, progress against sentence plan targets and receive encouragement.**

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.

2.24 *The number of equalities staff had declined and those remaining felt stretched. The equalities strategy was not informed by a needs analysis and it was unclear if the action plan was reviewed regularly. Most discrimination incident reporting forms (DIRFs) were for minor matters. Staff had little knowledge of trafficking issues. There were regular forums for most protected characteristics and women valued the support provided by equalities staff and orderlies, but other staff needed to be more involved. Support for foreign national women, particularly regarding communication, required improvement, and responses from women with disabilities to our survey needed to be investigated. Support for pregnant women and mothers and babies in the mother and baby unit (MBU) was good.*

Strategic management

- 2.25** The safer custody hub, which was a base for equalities representatives and staff, continued to be a good resource although the number of equalities staff had declined and the team was stretched. Equality issues were managed by the head of safer prisons and equalities, a full-time equalities manager, an equalities officer and five prison orderlies. We were told that approximately 222 hours had been diverted away from equalities work from May to July 2014 because of the redeployment of the equalities officer.
- 2.26** The equalities strategy was not informed by a needs analysis and the action plan lacked clarity. It included some targets relating to an audit in 2011, but not all targets had a timescale for completion and there were none for each protected characteristic. It was unclear if the equality action team (EAT) reviewed the plan regularly.
- 2.27** The EAT, chaired by the deputy governor, met regularly and included attendance by prisoner representatives; however, community representatives were not regularly involved. During the inspection, it was agreed that a senior management team member would take the lead on each of the protected characteristics.
- 2.28** Orderlies were generally confident about their role and met equalities staff every day for briefings. They completed a questionnaire with new arrivals, collating personal details, including learning difficulties or their experience of domestic violence, which was forwarded to the equalities officer.
- 2.29** Forty-three DIRFs had been lodged in the year to date. Most were minor and investigations satisfactory, but not all were signed off by a senior manager. No external quality assurance had been undertaken.

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

- 2.30** Fifty-nine per cent of staff in prisoner contact roles were women, which was positive. There was no specific staff training on working with women prisoners and it was not possible to identify how many staff had completed the online civil service equalities training.
- 2.31** Staff had little knowledge of trafficking and nobody had been referred to the national referral mechanism (which identifies, protects and supports victims of human trafficking) in 2014. During the inspection the prison secured 25 places on a trafficking training package (see section on reintegration planning, paragraph 4.51).
- 2.32** Many women across all protected characteristics knew equalities staff and orderlies and were positive about the assistance they received from them but they were less positive about support from some other staff. Some officers could not identify the nationality or language of foreign national women, for example.

Recommendations

- 2.33** **The equalities strategy should be informed by a needs analysis and the action plan reviewed to include targets that meet identified needs across all protected characteristics.**
- 2.34** **All completed DIRFs should be signed off by a senior manager and quality assured by an appropriate external source.**
- 2.35** **All staff should promote and demonstrate an awareness of equality and be able to anticipate and address women's diverse needs.**

Protected characteristics

- 2.36** Regular forums were held for all protected characteristics except for religion. Minutes did not always record action points or provide feedback from previous meetings; they were not displayed in accommodation units.
- 2.37** Around 13% of prisoners were from black and minority ethnic groups; in groups and individually black women raised similar issues to white prisoners. Women could obtain information and individual support from the equalities orderlies and staff in the safer custody hub. Activities celebrating Black History month in October had taken place.
- 2.38** There were 32 foreign national women from 20 countries; each was seen by an orderly on arrival and allocated a buddy of the same nationality when possible. A needs analysis had not informed the foreign national policy, which contained incorrect information. Some foreign national prisoners were satisfied with the support provided, but others appeared to be unaware of their entitlements; a forum in September 2014 recorded that foreign nationals did not know about the incentives and earned privileges scheme. Some women who spoke little or no English felt isolated; a forum in August 2014 described some foreign nationals as 'feeling intimidated by others'. Issues concerning poor communication were raised regularly at forums and the EAT without being resolved.
- 2.39** Information was only displayed in English. Telephone translation services were not always used when needed. Foreign national women only received a free monthly five-minute phone call if they had not had a visit. Immigration officers attended the prison regularly and women

had access to independent immigration advice via the Women's Centre⁵, where community services were coordinated.

- 2.40** Many older women and those with disabilities felt well supported. The prison identified 24% of women as having a disability compared with 34% in our survey. There was evidence of some good individual outcomes, but in our survey women with disabilities were more negative about safety and respect. Carers from a private company were employed to meet the specific personal care needs of three women and an unpaid carer scheme assisted women with everyday activities. Some houses contained adapted showers and one had adapted rooms, but Waite wing had no suitable facilities. Twenty-nine women had up-to-date PEEPs and 10 had regularly reviewed care plans. Most staff were unaware of them, however.
- 2.41** Twenty-three per cent of respondents to our survey identified themselves as gay or bisexual; this group was more negative in our survey about some aspects of safety. However, relationships appeared to be managed reasonably well and a successful Gay Pride event had been held in the summer. The prison had a comprehensive transgender policy.
- 2.42** Services were developing in consultation with young women and five were receiving one-to-one mentoring support from the charity Spurgeons in preparation for release. Age UK had submitted a proposal to provide activity groups for older women. Those older women who chose to retire received only £3.25 earnings.
- 2.43** There were 17 pregnant women during the inspection; they were aware of the MBU. Antenatal care was very good and women appreciated the support provided at weekly pregnancy support meetings. Not all regularly received their extra milk allowance.
- 2.44** Birth plans involved named birth partners, but supporters could not attend antenatal appointments as the dates were not disclosed in advance. Midwives provided information and support for those who chose to terminate their pregnancy or had a miscarriage or still birth; specialist addiction midwifery services were available.
- 2.45** The MBU admissions board, chaired by an independent social worker, included a suitable multidisciplinary team and considered all applications. Women could attend with a supporter and the governor made the final decision. The MBU could accommodate nine mothers and 10 babies, generally up to the age of 18 months; there were eight mums and eight babies during the inspection. Staff from Action for Children continued to manage the unit well. Unit staff were trained in paediatric first aid and infant resuscitation, as were nursing staff, who were available 24 hours a day.
- 2.46** The environment, including the nursery, was bright and clean and all rooms were suitably equipped. Relationships in the unit were very good and mothers appreciated the support provided. Community outings were organised for babies and family visits took place in the unit. Women prepared their own and their baby's meals. Mothers could visit a weekly 'baby shop' and those without child benefit, such as foreign national women, received financial support.
- 2.47** Dedicated weekly GP and health visitor sessions took place. Each child had a named key worker, confidential care plans were thorough and all children had a development plan that staff and mothers completed. When necessary separation plans were started on admission and 'handover' carers identified. Progress reviews were held monthly.

⁵ aimed to replicate the services provided by community-based women's centres - organisations with an exclusive focus on women's needs

- 2.48** The MBU was in its own grounds and out of bounds to other women. However, mothers took their babies with them when they used facilities such as the health care centre and the chapel, and there needed to be a focus on the risk that other women might have posed to these children.

Recommendations

- 2.49** **The communications needs of foreign national women should be met effectively and should include ensuring that effective telephone interpretation and translated material are provided.**
- 2.50** **The poorer perceptions of women with disabilities highlighted in our survey should be investigated and issues addressed.**

Housekeeping points

- 2.51** Forum minutes should record action points, which should be followed up at subsequent meetings, and women should have access to them.
- 2.52** Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit. (Repeated recommendation 4.19)

Good practice

- 2.53** *The employment of professional carers ensured that the specific personal and physical needs of some women were properly met and their dignity was preserved.*

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.

- 2.54** *Faith provision was good and chaplains were well integrated into prison life. Women on Waite wing were less positive than others about some aspects of faith provision.*

- 2.55** All women were seen by a chaplain within 24 hours of arrival and the faith needs of most were met.
- 2.56** Women on Waite wing were less positive than others about some aspects of faith provision. It was unclear why this was the case and in groups and individually women told us that chaplains were accessible and supportive, and that they could attend services.
- 2.57** The chapel was pleasant and was used for all services; an area was screened off to accommodate non-Christian worship. Corporate worship was well advertised and women could attend a variety of faith study groups. Mothers and babies could attend communal services as well as a separate mother and baby afternoon prayer meeting.

- 2.58** The chaplaincy, led by a Church of England managing chaplain, was well integrated into prison life, and chaplains attended a range of prison meetings.
- 2.59** The chaplaincy managed the Sycamore Tree victim awareness course, involving 55 women. Bereavement counsellors were available through the chaplaincy, and the team also managed the prison visitor and pen friend schemes using vetted volunteers. The chaplaincy had links with Christian community groups that ran a community café in the locality, where some women worked while released on temporary licence.

Housekeeping point

- 2.60** The reasons for the less positive responses from women on Waite wing regarding some aspects of faith provision should be investigated.

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.

2.61 *Prisoners were dissatisfied with some aspects of the complaints system and many expressed a lack of confidence in the process. Forms were not available in all units. However, replies were legible and polite, trends were identified and action was taken to address issues.*

- 2.62** In our main survey, fewer women than the comparator were satisfied with the complaints system. Individually and in groups women expressed a lack of confidence in the process and some women said they were reluctant to complain. Minutes from a July 2014 prisoner forum recorded that women were 'scared to put complaints in because they think they may get shipped out.'
- 2.63** In the year to the end of October, an average of 74 complaints per month had been made compared with 89 in 2013 and 112 in 2012. Most were about relatively minor issues but health care was the highest single category.
- 2.64** Complaint forms were placed in boxes outside the Women's Centre, the first night centre, in the segregation unit and in the Dove Centre. Forms were not available in all units. Complaints were logged and tracked electronically and 85% had received a response within the required timescale in the year up to the inspection. Replies were typed, legible and polite, offering apologies when necessary.
- 2.65** The monthly breakdown examined by the senior management team covered the number received, their location and the topic. Prisoners' ethnicity was recorded, but complaints were not monitored across all protected characteristics or by the number upheld or refused. Trends were identified and action was taken to address concerns. Quality assurance was in place and all complaints about staff were overseen by the governor. Women could raise issues at various meetings with senior staff and at regular meetings with the governing governor.

Recommendation

2.66 Action should be taken to promote confidence in the complaints system among women.

Housekeeping point

2.67 Complaint forms should be available in all units.

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.

2.68 *Prisoners could book to see a range of specialist solicitors in the Women's Centre. Legal visits arrangements were satisfactory.*

2.69 In our survey, fewer women than in comparator prisons and than at the previous inspection said they could get bail information. There were no bail officers, but staff in the Women's Centre discussed bail at progression boards (see section on reintegration planning); they also helped women contact the Bail Accommodation and Support Service and make phone calls or send faxes. One hundred and fifty-three women had been bailed in the year up to the inspection, more than the previous year. Legal visits arrangements were satisfactory.

2.70 Women could arrange an appointment with a range of specialist solicitors. However, in our survey, more women than in comparator prisons and than at the previous inspection said that letters from their solicitor or legal representative had been opened in their absence. Errors happened very occasionally, but women were generally dissatisfied with the mail distribution system, which gave prisoners the opportunity to read official internal documents, such as notifications of release dates (see section on children, families and contact with the outside world, paragraph 4.42).

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.

2.71 *Overall health care provision was reasonable, but most women were dissatisfied with health services. Too many women queued outside for medication, which was unacceptable. Governance arrangements were appropriate, but integration between health providers was inadequate. Waiting times for most primary care services was good, but the nurse triage and GP appointments systems were ineffective. Health promotion, women's health and dental provision were very good. Too few women had medication in possession. The range of mental health provision was impressive, but women continued to wait too long to be transferred to external mental health facilities.*

Governance arrangements

- 2.72** A new health needs assessment was being completed. Local governance meetings informed the well attended partnership board. Working relationships between the providers, prison and commissioners were good. Prisoner involvement was well developed and informed service delivery, as did lessons learned from adverse incidents.
- 2.73** Two changes of health care manager in 2014 had caused some instability, but an experienced interim nurse manager provided strong managerial leadership until the permanent manager started in January 2015. The enthusiastic health team had a rich skills mix and was supported by two experienced matrons. Staffing shortages were filled by regular locum nurses and three new nurses had been recruited. Nursing staff were on site 24 hours a day.
- 2.74** Nursing staff used a comprehensive range of policies including those on communicable diseases, consent and information-sharing. Staff access to training was good, but formal clinical supervision was underdeveloped. The entries in clinical records we sampled were reasonably good, but not all care provided was recorded and care plans were not well developed, including for women with complex needs although despite this some good support was being provided to these women (see section on safeguarding (protection of adults at risk) and women with complex needs).
- 2.75** Health staff were clearly identifiable and we observed very good interactions with the women. All new arrivals received written health information and the health promotion worker gave an induction talk.
- 2.76** Most health services were provided from the main health centre, although some services ran on Waite wing and in the first night centre. The standard of cleanliness had improved, however most clinical rooms required some refurbishment or better cleaning to comply with infection control standards. The health centre pharmacy and medication administration area was cramped and had inadequate waiting facilities which meant women queued outside in all weathers (see section on the pharmacy).
- 2.77** All nursing staff were trained in life support and had good access to appropriate well maintained emergency equipment. Custodial staff had access to automated external defibrillators and a reasonable proportion was trained in emergency life support. Ambulances were called promptly in an emergency and response times were good.

- 2.78** All women over 50 were offered annual older women health screenings. Access to all relevant community screening programmes, mobility aids and specialist support was good. We were impressed to see that a woman with significant social care needs received 24-hour support from external professional care workers in a well adapted room (see section on equality and diversity, protected characteristics).
- 2.79** Women could make complaints through a confidential system. A new single complaint form for all health providers had been developed with prisoners the week before our inspection, but had not been embedded. Half of the 39 local complaints received in the six months up to September 2014 were medication-related. The responses we examined were generally good.
- 2.80** A dedicated worker led the excellent health promotion activities, which involved a four-session relationship and sexual health programme. The new peer health supporter initiative was promising. Access to smoking cessation, immunisations, vaccinations and screening for blood-borne viruses was good. Barrier protection was available but poorly advertised.

Recommendations

- 2.81** All clinical staff should receive regular documented clinical supervision.
- 2.82** Clinical records should accurately reflect all care provided and comply with professional standards.
- 2.83** Women with complex health needs should have formal care plans that are reviewed regularly and developed jointly with all relevant health providers.
- 2.84** All clinical areas should be suitable and compliant with infection control guidelines.

Housekeeping point

- 2.85** Confidential access to barrier protection should be well advertised.

Good practice

- 2.86** *The dedicated health promotion service helped women improve their health in prison.*

Delivery of care (physical health)

- 2.87** All new arrivals received a prompt initial health screening as well as a GP assessment in reception and a secondary assessment the next day. Good liaison between the health care department and community services ensured continuity of care and appropriate referrals were made.
- 2.88** In our survey fewer women than in similar prisons and compared with the previous inspection reported it was easy to see a nurse or doctor or that the quality of these services was good. Women from the houses attended the main health centre to request most services; however GP services were only accessible following a telephone or face-to-face triage delivered by nurses. Women reported, and we agreed, that the systems to access these appointments were inequitable and onerous. The prison had no agreed triage protocols or training to ensure the consistency of nurse triage.

