

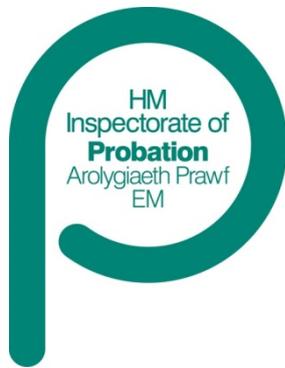
Report on an unannounced inspection of

HMP/YOI Drake Hall

by HM Chief Inspector of Prisons

11–22 July 2016

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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Glossary of terms

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

Introduction

Drake Hall is a training and resettlement prison in Staffordshire holding approximately 340 adult and young adult women, most of them within a secure fence. Since our last visit in 2013, a 25-bed open unit had opened outside the prison gate.

When we last inspected Drake Hall we reported that the prison was producing reasonable or good outcomes for the women held. This remains the case. We found a safe prison despite some changes in its population demographic. Some women who had moved to Drake Hall in recent months as a consequence of HMP Holloway's closure had found the relative freedom around the site difficult to adjust to. A small number of mainly younger women with more challenging behaviour were also causing some difficulties, although most incidents involved minor antisocial behaviour rather than violence. Staff managed these challenges well and sought to deal with most conflicts through mediation and lower level interventions, such as the incentives and earned privileges scheme. Force was rarely needed and segregation was only used as a last resort. Levels of self-harm were lower than in many other women's prisons and good care was provided to those needing support. Challenges with drug use and hooch (illicit alcohol) were well managed and security arrangements were appropriate.

Drake Hall was a respectful prison with good staff-prisoner relationships at its core. Staff were clear about their roles, challenging women when needed, supporting them when required and motivating them to engage with the activities and resettlement work of the prison. The prison had recently received the Enabling Environment award from the Royal College of Psychiatrists. This is a quality mark for organisations that can show they promote good relationships and wellbeing; commendably it was the first prison in England and Wales to receive the award. There was a good focus on equality and diversity work, although some aspects of the work with foreign nationals needed improvement. While most living accommodation was reasonable, the two older units, Plymouth and Richmond, were poor. Built in 1940, these units needed to be replaced. However, it was positive to see that the food provided was good and plentiful, and that women were encouraged to eat together in the pleasant dining room.

Purposeful activity provision had improved since the last inspection and was now good overall. Prison managers had driven change and there was a good partnership working. A focus on employability and a culture of mutual respect and personal development were now part of the prison's ethos and the experience of women in their daily working lives. Nearly all women were occupied purposefully, and most achieved good outcomes. Some aspects of attendance needed to be addressed, and opportunities to accredit some work were being missed, but overall we were impressed by what had been achieved.

Similarly, the focus on resettlement was a strength right across the prison. Staff supported women's efforts to develop their skills for living independent, crime-free lives. Offender management arrangements were better than we usually see and release on temporary licence (ROTL) was used well to support women. The new open unit was excellent and provided opportunities for women to further build their independent living skills, demonstrate a reduction in risk and enhance their employability skills. It will be interesting to see how this initiative evolves, but what we saw was immensely encouraging. Work to support women in maintaining contact with their children and families was very well developed. We were, however, somewhat disappointed with the range of support offered to women who had been abused, victimised or trafficked before coming into prison; the lack of professional counselling in a population such as Drake Hall was a significant omission. Nevertheless, we considered resettlement support to be good overall.

The one area of major weakness at the prison was health care provision. While the new provider was adequate overall, there were some notable failings which contributed to women's overwhelmingly negative perceptions of the provision. Delays in accessing many of the services were evident, and several aspects of medications management were deficient. Both the managers of the

prison and the managers of the health care provision needed to work together more closely to ensure the treatment provided met the clinical needs of the women held more consistently, and to collectively address some aspects of the prevailing negativity about the service.

Overall, this was a very positive inspection of a safe, decent and purposeful prison that was doing well at what it had set out to do, namely to support women in taking steps to become more independent, reduce their risks to others and resettle back into the community. The governor and his staff should be commended for this.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2016

Fact page

Task of the establishment

A resettlement prison and young offender institution for women and young adult women.

Prison status

Public

Region

Women's Estate

Number held

335 (on 15 July 2016)

Certified normal accommodation

340

Operational capacity

340

Date of last full inspection

4–15 March 2013

Brief history

Drake Hall provided accommodation for women munitions workers during World War II. It became a male open prison in the 1960s and was re-rolled as a semi-open prison for women in 1974. Some of the original accommodation was rebuilt in 1994–1995. In March 2009, Drake Hall was re-designated from a semi-open to a closed prison.

Short description of residential units

There were 15 residential units within the perimeter fence, accommodating up to 315 women, with most units holding approximately 20 people.

Bristol, Canterbury, Norwich – general non-smoking units, some of which were double rooms

Durham, Exeter, Folkestone, Gloucester, Margate, Oxford – general units

Keele – a 19-room induction unit

Plymouth, Richmond – for women who had completed their induction

Ipswich – mostly accommodating women working outside the prison

Lancaster – mostly housing long-term prisoners and lifers

St David's – 16 single rooms for women with social care or mobility needs.

The new open unit located outside the prison gate could hold up to 25 women.

Name of governor

Carl Hardwick

Escort contractor

GEOAmey

Health service provider

Care UK

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

John Townsley

Community rehabilitation company

Ingeus

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 women, particularly the most vulnerable, are held safely

Respect women are treated with respect for their human dignity

Purposeful activity women are able, and expected, to engage in activity that is likely to benefit them

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

A4 The 2010 'Bangkok Rules'¹ sets out internationally agreed standards that should govern the treatment of women in prison. These standards are directly applicable to women's prisons in England and Wales. Since September 2014 we have Expectations which specifically address the outcomes we expect for women in prison.

A5 Under each test, we make an assessment of outcomes for women 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 women are good.**

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

- **outcomes for women are reasonably good.**

There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

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

- **outcomes for women are not sufficiently good.**
There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for women are poor.**
There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

A6 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **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 women.

A7 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with women; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A8 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

A9 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A10 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follows five sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 6 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.

A11 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.

A12 Findings from the survey of women and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1** *The number of women arriving at the prison from further afield had increased. Early days support was good. The population had become more challenging but safety issues were reasonably well managed and overall the prison was safe. Support for women vulnerable to self-harm and those with complex needs was good. Security effectively supported safety and there was an appropriate focus on managing challenges with illicit substances. Disciplinary procedures were generally well managed and force was rarely used. Segregation was used appropriately. Substance misuse work was in transition but still generally good. **Outcomes for women were good against this healthy prison test.***
- S2** *At the last inspection in 2013 we found that outcomes for women in Drake Hall were good against this healthy prison test. We made 11 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved and two had not been achieved.*
- S3** The number of women travelling long distances to the prison had increased following the closure of HMP Holloway. Many women arrived at Drake Hall with little information about the prison. Some travelled on vehicles shared with men. The number of court escorts had declined since the video link had been brought into use.
- S4** The reception area was well maintained; it was functional rather than welcoming, but staff were positive and helpful towards new arrivals. Our survey showed some women had a negative perception of aspects of the reception process, but new systems were now in place which aimed to produce better outcomes. The new smaller and more congenial first night and induction unit was proving successful. The induction process was very well designed and delivered; nevertheless, many women said they had not been given sufficient support in making the transition from a closed prison, from which they had come, to Drake Hall's more open regime.
- S5** The population had become more challenging in recent months, but safer custody arrangements had been adapted in response and were well managed. Most women said they felt safe at the time of the inspection with the exception of some who found it difficult to get used to the freedom they had to move around the prison. Overall levels of violence were relatively low and the incidents reported were usually minor cases of antisocial behaviour. Systems for managing violence and antisocial behaviour were effective and supported by good staff-prisoner relationships. Incidents were well investigated and most women were offered mediation when necessary, although staff would have benefited from formal training in this approach. Interventions to challenge bullying and intimidation were reasonably good.
- S6** Overall women thought the incentives and earned privileges scheme was applied fairly. The prison was reviewing the scheme to see how it could be improved, and management oversight needed to be better. Women on the basic level received support to improve their behaviour.
- S7** The number of incidents of self-harm was low. There had been one death by natural causes since the last inspection. The Prisons and Probation Ombudsman recommendation had been implemented. Relatively few assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in the

previous six months. The care provided to women on open ACCTs was good. ACCT documentation was mostly completed well, but not enough reviews were multidisciplinary. The care suite in St David's Unit was an improvement on the previous provision. The prison supported Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) well.

- S8 The adult safeguarding policy was well developed and clear procedures were in place to identify and manage vulnerable women at risk. The weekly multi-agency safety and health meeting was an effective initiative; it prioritised planning to support women with complex needs.
- S9 Security measures were proportionate and the prison focused on keeping women safe. Women could move freely around the site and access to activities was not restricted. A good amount of security information was analysed well. Information-sharing with other departments, particularly safer custody, was well developed. The prison responded proactively to recent incidents caused by women's abuse of buscopan (an antispasmodic that reduces muscle movement) and the rise in the finds of hooch (illicit alcohol).
- S10 The number of adjudications was relatively high and had increased since our last inspection. Records generally showed that a full investigation took place into the incident and punishments were proportionate and in line with the published tariff. Force was used rarely. Documents we reviewed showed that women were only restrained as a last resort and de-escalation was evident. Special accommodation was not used. Monitoring and analysis were thorough and a member of staff saw women after force had been used to discuss what had happened.
- S11 The segregation unit was used infrequently. Few women remained in the unit for long periods and care planning was good for those who did. Most women returned to the normal location. The physical environment and cells were clean and the yard had been improved but the environment remained austere. The regime was rudimentary for some, but for those who had been removed as a less severe punishment following adjudication it was good. Staff showed a good understanding of the needs of the women in the unit.
- S12 Psychosocial drug and alcohol services were generally good although more needed to be done to develop recovery-focused interventions to change women's addictive thinking, behaviour and lifestyle. Clinical drug treatment services were very good.

Respect

- S13** *Outside areas were very pleasant. The living accommodation was mixed; most units were reasonable but Plymouth and Richmond units remained poor. Staff-prisoner relationships were good. Equality and diversity work focused well on most protected groups' specific needs and faith provision was good. Complaints were reasonably well managed. Legal services met needs. Health care was adequate overall but there were some key deficits in the provision. Women were extremely negative about health care and these perceptions, while not always fair, needed to be better understood and addressed. The food was good. Canteen arrangements were reasonable. **Outcomes for women were reasonably good against this healthy prison test.***
- S14** *At the last inspection in 2013 we found that outcomes for women in Drake Hall were reasonably good against this healthy prison test. We made 24 recommendations in the area of respect.³ At this follow-up inspection we found that 10 of the recommendations had been achieved, four had been partially achieved, nine had not been achieved and one was no longer relevant.*
- S15** The prison grounds were pleasant and well maintained. With the exception of the Richmond and Plymouth units which were poor, units were in a reasonable state. Access to phones was good, but their location meant privacy was limited. Problems with wing-based washing machines and accessing cleaning material were being resolved.
- S16** We observed positive and respectful interactions between staff and women; staff showed a caring approach when dealing with some challenging issues and provided a generally supportive environment. This included encouraging women to progress through their sentence. The majority of women said they had a personal officer. Work building on the prison's Enabling Environment award from the Royal College of Psychiatry for best practice in creating and sustaining a positive and effective social environment, had also supported this positive approach. Consultation arrangements were good.
- S17** The prison had a very sound equalities structure, and staff and prisoners had been identified to work with all protected characteristics. Equalities data were analysed carefully and imbalances considered. There were regular forums for each group, although attempts to engage with Travellers had not yet been successful. Reported discrimination incidents were investigated thoroughly, and an independent panel scrutinised the resulting reports each month. The equalities hub was an accessible and valuable resource. Black and minority ethnic prisoners were reasonably positive about their experience, as were gay and bisexual women. Foreign nationals in our survey were less likely to feel safe, and there was insufficient use of telephone interpretation. Older women and those with disabilities were reasonably well provided for, and a transgender prisoner was very well integrated. Problems around some aspects of the care provided to pregnant women needed to be addressed.
- S18** A full chaplaincy team worked well together. Access to a chaplain was very good, and they were visible and active across the whole prison. The building was welcoming and well used and offered a range of activities religious and otherwise.
- S19** Most complaints were dealt with promptly and appropriately but hand-written responses were not always legible. Women were aware of their legal status and could contact their solicitor when they needed to. Legal visits could be conducted in private in one of three legal visits rooms.

³ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S20 Health services were generally adequate, although many women were very unhappy with them; these perceptions needed to be addressed. The health care centre and buildings required development to ensure efficient care delivery. The health care complaints system was confusing and some aspects of medical confidentiality were not maintained. The non-attendance rate for some health care activities was too high. The range of primary care services was sufficient, but waiting lists for some were unacceptably long.
- S21 There were some important deficits in pharmacy services; patients experienced unnecessary delays in receiving medicines, some night sedation was administered too early and prescribing was often driven by the regime rather than clinical need. Simple pain relief was not available overnight.
- S22 Waiting times for dental services had improved. Mental health care was good but the withdrawal of professional counselling had left a significant gap in services. Social care was available.
- S23 Women were very positive about the food and we found that it was varied and nutritious, and included fresh vegetables and fruit. Women were consulted regularly and their views were taken into account. Self-catering facilities needed to be developed further. The canteen list contained a good range of goods and products, which women could influence. Women could make purchases from an adequate range of catalogues.

Purposeful activity

- S24** *Time out of cell and access to the open air was excellent. Learning and skills provision had improved and was good overall. The provision was well managed and partnership working was very good. A culture of respect and the promotion of personal development were strengths. The strong focus on employability supported the prison's resettlement work. Nearly all women were involved in activities, some of which were particularly impressive. Achievements were good but some opportunities to accredit work were being missed. Attendance at education was very good, but needed to be improved in vocational training and work. Both the library and gym provide good opportunities.*
Outcomes for women were good against this healthy prison test.
- S25 *At the last inspection in 2013 we found that outcomes for women in Drake Hall were reasonably good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved, one had not been achieved and one was no longer relevant.*

- S26 Time out of cell was excellent for all women who were unlocked all day. Women were encouraged to take responsibility for their personal timetables and for attending activities on time.
- S27 Managers had made purposeful activity a key priority and all prison staff understood this and supported it well. Managers had set up a very clear vision and strategy that aimed to improve women's chances of resettlement. They had instilled a culture of trust; women were encouraged to take ownership of their own career goals on release. Following on from the previous inspection, the prison had demonstrated good leadership by, for example, focusing on improving the quality of the provision delivered by the Offender Learning and Skills Service (OLASS) provider. Relationships between college and prison managers had improved considerably and the management of the OLASS provision was good. Prison managers had developed good relationships with a range of high quality, external employment partners. These links benefited many of the women who were developing valuable employability skills

and securing employment on release. The analysis of attendance data at work and vocational training required improvement. Self-assessment and evaluation of the whole provision were underdeveloped.

- S28 The allocation process required improvement to ensure women were attending activities that were suitable for them. Women had good opportunities to support each other in purposeful activity. They had access to employment academies in the prison and a good range of education and skills activities. However, not enough qualifications at level 3 were offered as progression routes and some of the work women engaged in was not accredited. The open unit facilitated the development of independent life skills particularly well.
- S29 The quality of teaching, learning and assessment had improved and was now good, especially in English and maths. Classroom assistants provided women who required help with good support. In vocational training, instructors supported individual learners particularly well.
- S30 Learners were well engaged in purposeful activity and maintained a good focus on learning. They were busy and enjoyed their time in activities. Women developed excellent employability skills but English and maths skills were not supported sufficiently in the workshops. Their behaviour in class and in communal areas of the prison was exemplary. Women quickly improved their personal and social skills while working with others. There were some impressive examples of vocational training offered, for example the call centre.
- S31 Achievement rates in English and maths qualifications had significantly improved since the previous inspection and were good overall in the current year. However, there was a need to improve further the achievement rates in these subjects at level 2. Learners made good progress, and there were no differences in achievement between distinct groups of learners.
- S32 The library service provided good access but stock losses were high. A good range of books and appropriate legal reference materials were available along with publications in a variety of foreign languages. Women participated well in a range of activities that improved their reading skills. The number of visits to the library had decreased; staff needed to understand why this had happened, and if necessary, take action.
- S33 Gym staff worked hard to break down women's barriers to using the gym. The range of equipment and courses was good and met women's needs. Gym equipment was not maintained appropriately in line with health and safety expectations, and fitness facilities in the open unit were not sufficient. Staff and prisoners played sports together. The gym supported a work ethic and ensured gym activities did not disrupt women's attendance at work or education. Prisoner health champions promoted fitness services well. Gym staff had focused on improving links with health care staff but they still received no referrals.