- 2.89** The range of services available was appropriate and waiting times were generally short. Women's health services were very good. Prisoners' access to a female GP and the out-of-hours' GP provision was good. Nurses with specialist training provided regular clinics for women with lifelong conditions, but care planning was underdeveloped (see section on governance arrangements). Pregnant women had good access to community midwifery services and agreed birth plans were available to discipline staff to ensure continuity of care.
- 2.90** A weekly clinical meeting attended by all providers, including the pharmacy, and chaired by the lead GP, was a positive initiative. It discussed the cases of women with complex or acute health needs and reviewed adverse incidents that had taken place during the week.
- 2.91** A community GP practice provided services for children in the MBU, including a weekly clinic in the prison health centre. MBU staff told us that there were sometimes significant delays in children receiving medication prescribed in the clinic because the prescription went to an external pharmacy. Health visitor input was excellent. Mothers we spoke to were generally happy with the care their children received (see section on equality and diversity, protected characteristics).
- 2.92** Referrals for external hospital appointments were well managed. The demand for three escorts everyday was high, but access was good.

Recommendations

- 2.93** **Women should have easy equitable access to nurse triage.**
- 2.94** **All nurses providing triage should be adequately trained and have access to decision-making tools.**

Housekeeping point

- 2.95** Children in the MBU should swiftly receive any medication prescribed.

Pharmacy

- 2.96** The in-house pharmacy supplied medicines with accompanying information leaflets and transferred them to the wings safely. A formulary (list of medications used to inform prescribing), a full range of policies and prescribing guidance were used. Mistakes and drug alerts were managed effectively, although logs of pharmacy 'near misses' (drug errors) were not sufficiently detailed to be useful. Medicines management and GP clinical meetings discussed audits of tradable drugs. The pharmacist completed informal medicine use reviews with patients but they were not documented.
- 2.97** Most medication was administered from stock. The storage of medication was disorganised; stock and named patient medication were not adequately separated and we found the medication of a patient who had left the prison three weeks previously still in the cabinet. Most medicines were stored securely, including in dedicated health rooms in the segregation unit and the Dove Centre, but most medicine trolleys were not secured to the wall when not in use. Plastic measures were inappropriately used for medicines. Refrigerator temperatures were consistently recorded but were outside the accepted range on Waite wing.

- 2.98** Medicine administration took place four times a day and night medication was administered at the right time. Medication administration was safe, interruptions were minimised and most women had sufficient privacy. However, we observed one woman inappropriately testing her blood sugar and administering insulin herself in view of other women in the medication queue. Most medication was given supervised regardless of women's risks, which contributed to excessive medication queues. Women who received in-possession medication had secure in-cell storage and received face-to-face risk assessments, which were recorded on SystemOne (the electronic clinical information system). However, risk assessments were not consistently completed for each drug the women were taking. The service was moving towards increased in-possession medication.
- 2.99** Women located in the houses queued for medication outside the health centre for up to 45 minutes in all weathers, which also meant everyone knew they were on medication. This was unacceptable (see main recommendation, paragraph S45.)
- 2.100** The range of medicines nurses could administer without a prescription was too limited, potentially leading to delays in women receiving treatment. Women on medication were given a prescription to take to a community pharmacy on release, which did not meet best practice, and we were concerned that some women might not collect their prescription promptly post release.

Recommendations

- 2.101** **Women should have access to pharmacy-led clinics including medicine use reviews, which should be documented in their clinical record.**
- 2.102** **Women should receive prompt appropriate medication through patient group directions and 'special sick' supplies.**
- 2.103** **Women prescribed medication should generally receive at least seven days' supply to take home on release.**

Housekeeping points

- 2.104** Records of lessons learned from pharmacy near miss incidents should be used to inform service delivery.
- 2.105** Medicines should be stored and administered in line with professional standards.
- 2.106** Glass measures should be used for medicines.
- 2.107** Refrigerator temperatures should be consistently recorded and prompt remedial action taken to rectify out-of-range temperatures.

Good practice

- 2.108** *The storage of medication in the health care rooms in the segregation unit and the Dove Centre meant medicines did not have to be transported through the prison to be administered to prisoners resident there.*

Dentistry

- 2.109** Women were generally positive about dental services. Waiting times for routine appointments were good at less than four weeks and emergency dental provision was adequate. A full range of NHS-equivalent treatment was available. The clinical records we observed were good. Oral health promotion was very good and included the opportunity to exchange a prison toothbrush for a higher quality one and to receive inter-dental brushes.
- 2.110** A full refurbishment of the dental surgery was planned to make it compliant with dental infection control standards. All equipment was appropriately maintained and dental waste was disposed of professionally.

Good practice

- 2.111** *The toothbrush exchange scheme and availability of inter-dental brushes allowed women to improve their dental health while in prison.*

Delivery of care (mental health)

- 2.112** Fifty-six per cent of women in our survey reported that they had emotional well being or mental health problems, which was high. The mental health team was well integrated into the prison. Most discipline staff had received mental health awareness training in the previous three years.
- 2.113** Women were screened for mental health issues during the primary care reception screening process and received a further assessment the following day. Women could also self-refer or be referred by staff throughout their stay.
- 2.114** The integrated mental health service supported around 90 women with mental health problems. The team's rich skills mix included mental health nurses, clinical and forensic psychology and consultant psychiatrists. The range of services was excellent and included day care, psychologically informed group work, guided self-help resources and one-to-one support. Loss and general counselling was also available.
- 2.115** Representatives from the drug and alcohol recovery service attended the weekly mental health referral meeting. No formal care pathways were used to inform work allocation and decision-making which could generate inconsistencies. Staffing shortages, including the lack of administrative support, affected several areas, for example, response times and the quality of record-keeping. Women we spoke to were very positive about the support they received. Liaison with community services was very good.
- 2.116** Some women with very severe mental health problems were located in both the Dove Centre and segregation. Mental health workers attended the weekly review meeting and key workers visited to support their clients. However, custody staff told us, and we agreed that their input was too ad hoc; staff felt they had insufficient specialist training and support from the team, which had an impact on their ability to support these women effectively.
- 2.117** Many women continued to experience delays in being transferred to mental health facilities; one woman waited five months despite the team's significant efforts.

Recommendations

- 2.118** The mental health team should have adequate systems, policies and staffing in place to ensure that work allocation is consistent, record keeping meets professional standards and all clients are seen within agreed time frames.
- 2.119** The mental health team should provide women in the Dove Centre and segregation unit with regular recorded input, and regularly reviewed care plans should be generated jointly with unit staff.
- 2.120** Transfers under the Mental Health Act should occur within the current Department of Health transfer time guidelines.

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.

2.121 *In our survey only 15% of women said the food was good or very good, which was low. Serveries were clean during the inspection although they required better supervision. Women had good opportunities to cater for themselves. Consultation was good, but food comments books were not used as effectively as they might have been.*

2.122 In our survey only 15% of women said that the food was good or very good, compared with 28% in comparator prisons. These poor perceptions were supported in our focus groups and by many other women we met. In the prison's own survey in June 2014 of 214 women (61% of the population), 46% rated the variety of food as poor and only 21% said the quality was good.

2.123 A reasonable choice of food was offered on a four-week cycle, special diets were catered for and a hot meal was provided each day. Many women, particularly those who catered for themselves, complained that portion sizes were small. We were told the Prison Service's specified portion control measures were used.

2.124 Serveries were clean but better supervision was needed. Most servery workers had completed a basic food hygiene course and servery training. However, not all were wearing appropriate protective clothing and food temperatures were not routinely recorded at the point of service. The food we tasted was cold. There was no officer supervision in the houses at meal times and no oversight of portion control. Management checks of serveries were often not completed.

2.125 Women were consulted through several forums: prisoner consultative meetings; specific meetings for women in houses where they catered for themselves; and one introduced the month before the inspection for servery workers. Food comments books were not available on all serveries and few comments had been submitted. Most women valued the opportunity to cater for themselves.

Recommendation

2.126 Supervision of serveries during mealtimes should be improved.

Housekeeping point

2.127 Food comments books should be more effectively promoted to ensure women's views about catering are promptly monitored and receive a timely response.

Purchases

Expected outcomes:

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

2.128 *Most women were generally satisfied with the range of products available and they could order items from catalogues, but there was no routine consultation.*

2.129 In our survey perceptions about the range of prison shop products available were mostly similar to comparator prisons. However, women with disabilities were more negative. Some women waited two weeks for their first full order to arrive. This was offset by the fact that most received two canteen packs in their first fortnight but access to toiletries remained an issue for some (see section on residential units), and there was some confusion about who was eligible for a second pack. These issues might have been identified and addressed through regular proactive prisoner consultation, but none had taken place.

2.130 Women could order from a good range of catalogues, which they could browse using a computer, but they were charged an administration fee. They could also purchase fruit and vegetables.

Recommendations

2.131 New arrivals should be able to buy items from the prison shop within 24 hours.
(Repeated recommendation 8.11)

2.132 Prisoners should be consulted about all aspects of the canteen process.

2.133 There should be no administration charge for catalogue orders.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

Women are able, and expected, to engage in activity⁶ that is likely to benefit them.

3.1 *Time out of cell was good and all women were unlocked for most of the core day.*

3.2 The current core day allowed women on Waite wing over 10 hours out of their cell from Monday to Thursday, although this was reduced to six hours from Friday to Sunday. Women in the houses were unlocked all day and could stay out in the grounds until 7pm when the doors were locked. They could still move freely around the houses after this time. Our roll check found nobody locked up during the core day. Unemployed women on the wing were unlocked during the day and could use the time to shower and make phone calls and clean their cells. Staff were out and about on the wing and we observed a good deal of interaction between staff and women when they were unlocked.

3.3 All women had good access to time in the open air both through formal exercise periods and while they walked to activities, appointments and the various support centres in the prison. We were concerned about how the future implementation of the national core day would affect time out of cell – the dispensing of medications took a considerable amount of time and could lead to the curtailment of other activities.

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.

3.4 *Prison education managers worked exceptionally well with the learning provider to establish a well-planned, relevant and coherent curriculum. Quality assurance arrangements, including self-assessment, were good. The range and take-up of purposeful activities were very good. Allocations to activities were particularly effective. Teaching and learning were good. Outcomes were outstanding. The library was well-stocked and met prisoners' needs well.*

⁶ 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.

3.5 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

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

Management of learning and skills and work

- 3.6** The head of reducing reoffending was responsible for education, training and resettlement. Together with the prison's learning and skills manager, they worked exceptionally well with the learning provider, The Manchester College, to provide a well planned and coherent curriculum that effectively met the diverse needs of the prison population. As a result, the management of learning and skills was good. Prison and college staff shared a common understanding of and commitment to the benefits of high quality learning and skills activities as a strategy for supporting women and preparing them for release.
- 3.7** The management of vocational training and work was also good. The prison had implemented a comprehensive strategy to develop prisoners' employability skills and support their resettlement. Prisoners could experience a real work environment and receive accreditation in vocational skills.
- 3.8** The college's observation of teaching and learning procedure was effective in maintaining good standards of teaching and learning. Observers graded lessons accurately and gave teachers clear and constructive advice about how to improve their classroom practice. However, at the time of the inspection, prison managers had not yet implemented an observation procedure to cover learning programmes delivered directly by the prison.
- 3.9** The college's use of learner focus groups to gauge their views about how provision could better meet women's needs was effective in helping to improve the provision. Self-assessment was inclusive, detailed and well established and clearly identified the provision's key strengths and areas for improvement. The quality improvement plan contained clear actions and targets.

Recommendation

- 3.10** **The prison should ensure that the procedure for observing teaching and learning is extended to cover all learning programmes.**

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Provision of activities

- 3.11** Women in our survey were positive about the activity opportunities offered. Prison and college managers skilfully led the provision to ensure that it provided sufficient activities to meet the needs of the population. At the time of the inspection, almost all women were involved in purposeful and productive activity, which prepared them for life after prison.
- 3.12** A well managed progression board ensured that allocations to education, training or work were efficient and prompt and met prisoners' needs. The learning and skills manager chaired the board, which the college manager and a member of the National Careers Service attended. This ensured that the board took into account all the relevant information about each prisoner, such as the remaining length of their sentence, initial assessment results, work aspirations and health and fitness, when allocating them to activities. As a result, prisoners attended activity sessions that motivated them to achieve qualifications and to make progress.
- 3.13** The range of accredited provision was particularly good. Prisoners could attend classroom sessions in English, mathematics, art, business studies, information and communication technology (ICT), English for speakers of other languages and radio production. The number of places available in vocational training had increased substantially since the previous inspection. The college offered a good range of provision, for example, in industrial cleaning, horticulture, painting and decorating, laundry and customer service. It also provided women with opportunities to train as a barista in the prison's coffee shop. A large number of prisoners also worked as cleaners, gardeners, laundry technicians, painters, kitchen workers or servery workers in each residential area. The work kept them purposefully occupied and enabled them to develop good employability skills and to gain vocational qualifications up to level 2.

Quality of provision

- 3.14** Teaching, learning and assessment in the classroom and in vocational training were good; some of it was outstanding, especially in classroom-based courses. Teachers were well-qualified and enthusiastic and managed learning sessions effectively. They planned sessions well to keep women interested and help them progress. They used a good range of resources and broke complex tasks down into small, manageable steps. Teachers provided those who needed more time to learn with additional resources that they could take away so they could extend their learning outside the classroom.
- 3.15** Teaching and learning in vocational training and in the prison workshops were good. Staff used induction and the outcomes of diagnostic assessment effectively to plan activities. Tutors and instructors were enthusiastic and had a good rapport with the women. They integrated theory and functional skills well with practical activities. Prisoners were involved in sessions and were committed to their work. Although teachers planned most lessons well, a small minority failed to meet effectively the diverse needs of all learners. Teachers dealt well with reluctant learners and with the few prisoners who exhibited poor behaviour.
- 3.16** Individual learning plans had improved substantially since the previous inspection, although a small minority were still poor because targets were superficial and progress was not monitored sufficiently.
- 3.17** Teachers planned assessments well. Classroom-based learners received regular, constructive feedback on their work. Vocational tutors monitored progress and achievements effectively. In the best workshop sessions, women worked in teams to achieve work objectives, often supervised by experienced and confident team leaders. Teachers were aware of individual

prisoners' disabilities or barriers to learning. They made effective adaptations and provided additional resources for a visually impaired learner who was, as a result, able to make good progress.

- 3.18** Teachers generally taught English and mathematics well as discrete subjects, providing women with good support, while tutors integrated relevant materials well in vocational training. However, vocational training tutors did not always develop sufficiently prisoners' English and mathematics skills in their written work or correct spelling, grammar or sentence construction errors.
- 3.19** The promotion of equality and diversity was inclusive, especially in vocational training. For example, teachers made adjustments to enable women with complex needs to engage in learning and diversity orderlies provided good support to prisoners during workshop sessions. Diversity was celebrated well with, for example, a Gay Pride parade, culturally specific food days at the coffee shop and an African-Caribbean hairdressing show.

Recommendation

- 3.20** **The college should improve the development of prisoners' English and mathematics skills in the written work carried out during vocational training.**

Education and vocational achievements

- 3.21** Retention and success rates on courses were very high. There were no significant differences in performance between different groups of learners. Learners made very good progress in classroom sessions and in the workshops. Attendance had improved in the six months before the inspection as a result of an effective strategy to ensure that women attended sessions for which they were scheduled.
- 3.22** Women developed excellent personal, social, study and vocational skills and produced work of a high standard. Inspectors were particularly impressed with the skills and confidence displayed by learners in art and radio production. Many women commented on the profound difference that education opportunities in the prison had had on their self-esteem and confidence. The wide range of vocational training provided by the prison helped women to develop useful transferable skills that they valued. Prisoners who were promoted to team leader, key worker and orderly roles responded positively to their additional responsibilities. All were required to complete and achieve a mentoring and guidance course at level 2 before being allocated to one of the roles. Prisoners developed excellent teamwork skills when supervising, training and assessing others. These women often acted as confidantes and advisors, and staff and other prisoners regarded them highly.

Library

- 3.23** The library had strong links with TMC, which helped promote its use. It was well stocked and met the needs of the prison population. There was a sufficient supply of books and resources for young children. Texts were available in easy-read formats and in an appropriate range of foreign languages. The library promoted the development of prisoners' reading skills through a regular Saturday book club, creative writing sessions and participation in the Six Book Challenge reading scheme. It also offered women the chance to read stories out loud and record them onto a CD through the Inside Stories project. The CD was then sent to a specialist recording studio where it was professionally produced and

returned to the prisoner who could then share it with their children or grandchildren (see also section on children, families and contact with the outside world).

- 3.24** Access to the library was good, with evening and weekend opening hours. Separate sessions were available for mothers and babies, those in the segregation unit and for women on Waite wing. Prisoners' access to legal texts and to Prison Service Orders and Instructions was satisfactory. Library staff collected data on the total number of visits prisoners made to the library but not on how many women used the library regularly or whether particular groups were using it more or less often. As a consequence, library staff could not clearly identify whether any particular prisoner or group of prisoners were being disadvantaged.

Recommendation

- 3.25** The prison should improve the monitoring of the use of the library.

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.

3.26 *The promotion of physical education (PE) and healthy living had improved since the previous inspection and induction now included appropriate information and posters were displayed around the prison. Gym staff had a clear understanding of the needs of the population and sought to devise programmes to meet them.*

- 3.27** The promotion of PE and healthy living had improved since the previous inspection and induction now included appropriate information; posters were also displayed around the prison. Gym staff understood well the population's needs and sought to devise programmes to meet them.
- 3.28** Staff were appropriately qualified and experienced. However, one instructor post had been vacant for too long; as a result, the gym had suspended almost its entire programme of accredited qualifications. The range of facilities and resources had improved and were now broadly satisfactory, although the lack of an all-weather outdoor facility continued to be a concern. Shower facilities were good.
- 3.29** Gym staff provided a satisfactory range of timetabled activities such as an early morning general keep-fit session, aerobics classes, yoga and volleyball. However, there was no targeted provision for older women or for mothers and babies. Links between gym staff and health services were good and included targeted work with specific prisoners, including mental health sessions in conjunction with a women's organisation based in the prison, as well as programmes jointly delivered with the prison's drug and alcohol recovery service. Gym staff provided prisoners with regular health checks in residential areas, in the Women's Centre and the education block.
- 3.30** Gym staff recorded prisoners' overall use of the gym by age and ethnicity, as well as where they were based. However, the data only recorded the total number of visits rather than identifying who attended and how many times. This meant gym staff did not know what proportion of prisoners used the gym.

Recommendations

- 3.31 Prisoners should have the opportunity to achieve PE-based accredited qualifications.**
- 3.32 The prison should provide an all-weather outdoor sports area that is suitably equipped.**
- 3.33 The collection and use of data to monitor prisoners' use of the gym 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** *Women's needs were well understood, and resettlement services broadly matched them. The Women's Centre was excellent and encouraged women to access support. Release on temporary licence (ROTL) was used extensively to support resettlement.*
- 4.2** Staff had a good understanding of women's needs and were informed by a 2013 needs analysis to which more than 90% of women had contributed. Better assessment of the specific needs of distinct population groups, such as young women or those on indeterminate sentences and a wider evidence base would have been useful. However, the data had been used well to develop realistic action plans for each of the resettlement pathways, which were monitored at bimonthly pathway and reducing reoffending strategy meetings.
- 4.3** The Women's Centre aimed to replicate the services provided by community-based women's centres - organisations with an exclusive focus on women's needs, which can provide valuable resettlement support post release. Peer workers operated alongside staff to coordinate access to a wealth of resettlement services provided by a wide range of community organisations, which met the needs of the population. This friendly one-stop shop was the focus of much daily activity. Knowledgeable workers helped women to identify their needs, and encouraged and supported them to access appropriate services.
- 4.4** In our survey, more women than in comparator prisons knew how to get help with their resettlement needs. Representatives from regional women's centres visited regularly to make initial contact with women being released to their areas. This reduced the potential for inequitable outcomes for women based outside the prison's immediate vicinity.
- 4.5** The ROTL policy had been updated in June 2014 to incorporate more restrictive national policy, and these changes were a continuing source of anxiety for women. However, in comparison with other closed prisons, women benefited from extensive ROTL. It was particularly well used for employment and education, which offset the fact that some women suitable for open conditions were being held in closed conditions (see section on offender management and planning, allocation). In the six months prior to the inspection, ROTL had been used on 962 separate occasions; 683 of these were for women on the Working Out scheme and 14 were paid employment activities. Decisions were well reasoned and achieved an appropriate balance of risk management and proactive resettlement activity, but some files were untidy.

Good practice

- 4.6** *The Women's Centre mirrored community provision and was an excellent source of advice and support at the heart of the prison.*
- 4.7** *The use of ROTL was exceptional and provided women with extensive opportunities to access education and employment to help them prepare for release.*

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 *The offender management unit (OMU) was now well organised and was improving, but staff shortages and the inexperience of many team members created pressure. Some work was overdue and prisoners found it hard to communicate with the department. Public protection processes, including some relating to multi-agency public protection arrangements (MAPPA), were not consistent enough. Too many women were transferred on overcrowding drafts. Women on indeterminate sentences had some good opportunities.*

- 4.9** The OMU was appropriately organised into three teams, one of which had probation service offender supervisors who specialised in higher risk and more complex cases. The other teams consisted of prison officer offender supervisors who were enthusiastic and keen to learn, but who were new to their roles and lacked risk management experience. Most had been in post six months or less, during which they had often been redeployed to cover staff shortages elsewhere in the prison.
- 4.10** Caseloads were reasonable, but staff felt under pressure. The newest staff were not yet competent in all tasks and therefore completed work more slowly. Probation staff offered them some excellent support, and as a result their own work, particularly with women serving indeterminate sentences, suffered. The case administrator group was experienced, but under-resourced, and there had been repeated management changes in the previous three years. Despite these pressures, we saw cooperative team work and felt optimistic that with consistent and supportive management, these difficulties could be overcome.
- 4.11** A backlog of 21 initial offender assessment system (OASys) documents was being carefully managed, and was slowly declining. However, some women were still transferred without a completed OASys document. Those that had been completed were reasonable, particularly in higher risk cases, and prisoners had been involved in the process. Links with the progression plan system used in the Women's Centre were good (see section on reintegration planning) but some sentence planning targets were not sufficiently focused on outcomes. Many reviews were overdue, but most risk of serious harm assessments were accurate, and risk management plans were good, addressing risks both in and out of custody. However, there was no routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues.
- 4.12** All sentenced women were allocated an offender supervisor, but in our survey fewer than in comparator prisons were aware of this. New arrivals had no routine opportunity to meet their offender supervisor and most contact was driven by the need to complete key processes such as home detention curfew (HDC) assessments or sentence plans. Despite

there being an OMU advocate (a peer worker) and a regular drop-in OMU clinic in the Women's Centre, women said it was difficult to communicate with the OMU. Offender supervisors recorded their work on contact logs, which staff across the prison could not access. The OMU was not yet sufficiently well integrated into the rest of the prison, but this was offset by the excellent Women's Centre, where women could access most resettlement services directly with little input from offender supervisors (see section on strategic management of resettlement, paragraph 4.3) and the progression board process (see section on reintegration planning, paragraph 4.32).

- 4.13** HDC assessments were sound and were carried out more promptly than previously, but most women were released after their eligibility date.

Recommendations

- 4.14** **There should be routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues.**
- 4.15** **OMU staff should log their work on the main electronic case note system to ensure staff across the prison understand and cooperate with offender management work.**

Public protection

- 4.16** When the OMU was fully staffed, the dedicated public protection officer screened new arrivals for public protection issues, organised necessary restrictions and explained them to the women. However, this officer was frequently redeployed elsewhere, in which case the screening was conducted by case administrators, offender supervisors and residential staff, who were less confident about carrying out the task.
- 4.17** An inter-departmental risk management team met every month, but only OMU and security staff attended regularly. They appropriately managed and reviewed restrictions, but the meeting could have been used more proactively to manage women posing the greatest risks to the public. MAPPAs management levels for prisoners due for release in the following six months were not always up to date. However, offender supervisors regularly participated in community MAPPA meetings either in person, by teleconference or through written contributions.
- 4.18** Measures to prevent inappropriate contact with children were sound, and visits staff understood them well.

Recommendations

- 4.19** **All staff conducting public protection screening and informing prisoners of restrictions should be confident and competent about performing these roles.**
- 4.20** **MAPPAs management levels for MAPPAs nominals should be confirmed with the Probation Service six months before a prisoner's release.**

Allocation

- 4.21** Women were categorised swiftly after sentence; they received a letter with details of their category and initial allocation as well as information on how to appeal. There was no interview, but information was gathered from across the prison and the decisions we reviewed were appropriate.
- 4.22** Many women were transferred to relieve overcrowding, and were further away from home as a result. In August 2014, over 30 women were transferred from Styal to free up space for new arrivals, and only one woman transferred back to the prison in preparation for release. Staff worked hard to ensure that women with outstanding medical appointments, significant ongoing interventions or imminent visits were not transferred. It was unclear why staff prioritised women from Cheshire for places at Styal, and the approach had the potential to create significant disadvantage. Women were usually not told they were transferring until the morning they were due to move, giving them little time to prepare.
- 4.23** The prison was developing an open unit in the prison grounds to provide additional capacity in the area early in 2015. However, the 63 women suitable for open conditions did not currently have access to a less restricted regime.

Recommendations

- 4.24 Allocation decisions should be based on women's proximity to home and the availability of resettlement interventions to meet their needs.**
- 4.25 Women should be transferred to the prison closest to their release address at least three months before their release date.**
- 4.26 Unless there are significant security or safety concerns, women should be told of transfer arrangements at least 24 hours in advance.**

Indeterminate sentence prisoners

- 4.27** Parole processes were up to date; women's access to psychological services had improved, and there were no significant delays. Many prisoners on indeterminate sentences complained that they did not have up-to-date sentence plans and rarely saw their offender supervisor. Some were confused about changes in the availability of enhanced visits. However, many also recognised that they benefited from a wide range of opportunities which could help them demonstrate a reduction in their risk factors, including self-catering, prison jobs with significant responsibilities and many educational qualifications.
- 4.28** As at the previous inspection, women on remand for offences likely to attract an indeterminate sentence were not routinely offered any additional support, despite the fact that the prison had six trained lifer officers.

Recommendation

- 4.29 Women on remand for offences likely to attract an indeterminate sentence should be systematically identified on reception and offered additional support, including help to understand their potential sentence.**

Housekeeping point

- 4.30** The arrangements for enhanced visits for women on indeterminate sentences should be clarified.

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.

4.31 *Processes to identify the needs of newly arrived prisoners and review progress prior to release were excellent. Women had some good opportunities to spend time with their children, and work to help them maintain contact with their family and friends was developing. Services for women who had experienced domestic violence or abuse or who had been involved in prostitution were underway, but staff's lacked an awareness of human trafficking. Most women were released to settled accommodation. There were good links with housing providers and trained peer mentors were used effectively. The quality of the careers information and guidance provided by the National Careers Service was good, but links with employers needed to be developed. Pre-release planning for women's health needs was effective. Women with palliative care needs received very good care. The 'through-the-gate' substance misuse service was very good; workers were actively engaging with a number of women, including some who were now back in the community. Good finance, debt and benefits support was provided and many had received help to open a bank account. Offending behaviour programmes were relevant and there were no waiting lists. Some restorative justice work had been undertaken.*

- 4.32** All newly arrived prisoners had an individual resettlement pathway assessment interview with a peer worker as part of their induction, which was used to inform individual progression boards where women met key managers to discuss their needs and create a progression plan. The plan included referrals to relevant service providers (see section on learning and skills and work activities, provision of activities, paragraph 3.12). Service providers arranged appointments and kept individual records for each woman referred.
- 4.33** Women were invited to another meeting two weeks prior to release where their progression plan was reviewed and further referrals were made to resolve any outstanding issues. On release, women received booklets with useful contact details for resettlement agencies in the area of their release, and many were collected by representatives from community support organisations.

Good practice

- 4.34** *The progression boards and the associated pre-release interviews offered women valuable custody planning.*

Children, families and contact with the outside world

- 4.35** Fewer women on Waite wing than in the houses said that staff had helped them maintain contact with family and friends (29% against 50%). There was little evidence in case notes that staff were aware of prisoners' family circumstances. The prison did not proactively use

information about the number of prisoners with children, or identify women with 'looked after' children or those not receiving visits. There was no specific support to help primary carers maintain contact with family. Women received suitable support to manage pre-adoption final visits.

- 4.36** Two family support workers had started work in September 2014. Charged with raising the profile of mothers, they were available via referral and through the Women's Centre and were already helping women to maintain or re-establish contact with families. Women could also access a family law solicitor via the Women's Centre.
- 4.37** Social visits ran every afternoon except Fridays; remanded women could request unlimited visits but only enhanced sentenced women could have a weekly visit.
- 4.38** Women had some good opportunities to spend time with their children; weekend children's visits included grandchildren but were limited to those up to the age of 16. Women had to apply for these visits but did not require a visiting order; they were open to all women irrespective of their incentives and earned privileges status, as were longer family days. Family days involved women in a variety of planned activities and included children, carers, grandchildren and in one case, a young woman's siblings.
- 4.39** There continued to be a heavy demand for the booking system via telephone and email, and all booking requests, including legal visits, were managed by one administrator. Visits could not be booked in person.
- 4.40** Staff from the charity Partners of Prisoners and Families Support Group, who were based in the visitors' centre, identified and supported first-time visitors. Facilities in the visitors' centre were generally good.
- 4.41** Visiting arrangements were satisfactory although visitors continued to stand outside after being searched. The visits room was comfortable but women continued to be excluded from the supervised play area. The closed visits facilities still could not be used in private.
- 4.42** In our main survey, more women than the comparator reported problems with mail. Wing prisoner workers took post (including internal mail) to the Waite wing every day. Women in houses collected theirs from the hub on weekdays and prisoner workers delivered it at weekends. Many were unhappy about the involvement of peers in processing mail (see section on residential units). Women could not have stamps in possession or stamped addressed envelopes.
- 4.43** More women on Waite wing than in the houses reported that they had problems accessing telephones. Some wing phones were in booths but most phones across the establishment could not be used in private. Primary carers could not receive incoming calls from dependants and unused visiting orders could not be exchanged for telephone credit.

Recommendations

- 4.44 Key staff should know the home circumstances of women including their distance from home, names and ages of dependants and any care, child protection or visiting arrangements.**
- 4.45 Primary carers should be identified and support plans introduced to ensure they have good contact with children.**
- 4.46 All women should be able to have at least one weekly visit.**

4.47 Women's dissatisfaction with the mail system should be investigated and addressed.

Housekeeping point

4.48 Women should be able to use telephones in private and exchange unused visiting orders for telephone credit.

Victimisation, abuse and vulnerability

4.49 Approximately half the women at Styal said they had experienced domestic violence. They had the opportunity to work with specialist community groups to better understand their experiences and to arrange ongoing support. Life coaching and counselling was available and funding had been obtained for a community group to run the Freedom Programme for women who had experienced domestic violence, but staff were not yet in place. An informal event was held each week to encourage women to share their experiences and to get involved with services.

4.50 All women were asked whether they had been involved in prostitution during induction. A nurse and health promotion worker ran a well-publicised Relationship and Sex Education programme over four sessions and referred women to Manchester Action for Street Health, which provided one-to-one support and could arrange for women to be collected on release. These services were good, but staff outside the health care department did not understand them well.