Resettlement

- S34** *The resettlement ethos of the prison was well understood, supported by most staff and reflected in much of the work at Drake Hall. Release on temporary licence (ROTL) was used effectively to support resettlement. Offender management arrangements were good and women clearly understood what they needed to do to progress. Reintegration and resettlement support was very good, but aspects of support for those who were vulnerable and had suffered abuse needed improvement. Children and families work was very strong. The open unit was excellent. **Outcomes for women were good against this healthy prison test.***
- S35** *At the last inspection in 2013 we found that outcomes for women in Drake Hall were good against this healthy prison test. We made eight recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved and one had been partially achieved.*
- S36** Staff had a clear understanding of the women's resettlement needs and focused appropriately on preparing them for release. Good attention was paid to identifying and meeting their needs. Resettlement was well coordinated through the reducing reoffending meeting and relationships between the prison and external organisations were constructive. ROTL was used effectively to support resettlement and establish and enhance contact with the women's families.
- S37** Offender management unit (OMU) work was effective; the culture and team work were impressive. Women had very good access to their offender supervisors and contact levels were high. OMU staff were motivated and knowledgeable about the women they worked with. Offender management arrangements were relatively good. Most offender assessment system documents and sentence plans were up to date but objectives were not targeted well enough. Some women did not go on home detention curfew until after their eligibility date.
- S38** Public protection work was robust. Women were screened on arrival and systems for sharing information and managing risks were sound. Multi-agency public protection arrangement processes for prisoners nearing release were satisfactory. Categorisation decisions were up to date, justifiable and supported women's progression. Other departments did not provide detailed enough information to enhance the categorisation process. Support for women serving indeterminate sentences was generally good.
- S39** Community rehabilitation company caseworkers assessed women's needs prior to their release and directed them to other agencies. Chaplains supported women's transition from prison back into the community.
- S40** Provision to support women to maintain and develop contact with their families had developed well and PACT (a prisoner advice organisation) provided good individual support to help women maintain and re-establish family relationships. Family visits were provided regularly and all women could apply for them. The facility enabling children to stay overnight in the open unit was excellent and there was scope for further development. The visitors' centre only provided a checking-in service. The visits hall had been refurbished and was pleasant, although visits often started late. Consultation with visitors was good and had led to some positive changes.
- S41** Staff knew of agencies to which they could refer women who had been involved in sex work or who had experienced abuse or domestic violence. Women received individual support through prison staff and Anawim (Birmingham women's centre) but overall the work did not

meet all women's needs. Work to identify women who might have been trafficked also needed improvement.

- S42 Most women leaving the prison went to sustainable accommodation, but some were only being assessed by housing providers on release, making resettlement planning difficult. The National Careers Service provision was good. All prisoners were made aware of the service during induction and most developed a skills action plan that enabled them to achieve a realistic employment aim on release. ROTL allowed substance misuse recovery champions to gain valuable work experience in the local community. Peer mentors were used effectively to support prisoners to plan for their employment on release. Support for women working outside the prison was excellent.
- S43 Health and drug and alcohol support through the gate was appropriate and the recovery champions scheme was an excellent initiative. Good support was available when women applied for benefits and money advice provision was being developed. Women received assistance to open bank accounts.
- S44 A small but appropriate range of risk reduction and resettlement programmes were available and OMU staff also undertook some one-to-one work when needed.
- S45 The open unit was impressive and women living there valued it. It provided a supportive stepping stone to release; women were encouraged to embrace their independence often after long custodial sentences.

Main concern and recommendation

- S46 Concern: Several aspects of medicines management were deficient. This included pharmacist oversight being too limited, and medicines not always being received on time. In-possession risk assessments were not always updated after a change in circumstances, and medicines administration hatches lacked confidentiality. Some medicine dosage intervals were not adhered to.

Recommendation: A professional review of pharmacy services as well as of medicine supplies, prescribing and administration should be undertaken to ensure improved and more consistent clinical treatment for women.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** Many women had not received information in advance about the very different conditions they would encounter at Drake Hall compared with the more restricted prison regimes from which most had come. Journeys to the prison now took longer: at the previous inspection and in comparable prisons less than half of women said they spent more than two hours in the van; at this inspection the proportion was two-thirds. This reflected the recent displacement of those who had previously been held at the now closed HMP Holloway. Some women still travelled to the prison in escort vans with men. Less than half of women (lower than the comparator) said the van they arrived in was clean, although the Drake Hall vehicles we saw were in good condition.
- I.2** The video link facility, out of action at the last inspection, was in frequent use, reducing the number of visits to court. Arrangements for pregnant women to be transported were good. We saw a woman on crutches being escorted in handcuffs from the vehicle to reception within the secure perimeter; we did not consider this necessary.

Early days in custody

Expected outcomes:

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

- I.3** The reception area had been refurbished since the last inspection; it was clean and well maintained, and appropriate information was displayed. Despite this, it still appeared somewhat stark and not particularly welcoming. Staff, however, sought to put women at ease and paid careful attention to their needs.
- I.4** New arrivals had a confidential interview with an induction officer, after a prisoner had welcomed them and made them a drink. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) and an Insider (a prisoner who introduces new arrivals to prison life) could be called to reception when a new prisoner arrived, but the system had recently been introduced and was not yet embedded. Our survey showed some women were negative about some aspects of the reception process and first night experience; however, we considered that improvements had been made that should in time lead to more positive perceptions. Every woman was offered a free phone call on the day of her arrival, but not an advance for phone credit if she had no money in her account when she arrived.
- I.5** Shortly before the inspection the first night and induction location had been moved from Richmond Unit to Keele Unit. This was an improvement: in contrast to Richmond, Keele was smaller, quieter, in good condition and covered by CCTV. Care on the first night was good.

- I.6** The induction process was excellent. A five-day programme began each Monday and Thursday; it was clearly structured and based on a survey of women's needs. It was delivered in an engaging way and helped motivate women as well as inform them about opportunities in the prison.
- I.7** In spite of this good work, many women said there had not been enough support to help them through the transition from a strictly controlled regime to the much more open one of Drake Hall. Managers felt women needed to learn to negotiate this unfamiliar environment for themselves, as a step towards re-establishing personal responsibility in their everyday lives. While we considered this the correct approach, the lack of proper interpretation or an adequate range of translated material available for foreign national women made it much more difficult for them to settle.

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, women and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.

- I.8** The population at Drake Hall had changed since the last inspection. The closure of HMP Holloway had led to a more diverse and complex group of women being sent to the prison. The population of younger women who required additional support had also increased. In our survey, more prisoners than the comparator and compared with the last inspection said they had problems with their mental health and contacting family after their arrival. More women than the comparator also said they felt depressed or suicidal when they first arrived.
- I.9** The management of safer custody had been adapted in response to the changes in the population. The system for monitoring violence and antisocial behaviour was under review and a new violence reduction policy had been drafted. Nevertheless, 21 women were formally monitored for bullying or antisocial behaviour in the six months before the inspection which was relatively low. The safer custody meeting was well attended by a multidisciplinary team of staff. Monitoring data were shared during the meetings and evidence showed prompt and meaningful action was taken in response to the small number of incidents.
- I.10** In our survey, most women said they felt safe at the time of the inspection. However, more than the comparator and compared with the last inspection said they had felt unsafe at some time during their stay at Drake Hall. Many women told us that being allowed to move around freely, a central feature of the prison, which had led to it receiving the Enabling Environment award from the Royal College of Psychiatry had been a challenge when they first arrived. (Drake Hall was the first prison in England and Wales to receive this quality mark for creating and sustaining a positive and effective social environment.) Most women said that once they had adapted to it they valued it and felt safe.
- I.11** There had been 11 fights in the previous six months, which was somewhat high, and 21 assaults on prisoners in the same period, which was also relatively high. However, there had been no assaults on staff in the previous six months so overall the number of assaults was relatively low. The incidents reported were not serious and included minor antisocial behaviour.