4.51 Staff lacked an awareness of the issues faced by trafficked women, however, the diversity manager had already identified this and was seeking training as a first step (see section on equality and diversity, paragraph 2.31).

Recommendation

4.52 There should be a local strategy for identifying and supporting women who are potential or actual victims of trafficking.

Accommodation

4.53 Most women were released to settled accommodation – 97% in the previous six months. Staff had good links with, and knowledge of, a wide range of housing providers. Shelter and Manchester City Council housing advisors were well integrated into the work of the Women's Centre. There were also good links with women's approved premises in Liverpool. Trained peer mentors were used effectively to identify women's needs early on and deal with routine notifications to agencies regarding tenancies or housing benefits. Advice was provided to secure tenancies or terminate them where appropriate. Referrals were made to a local solicitor where an eviction was being considered.

Education, training and employment

4.54 The quality of advice and guidance provided by the National Careers Service (NCS) was good. NCS advisors contributed at induction, allocation and discharge boards. They assessed each prisoner and interviewed them to establish education and employment options within

the prison and on release. They met with prisoners at least three times and worked effectively with other agencies to meet their needs, especially during the last few weeks before release.

- 4.55** The prison provided one-to-one support and courses to assist prisoners with accommodation, welfare benefits and employment and training. All prisoners had access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) at the weekly pre-release job club, which they used to good effect.
- 4.56** The prison had established good links with a wide variety of external training providers and employers, some of which offered progression onto training courses and employment on release. However, prisoners had limited opportunities to become involved with employers during their sentence to develop further their knowledge of the workplace.

Recommendation

- 4.57** **Links with employers should be developed to help prisoners with training and guidance in job applications, interview skills and workplace expectations.**

Health care

- 4.58** Health care staff invited women to a pre-release appointment to plan their discharge and community appointments were made if required. Discharge letters were sent to all GPs. Women were given excellent health promotion literature and useful community contact numbers on release.
- 4.59** Links with local palliative and end of life services were good. A woman with end of life needs received compassionate care earlier in 2014.
- 4.60** Discharge planning for women with severe and enduring mental health problems started early to ensure continuity of care post release. The team used through-the-gate services, including the Women in Prison project and the Help Outside Prison Environment recovery programme for those returning to Manchester to help women with the transition.

Drugs and alcohol

- 4.61** Good joint working between departments took place, the drug and alcohol recovery team contributed to sentence planning, release plans were good and women were consistently given harm reduction information. The opiate-blocker naloxone was available pre-release. Throughcare services were also provided to women with alcohol problems.
- 4.62** Styal was a pilot site for through-the-gate services, which were delivered by a team from Lifeline working as part of the drug and alcohol recovery service. Fifty-six women were actively involved with the service, including 18 who received follow-up in the community. Strong links had been made with community women's centres and the project included peer mentor support. Weekly case management meetings with community partners facilitated ongoing care coordination and files demonstrated good quality post-release work.

Finance, benefit and debt

4.63 Shelter, the Department for Work and Pensions (DWP) and the Debt Advice service contributed to this pathway. Trained peer workers helped to identify women's needs through the initial questionnaire answered by new receptions. Peer workers dealt with more simple queries directly and referred more complex problems to advisors. Help was provided with housing benefit issues. An adviser from the DWP provided a service five days a week and offered general assistance with benefits, making appointments for prisoners at the local Jobcentre Plus and processing benefit claims before release. One hundred and thirty-seven women had received help to apply for a bank account and 98 had been opened successfully. Women could also receive assistance in applying for a citizen card (an official identity card). Women with a gambling addiction had access to a free national helpline.

Attitudes, thinking and behaviour

4.64 The prison provided the Thinking Skills Programme (TSP), Focus on Resettlement (FOR) and the Sycamore Tree victim awareness course; the latter was provided by the Prison Fellowship through the chaplaincy. Some restorative justice work had been undertaken through the Sycamore Tree course and one conference had been held at the time of our inspection. Courses were not unnecessarily interrupted, there were no waiting lists and programme managers actively sought out women to undertake courses that would address their needs. There had been five TSP courses, two FOR courses and two Sycamore Tree courses since April 2013. Women could find out about courses during induction and in the Women's Centre and all the courses were tailored specifically to women.

4.65 Women could invite family, friends and staff who had supported them through their courses to post programme reviews. Personal officers were always invited.

4.66 Experienced coaches from charity Coaching Inside and Out continued to support women in setting and prioritising their own goals and developing realistic solutions through six one-to-one hourly sessions; 185 women had been involved since 2011. The service had been evaluated by Manchester Metropolitan University in 2013 and 94% of those interviewed reported that coaching had helped them make the best of their time in prison and plan for release.

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 recommendation

To the governor

- 5.1** The facilities and systems for medication administration should ensure that women can receive their prescribed medication promptly and privately without having to queue outside. (S45)

Recommendations

To NOMS

Courts, escort and transfers

- 5.2** Female and male prisoners should be transported separately. (1.4, repeated recommendation 1.2)
- 5.3** Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm. (1.5, repeated recommendation 1.3)

Recommendations

To the governor

Courts, escort and transfers

- 5.4** All women should be given 24 hours' notice of planned transfers unless there are well-evidenced individual risk assessments otherwise. (1.6, repeated recommendation 1.4)

Safe and supportive relationships

- 5.5** The prison should explore the reasons why women with disabilities and gay women hold more negative perceptions of safety in our survey. (1.22)

Self-harm and suicide prevention

- 5.6** ACCT procedures, including the quality of daily entries, consistency of case manager and identification of a key worker, should be improved. (1.31)
- 5.7** All officers should support the Listener scheme. (1.32)

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

- 5.8** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.38)

Discipline

- 5.9** Adjudications should only be used for serious disciplinary offences; IEP warnings should be issued for lesser infringements of the rules. (1.51)
- 5.10** Women should be allowed to exercise and associate with others when risk assessments permit. (1.58)

Substance misuse

- 5.11** The DARS should conduct five-day reviews jointly and develop joint care plans for women requiring both psychosocial and clinical support. (1.66)

Residential units

- 5.12** Single cells should not be used for two women. (2.12, repeated recommendation 2.4)
- 5.13** Graffiti should be removed from all areas. (2.13)
- 5.14** All toilets should be screened. (2.14, repeated recommendation 2.11)
- 5.15** Staff and prisoners should be clear about access and entitlements to clothing and women should be able to obtain it from a range of sources. (2.15)
- 5.16** Senior managers should ensure that all peer workers are appropriately supervised and overseen. (2.16)

Staff-prisoner relationships

- 5.17** Women, particularly those most at risk and serving long sentences should have regular opportunities to meet one-to-one with a named member of staff to review personal circumstances, progress against sentence plan targets and receive encouragement. (2.23)

Equality and diversity

- 5.18** The equalities strategy should be informed by a needs analysis and the action plan reviewed to include targets that meet identified needs across all protected characteristics. (2.33)
- 5.19** All completed DIRFs should be signed off by a senior manager and quality assured by an appropriate external source. (2.34)
- 5.20** All staff should promote and demonstrate an awareness of equality and be able to anticipate and address women's diverse needs. (2.35)
- 5.21** The communications needs of foreign national women should be met effectively and should include ensuring that effective telephone interpretation and translated material are provided. (2.49)

- 5.22** The poorer perceptions of women with disabilities highlighted in our survey should be investigated and issues addressed. (2.50)

Complaints

- 5.23** Action should be taken to promote confidence in the complaints system among women. (2.66)

Health services

- 5.24** All clinical staff should receive regular documented clinical supervision. (2.81)
- 5.25** Clinical records should accurately reflect all care provided and comply with professional standards. (2.82)
- 5.26** Women with complex health needs should have formal care plans that are reviewed regularly and developed jointly with all relevant health providers. (2.83)
- 5.27** All clinical areas should be suitable and compliant with infection control guidelines. (2.84)
- 5.28** Women should have easy equitable access to nurse triage. (2.93)
- 5.29** All nurses providing triage should be adequately trained and have access to decision-making tools. (2.94)
- 5.30** Women should have access to pharmacy-led clinics including medicine use reviews, which should be documented in their clinical record. (2.101)
- 5.31** Women should receive prompt appropriate medication through patient group directions and 'special sick' supplies. (2.102)
- 5.32** Women prescribed medication should generally receive at least seven days' supply to take home on release. (2.103)
- 5.33** The mental health team should have adequate systems, policies and staffing in place to ensure that work allocation is consistent, record keeping meets professional standards and all clients are seen within agreed time frames. (2.118)
- 5.34** The mental health team should provide women in the Dove Centre and segregation unit with regular recorded input, and regularly reviewed care plans should be generated jointly with unit staff. (2.119)
- 5.35** Transfers under the Mental Health Act should occur within the current Department of Health transfer time guidelines. (2.120)

Catering

- 5.36** Supervision of serveries during mealtimes should be improved. (2.126)

Purchases

- 5.37** New arrivals should be able to buy items from the prison shop within 24 hours. (2.131, repeated recommendation 8.11)

5.38 Prisoners should be consulted about all aspects of the canteen process. (2.132)

5.39 There should be no administration charge for catalogue orders. (2.133)

Learning and skills and work activities

5.40 The prison should ensure that the procedure for observing teaching and learning is extended to cover all learning programmes. (3.10)

5.41 The college should improve the development of prisoners' English and mathematics skills in the written work carried out during vocational training. (3.20)

5.42 The prison should improve the monitoring of the use of the library. (3.25)

Physical education

5.43 Prisoners should have the opportunity to achieve PE-based accredited qualifications. (3.31)

5.44 The prison should provide an all-weather outdoor sports area that is suitably equipped. (3.32)

5.45 The collection and use of data to monitor prisoners' use of the gym should be improved. (3.33)

Offender management and planning

5.46 There should be routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues. (4.14)

5.47 OMU staff should log their work on the main electronic case note system to ensure staff across the prison understand and cooperate with offender management work. (4.15)

5.48 All staff conducting public protection screening and informing prisoners of restrictions should be confident and competent about performing these roles. (4.19)

5.49 MAPPA management levels for MAPPA nominals should be confirmed with the Probation Service six months before a prisoner's release. (4.20)

5.50 Allocation decisions should be based on women's proximity to home and the availability of resettlement interventions to meet their needs. (4.24)

5.51 Women should be transferred to the prison closest to their release address at least three months before their release date. (4.25)

5.52 Unless there are significant security or safety concerns, women should be told of transfer arrangements at least 24 hours in advance. (4.26)

5.53 Women on remand for offences likely to attract an indeterminate sentence should be systematically identified on reception and offered additional support, including help to understand their potential sentence. (4.29)

Reintegration planning

- 5.54** Key staff should know the home circumstances of women including their distance from home, names and ages of dependants and any care, child protection or visiting arrangements. (4.44)
- 5.55** Primary carers should be identified and support plans introduced to ensure they have good contact with children. (4.45)
- 5.56** All women should be able to have at least one weekly visit. (4.46)
- 5.57** Women's dissatisfaction with the mail system should be investigated and addressed. (4.47)
- 5.58** There should be a local strategy for identifying and supporting women who are potential or actual victims of trafficking. (4.52)
- 5.59** Links with employers should be developed to help prisoners with training and guidance in job applications, interview skills and workplace expectations. (4.57)

Housekeeping points

Security

- 5.60** Women testing positive under MDT should be consistently referred to the DARS. (1.47)

Substance misuse

- 5.61** The drug and alcohol strategy policy should be updated once the needs analysis has been completed. (1.67)

Residential units

- 5.62** All women should have a key to their room. (2.17)
- 5.63** Television charges should be proportionate and based on the number of women sharing a room. (2.18)
- 5.64** Free basic toiletries should be available to all women. (2.19, repeated recommendation 2.10)
- 5.65** Managers should monitor all cell call bell response times. (2.20)

Equality and diversity

- 5.66** Forum minutes should record action points, which should be followed up at subsequent meetings, and women should have access to them. (2.51)
- 5.67** Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit. (2.52, repeated recommendation 4.19)

Faith and religious activity

- 5.68** The reasons for the less positive responses from women on Waite wing regarding some aspects of faith provision should be investigated. (2.60)

Complaints

- 5.69** Complaint forms should be available in all units. (2.67)

Health services

- 5.70** Confidential access to barrier protection should be well advertised. (2.85)
- 5.71** Children in the MBU should swiftly receive any medication prescribed. (2.95)
- 5.72** Records of lessons learned from pharmacy near miss incidents should be used to inform service delivery. (2.104)
- 5.73** Medicines should be stored and administered in line with professional standards. (2.105)
- 5.74** Glass measures should be used for medicines. (2.106)
- 5.75** Refrigerator temperatures should be consistently recorded and prompt remedial action taken to rectify out-of-range temperatures. (2.107)

Catering

- 5.76** Food comments books should be more effectively promoted to ensure women's views about catering are promptly monitored and receive a timely response. (2.127)

Offender management and planning

- 5.77** The arrangements for enhanced visits for women on indeterminate sentences should be clarified. (4.30)

Reintegration planning

- 5.78** Women should be able to use telephones in private and exchange unused visiting orders for telephone credit. (4.48)

Good practice

- 5.79** The safer custody hub was accessible to all women held and offered a wide range of both peer and specialist staff input to those feeling vulnerable or otherwise in need of support on a drop in basis. (1.33)
- 5.80** The DARS provided women with drug and/or alcohol problems with an impressive range of interventions, including recovery courses, peer mentoring and structured support in the designated recovery house. (1.68)
- 5.81** The employment of professional carers ensured that the specific personal and physical needs of some women were properly met and their dignity was preserved. (2.53)

- 5.82** The dedicated health promotion service helped women improve their health in prison. (2.86)
- 5.83** The storage of medication in the health care rooms in the segregation unit and the Dove Centre meant medicines did not have to be transported through the prison to be administered to prisoners resident there. (2.108)
- 5.84** The toothbrush exchange scheme and availability of inter-dental brushes allowed women to improve their dental health while in prison. (2.111)
- 5.85** The Women's Centre mirrored community provision and was an excellent source of advice and support at the heart of the prison. (4.6)
- 5.86** The use of ROTL was exceptional and provided women with extensive opportunities to access education and employment to help them prepare for release. (4.7)
- 5.87** The progression boards and the associated pre-release interviews offered women valuable custody planning. (4.34)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas
 Sean Sullivan
 Joss Crosbie
 Karen Dillon
 Paul Fenning
 Jeanette Hall
 Alissa Redmond
 Njilan Norris-Jarra
 Amy Radford

Deputy Chief inspector
 Team leader
 Inspector
 Inspector
 Inspector
 Inspector
 Research officer
 Research trainee
 Research trainee

Specialist inspectors

Sigrid Engelen
 Majella Pearce
 Sue Melvin
 Kathleen Byrne
 Sue Harrison
 Denise Olander
 Jai Sharda
 Mel Owen
 Amanda Paterson
 Avtar Singh

Substance misuse inspector
 Health services inspector
 Pharmacy inspector
 Care Quality Commission inspector
 Ofsted inspector
 Ofsted inspector
 Ofsted inspector
 Offender management inspector
 Offender management inspector
 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 and first night procedures were generally efficient but the accommodation was difficult to supervise and there was a lack of effective peer support. Induction needed some attention. Most women reported feeling safe and there was less distinction than previously between Waite wing and the houses. Bullying was mostly low level and safety indicators were more effectively monitored. Levels of self-harm and the number of open assessment, care in custody and teamwork (ACCT) documents had fallen but some improvement was needed to ACCT procedures. Keller unit remained an unsuitable and inappropriate environment in which to manage women safely. Clinical management arrangements for substance users were safe but comprehensive assessments took too long to ensure flexibility of prescribing. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Appropriate therapeutic facilities and services should be provided to meet the needs of women with acute mental health problems, complex needs and challenging behaviour. (HP49)

Achieved

All women should have a supportive first night experience with peer support in suitable and safe accommodation. (HP47)

Achieved

ACCT reviews should be planned, multidisciplinary and chaired by consistent case managers with the personal officer or other key worker involved. Care maps should reflect identified needs and be updated as necessary. (HP48)

Partially achieved

Sufficient services should be provided to help women deal with alcohol problems. (MRI 1)

Achieved

Recommendations

Female and male prisoners should be transported separately. (1.2)

Not achieved (recommendation repeated, 1.4)

Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm. (1.3)

Not achieved (recommendation repeated, 1.5)

All women should be given 24 hours notice of planned transfers unless there are well-evidenced individual risk assessments otherwise. (1.4)

Not achieved (recommendation repeated, 1.6)

Officers should wear name badges and introduce themselves to prisoners. (1.6)

Partially achieved

Reception orderlies should have a formal peer support role and all women new to custody should receive planned and specific information and support in reception. (1.8)

Achieved

Information in reception should be available in a range of languages. (1.11)

Not achieved

New arrivals should receive essential first night procedures irrespective of their time of arrival. (1.14)

Achieved

A contact list of telephone numbers for the police, social services departments and the out-of-hours emergency teams should be readily available to reception and first night centre officers. (1.15)

Not achieved

Women who are detoxifying on their first night should not share with those who are not. (1.16)

Achieved

Sentenced women should not have to share rooms with unsentenced women. (1.17)

Not achieved

Women should receive a well-planned and engaging induction presentation. (1.22)

Achieved

Members of the safer prisons meeting should attend regularly or send a representative. (3.2)

Achieved

More effective interventions should be developed for those identified as perpetrators of anti-social behaviour. (3.4)

Not achieved

Support plans for victims should identify specific help and be monitored regularly. (3.5)

Not achieved

Investigations into incidents of suspected bullying should be sufficiently thorough to provide evidence to justify women being subject to anti-bullying procedures. (3.11)

Achieved

More ACCT assessors should be recruited from a range of disciplines. (3.14)

Not achieved

All staff in regular contact with prisoners should be trained in ACCT procedures. (3.15)

Not achieved

Women prisoners should have 24-hour access to Listeners with appropriate facilities. A suitable risk assessment should be completed when access has not been allowed. (3.16)

Partially achieved

Bunk beds that impede observation should be replaced. (3.20)

Not achieved

Night staff should be first aid trained. (3.21)

Achieved

Male staff should not be used for constant supervision of women at night unless there is appropriate individual justification. (3.30)

Achieved

Listeners should be informally available to women on the first night centre and during the early days of custody. (3.31)

Achieved

Referrals to the independent adjudicator should be consistent and made only for the more serious charges. (7.5)

Achieved

Special accommodation records should be completed and accessible by relevant managers at all times. (7.7)

Achieved

Operational managers should visit all women held under segregated conditions daily and ensure that a published regime, which as a minimum incorporates daily showers, telephone calls and one hour in the open air, is adhered to. (7.17)

Achieved

A dedicated clinical substance misuse team should provide coordinated care and support to drug and/or alcohol dependent women. (3.49)

Achieved

The clinical substance misuse and the mental health in-reach teams' skills mix should include dual diagnosis expertise. (3.51)

Partially achieved

Mandatory drug testing should be appropriately staffed to ensure that target tests are carried out within the required timescale. (3.52)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, staff-prisoner relationships were satisfactory but personal officer work still needed development. The prison was clean and living conditions were reasonably good. Food quality was satisfactory but portions were small. The incentives and earned privileges system was complex and not well understood. Application and complaints were handled satisfactorily. Diversity work was well organised, there was good identification and support for women with disabilities and diversity representatives were active and supportive. The mother and baby unit was a positive facility. Health care services were satisfactory but primary mental health services were stretched and the Keller unit still did not have a clinical lead. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

A simple personal officer or named officer system should be introduced to ensure each woman has a named officer who checks and is aware of her individual needs and provides a first point of support and help with access to services. (HP50)

Not achieved

An up-to-date health needs assessment should be carried out to ensure that resources are sufficient to cover both the physical and mental health needs of women at Styal. (MR8)

Partially achieved

Recommendations

Women should be able to make calls in private. (2.2)

Not achieved

Single cells should not be used for two women. (2.4)

Not achieved (recommendation repeated, 2.12)

Rooms in the houses should be refurbished and less crowded, with adequate storage space for all women. (2.5)

Partially achieved

Free basic toiletries should be available to all women. (2.10)

Not achieved (recommendation repeated as housekeeping point, 2.19)

All in-cell toilets should be properly screened. (2.11)

Not achieved (recommendation repeated, 2.14)

Night staff should have ready access to fire hoses in an emergency situation. (2.16)

Achieved

Prisoners should not lose association or receive other unsanctioned punishments as a result of incentives and earned privileges warnings. (7.20)

Achieved

An appropriate and simplified incentives and earned privileges system that staff and prisoners fully understand should be implemented and should operate consistently. (7.27)

Achieved

Wing files should contain care plans for prisoners with identified special needs. (2.23)

Partially achieved

Catering staff should regularly attend the residential units when meals are being served. (8.1)

Not achieved

Breakfast packs should be issued on the morning they are to be eaten. (8.3)

Not achieved

Meal portions should be sufficient to meet women's need. (8.9)

Not achieved

New arrivals should be able to buy items from the prison shop within 24 hours. (8.11)

Not achieved (recommendation repeated, 2.131)

Regular prison shop surveys should be carried out and the results published to prisoners. (8.12)

Not achieved

There should be a published diversity policy that outlines arrangements for meeting the needs of all minority groups. (4.1)

Partially achieved

The diversity and equality action plan should include specific identified actions to address the needs of older prisoners. This should be informed by issues identified at the mature women's forum. (4.2)

Not achieved

The diversity and equality action team should monitor and analyse key information to ensure that prisoners from minority groups are not being victimised or excluded from activities. (4.3)

Partially achieved

Care plans should be available to all relevant staff. (4.5)

Not achieved

The race equality policy should be widely publicised and readily accessible to prisoners, staff and visitors. (4.11)

No longer relevant

Accredited translation and interpreting services should be used for women who do not understand English for all matters when accuracy or confidentiality is important. (4.16)

Not achieved

The foreign national policy should be informed by a local needs analysis. (4.17)

Not achieved

Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit. (4.19)

Not achieved (recommendation repeated as housekeeping point, 2.52)

Legal services should be properly advertised on all residential units. (3.44)

No longer relevant

A professional cleaning programme should be introduced to ensure that all health care areas meet NHS standards of cleanliness and infection control management. (5.1)

Partially achieved

There should be a suitable physical location for administering medications that enables women to collect their medications safely with privacy and confidentiality. (5.7)

Not achieved

A mental health awareness training programme for wing officers should be formally introduced and delivered regularly. (5.11)

Achieved

The health care appointments system should be reviewed to ensure that appointments reach prisoners and identify the reasons prisoners do not attend appointments and appropriate measures put in place to ensure they do, including the provision of discipline officers rather than clinical staff for escorts to appointments. (5.22)

Achieved

The primary care trust should assess the need for additional GP surgeries delivered by a female GP. (5.24)

Achieved

Nurses carrying out medicine administration should not carry a radio, which should be used only for genuine health care emergencies. (5.25)

Partially achieved

Waits for the GP and opticians should be equivalent to waiting times in the community. (5.34)

Partially achieved

Additional patient group directions should be considered to enable the pharmacist and nurses to supply more potent medication. (5.43)

Not achieved

Night sedation should be given at an appropriate time. (5.51)

Achieved

Women should have access to direct pharmacy advice and information. (5.52)

Achieved

There should be regular medicines reviews for women with long-term conditions. (5.53)

Not achieved

There should be adequate primary mental health interventions and therapies to meet the needs of women. (5.72)

Achieved

Women waiting for transfer to secure units under the Mental Health Act should not have to wait inappropriately long. (5.73)

Not 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 reasonably good with sufficient activities to occupy the population. Learning and skills provision was generally good. Access to the library had improved and there was reasonable PE provision, although women from Waite wing were still under-represented. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (6.1)

Achieved

Time out of cell for women on Waite wing should be accurately recorded and monitored by managers. (6.2)

Achieved

All opportunities should be taken to accredit formally skills acquired at work, including those of peer support workers. (6.4)

Achieved

Individual learning plans and target setting should be developed and used to ensure that targets are meaningful, achievable within the time available and clearly record and recognise achievements. (6.6)

Achieved

Registration systems should enable individual attendance to be monitored even when full attendance overall is achieved through over enrolment. Tutors should be provided with reasons for non-attendance and follow these up as appropriate. (6.8)

Achieved

The prison and education contractor should simplify and rationalise data systems for learning and skills to ensure useful data. (6.30)

Achieved

Observation of teaching and learning for newly appointed tutors should start within a few months and each observation should last no more than one hour. Observation records should place a greater focus on judging the effectiveness of individual learning plans and target setting in supporting planning. (6.31)

Achieved

Vocational tutors and orderlies should have literacy and numeracy awards at least one level higher than the level at which they are tutoring and supporting. (6.32)

Achieved

Gym use should be promoted, including for day-time sessions, with participation rates monitored by age, ethnicity and residential location to target women and groups who are not exercising sufficiently. (6.42)

Partially achieved

Physical education facilities should be improved, including by providing a suitably-equipped classroom, a suitable all-weather outdoor sports area and adequate space for cardiovascular equipment. (6.43)

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, sentence planning and offender management work was good but there was no custody planning for remanded and short sentenced women. A good range of services was provided for most resettlement pathways but a more strategic and coordinated approach was needed to help ensure needs were met. There was some good work to support contact with families but aspects of visits arrangements needed improvement. Services for women with substance use problems were good and included a pilot alcohol programme for women. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

A more strategic and coordinated approach to the delivery of resettlement services combined with actively managed custody or sentence plans for all women should ensure that women are informed of and directed to appropriate resettlement services. (HP51)

Achieved

Recommendations

All resettlement pathways should have up-to-date action plans. (9.2)

Achieved

Drop-in centre services should be advertised in languages other than English. (9.3)

No longer relevant

The development and monitoring of pathway action plans should be clearly and effectively managed. (9.9)

Achieved

Offender managers should attend boards for women subject to offender management arrangements within the required timescales. (9.12)

Achieved

Sentence management data should be monitored to provide performance information about the whole population in a single report. (9.13)

Achieved

Women should be informed personally about negative recategorisation decisions and given written feedback explaining the decision. (9.20)

Partially achieved

All staff should attend safeguarding children training. (9.24)

Not achieved

Potential lifers should be routinely identified and spoken to by a member of the lifer team and given some written information about the life sentence process before and after sentence. (9.25)

Not achieved

Offending behaviour needs of lifers and IPPs should be specifically explored as part of a needs analysis and a strategy developed to ensure that all indeterminate-sentenced prisoners have the opportunity to address needs. (9.28)

Not achieved

There should be sufficient psychological resources to meet need. (9.32)

Achieved

Women should be offered a pre-release health care appointment. (9.38)

Achieved

The apparent relative lack of knowledge by women on Waite wing about where to get help with resettlement services should be investigated and addressed. (9.44)

Achieved

Voluntary drug testing units where women receive additional support to remain drug free should be reintroduced. (9.50)

Achieved

The drug and alcohol strategy document should be updated and contain detailed action plans and performance measures for supply and demand reduction measures. (9.59)

Partially achieved

Visits should start at the advertised time. (9.62)

Achieved

Facilities should be provided to ensure babies are searched safely and left safely while their carer is searched. (9.63)

Not achieved

Improved facilities for receiving and searching visitors should be provided. (9.64)

Not achieved

Closed visits should be authorised only when there is significant risk justified by security intelligence. (9.65)

Achieved

Women prisoners should not have to wear a sash in the visits room. (9.66)

Achieved

Mothers should be able to play with their children in the play area. (9.67)

Not achieved

Closed visits facilities should offer privacy and adequate audibility. (9.68)

Not achieved

Prisoners should not be prevented from appropriate physical contact with their visitors. (9.69)

Achieved

The reducing reoffending strategy and the children and families local action plan should be updated and include all relevant work and information. (9.72)

Partially achieved

The low take-up of the weekend family visits should be evaluated with prisoners and their families to identify reasons and make any necessary changes. (9.73)

Not achieved

Carers should be able to participate in family visits. (9.74)

Achieved

Women should have the opportunity for general relationship counselling with their immediate family where necessary. (9.75)

Not achieved

Women with identified need should be able to access programmes aimed at improving parenting skills and relationships. (9.76)

Not achieved

A further pilot of evening visits should be run, incorporating lessons learned from the previous pilot and informed by consultation with prisoners and visitors fully to evaluate the need. (9.78)

Not achieved

Women identified as carers should be given free telephone calls specifically to maintain contact with their children. (9.81)

Not achieved

There should be provision for women to have incoming telephone calls from children or to deal with arrangements for them. (9.82)

Not achieved

Issuing of medications should not disrupt programmes. (9.89)

Achieved

Personal officers should routinely attend post-programme case reviews. (9.90)

Partially achieved

A resettlement needs analysis should pay particular attention to the offending behaviour needs of all women and services to meet needs should be provided. Where this is not possible, there should be a strategy facilitating needs to be met elsewhere. (9.91)

Achieved

The availability of services to address domestic violence, rape, abuse or sex work should be effectively publicised to all women. (9.95)

Partially 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	15	282	67.9
Recall	0	26	5.9
Convicted unsentenced	2	43	10.3
Remand	3	65	15.5
Civil prisoners	0	1	0.2
Detainees	0	0	0
Other	0	1	0.2
Total	20	418	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	5	109	26
Less than 6 months	4	66	16
6 months to less than 12 months	2	35	8.5
12 months to less than 2 years	3	48	11.6
2 years to less than 4 years	2	63	14.8
4 years to less than 10 years	2	49	11.6
10 years and over (not life)	0	7	1.6
ISPP (indeterminate sentence for public protection)	0	6	1.4
Life	2	35	8.5
Total			100

Age	Number of prisoners	%
Please state minimum age here:	18 years	
Under 21 years	20	4.6
21 years to 29 years	111	25.3
30 years to 39 years	160	36.6
40 years to 49 years	100	22.8
50 years to 59 years	40	9.1
60 years to 69 years	6	1.4
70 plus years	1	0.2
Please state maximum age here:	71 years	
Total	438	100

Nationality	18–20 yr olds	21 and over	%
British	18	389	92.9
Foreign nationals	2	29	7.1
Total	20	418	100

Security category	18–20 yr olds	21 and over	%
Female closed	16	389	60.3
Female open	0	64	14.6
Unclassified	1	3	0.9
Unsentenced	3	103	24.2
Total	20	418	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	16	367	87.3
Irish	0	3	0.7
Gypsy/Irish Traveller	0	0	0
Other white	1	17	4.1
			92.2
Mixed			
White and black Caribbean	1	2	0.7
White and black African	0	0	0
White and Asian	0	0	0
Other mixed	1	2	0.7
			1.4
Asian or Asian British			
Indian	0	2	0.5
Pakistani	1	5	1.4
Bangladeshi	0	1	0.2
Chinese	0	0	0
Other Asian	0	1	0.2
			2.3
Black or black British			
Caribbean	0	3	0.7
African	0	4	0.9
Other black	0	7	1.6
			3.2
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	2	0.5
			0.5
Not stated	0	2	0.5
Total	20	418	

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	102	23.3
Roman Catholic	7	125	30.2
Other Christian denominations	3	33	8.2
Muslim	3	19	5
Sikh	0	1	0.2
Hindu	0	0	0
Buddhist	0	13	3
Jewish	0	0	0
Other	0	5	28.8
No religion	7	119	0.2
Total	20	418	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			n/a
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.5	86	19.5
1 month to 3 months	8	1.8	84	19.2
3 months to 6 months	2	0.5	44	10
6 months to 1 year	2	0.5	41	9.4
1 year to 2 years	1	0.2	22	5
2 years to 4 years	0	0	18	4.1
4 years or more	0	0	14	3.2
Total	15	3.5	309	70.5

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	34	7.6
Total	0	34	7.6

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.2	33	7.5
1 month to 3 months	3	0.7	43	9.9
3 months to 6 months	1	0.2	25	5.7
6 months to 1 year	0	0	7	1.6
1 year to 2 years	0	0	1	0.2
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	5	1.1	109	25

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

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 establishment⁸. 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 3 November the prisoner population at HMP/YOI Styal was 438. Using the method described above, questionnaires were distributed to a sample of 194 prisoners.