- I.12** The prison took advantage of its positive staff-prisoner relationships and other techniques to resolve conflict instead of relying too much on punishment. Informal mediation was used as an effective intervention to address antisocial behaviour and bullying. However, staff were not formally trained to deliver mediation. Violence reduction investigations were thorough and a log of all violent incidents and intelligence were shared with the security department, highlighting areas of concern. Interventions to challenge bullying and antisocial behaviour included the completion of a workbook by women who were being monitored. Women were expected to complete daily written exercises designed to encourage an understanding of the impact of their behaviour on others and were provided with guidance on how they might improve their response to challenging situations. The random sample of workbooks we inspected showed detailed entries and women said they were a useful intervention.
- I.13** The incentives and earned privileges (IEP) scheme was well publicised. Women and staff knew the scheme well and what was required of prisoners. In our survey, more women than in similar prisons – 67% compared to 55% – said they had been treated fairly under the scheme. Women we spoke to complained that there were too few incentives to encourage them to gain enhanced status, although enhanced women could use the enhanced unit (a separate building they could visit during association periods) which had a range of facilities including opportunities to cook their own food. A review of the scheme was underway to examine further how it could be improved to increase the number of incentives to progress to the enhanced level.
- I.14** Most women received warnings for refusing to work or for being somewhere they should not have been. The warnings were used appropriately to encourage them to take responsibility for their behaviour and to ensure the safety of all women at Drake Hall. Women on the basic regime could still attend work and education activities and staff encouraged them to do so. They were set clear, appropriate targets.
- I.15** While some management checks had been undertaken of review boards, which review a woman's IEP level, we found some delays in dealing with applications for enhanced status. Some review board documentation was incomplete and it was difficult to know if women had always attended review boards. Some women told us they were not aware they had received a warning; we saw warning letters in women's files that had not been signed by the women when the warning was issued.

Recommendation

- I.16** **Supervision of the IEP scheme should be improved, and management quality checks should take place regularly.** (Repeated recommendation I.58)

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.17** There had been one death in custody since the last inspection and the Prisons and Probation Ombudsman recommendation to appoint a family liaison officer had been implemented and three were now in post. Eighty-three separate incidents of self-harm had taken place in the six months prior to the inspection, which although high, was still lower than at the last inspection.

- I.18** In the six months prior to the inspection I39 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened. Women said the support staff provided while they were on an ACCT was good. ACCT documents were completed well and included detailed written entries and good assessment interviews. Senior managers carried out weekly quality assurance checks of ACCT documents. However, in the sample of documents we inspected too few reviews were multidisciplinary; they did not include health care staff or a member of the chaplaincy.
- I.19** Care for women at risk and those with complex needs was reviewed during the weekly multi-agency safety and health meeting (MASH); cases were discussed separately to ensure appropriate interventions were in place for those most in need. Well attended by a multidisciplinary team, the MASH meeting continued to play a valuable role in assessing the most vulnerable women and keeping them safe. The care suite for women in crisis in St David's Unit had only been used twice in the previous six months for short periods. Although the suite had moved to a better location as we suggested at the last inspection, plans to improve its condition further were welcome.
- I.20** There were seven trained Listeners at the time of the inspection. The prison valued them and they were enthusiastic about their role in supporting women at risk of self-harm. However, in our survey fewer prisoners than the comparator and compared with the last inspection said they had been able to speak to a Listener at any time. Not all women had access to a dedicated care suite or private space in which to meet with Listeners. Some women said that this had reduced their confidence in the service.

Recommendations

- I.21 A multidisciplinary team of staff should attend all ACCT reviews including representatives from the health care and chaplaincy teams.**
- I.22 Facilities should be available for Listeners to see women confidentially and in private.** (Repeated recommendation I.35).

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

Expected outcomes:

The prison promotes the welfare of all prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.⁴

- I.23** The safeguarding policy was comprehensive and contained a clear explanation of the difference between safeguarding and protection. Women at risk of harm or abuse from others were discussed in detail at the weekly MASH meeting and the monthly safer custody meeting (see also paragraphs I.9 and I.19).
- I.24** Prisoners at risk of harm from others were identified during the reception process, during which a risk interview, a health care screening and a cell-sharing risk assessment were carried out. Cell-sharing risk assessments were reviewed regularly when women arrived and care plans were in place for those who needed them to ensure the most vulnerable women

⁴ We define an adult at risk as a 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)

were safe and protected from others. Women who were vulnerable and needed additional support were accommodated separately in St David's Unit.

- I.25** The prison had developed constructive links with the local safeguarding board since the last inspection and staff had attended two safeguarding adult board meetings in the community in the last six months. The custody manager of the safer custody team was the nominated safeguarding lead staff member in the establishment. No safeguarding referrals had been made to community social services departments during the previous six months.

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.26** Security was well managed and there was a clear focus on keeping women safe. Security arrangements were proportionate and encouraged women to take responsibility for themselves. Women could move freely around the prison and access to activities was not unduly restricted. Arrangements to keep women who were in conflict with one another apart were appropriate.
- I.27** A good amount of security information was received from all areas of the prison. Observation books were checked regularly to ensure all relevant matters had been reported. Intelligence was collated and analysed well and requests for searches were acted on promptly. Security objectives reflected current concerns around the use of buscopan (an antispasmodic that reduces muscle movement), poor behaviour and issues around money to buy tobacco and buscopan.
- I.28** The local police provided good support and shared intelligence well; they dealt with any reports from women about historic abuse. In addition, the prison had access to a drug dog to assist with searching.
- I.29** Monthly security committee and intelligence meetings were generally well attended by all departments, and communication between security and other departments, in particular safer custody, was good.
- I.30** Strip-searching rarely took place and was always intelligence-led and appropriately authorised. Only two women were subject to closed visits, both related to illicit activity during visits. No visitors were banned at the time of our inspection. Monthly reviews were carried out for both closed visits and banned visitors and restrictions removed when the risks had reduced.
- I.31** Good procedures were in place for women to report staff wrongdoing and there were posters around the prison advising staff and prisoners of them. Pathfinder meetings (part of a government's strategy to deal with extremism) took place every month; they discussed counter-terrorism matters, which were appropriately managed.
- I.32** In our survey, 35% against a comparator of 21% said it was easy to get drugs although a similar number to the comparator (4%) had developed a drug problem in the prison. The positive random mandatory drug testing (MDT) rate was 6.1% for the six months to the end of June 2016, against a target of 4.1%. Buprenorphine and benzodiazepines were the drugs detected in these random tests.

- I.33** Some prisoners were misusing buscopan, even though it was not prescribed in the prison. The prison had responded appropriately with a range of intelligence-led action and the drugs team had produced information leaflets and posters about the dangers of using buscopan. Additionally, a buscopan awareness group session was delivered to which the drug team's recovery champions contributed. A buscopan strategy document was in the process of being produced.
- I.34** Illicitly brewed alcohol (known as Hooch) was also known to be a problem. Several large quantities had recently been found. In our survey, 25% of women, compared with 4% last time and 9% in the comparator, said it was easy to get alcohol. Overall we considered the prison's response to the abuse of alcohol and drugs to be appropriate.

Disciplinary procedures

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.

Disciplinary procedures

- I.35** There had been 511 adjudications in the previous six months, which was an increase since our last inspection and relatively high overall. Records showed that investigations into incidents were thorough. Our own observations and prison records showed that women could have their say and contact legal advisers or call on additional support or witnesses. Adjudications for only the most serious offences were appropriately referred to the independent adjudicator who attended the prison every month. Punishments were proportionate to the offence committed and in line with the published tariff, and mitigating factors were taken into consideration.
- I.36** Adjudications meetings now took place quarterly and a wide range of data were considered and trends monitored. The deputy governor reviewed a sample of adjudications, which was discussed at the meeting; identified issues were raised with individual adjudicating staff.

The use of force

- I.37** Use of force was very low with only seven incidents in the previous six months. There had been no planned incidents but a system was in place to video record any should they have occurred.
- I.38** We examined all documentation and found force was justified and used only as a last resort and incidents were managed well. De-escalation was evident and staff made every effort to release restraints as early as was safe to do so. There was no special accommodation.
- I.39** Good discussions of use of force took place at the use of force meeting but the low figures meant that it was difficult to identify any trends or issues. The prison routinely reviewed use of force documentation to ensure force had been justified and used appropriately; staff also spoke to women to follow up all incidents.