We received a total of 158 completed questionnaires, a response rate of 81%. This included four questionnaires completed via interview. Two respondents refused to complete a questionnaire, 28 questionnaires were not returned and six were returned blank.

⁸ 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
First night centre	1
A	16
B	24
C	18
D	25
E	24
Waite	45
Dove	1
Segregation unit	4

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP/YOI Styal.

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 significant⁹ 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/YOI Styal in 2014 compared with responses from prisoners surveyed in all other local women's prisons. This comparator is based on all responses from prisoner surveys carried out in seven local prisons since April 2012.
- The current survey responses from HMP/YOI Styal in 2014 compared with the responses of prisoners surveyed at HMP/YOI Styal 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 Waite wing and the rest of the establishment.

⁹ 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?		
	<i>Under 21</i>	6 (4%)	
	<i>21 - 29</i>	46 (29%)	
	<i>30 - 39</i>	47 (30%)	
	<i>40 - 49</i>	40 (25%)	
	<i>50 - 59</i>	16 (10%)	
	<i>60 - 69</i>	1 (1%)	
	<i>70 and over</i>	1 (1%)	
Q1.3	Are you sentenced?		
	<i>Yes</i>	109 (70%)	
	<i>Yes - on recall</i>	11 (7%)	
	<i>No - awaiting trial</i>	17 (11%)	
	<i>No - awaiting sentence</i>	19 (12%)	
	<i>No - awaiting deportation</i>	0 (0%)	
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	36 (24%)	
	<i>Less than 6 months</i>	31 (21%)	
	<i>6 months to less than 1 year</i>	17 (11%)	
	<i>1 year to less than 2 years</i>	10 (7%)	
	<i>2 years to less than 4 years</i>	23 (15%)	
	<i>4 years to less than 10 years</i>	14 (9%)	
	<i>10 years or more</i>	3 (2%)	
	<i>IPP (indeterminate sentence for public protection)</i>	0 (0%)	
	<i>Life</i>	16 (11%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	9 (6%)	
	<i>No</i>	146 (94%)	
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	153 (99%)	
	<i>No</i>	2 (1%)	
Q1.7	Do you understand written English?		
	<i>Yes</i>	155 (99%)	
	<i>No</i>	1 (1%)	
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>	130 (84%)	<i>Asian or Asian British - Chinese</i>
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i>
	<i>White - other</i>	12 (8%)	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	4 (3%)	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	1 (1%)	<i>Mixed race - white and Asian</i>
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i>
	<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		6 (4%)
	No.....		147 (96%)
Q1.10	What is your religion?		
	None.....	27 (18%)	Hindu
	Church of England	45 (29%)	Jewish
	Catholic	51 (33%)	Muslim
	Protestant.....	5 (3%)	Sikh
	Other Christian denomination	5 (3%)	Other.....
	Buddhist	9 (6%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		120 (77%)
	Homosexual/Gay.....		16 (10%)
	Bisexual.....		20 (13%)
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		52 (34%)
	No.....		103 (66%)
Q1.13	Are you a veteran (ex-armed services)?		
	Yes		1 (1%)
	No.....		155 (99%)
Q1.14	Is this your first time in prison?		
	Yes		86 (55%)
	No.....		71 (45%)
Q1.15	Do you have children under the age of 18?		
	Yes		87 (56%)
	No.....		69 (44%)

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		99 (63%)
	2 hours or longer		49 (31%)
	Don't remember		8 (5%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		99 (64%)
	Yes		24 (15%)
	No.....		27 (17%)
	Don't remember		5 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		99 (64%)
	Yes		7 (5%)
	No.....		47 (30%)
	Don't remember		2 (1%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		94 (61%)
	No.....		50 (32%)
	Don't remember		11 (7%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	117 (75%)
	No.....	33 (21%)
	Don't remember	6 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	52 (33%)
	Well.....	74 (47%)
	Neither	24 (15%)
	Badly.....	3 (2%)
	Very badly	0 (0%)
	Don't remember	4 (3%)
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	119 (76%)
	Yes, I received written information	2 (1%)
	No, I was not told anything	32 (20%)
	Don't remember	5 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	113 (72%)
	No.....	39 (25%)
	Don't remember	5 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours	131 (84%)		
	2 hours or longer	13 (8%)		
	Don't remember	12 (8%)		
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes	140 (90%)		
	No	7 (4%)		
	Don't remember	9 (6%)		
Q3.3	Overall, how were you treated in reception?			
	Very well.....	45 (29%)		
	Well.....	74 (47%)		
	Neither	22 (14%)		
	Badly.....	5 (3%)		
	Very badly	2 (1%)		
	Don't remember.....	8 (5%)		
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	18 (12%)	Physical health	43 (28%)
	Housing problems.....	37 (24%)	Mental health	62 (41%)
	Contacting employers	3 (2%)	Needing protection from other prisoners	5 (3%)
	Contacting family	44 (29%)	Getting phone numbers.....	36 (24%)
	Childcare	3 (2%)	Other	7 (5%)
	Money worries.....	39 (25%)	Did not have any problems.....	33 (22%)
	Feeling depressed or suicidal	57 (37%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	62 (41%)
	No.....	56 (37%)
	Did not have any problems	33 (22%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that applies to you.)	
	Tobacco.....	125 (83%)
	A shower	93 (62%)
	A free telephone call.....	116 (77%)
	Something to eat.....	122 (81%)
	PIN phone credit.....	94 (62%)
	Toiletries/ basic items	116 (77%)
	Did not receive anything	4 (3%)
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	84 (56%)
	Someone from health services.....	113 (75%)
	A Listener/Samaritans	42 (28%)
	Prison shop/ canteen	30 (20%)
	Did not have access to any of these.....	26 (17%)
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	84 (56%)
	What support was available for people feeling depressed or suicidal.....	72 (48%)
	How to make routine requests (applications)	48 (32%)
	Your entitlement to visits.....	58 (39%)
	Health services	72 (48%)
	Chaplaincy	77 (52%)
	Not offered any information.....	29 (19%)
Q3.9	Did you feel safe on your first night here?	
	Yes	116 (76%)
	No.....	29 (19%)
	Don't remember	8 (5%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	20 (13%)
	Within the first week.....	62 (40%)
	More than a week.....	64 (41%)
	Don't remember	9 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	20 (13%)
	Yes	77 (51%)
	No.....	42 (28%)
	Don't remember	11 (7%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	21 (14%)
	Within the first week.....	52 (34%)
	More than a week.....	59 (39%)
	Don't remember	19 (13%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	24 (16%)	39 (26%)	18 (12%)	34 (23%)	18 (12%)	16 (11%)
	<i>Attend legal visits?</i>	25 (17%)	57 (40%)	20 (14%)	15 (10%)	4 (3%)	22 (15%)
	<i>Get bail information?</i>	7 (5%)	14 (10%)	25 (18%)	26 (19%)	22 (16%)	44 (32%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters.....</i>						16 (11%)
	<i>Yes.....</i>						72 (47%)
	<i>No.....</i>						64 (42%)
Q4.3	Can you get legal books in the library?						
	<i>Yes.....</i>						72 (47%)
	<i>No.....</i>						8 (5%)
	<i>Don't know.....</i>						72 (47%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	105 (70%)	44 (29%)	1 (1%)			
	<i>Are you normally able to have a shower every day?</i>	137 (90%)	15 (10%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	128 (84%)	21 (14%)	4 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	110 (73%)	31 (21%)	9 (6%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	34 (23%)	95 (64%)	20 (13%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	100 (66%)	50 (33%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	28 (18%)	81 (53%)	43 (28%)			
Q4.5	What is the food like here?						
	<i>Very good.....</i>						3 (2%)
	<i>Good.....</i>						20 (13%)
	<i>Neither.....</i>						29 (19%)
	<i>Bad.....</i>						42 (27%)
	<i>Very bad.....</i>						60 (39%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/don't know.....</i>						11 (7%)
	<i>Yes.....</i>						71 (47%)
	<i>No.....</i>						70 (46%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes.....</i>						85 (56%)
	<i>No.....</i>						18 (12%)
	<i>Don't know.....</i>						50 (33%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes.....</i>						94 (61%)
	<i>No.....</i>						13 (8%)
	<i>Don't know/ N/A.....</i>						46 (30%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes.....</i>						102 (67%)
	<i>No.....</i>						13 (8%)
	<i>Don't know/ N/A.....</i>						38 (25%)

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

<i>I don't want to attend</i>	27 (18%)
<i>Very easy</i>	34 (22%)
<i>Easy</i>	41 (27%)
<i>Neither</i>	9 (6%)
<i>Difficult</i>	13 (8%)
<i>Very difficult</i>	6 (4%)
<i>Don't know</i>	23 (15%)

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

<i>Yes</i>	123 (79%)
<i>No</i>	21 (13%)
<i>Don't know</i>	12 (8%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	21 (14%)	66 (46%)	58 (40%)
<i>Are applications dealt with quickly (within seven days)?</i>	21 (15%)	57 (42%)	58 (43%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	69 (47%)
<i>No</i>	27 (18%)
<i>Don't know</i>	50 (34%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	76 (51%)	28 (19%)	45 (30%)
<i>Are complaints dealt with quickly (within seven days)?</i>	76 (54%)	20 (14%)	46 (32%)

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

<i>Yes</i>	31 (22%)
<i>No</i>	108 (78%)

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>	57 (39%)
<i>Very easy</i>	14 (9%)
<i>Easy</i>	32 (22%)
<i>Neither</i>	23 (16%)
<i>Difficult</i>	12 (8%)
<i>Very difficult</i>	10 (7%)

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>	14 (9%)
<i>Yes</i>	71 (47%)
<i>No</i>	43 (29%)
<i>Don't know</i>	22 (15%)

Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	14 (9%)
	<i>Yes</i>	75 (51%)
	<i>No</i>	46 (31%)
	<i>Don't know</i>	13 (9%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	8 (5%)
	<i>No</i>	141 (95%)
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>I have not been to segregation in the last 6 months</i>	116 (83%)
	<i>Very well</i>	5 (4%)
	<i>Well</i>	3 (2%)
	<i>Neither</i>	5 (4%)
	<i>Badly</i>	4 (3%)
	<i>Very badly</i>	6 (4%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	116 (78%)
	<i>No</i>	32 (22%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	115 (77%)
	<i>No</i>	35 (23%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	50 (33%)
	<i>No</i>	101 (67%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	20 (13%)
	<i>Never</i>	41 (27%)
	<i>Rarely</i>	39 (26%)
	<i>Some of the time</i>	32 (21%)
	<i>Most of the time</i>	14 (9%)
	<i>All of the time</i>	6 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	90 (60%)
	<i>In the first week</i>	18 (12%)
	<i>More than a week</i>	23 (15%)
	<i>Don't remember</i>	19 (13%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	90 (63%)
	<i>Very helpful</i>	18 (13%)
	<i>Helpful</i>	19 (13%)
	<i>Neither</i>	9 (6%)
	<i>Not very helpful</i>	5 (4%)
	<i>Not at all helpful</i>	1 (1%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes	64 (42%)	
	No.....	90 (58%)	
Q8.2	Do you feel unsafe now?		
	Yes	24 (16%)	
	No.....	123 (84%)	
Q8.3	In which areas have you felt unsafe? (Please tick all that applies to you.)		
	Never felt unsafe	90 (60%)	At meal times..... 11 (7%)
	Everywhere	16 (11%)	At health services..... 4 (3%)
	Segregation unit	4 (3%)	Visits area
	Association areas	24 (16%)	In wing showers
	Reception area	2 (1%)	In gym showers
	At the gym	5 (3%)	In corridors/stairwells..... 7 (5%)
	In an exercise yard	18 (12%)	On your landing/wing
	At work.....	10 (7%)	In your cell
	During movement.....	14 (9%)	At religious services..... 1 (1%)
	At education	5 (3%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes	54 (36%)	
	No.....	98 (64%)	
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)	30 (20%)	
	Physical abuse (being hit, kicked or assaulted)	13 (9%)	
	Sexual abuse	2 (1%)	
	Feeling threatened or intimidated	41 (27%)	
	Having your canteen/property taken.....	17 (11%)	
	Medication.....	10 (7%)	
	Debt	3 (2%)	
	Drugs.....	5 (3%)	
	Your race or ethnic origin.....	5 (3%)	
	Your religion/religious beliefs	6 (4%)	
	Your nationality	4 (3%)	
	You are from a different part of the country than others.....	6 (4%)	
	You are from a traveller community	0 (0%)	
	Your sexual orientation	6 (4%)	
	Your age.....	6 (4%)	
	You have a disability.....	11 (7%)	
	You were new here.....	18 (12%)	
	Your offence/ crime	11 (7%)	
	Gang related issues.....	4 (3%)	
Q8.6	Have you been victimised by staff here?		
	Yes	42 (28%)	
	No.....	109 (72%)	

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)

<i>Insulting remarks (about you or your family or friends)</i>	18 (12%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	17 (11%)
<i>Medication</i>	9 (6%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	6 (4%)
<i>Your race or ethnic origin</i>	2 (1%)
<i>Your religion/religious beliefs</i>	4 (3%)
<i>Your nationality</i>	2 (1%)
<i>You are from a different part of the country than others</i>	4 (3%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	5 (3%)
<i>Your age</i>	2 (1%)
<i>You have a disability</i>	6 (4%)
<i>You were new here</i>	7 (5%)
<i>Your offence/ crime</i>	9 (6%)
<i>Gang related issues</i>	4 (3%)

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

<i>Not been victimised</i>	81 (61%)
<i>Yes</i>	25 (19%)
<i>No</i>	27 (20%)

Section 9: Health services

Q9.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	12 (8%)	6 (4%)	21 (14%)	12 (8%)	52 (35%)	46 (31%)
The nurse	8 (5%)	11 (8%)	44 (30%)	14 (10%)	45 (31%)	24 (16%)
The dentist	18 (13%)	8 (6%)	35 (24%)	15 (10%)	30 (21%)	38 (26%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	17 (12%)	14 (10%)	35 (24%)	23 (16%)	27 (19%)	28 (19%)
The nurse	13 (9%)	19 (13%)	51 (35%)	24 (17%)	20 (14%)	17 (12%)
The dentist	36 (26%)	20 (14%)	32 (23%)	24 (17%)	15 (11%)	14 (10%)

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

<i>Not been</i>	8 (6%)
<i>Very good</i>	15 (11%)
<i>Good</i>	36 (25%)
<i>Neither</i>	20 (14%)
<i>Bad</i>	34 (24%)
<i>Very bad</i>	29 (20%)

Q9.4 Are you currently taking medication?