Segregation

- I.40 Segregation was used relatively infrequently. Ninety-nine women had been segregated in the previous six months, the majority because they were awaiting adjudication; while this was high, the open environment meant that in cases of fights and assaults women sometimes needed to be held separately prior to adjudication and therefore use of segregation in this way was justified. Three women were in the segregation unit at the start of our inspection, although two were later moved back to residential units.
- I.41 Few women had remained in the unit for more than 10 days in the previous six months. Some good work had been undertaken to return them to the residential units. Reviews took place at regular intervals and were attended by staff from relevant departments.
- I.42 The physical environment, including cells, was clean but remained shabby and austere. The exercise yard now had seating and had been decorated with murals.
- I.43 The duty manager visited the women every day and they had daily access to showers, phone calls and exercise; they could have their personal possessions with them in the unit. The regime was basic for those segregated awaiting adjudication or to maintain good order or discipline in the prison. Prison managers also used the segregation unit to remove women from their living accommodation during association, meal times and overnight, a less severe punishment following adjudication than cellular confinement. They could access a full regime and keep their employment and education places, which was a constructive way of managing poor behaviour. Women whose behaviour was appropriate could have access to a TV.
- I.44 Staff-prisoner relationships were supportive and we observed good interactions between women and staff. Staff knew the women very well and tailored care towards their individual needs. Segregation monitoring was undertaken at a quarterly meeting and showed a detailed analysis of the use of segregation.

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.45 Inclusion, a drug and alcohol therapy organisation, provided psychosocial services, while Care UK ran clinical care. The well-integrated and closely located team was known locally as the drug and alcohol recovery service (DARS); it was being integrated with mental health services.
- I.46 A total of 128 women (38% of the population) were on the psychosocial caseload. One-to-one key working and drop-in sessions were easily accessible. The team also delivered a good range of drug awareness and harm reduction group-work interventions, which were co-facilitated by peer mentor 'recovery champions'.
- I.47 However, not enough was being done to develop recovery-focused courses to change women's addictive thinking, behaviour and lifestyles. The drugs team was aware of this and was preparing to conduct a needs analysis to explore how best to develop the service. A good range of alternative treatments and activities were offered to build women's skills in managing anxiety, including Reiki massage, colouring and collage groups.
- I.48 The DARS made good use of recovery champions to co-deliver a wide range of harm reduction advice. The DARS arranged reintegration plans that included referrals to

community drug intervention programmes, community prescribers, rehabilitation centres, housing and specialist women's units.

- I.49** Fifty-eight women (17%) were receiving opiate substitution treatment. Of those, 27 (46%) were on maintenance doses. Nurses worked closely with psychosocial and mental health workers to motivate women to reduce their doses, taking into account enduring mental and physical health problems. An effective 'detox' group was available; women told us it helped those contemplating abstinence following many years of methadone treatment. We observed two officers in the vicinity of the hatch during methadone administration; they were not close enough to supervise the process effectively enough.

Recommendation

- I.50 Methadone administration should be effectively supervised.**

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 prison grounds were pleasant and well maintained. Women were accommodated in a mixture of double and single rooms in 15 residential units; one (St David's) was adapted for use by older and disabled women. The newly built open unit, accommodating up to 25 women, was located outside the prison gate; it was impressive, well equipped, and pleasant (see section on reintegration planning, the open unit). Apart from the older units Richmond and Plymouth, which were cramped and in a poor state, residential units were in a reasonable state of repair.
- 2.2** Access to phones was good, but their location meant calls could be overheard and privacy was limited. Cell bells were used infrequently and answered promptly. Most rooms were single and reasonably big, but the double rooms in the older units were too small for two women; they were also hot and poorly ventilated. Few of the rooms had lockable cabinets, but women mostly kept their rooms tidy, and all units had toilets, showers and an association room with a TV set, a sofa, chairs and a table, which women could share. Units also had a small kitchen with a microwave and a toaster, and a laundry room. Communal areas were generally clean and well maintained.
- 2.3** Women were unhappy with the standard of laundry services and complained that prison-issue items sent to the central laundry services were sometimes returned to them dirty, damp or damaged. Around three-quarters of units had a washing machine and/or drier, which women could use for personal clothing at designated times, but they told us there were not enough machines, particularly as some were often not working. Several new washing machines had recently been purchased to address these issues. Women also told us they only had very limited access to cleaning materials; those they could obtain were of poor quality and heavily diluted, but staff assured us that these shortages were temporary.
- 2.4** Each unit had a house representative who attended a monthly meeting with staff where they could raise issues affecting their unit.

Recommendation

- 2.5** **Women should be able to use telephones in private.** (Repeated recommendation 2.11)

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.

- 2.6** Staff-prisoner interactions we observed were respectful and supportive and in our survey, most women said that staff treated them well and that they had someone they could turn to

for help. Staff had high expectations of women in their care and knew the women well; they were not afraid to challenge poor behaviour as well as provide care when needed. Women were encouraged to take responsibility for day-to-day decisions. A formal personal officer scheme promoted routine contact with women; in our survey most women said they had a personal officer but only 54% of women said they were helpful. Nevertheless, women we spoke to were mostly positive about staff and the help and support they received, including around resettlement issues.

- 2.7** Training was underway for staff to become ‘trauma-informed’ to help them understand, recognise and respond to the effects of trauma and the behaviour that might arise as a result. Many staff were very positive about the training and said it had revolutionised their work with women in the prison. There were also plans to roll the training out to prisoners. The prison had been recognised with an Enabling Environment award for an outstanding level of best practice in creating a positive social environment (see also paragraph 1.10). These initiatives enhanced relationships within the prison.
- 2.8** Electronic case notes were reasonable and generally informative; they recorded the personal circumstances of the women. Consultation was effective and regular and there were signs that changes were made as a result, which led to improvements.

Good practice

- 2.9** *Work to gain the Enabling Environment award and trauma-informed training had a positive impact on the quality of relationships and staff’s ability to understand and respond to problematic behaviour.*

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 characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), transgender issues, sexual orientation and age.

Strategic management

- 2.10** Equalities work was very well organised following recent vigorous management action. Each protected characteristic was allocated an identified senior manager, middle manager, staff member and woman, who knew and were committed to their area of responsibility. The monthly equalities forum was well attended and effective: in recent months the average attendance had been 20; half were staff and half women.
- 2.11** The data produced by the national equalities monitoring tool were used very effectively: women with analytical skills and staff members of different grades worked together to study the outcome data for each protected characteristic, and analysed them in depth to find patterns, trends and the possible reasons for any recurring imbalances.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.12** When incidents involving alleged discrimination were reported, there were prompt and detailed investigations. An independent scrutiny panel consisting of five external assessors and two women examined investigation records and their outcomes each month, and made clear suggestions, often on points of detail, for future improvement.
- 2.13** The equalities hub remained a lively centre of activity and support in the establishment; it provided a wide range of easily accessible information, and a team of staff and women worked together seamlessly to support all groups within the prison. There were regular forums for all groups, including younger as well as older women; however, forums were not popular with Travellers and the prison needed to interact with these women to learn what kind of support they would value.

Good practice

- 2.14** *The in-depth analysis of outcome data for each protected characteristic, involving the women held, had led to positive changes in practice for the protected groups.*
- 2.15** *The external scrutiny panel's rigorous examination of every investigation report following any allegation of discriminatory behaviour had led to better practices and outcomes for those with protected characteristics.*

Protected characteristics

- 2.16** Twenty-eight percent of the population was from a black or minority ethnic group. The perceptions of black and minority ethnic women did not differ markedly from other women, and were more positive in some respects. However, they were less positive about reception processes, the food and the shop. Managers took care to process requests for personal care products from black and minority ethnic groups, and the equalities team ensured that the needs of all minority groups were given due attention. They kept in touch with a number of Traveller women, but had not yet found a way to involve them as a group.
- 2.17** Foreign nationals made up 10% of the population. They were much less likely to have felt safe on their first night (23%) compared with British nationals (63%), or to have felt safe at the time of the inspection (35% compared with 13% of British nationals). In other respects, their perceptions were similar to others. Although information was available in a variety of languages, reception information was only provided in western European languages and Punjabi. The prison relied too much on other women to interpret and too little on telephone interpretation, especially in confidential settings such as medical consultations or reception interviews. Immigration enforcement staff visited about every six weeks and the designated officer worked hard to support foreign national women. No women were held on immigration grounds alone.
- 2.18** Foreign national women still found it difficult to stay in contact with their families. They received free monthly five-minute calls but only if they had not had a visit in the preceding month; cheaper and more effective options such as Skype were not available, although equalities staff helped many women to make additional calls. Managers had reassured foreign national women that they could be considered for release on temporary licence. In our survey all foreign national women responding said that their religious beliefs were respected (see also section on faith and religious activity).
- 2.19** Over 16% of the population were over the age of 50. The perceptions of this group, and of those with disabilities, were in line with those of others. Many women were unhappy being located with younger women whose behaviour was less measured; but the establishment

was monitoring and managing the issue carefully. Younger women continued to receive additional support and were discussed at the weekly multi-agency safety and health meeting (see paragraphs 1.19 and 1.23).

- 2.20** St David's House was reasonably suitable for women with physical disabilities, but rooms were not properly equipped for those who needed a range of adjustments. Some women assisted those with particular disabilities, such as visual and hearing impairments, and prison staff liaised well with Staffordshire County Council where personal care was needed; the council had delivered awareness training for those providing voluntary care, and a group of women had been trained to push wheelchairs correctly.
- 2.21** A quarter of the women who responded to our survey identified as gay or bisexual and in our survey they responded similarly to others. An open and accepting approach to sexual identities was apparent in the establishment, with appropriate behavioural boundaries maintained with a light touch. A transgender woman received discreet appropriate support from the equalities team.
- 2.22** Some staff had been trained to support pregnant women and help them prepare for life with a baby in prison. Antenatal care was provided by a visiting midwife. The midwife told us that care offered to pregnant women in 2016 was not as good as in previous years. The mother and baby officer confirmed this view, and the expectant mother herself shared concerns about her care at the prison with us. We took steps to safeguard the expectant mother. It was unclear who was responsible for maternity stock items, such as breast pads (see also paragraphs 2.38 and 2.77.)

Recommendations

- 2.23 Telephone interpretation should be used for all confidential conversations with women whose command of English is limited.**
- 2.24 St David's house should be properly equipped to meet fully the needs of women with disabilities.** (Repeated recommendation 2.48)
- 2.25 The prison should be prepared to respond to the needs of pregnant women.**

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.

- 2.26** There was now a full team of chaplains of all major faiths, who worked together harmoniously, and bi-monthly full team meetings took place. The balance of affiliations was unchanged since our last inspection, with 62% Christian, 6% Muslim and 27% of no religion. Managing a relatively large team while catering for her own faith group was a challenge for the half-time managing chaplain.
- 2.27** Each woman was seen by a chaplain in reception on arrival and a large proportion of women (83%) said they could speak to a faith leader of their own faith in private against a comparator of 74% and 71% at the last inspection. The chaplaincy building was welcoming and accessible at all times, and arrangements reinforced the sense of openness as different faiths shared the same space.

- 2.28** The chaplaincy offered activities such as weekly relaxation sessions, a ‘knit and natter’ group and a choir, along with a suitable range of classes and courses. The gap left by the departure of a bereavement counsellor had been filled in part by each chaplain who had received relevant pastoral training. They had a caseload of two women who received regular pastoral support. The chaplains were involved in prison life; they said they made every attempt to attend assessment, care in custody and teamwork case management reviews for prisoners at risk of suicide or self-harm when they received notice of them (see paragraph 1.18).

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.

- 2.29** The number of complaints lodged by women at Drake Hall averaged 37 per month in the previous six months. In our survey, 63% said it was easy to make a complaint, but only 39% of the women, fewer than in our previous inspection (52%), said they felt their complaints were dealt with fairly. We found that most complaints were dealt with promptly and appropriately, although hand-written responses were not always legible, some paperwork was misplaced and on occasion the tone of the response failed to acknowledge the distress caused by the issue at hand. Procedures for making complaints and responses were quality assured by functional heads on a monthly basis, and action taken where necessary.

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.

- 2.30** Women were aware of their legal status and could contact a solicitor when they needed to, provided their phone number was already listed, which we were told could take a while. Legal visits took place in private in one of three legal visits rooms. A trained legal services officer provided advice and the library had an adequate stock of legal texts. Confidential legal correspondence was mostly respected, but in the previous six months 14 letters were opened in error. We found a degree of confusion over how such incidents should be reported, which meant a number were logged in the wrong place.

Recommendation

- 2.31** **Procedures for logging legal correspondence opened in error should be reviewed and communicated to post room staff.**

Health services

Expected outcomes:

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

2.32 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.33 Care UK became the principal health service provider in April 2016. Dentistry, mental health and psychosocial substance misuse were subcontracted. The provision was based on a recent health needs assessment, which highlighted the population's significant and complex needs. Only one local delivery meeting between the prison and the health care department had taken place since the new contract began.

2.34 Clinical leadership had recently been strengthened, although it had yet to have an impact on the service. Health care staff were appropriately skilled and told us managers supported them well. They had good access to training and development, including in areas such as female genital mutilation, sex work and human trafficking. Supervision generally took place in line with the clinical supervision policy.

2.35 Staff retention and recruitment problems were affecting services. Bank and agency staff were used to address shortages and the prison was recruiting to fill three vacancies. There were sufficient staff to provide health services from 7.15am to 6.30pm every day.

2.36 Clinical governance systems were robust, although not all information from the previous provider was available. Incident reporting was followed by a clear process for sharing lessons learned from events. An annual clinical audit schedule had been established and action plans were being applied. Suitable arrangements were in place to promote and monitor infection prevention and control.

2.37 The health centre and buildings were adequate for current activities, but would not be for planned future service improvements. The lack of air conditioning was a major issue. The waiting area was functional but the wooden seating was uncomfortable. Women commonly waited 40 to 60 minutes to see a health care professional (HCP), which was too long. There was no patient toilet. We were pleased to hear that the governor had invited the health care manager to review the building stock to inform future planning.

2.38 Checks on clinical equipment were not up to date. No dedicated emergency birthing pack was available. Automated external defibrillators (AED) were deployed at strategic points in the prison and a prison officer trained to use an AED was on site when the health care centre was closed.

⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.39** Women we spoke with were overwhelmingly negative about health care. In our survey only 18% rated services as good or very good overall (against a comparator of 42%). Some prisoners expressed concerns about the poor attitude of a few nurses, but we observed positive interactions with all HCPs, who demonstrated that they understood individual women's needs. There appeared to be a strained relationship between health care staff and other prison departments, and some officers confirmed patients' negative views of health care. Some of the women had unrealistic expectations of the health service.
- 2.40** The health care team had identified changes required to improve outcomes for women, some of which had been implemented. One of the changes, the collection of in-possession medications in the early morning, had not been well received as for some women it resulted in delays in getting to work. No health care forum had taken place since April 2016, but one was scheduled shortly after the inspection. A patient satisfaction survey had been given to a small sample of prisoners; it showed positive results but they were not consistent with the majority of opinions we heard.
- 2.41** The policy on women's clinical information did not always ensure confidentiality. Formal translation services were not routinely used. A reliance on other prisoners to translate did not guarantee confidentiality or accuracy of clinical information (see also paragraph 2.69). The process was stopped when we brought it to the attention of the health care manager. Information about health care was available to women but not always in accessible formats.
- 2.42** Few women – only 11 since 1 April 2016 – used the complaints system. Although the health care system was separate from prison complaints, many felt it was not confidential enough. Patients were also confused about the difference between 'complaints' and 'concerns'. It was positive to see that all complainants met with a senior member of the health care team to discuss their issues. Not all data from these meetings were recorded, which resulted in a poor picture of women's concerns and complaints and inaccurate thematic analysis.
- 2.43** All HCPs, including dental staff and the substance misuse team used SystemOne (the electronic clinical record system) which meant information was shared between relevant departments. Clinical entries on SystemOne were generally good although, at times, difficult to follow.
- 2.44** Eleven prisoners received training from Care UK to work as health champions; they provided other women with health promotion advice and support, worked closely with the gym and supported initiatives, such as weight loss programmes and smoking cessation. There was not enough health promotion material around the prison. Barrier protection was available but not well advertised.
- 2.45** Life coaches had been introduced, which was an innovation with great promise. About 20 women were being motivated to set and achieve personal goals to improve their well-being and build their resilience to the physical and emotional challenges of life (see paragraph 4.57).