<i>Yes</i>	110 (73%)
<i>No</i>	40 (27%)

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

<i>Not taking medication</i>	40 (27%)
<i>Yes, all my meds</i>	17 (11%)
<i>Yes, some of my meds</i>	28 (19%)
<i>No</i>	63 (43%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	83 (56%)
	No.....	65 (44%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<i>Do not have any emotional or mental health problems.....</i>	65 (45%)
	Yes	40 (28%)
	No.....	38 (27%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	64 (44%)
	No.....	80 (56%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	38 (26%)
	No.....	106 (74%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	33 (23%)
	Easy	24 (17%)
	Neither	16 (11%)
	Difficult.....	11 (8%)
	Very difficult.....	3 (2%)
	Don't know	56 (39%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	2 (1%)
	Easy	2 (1%)
	Neither	8 (6%)
	Difficult.....	16 (11%)
	Very difficult.....	32 (22%)
	Don't know	83 (58%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	6 (4%)
	No.....	139 (96%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	14 (10%)
	No.....	125 (90%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	70 (51%)
	Yes	57 (42%)
	No.....	10 (7%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem.....</i>	106 (73%)
	Yes	35 (24%)
	No.....	4 (3%)

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>	64 (47%)
	<i>Yes</i>	56 (41%)
	<i>No</i>	15 (11%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	14 (10%)	39 (27%)	64 (44%)	11 (8%)	12 (8%)	5 (3%)
	Vocational or skills training	26 (18%)	25 (18%)	60 (43%)	14 (10%)	12 (9%)	4 (3%)
	Education (including basic skills)	18 (13%)	34 (24%)	68 (47%)	11 (8%)	9 (6%)	4 (3%)
	Offending behaviour programmes	42 (30%)	19 (13%)	33 (23%)	15 (11%)	22 (16%)	10 (7%)

Q11.2	Are you currently involved in the following? (Please tick all that applies to you.)	
	<i>Not involved in any of these</i>	19 (13%)
	<i>Prison job</i>	93 (64%)
	<i>Vocational or skills training</i>	29 (20%)
	<i>Education (including basic skills)</i>	58 (40%)
	<i>Offending behaviour programmes</i>	34 (23%)

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	22 (17%)	75 (59%)	19 (15%)	11 (9%)
	Vocational or skills training	26 (25%)	52 (50%)	13 (13%)	13 (13%)
	Education (including basic skills)	20 (17%)	72 (62%)	13 (11%)	12 (10%)
	Offending behaviour programmes	33 (31%)	45 (42%)	13 (12%)	17 (16%)

Q11.4	How often do you usually go to the library?	
	<i>Don't want to go</i>	20 (14%)
	<i>Never</i>	20 (14%)
	<i>Less than once a week</i>	33 (23%)
	<i>About once a week</i>	53 (36%)
	<i>More than once a week</i>	20 (14%)

Q11.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	39 (27%)
	<i>Yes</i>	75 (52%)
	<i>No</i>	30 (21%)

Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	52 (36%)
	<i>0</i>	45 (31%)
	<i>1 to 2</i>	24 (16%)
	<i>3 to 5</i>	10 (7%)
	<i>More than 5</i>	15 (10%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	25 (17%)
	<i>0</i>	22 (15%)
	<i>1 to 2</i>	32 (22%)
	<i>3 to 5</i>	31 (22%)
	<i>More than 5</i>	34 (24%)

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	18 (13%)
	<i>0</i>	6 (4%)
	<i>1 to 2</i>	21 (15%)
	<i>3 to 5</i>	52 (36%)
	<i>More than 5</i>	46 (32%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	10 (7%)
	<i>2 to less than 4 hours</i>	17 (12%)
	<i>4 to less than 6 hours</i>	10 (7%)
	<i>6 to less than 8 hours</i>	30 (20%)
	<i>8 to less than 10 hours</i>	22 (15%)
	<i>10 hours or more</i>	43 (29%)
	<i>Don't know</i>	15 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	64 (44%)
	<i>No</i>	81 (56%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	69 (47%)
	<i>No</i>	77 (53%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	26 (18%)
	<i>No</i>	120 (82%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	25 (17%)
	<i>Very easy</i>	22 (15%)
	<i>Easy</i>	37 (25%)
	<i>Neither</i>	13 (9%)
	<i>Difficult</i>	29 (20%)
	<i>Very difficult</i>	12 (8%)
	<i>Don't know</i>	9 (6%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	36 (25%)
	<i>Yes</i>	64 (44%)
	<i>No</i>	46 (32%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that applies to you.)	
	<i>Not sentenced/ NA</i>	82 (57%)
	<i>No contact</i>	28 (19%)
	<i>Letter</i>	21 (14%)
	<i>Phone</i>	8 (6%)
	<i>Visit</i>	23 (16%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	58 (41%)
	No.....	84 (59%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	36 (24%)
	Yes	47 (32%)
	No.....	64 (44%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced.....	100 (69%)
	Very involved.....	14 (10%)
	Involved	12 (8%)
	Neither	7 (5%)
	Not very involved	7 (5%)
	Not at all involved.....	5 (3%)
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.....	100 (70%)
	Nobody.....	17 (12%)
	Offender supervisor	15 (10%)
	Offender manager	11 (8%)
	Named/ personal officer	9 (6%)
	Staff from other departments	11 (8%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced.....	100 (68%)
	Yes	39 (27%)
	No.....	2 (1%)
	Don't know	5 (3%)
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.....	100 (68%)
	Yes	8 (5%)
	No.....	25 (17%)
	Don't know	13 (9%)
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.....	100 (68%)
	Yes	18 (12%)
	No.....	10 (7%)
	Don't know	18 (12%)
Q13.10	Do you have a needs based custody plan?	
	Yes	12 (9%)
	No.....	63 (45%)
	Don't know	64 (46%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	34 (24%)
	No.....	105 (76%)

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	24 (19%)	62 (49%)	41 (32%)
Accommodation	30 (23%)	72 (54%)	31 (23%)
Benefits	23 (18%)	70 (54%)	37 (28%)
Finances	28 (25%)	40 (35%)	46 (40%)
Education	24 (20%)	59 (48%)	39 (32%)
Drugs and alcohol	32 (24%)	75 (57%)	24 (18%)

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?

<i>Not sentenced</i>	36 (25%)
<i>Yes</i>	60 (42%)
<i>No</i>	46 (32%)

Main comparator and comparator to last time



Prisoner survey responses HMP/YOI Styal 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

		HMP/YOI Styal 2014	Local Women's Prisons Comparator	HMP/YOI Styal 2014	HMP/YOI Styal 2011
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		158	1,039	158	170
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	7%	4%	12%
1.3	Are you sentenced?	77%	77%	77%	80%
1.3	Are you on recall?	7%	6%	7%	5%
1.4	Is your sentence less than 12 months?	32%	24%	32%	32%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%	0%	2%
1.5	Are you a foreign national?	6%	13%	6%	6%
1.6	Do you understand spoken English?	99%	98%	99%	
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.)	8%	22%	8%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	7%	4%	3%
1.1	Are you Muslim?	5%	6%	5%	4%
1.11	Are you homosexual/gay or bisexual?	23%	25%	23%	20%
1.12	Do you consider yourself to have a disability?	34%	31%	34%	23%
1.13	Are you a veteran (ex-armed services)?	1%	1%	1%	
1.14	Is this your first time in prison?	55%	48%	55%	50%
1.15	Do you have any children under the age of 18?	56%	55%	56%	57%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	32%	39%	32%	20%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	43%	46%	43%	
2.3	Were you offered a toilet break?	12%	12%	12%	
2.4	Was the van clean?	61%	62%	61%	
2.5	Did you feel safe?	75%	78%	75%	
2.6	Were you treated well/very well by the escort staff?	80%	77%	80%	71%
2.7	Before you arrived here were you told that you were coming here?	76%	76%	76%	
2.7	Before you arrived here did you receive any written information about coming here?	1%	5%	1%	

Main comparator and comparator to last time

Key to tables

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2.8	When you first arrived here did your property arrive at the same time as you?	72%	83%	72%	65%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	84%	53%	84%	
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	89%	90%	90%
3.3	Were you treated well/very well in reception?	76%	79%	76%	63%
	When you first arrived:				
3.4	Did you have any problems?	79%	76%	79%	80%
3.4	Did you have any problems with loss of property?	12%	13%	12%	12%
3.4	Did you have any housing problems?	24%	27%	24%	26%
3.4	Did you have any problems contacting employers?	2%	2%	2%	3%
3.4	Did you have any problems contacting family?	29%	27%	29%	39%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	5%	2%	12%
3.4	Did you have any money worries?	26%	24%	26%	22%
3.4	Did you have any problems with feeling depressed or suicidal?	37%	36%	37%	33%
3.4	Did you have any physical health problems?	28%	23%	28%	
3.4	Did you have any mental health problems?	41%	32%	41%	
3.4	Did you have any problems with needing protection from other prisoners?	3%	5%	3%	7%
3.4	Did you have problems accessing phone numbers?	24%	26%	24%	24%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	53%	50%	53%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	83%	81%	83%	92%
3.6	A shower?	62%	42%	62%	69%
3.6	A free telephone call?	77%	77%	77%	80%
3.6	Something to eat?	81%	80%	81%	89%
3.6	PIN phone credit?	62%	59%	62%	
3.6	Toiletries/ basic items?	77%	74%	77%	
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?	56%	52%	56%	
3.7	Someone from health services?	75%	71%	75%	
3.7	A Listener/Samaritans?	28%	43%	28%	
3.7	Prison shop/ canteen?	20%	31%	20%	5%

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	56%	50%	56%	56%
3.8	Support was available for people feeling depressed or suicidal?	48%	49%	48%	61%
3.8	How to make routine requests?	32%	39%	32%	44%
3.8	Your entitlement to visits?	39%	38%	39%	46%
3.8	Health services?	48%	50%	48%	58%
3.8	The chaplaincy?	52%	46%	52%	59%
3.9	Did you feel safe on your first night here?	76%	74%	76%	69%
3.10	Have you been on an induction course?	87%	88%	87%	84%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	59%	57%	59%	55%
3.12	Did you receive an education (skills for life) assessment?	86%	80%	86%	
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?	42%	42%	42%	46%
4.1	Attend legal visits?	57%	58%	57%	65%
4.1	Get bail information?	15%	22%	15%	27%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	39%	47%	47%
4.3	Can you get legal books in the library?	47%	45%	47%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	75%	70%	48%
4.4	Are you normally able to have a shower every day?	90%	91%	90%	93%
4.4	Do you normally receive clean sheets every week?	84%	90%	84%	88%
4.4	Do you normally get cell cleaning materials every week?	73%	85%	73%	72%
4.4	Is your cell call bell normally answered within five minutes?	23%	48%	23%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	68%	66%	60%
4.4	Can you normally get your stored property, if you need to?	19%	31%	19%	22%
4.5	Is the food in this prison good/very good?	15%	28%	15%	20%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	50%	47%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	67%	56%	59%
4.8	Are your religious beliefs are respected?	62%	58%	62%	65%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	66%	67%	69%
4.10	Is it easy/very easy to attend religious services?	49%	53%	49%	

Main comparator and comparator to last time

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	79%	84%	79%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	53%	66%	53%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	50%	44%	50%	55%
5.3	Is it easy to make a complaint?	47%	65%	47%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	38%	45%	38%	43%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	30%	40%	30%	63%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	17%	22%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	38%	31%	24%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	51%	47%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	51%	51%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	3%
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?	34%	55%	34%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	78%	82%	78%	69%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	82%	77%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	44%	33%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	27%	13%	9%
7.5	Do you have a personal officer?	40%	59%	40%	65%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	71%	72%	71%	72%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	42%	42%	42%	39%
8.2	Do you feel unsafe now?	16%	15%	16%	15%
8.4	Have you been victimised by other prisoners here?	36%	37%	36%	30%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	20%	18%	20%	16%
8.5	Hit, kicked or assaulted you?	9%	7%	9%	7%
8.5	Sexually abused you?	1%	2%	1%	1%

Main comparator and comparator to last time

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8.5	Threatened or intimidated you?	27%	24%	27%	
8.5	Taken your canteen/property?	11%	8%	11%	5%
8.5	Victimised you because of medication?	7%	6%	7%	
8.5	Victimised you because of debt?	2%	1%	2%	
8.5	Victimised you because of drugs?	3%	3%	3%	5%
8.5	Victimised you because of your race or ethnic origin?	3%	4%	3%	4%
8.5	Victimised you because of your religion/religious beliefs?	4%	2%	4%	3%
8.5	Victimised you because of your nationality?	3%	3%	3%	
8.5	Victimised you because you were from a different part of the country?	4%	3%	4%	2%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.5	Victimised you because of your sexual orientation?	4%	2%	4%	3%
8.5	Victimised you because of your age?	4%	3%	4%	5%
8.5	Victimised you because you have a disability?	7%	4%	7%	4%
8.5	Victimised you because you were new here?	12%	9%	12%	12%
8.5	Victimised you because of your offence/crime?	7%	8%	7%	7%
8.5	Victimised you because of gang related issues?	3%	3%	3%	4%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	28%	29%	28%	13%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	12%	12%	5%
8.7	Hit, kicked or assaulted you?	2%	3%	2%	1%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	11%	12%	11%	
8.7	Victimised you because of medication?	6%	6%	6%	
8.7	Victimised you because of debt?	1%	1%	1%	
8.7	Victimised you because of drugs?	4%	3%	4%	3%
8.7	Victimised you because of your race or ethnic origin?	1%	3%	1%	1%
8.7	Victimised you because of your religion/religious beliefs?	3%	2%	3%	0%
8.7	Victimised you because of your nationality?	1%	2%	1%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	1%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	3%	2%	3%	3%

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	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because of your age?	1%	2%	1%	2%
8.7	Victimised you because you have a disability?	4%	4%	4%	2%
8.7	Victimised you because you were new here?	5%	4%	5%	2%
8.7	Victimised you because of your offence/crime?	6%	4%	6%	4%
8.7	Victimised you because of gang related issues?	3%	2%	3%	0%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	48%	53%	48%	55%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	30%	18%	27%
9.1	Is it easy/very easy to see the nurse?	38%	54%	38%	58%
9.1	Is it easy/very easy to see the dentist?	30%	14%	30%	26%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	39%	48%	39%	48%
9.2	The nurse?	53%	60%	53%	66%
9.2	The dentist?	50%	42%	50%	58%
9.3	The overall quality of health services?	38%	41%	38%	47%
9.4	Are you currently taking medication?	73%	75%	73%	67%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	42%	47%	42%	
9.6	Do you have any emotional well being or mental health problems?	56%	57%	56%	53%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	51%	57%	51%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	44%	40%	44%	42%
10.2	Did you have a problem with alcohol when you came into this prison?	26%	29%	26%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	27%	40%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	3%	3%	3%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	5%	4%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	7%	10%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	85%	82%	85%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	90%	77%	90%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	79%	83%	79%	79%