Recommendations

- 2.46** **Women should not wait a long time in the health care waiting room before their appointment.**
- 2.47** **Health care staff should work with women and prison staff to ensure they understand what can be reasonably expected from the service and to provide prisoners with regular, open forums.**
- 2.48** **The confidentiality of medical information should be subject to clinical audit.**

2.49 The complaints system should be confidential and have the confidence of users.**Delivery of care (physical health)**

- 2.50** About 10 new women each week were seen by a nurse in reception for an initial health screening, which was adequate; however, it lacked a more sophisticated approach to learning disability. There was good access to women's previous medical records.
- 2.51** Women made written applications for health care appointments. Many failed to attend their appointments: in June 2016, 20% of GP and dental appointments were missed, which was unacceptable. The prison was taking steps to address the problem, but it was too early to assess how effective they were. The application process did not preserve medical confidentiality, although this lapse was addressed during the inspection.
- 2.52** Nurse triage was used to reduce the number of inappropriate referrals to the GP. However not all nurses had been trained to provide the service effectively. Urgent appointments at a variety of clinics could be arranged on the day of referral.
- 2.53** Appropriate primary health care clinics were available but some had unacceptable waiting times. For example, during the inspection, 53 women were listed to see the GP for a routine appointment – the longest wait was 10 weeks; 17 women were waiting for sexual health services, six of whom had been waiting for more than 14 weeks. Women did not have prompt access to some immunisations. During the inspection, 98 women were waiting for cervical smears and 49 for breast screening, which was unacceptable. There had been delays due to changes in staffing and the loss of those with specific skills. This was being addressed by additional sessions, increasing GP hours, staff training and a skills mix review. A female GP offered services four days a week and out of hours' GP cover was appropriate.
- 2.54** While patients with long-term conditions received appropriate care, few had care plans. We found that a woman with a colostomy and another with a history of strokes did not have care plans, while patients with mental health issues had particularly good ones.
- 2.55** Patients had good access to external hospital appointments and very few planned appointments were cancelled. Telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) was due to be introduced, potentially reducing the need for external hospital appointments.

Recommendations

- 2.56 Sustained management action should be used to drive down non-attendance rates.**
- 2.57 Women should have timely access to screening, immunisations and appointments with HCPs.**
- 2.58 Patients with long term or complex health care needs should have relevant care plans.**

Pharmacy

- 2.59** Lloyds Pharmacy at HMP Oakwood supplied medications to Drake Hall. A pharmacist visited the prison two afternoons a month, which was not sufficient to provide adequate

professional oversight. He saw five to six women each month to discuss their medicines, which was good.

- 2.60** Women did not always receive their medicines promptly. This was because women failed to order them, the doctor was not allocated sufficient hours to deal with requests or there were logistical problems in obtaining medicines outside scheduled deliveries.
- 2.61** Eighty-four percent of women said they had medicines in possession, the majority for 28 days. Risk assessments were completed but not always appropriately updated following changes. Tradable medicines were allowed in possession contrary to current good practice guidelines. The hatch facilities for the administration of general medicines were too near to one another and the supervising officer was also too close, which compromised confidentiality. The station for officers supervising the opiate substitution administration hatch was too far away to enable effective observation.
- 2.62** A drug formulary (medications used to inform prescribing) was generally adhered to but the pharmacist had not received a copy following the change in health care provider.
- 2.63** Supervised medications were administered twice a day to fit in with the prison regime. This meant some recommended dosage intervals could not be adhered to, which had significant implications for the administration of pain management; we saw potent analgesics prescribed unnecessarily because they could be administered less frequently. Less potent over-the-counter painkillers such as paracetamol were unavailable on the canteen list, which meant women could go overnight without pain relief. The latest supervised drug administration time was 6pm, which was when several women received their night-time medications; it was much too early to be taking medication, such as sleeping tablets.
- 2.64** Adequate medicines were available for minor ailments without women having to see a doctor and there were protocols to provide more potent medicines but few staff had received relevant training. Salbutamol inhalers (commonly used three or four times a day for the relief of asthma) were included on the list of medicines but not handed out. Women who did not have their medicines in possession could only use their inhalers twice a day, which could have led to shortness of breath.
- 2.65** Medicines, including controlled drugs, were well organised, stored securely and subject to an effective audit. Stock supply, storage and control were generally good. Serious medicine incidents were appropriately escalated, but the pharmacist said he could not access information on all incidents, which meant professional oversight was incomplete.
- 2.66** A well-attended medicines and therapeutics committee met monthly. Some procedures and protocols were still in draft form following the change in health care provider.

Dentistry

- 2.67** Dental treatments and oral health advice were equivalent to those available in the wider community. Despite this, many patients we spoke with were unhappy with the dental services and only 22% rated it as good or very good (against a comparator of 41%).
- 2.68** The dentist provided two sessions a week and the dental nurse a weekly triage clinic, which helped to ensure that women were appropriately prioritised. It was positive to see that since the dental provider Time for Teeth took over in April 2016, access had improved so that the number of women waiting longer than six weeks had fallen from 78% to 15%. Emergency dental treatment was available in the community.

- 2.69** Translation services for patients who needed them were not being used and there was no access to a telephone for this purpose in the dental surgery (see recommendation 2.23).
- 2.70** The dental suite environment was very good and appropriate infection control measures were in place. However not all safety and maintenance checks on the radiological equipment had been completed. Decontamination arrangements met national best practice guidance and were supported by relevant policies and procedures. Some staff were unaware of the location of oxygen and emergency drugs.

Recommendations

- 2.71 All checks required on the safety and maintenance of radiological equipment should be completed.**
- 2.72 All staff should be aware of the location of emergency resuscitation equipment and drugs.**

Delivery of care (mental health)

- 2.73** The majority of prison officers had attended mental health awareness training since our last inspection. Staff recognised the women's need for emotional support and demonstrated that they understood the complexity of their needs, which was impressive.
- 2.74** South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) had introduced an integrated model of care in April 2016. The Inclusion team was innovative and offered integrated mental health and substance misuse psychosocial treatments although the approach was still bedding in. Despite some vacancies, a full multidisciplinary team, including a consultant psychiatrist who specialised in eating disorders, which was particularly relevant for the population, provided input. Mental health nurses no longer had to carry out general primary care duties even though there were still primary care staffing issues and could provide a consistent response to patients' psychological needs, which was commendable.
- 2.75** Access to mental health services was very good, although some women said they had to wait months to see mental health staff. Thirty patients were on the primary care caseload and a further 25 were subject to the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness). Staff had appropriately begun to reduce the number of women subject to the CPA as only 12 patients actually required case management for significant psychiatric treatments.
- 2.76** Therapeutic approaches included short-term emotional support, solution-based interventions with some cognitive behavioural therapy and guided self-help. There was also a good array of motivational material in the library. The prison planned to introduce group therapies and more sophisticated cognitive approaches.
- 2.77** The absence of the professional counselling service since March 2016 had introduced significant gaps in emotional support services. Up to a third of the women on the mental health caseload required counselling. We were informed that there was now no counsellor for women who were handing over their children for adoption.

Recommendation

- 2.78 The local health delivery board should review the requirement for professional counselling services.**

Social care

- 2.79** There was a memorandum of understanding with the relevant local authority, and processes and systems in place to ensure that identified needs could be met. No one was receiving social care at the time of inspection.

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.

- 2.80** Women were generally very positive about the food at Drake Hall. In our survey, an impressive 67% of women said that food was good or very good, and this view was confirmed in our prisoner groups and on inspection. Black and minority ethnic women were less positive however (see paragraph 2.16). Women were consulted regularly about the food and their views were acted on. The bright and tidy dining hall could not accommodate all the women at any one time and they collected their meals one residential unit at a time. This meant that on occasion the women served last had fewer options and their food was not as hot, but the order of sittings was changed every day to ensure the process was fair.
- 2.81** Menu options were changed on a four-weekly seasonal cycle and included pictures and allergen information for each item. Women selected lunch and dinner options for the following day from a good, varied selection of food, which catered for various dietary and religious needs, and included fresh fruit and vegetable options. Women ate lunch and dinner, and, on weekends, a hot breakfast, in the communal dining hall, but on weekdays they received a cold breakfast pack with their lunch on the previous day.
- 2.82** Given the volume of meals served, hygiene standards in the kitchen were reasonable but it looked shabby and in need of decoration.
- 2.83** The enhanced unit (see paragraph 1.13) offered good cooking facilities which women could pre-book, but it required refrigerators so women could store food. The kitchen area in the residential units, also needed refrigerators, and self-catering facilities needed to be developed further (see also paragraph 2.2).