Main comparator and comparator to last time

Key to tables

		HMP/YOI Styal 2014	Local Women's Prisons Comparator	HMP/YOI Styal 2014	HMP/YOI Styal 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				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	71%	48%	71%	
11.1	Vocational or skills training?	60%	42%	60%	
11.1	Education (including basic skills)?	71%	57%	71%	
11.1	Offending behaviour programmes?	37%	32%	37%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	64%	56%	64%	51%
11.2	Vocational or skills training?	20%	13%	20%	16%
11.2	Education (including basic skills)?	40%	35%	40%	29%
11.2	Offending behaviour programmes?	23%	16%	23%	13%
11.3	Have you had a job while in this prison?	83%	79%	83%	81%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	72%	52%	72%	60%
11.3	Have you been involved in vocational or skills training while in this prison?	75%	69%	75%	72%
	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?	67%	59%	67%	49%
11.3	Have you been involved in education while in this prison?	83%	79%	83%	80%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	74%	66%	74%	67%
11.3	Have you been involved in offending behaviour programmes while in this prison?	70%	66%	70%	71%
	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?	60%	62%	60%	55%
11.4	Do you go to the library at least once a week?	50%	46%	50%	57%
11.5	Does the library have a wide enough range of materials to meet your needs?	52%	52%	52%	
11.6	Do you go to the gym three or more times a week?	17%	22%	17%	24%
11.7	Do you go outside for exercise three or more times a week?	45%	33%	45%	55%
11.8	Do you go on association more than five times each week?	32%	53%	32%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday?	29%	15%	29%	20%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	44%	51%	44%	58%
12.2	Have you had any problems with sending or receiving mail?	47%	40%	47%	40%
12.3	Have you had any problems getting access to the telephones?	18%	23%	18%	17%
12.4	Is it easy/ very easy for your friends and family to get here?	40%	31%	40%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP/YOI Snyal 2014	Local Women's Prisons Comparator	HMP/YOI Snyal 2014	HMP/YOI Snyal 2011
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 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	58%	66%	58%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	45%	36%	45%	
13.2	Contact by letter?	33%	30%	33%	
13.2	Contact by phone?	13%	12%	13%	
13.2	Contact by visit?	37%	43%	37%	
13.3	Do you have a named offender supervisor in this prison?	41%	49%	41%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	42%	52%	42%	54%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	58%	64%	58%	80%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	40%	31%	40%	
13.6	Offender supervisor?	35%	39%	35%	
13.6	Offender manager?	25%	29%	25%	
13.6	Named/ personal officer?	21%	20%	21%	
13.6	Staff from other departments?	25%	26%	25%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	85%	69%	85%	86%
13.8	Are there plans for you to achieve any of your targets in another prison?	17%	21%	17%	
13.9	Are there plans for you to achieve any of your targets in the community?	39%	33%	39%	
13.10	Do you have a needs based custody plan?	9%	8%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	24%	20%	24%	28%
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?	60%	46%	60%	
13.12	Accommodation?	70%	56%	70%	
13.12	Benefits?	66%	61%	66%	
13.12	Finances?	47%	38%	47%	
13.12	Education?	60%	47%	60%	
13.12	Drugs and alcohol?	76%	66%	76%	
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 the future?	57%	58%	57%	61%



Prisoner survey responses HMP/YOI Styal 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

		Waite Wing	The Houses
	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	109
SECTION 1: General information			
1.2	Are you under 21 years of age?	9%	1%
1.3	Are you sentenced?	77%	78%
1.3	Are you on recall?	7%	7%
1.4	Is your sentence less than 12 months?	39%	29%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	0%
1.5	Are you a foreign national?	5%	6%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	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.)	7%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%
1.1	Are you Muslim?	5%	6%
1.11	Are you homosexual/gay or bisexual?	25%	21%
1.12	Do you consider yourself to have a disability?	49%	27%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	27%	68%
1.15	Do you have any children under the age of 18?	64%	53%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	31%	31%
2.5	Did you feel safe?	76%	76%
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?	89%	70%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	70%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	82%	85%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	92%
3.3	Were you treated well/very well in reception?	64%	82%
When you first arrived:			
3.4	Did you have any problems?	89%	74%
3.4	Did you have any problems with loss of property?	15%	10%
3.4	Did you have any housing problems?	29%	21%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Did you have any problems contacting employers?	2%	2%
3.4	Did you have any problems contacting family?	29%	29%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%
3.4	Did you have any money worries?	31%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	58%	29%
3.4	Did you have any physical health problems?	44%	22%
3.4	Did you have any mental health problems?	58%	33%
3.4	Did you have any problems with needing protection from other prisoners?	5%	3%
3.4	Did you have problems accessing phone numbers?	22%	23%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	93%	79%
3.6	A shower?	72%	58%
3.6	A free telephone call?	76%	78%
3.6	Something to eat?	81%	81%
3.6	PIN phone credit?	69%	59%
3.6	Toiletries/ basic items?	76%	76%
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?	55%	56%
3.7	Someone from health services?	74%	75%
3.7	A Listener/Samaritans?	31%	27%
3.7	Prison shop/ canteen?	28%	16%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	64%	55%
3.8	Support was available for people feeling depressed or suicidal?	45%	51%
3.8	How to make routine requests?	28%	34%
3.8	Your entitlement to visits?	41%	40%
3.8	Health services?	43%	52%
3.8	The chaplaincy?	50%	54%
3.9	Did you feel safe on your first night here?	77%	77%
3.10	Have you been on an induction course?	75%	94%
3.12	Did you receive an education (skills for life) assessment?	74%	92%
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?	42%	43%
4.1	Attend legal visits?	57%	58%
4.1	Get bail information?	27%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	47%
4.3	Can you get legal books in the library?	26%	57%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	78%
4.4	Are you normally able to have a shower every day?	75%	97%
4.4	Do you normally receive clean sheets every week?	91%	80%
4.4	Do you normally get cell cleaning materials every week?	60%	79%
4.4	Is your cell call bell normally answered within five minutes?	38%	17%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	74%
4.4	Can you normally get your stored property, if you need to?	19%	19%
4.5	Is the food in this prison good/very good?	19%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	59%
4.8	Are your religious beliefs are respected?	57%	63%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	72%
4.10	Is it easy/very easy to attend religious services?	36%	56%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	71%	83%
5.3	Is it easy to make a complaint?	40%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	35%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	3%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	74%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	33%
7.4	Do staff normally speak to you most of the time/all of the time during association?	10%	15%
7.5	Do you have a personal officer?	22%	49%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	53%	37%
8.2	Do you feel unsafe now?	25%	12%
8.4	Have you been victimised by other prisoners here?	34%	35%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	16%	21%
8.5	Hit, kicked or assaulted you?	7%	9%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	27%	26%

Key to tables

		Waite Wing	The Houses
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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Taken your canteen/property?	14%	10%
8.5	Victimised you because of medication?	7%	7%
8.5	Victimised you because of debt?	5%	1%
8.5	Victimised you because of drugs?	5%	2%
8.5	Victimised you because of your race or ethnic origin?	9%	1%
8.5	Victimised you because of your religion/religious beliefs?	9%	2%
8.5	Victimised you because of your nationality?	5%	2%
8.5	Victimised you because you were from a different part of the country?	7%	3%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	0%	5%
8.5	Victimised you because of your age?	5%	4%
8.5	Victimised you because you have a disability?	7%	7%
8.5	Victimised you because you were new here?	12%	12%
8.5	Victimised you because of your offence/crime?	9%	7%
8.5	Victimised you because of gang related issues?	7%	1%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	32%	25%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	18%	10%
8.7	Hit, kicked or assaulted you?	5%	1%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	14%	10%
8.7	Victimised you because of medication?	14%	3%
8.7	Victimised you because of debt?	3%	0%
8.7	Victimised you because of drugs?	7%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	0%
8.7	Victimised you because of your religion/religious beliefs?	7%	1%
8.7	Victimised you because of your nationality?	3%	1%
8.7	Victimised you because you were from a different part of the country?	5%	2%
8.7	Victimised you because you are from a traveller community?	3%	0%
8.7	Victimised you because of your sexual orientation?	5%	3%
8.7	Victimised you because of your age?	3%	1%
8.7	Victimised you because you have a disability?	9%	2%
8.7	Victimised you because you were new here?	5%	5%
8.7	Victimised you because of your offence/crime?	9%	5%
8.7	Victimised you because of gang related issues?	9%	0%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	20%	17%

Key to tables

		Waite Wing	The Houses
	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		
9.1	Is it easy/very easy to see the nurse?	44%	35%
9.1	Is it easy/very easy to see the dentist?	13%	37%
9.4	Are you currently taking medication?	91%	65%
9.6	Do you have any emotional well being or mental health problems?	79%	45%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	55%	40%
10.2	Did you have a problem with alcohol when you came into this prison?	52%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	0%	3%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	15%	7%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	56%	78%
11.1	Vocational or skills training?	49%	66%
11.1	Education (including basic skills)?	63%	75%
11.1	Offending Behaviour Programmes?	24%	42%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	54%	69%
11.2	Vocational or skills training?	10%	23%
11.2	Education (including basic skills)?	32%	43%
11.2	Offending Behaviour Programmes?	7%	30%
11.4	Do you go to the library at least once a week?	27%	58%
11.5	Does the library have a wide enough range of materials to meet your needs?	31%	59%
11.6	Do you go to the gym three or more times a week?	10%	21%
11.7	Do you go outside for exercise three or more times a week?	42%	46%
11.8	Do you go on association more than five times each week?	29%	32%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	39%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	50%
12.2	Have you had any problems with sending or receiving mail?	45%	47%
12.3	Have you had any problems getting access to the telephones?	25%	14%
12.4	Is it easy/ very easy for your friends and family to get here?	26%	47%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	17%	52%
13.10	Do you have a needs based custody plan?	6%	10%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	28%

Diversity Analysis



Key question responses (disability; and age 50 and over) HMP/YOI Styal 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		52	103	18	139
1.3	Are you sentenced?	84%	74%	78%	77%
1.5	Are you a foreign national?	2%	6%	6%	6%
1.6	Do you understand spoken English?	100%	99%	100%	98%
1.7	Do you understand written English?	100%	100%	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.)	4%	9%	0%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	0%	5%
1.1	Are you Muslim?	0%	8%	0%	6%
1.12	Do you consider yourself to have a disability?			44%	32%
1.13	Are you a veteran (ex-armed services)?	2%	0%	6%	0%
1.14	Is this your first time in prison?	41%	61%	66%	54%
2.6	Were you treated well/very well by the escort staff?	77%	82%	78%	80%
2.7	Before you arrived here were you told that you were coming here?	73%	78%	66%	77%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	91%	84%	91%
3.3	Were you treated well/very well in reception?	73%	77%	78%	76%
3.4	Did you have any problems when you first arrived?	88%	73%	61%	81%
3.7	Did you have access to someone from health care when you first arrived here?	72%	76%	66%	76%
3.9	Did you feel safe on your first night here?	69%	79%	78%	76%
3.10	Have you been on an induction course?	80%	91%	94%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	43%	42%	56%	41%

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?	63%	73%	72%	70%
4.4	Are you normally able to have a shower every day?	79%	95%	88%	90%
4.4	Is your cell call bell normally answered within five minutes?	26%	21%	13%	25%
4.5	Is the food in this prison good/very good?	12%	16%	12%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	37%	51%	64%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	58%	72%	53%
4.8	Do you feel your religious beliefs are respected?	59%	63%	72%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	68%	78%	65%
5.1	Is it easy to make an application?	71%	83%	84%	78%
5.3	Is it easy to make a complaint?	49%	47%	64%	45%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	52%	70%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	55%	50%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	2%	17%	4%
7.1	Do most staff, in this prison, treat you with respect?	68%	83%	87%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	83%	88%	76%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	8%	16%	13%	14%
7.4	Do you have a personal officer?	33%	44%	53%	39%
8.1	Have you ever felt unsafe here?	42%	42%	40%	42%
8.2	Do you feel unsafe now?	22%	13%	18%	16%
8.3	Have you been victimised by other prisoners?	44%	32%	47%	34%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	25%	36%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	4%	0%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	4%	6%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	8%	2%	17%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	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)	20%	1%	13%	7%
8.6	Have you been victimised by a member of staff?	48%	18%	36%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	6%	6%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	1%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	2%	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	2%	1%	6%	1%
8.7	Have you been victimised because you have a disability? (By staff)	11%	1%	6%	4%
9.1	Is it easy/very easy to see the doctor?	11%	21%	17%	18%
9.1	Is it easy/ very easy to see the nurse?	30%	42%	33%	39%
9.4	Are you currently taking medication?	96%	62%	64%	74%
9.6	Do you feel you have any emotional well being/mental health issues?	79%	44%	32%	60%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	39%	50%	39%
11.2	Are you currently working in the prison?	50%	71%	64%	64%
11.2	Are you currently undertaking vocational or skills training?	21%	19%	6%	22%
11.2	Are you currently in education (including basic skills)?	48%	37%	36%	40%
11.2	Are you currently taking part in an offending behaviour programme?	25%	23%	23%	23%
11.4	Do you go to the library at least once a week?	54%	47%	50%	50%
11.6	Do you go to the gym three or more times a week?	15%	18%	13%	18%
11.7	Do you go outside for exercise three or more times a week?	57%	40%	57%	44%
11.8	On average, do you go on association more than five times each week?	39%	29%	50%	30%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	37%	36%	29%
12.2	Have you had any problems sending or receiving mail?	54%	45%	43%	47%
12.3	Have you had any problems getting access to the telephones?	19%	17%	7%	19%

Diversity analysis



Key question responses (sexual orientation) HMP/YOI Styal 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

	Any percentage highlighted in green is significantly better	Consider themselves to be lesbian or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		36	120
1.3	Are you sentenced?	86%	75%
1.5	Are you a foreign national?	6%	5%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%
1.1	Are you Muslim?	0%	7%
1.12	Do you consider yourself to have a disability?	33%	34%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	49%	57%
2.6	Were you treated well/very well by the escort staff?	78%	81%
2.7	Before you arrived here were you told that you were coming here?	78%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	90%
3.3	Were you treated well/very well in reception?	77%	76%
3.4	Did you have any problems when you first arrived?	86%	76%
3.7	Did you have access to someone from health care when you first arrived here?	80%	73%
3.9	Did you feel safe on your first night here?	74%	76%
3.10	Have you been on an induction course?	86%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	43%

Key to tables

Diversity analysis

		Consider themselves to be lesbian 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?	65%	71%
4.4	Are you normally able to have a shower every day?	89%	90%
4.4	Is your cell call bell normally answered within five minutes?	20%	23%
4.5	Is the food in this prison good/very good?	18%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	43%	59%
4.8	Do you feel your religious beliefs are respected?	57%	63%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	69%
5.1	Is it easy to make an application?	86%	77%
5.3	Is it easy to make a complaint?	57%	44%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	4%
7.1	Do most staff, in this prison, treat you with respect?	78%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	76%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	9%	14%
7.4	Do you have a personal officer?	48%	38%
8.1	Have you ever felt unsafe here?	54%	37%
8.2	Do you feel unsafe now?	18%	16%
8.3	Have you been victimised by other prisoners?	46%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	40%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	3%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	12%	2%
8.5	Have you been victimised because of your age? (By prisoners)	7%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be lesbian or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	6%
8.6	Have you been victimised by a member of staff?	42%	23%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	2%
8.7	Have you been victimised because of your sexual orientation? (By staff)	9%	2%
8.7	Have you been victimised because of your age? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	9%	3%
9.1	Is it easy/very easy to see the doctor?	9%	21%
9.1	Is it easy/ very easy to see the nurse?	29%	41%
9.4	Are you currently taking medication?	85%	70%
9.6	Do you feel you have any emotional well being/mental health issues?	52%	57%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	37%
11.2	Are you currently working in the prison?	66%	64%
11.2	Are you currently undertaking vocational or skills training?	30%	17%
11.2	Are you currently in education (including basic skills)?	43%	38%
11.2	Are you currently taking part in an offending behaviour programme?	23%	24%
11.4	Do you go to the library at least once a week?	45%	52%
11.6	do you go to the gym three or more times a week?	16%	18%
11.7	Do you go outside for exercise three or more times a week?	44%	46%
11.8	On average, do you go on association more than five times each week?	32%	33%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	28%	30%
12.2	Have you had any problems sending or receiving mail?	60%	44%
12.3	Have you had any problems getting access to the telephones?	19%	18%