Recommendation

- 2.84 Opportunities to further expand self-catering facilities should be explored and refrigerators introduced in the residential unit kitchens.**

Purchases

Expected outcomes:

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

- 2.85** The canteen list contained a good range of goods and products and women could suggest changes to the list through their representatives on a quarterly basis. In our survey, 75% of women, more than the comparator (34%) said the shop sold a wide enough range of goods to meet their needs, although black and minority ethnic women were less positive (see paragraph 2.16). Newspapers and magazines could be ordered weekly. Most of the items on the list were reasonably priced, but low wages had meant that women could not always afford to make purchases. However, the shop offered special sale items on a weekly basis.
- 2.86** Women could buy items from an adequate range of catalogues once a week, but orders were subject to a fee. Black and minority ethnic women could order from an additional catalogue list of beauty products and plans were underway to introduce a new catalogue to meet their needs.
- 2.87** Drake Hall had also opened a charity shop selling clothes and accessories donated by the local community. Managed by a prisoner, the proceeds were given to Katharine House Hospice. Women could buy items much more cheaply than from catalogues and also loan items for court appearances or job interviews. We considered this a worthwhile and practical initiative.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All women are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁷

- 3.1** Time out of cell for all women was excellent; they were unlocked from their units throughout the core day and could move freely around the residential units until the external doors were locked at 7.30pm. The core day gave fully employed women over six hours of purposeful activity a day during the week. We found no regime curtailments. Very few women had not been assigned to activities and those who were unable to work or were retired were unlocked. Each woman had a personal timetable and was responsible for attending her allocated activities or appointments. Staff encouraged women to attend all their activities promptly. Women had access to the open air for significant periods.

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.

- 3.2** *Ofsted⁸ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	<i>Good</i>
<i>Achievements of women engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Good</i>
<i>Personal development and behaviour:</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

- 3.3** Managers at all levels prioritised purposeful activity, particularly education, and prison staff understood and supported this well. Prison managers had set up a very clear vision and

⁷ 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.

⁸ 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>.

strategy for purposeful activity that focused on improving women's chances of resettlement. They had instilled a culture of trust where women were encouraged to take ownership of their own career and employment goals on release.

- 3.4** Following on from the previous inspection, the prison had demonstrated good leadership by: focusing on improving the quality of the provision delivered by the Offender Learning and Skills Service (OLASS) provider; applying performance management measures where necessary; and setting clear expectations for Milton Keynes College. Relationships between college and prison managers had improved considerably. Frequent communication ensured that prison and college managers understood how different courses were performing and allowed them to take prompt action to address any operational issues. As a result, attendance at education was now impressively high.
- 3.5** A curriculum review based on a training needs analysis and learners' views informed the education and training provision. Plans were in place to develop level 3 qualifications and to accredit skills in work areas.
- 3.6** Prison managers had developed good relationships with the vast majority of the high quality external employment partners. These links helped the women develop skills to industry standards and improve their employment prospects. However, one contractor did not offer women job interviews or references, which did not support women well in gaining sustained employment on release.
- 3.7** The OLASS provision was managed effectively. After the previous inspection, prison and college managers took decisive action to improve the quality of teaching and learning by appointing a new teaching team that was particularly well qualified and suited to teaching in a prison environment. Observation of teaching and learning had also been strengthened, enabling managers to assess accurately the standards of classroom practice and to support teachers' professional development where necessary. As a consequence, much teaching and learning were now good.
- 3.8** However, aspects of attendance at activities needed to be stronger; collection and monitoring of attendance data at work and in vocational training required improvement and a strategy was needed to improve attendance further.
- 3.9** The self-assessment process of the whole provision was insufficiently comprehensive; it did not evaluate appropriately the contribution that many areas of purposeful activity made to improving women's chances on release.

Recommendations

- 3.10** **The prison should improve women's attendance at vocational training and work.**
- 3.11** **The evaluation of the activities provision should be further developed to ensure prison managers assess accurately what is working well and plan effectively to improve the provision further.**

Provision of activities

- 3.12** The number of purposeful activity spaces available was sufficient to occupy the prison population on a full-time basis. Induction to purposeful activity was good and ensured that women were in educational and vocational training that matched their prior attainment and future career aspirations. However, the allocation process needed to be improved; not all

departments such as health care and offender management were regularly represented at the allocation labour board, which resulting in some women not being allocated to the most appropriate activity.

- 3.13** Milton Keynes College provided a good range of education that met women's needs, although only a few progression routes to level 3 qualifications existed. A large number of women were undertaking distance-learning courses. The college also delivered vocational training qualifications in hairdressing and beauty therapies, warehousing, food production, contact centre work and business administration.
- 3.14** There was a good selection of workshops, but skills women acquired in recycling, laundry, gardening and cleaning were not recognised or accredited. The employment academies in the prison were excellent. Many women trained with credible employers in the prison and then progressed to paid work, even before release. The range of therapeutic activities available, although appropriate, was limited.
- 3.15** The creation of the 25-bed open unit promoted employment outside the prison particularly well (see section on reintegration planning, the open unit). Women were encouraged to seek full-time paid employment and take their CV to local businesses while they were on voluntary placements (see paragraph 4.58).
- 3.16** The pay policy was fair and did not discourage women from attending education. Opportunities for women to support each other were good.

Recommendations

- 3.17** **The prison should record, recognise and where possible accredit the range of skills and behaviour that women working in prison industries develop, so that they have evidence of their work experience when they are released.**
- 3.18** **The curriculum should be reviewed further to increase the range of therapeutic activities and progression pathways to higher level qualifications.**

Quality of provision

- 3.19** The quality of classroom teaching, learning and assessment was good. Knowledgeable teachers with relevant qualifications used their experience well to motivate learners and enable them to make good progress in sessions. They used questions well to embed learning and planned English and maths sessions carefully to help women overcome barriers to learning. However, teachers occasionally struggled to maintain a challenging pace for the three-hour sessions. As a result, women tended to lose concentration for short periods.
- 3.20** Teachers made good use of the well-trained classroom assistants to support learners who required extra help. Women with additional support needs were promptly identified through initial assessment and received positive assistance that helped them to achieve.
- 3.21** Teachers and prison instructors promoted learners' understanding of equality and diversity well. They made good use of learners' diverse ethnic, language and regional backgrounds to celebrate the range of cultures and communities that live together in modern Britain. In vocational training women demonstrated safe working practices.
- 3.22** Women's progress was assessed and monitored effectively. Teachers provided encouraging feedback to motivate women. They sensitively corrected errors in spelling, punctuation and

grammar in written work. The college had a good range of resources to support learning, such as interactive boards, but few teachers used them fully to make lessons more engaging and to develop women's ability to use technology.

- 3.23** Teaching in vocational training was good both in theory and practical sessions. Well-qualified staff ensured that women understood the requirements of the specific industries they were involved in at the prison and on placement or release. Tutors had produced clear plans for women in kitchens and the beauty salon, highlighting what they needed to do next to complete their qualification. Vocational tutors gave women useful feedback, which they took on board.

Recommendations

- 3.24** College managers should help teachers to improve the pace of lessons so that women remain involved in challenging activities throughout the session.
- 3.25** College managers should ensure that teachers make better use of the available information learning technology resources to further improve learners' interaction and technological skills.

Personal development and behaviour

- 3.26** Women developed self-confidence and excellent employability skills that prepared them well for work in the prison and on release. Particularly impressive was the willingness of most women to keep themselves purposefully occupied during their time in custody and to improve actively their prospects of successful reintegration into society after their release. In the coffee shop, for example, women opened up, prepared food and drinks and handled payments.
- 3.27** Prisoners took responsibility for their own learning, seeking advice and guidance, and learning how to manage their emotions. They enjoyed their time in learning, skills and work. Women were self-motivated and particularly productive in work and vocational training. External employers praised the work ethic of the women they had on placement. They gained valuable vocational skills that would support them to secure and maintain employment on release. However, prisoners did not develop further their English or maths skills while at work in the prison's industries.
- 3.28** Learners' behaviour in class and in communal areas of the prison was exemplary. Women were aware of others' feelings and supported other prisoners in distress. In the open unit women became self-sufficient very quickly. Prison managers set clear expectations for them to ensure they developed independent life skills such as getting to work and returning to the unit on time each day.

Recommendation

- 3.29** Prison managers should ensure that women have opportunities to develop further their English and maths skills in industries and work.

Education and vocational achievements

- 3.30** Retention and success rates on courses delivered by the college were very high. Learners' achievements in English, maths and information technology were particularly high in 2015, and had increased significantly over the previous year. Data for the academic year 2015–2016 indicated that this trend was continuing, although performance in English and maths at level 2 was generally a little lower than at entry levels. Outcomes were good for learners undertaking information, advice and guidance qualifications.
- 3.31** Achievements in vocational courses were good but not as high as in education. Retention and achievement on the national vocational qualification food production diploma and cooking at level 2 were below that of all other vocational courses offered and needed improving.
- 3.32** Women participating in vocational training and work accomplished their tasks well and productively. In some work placements, they received a financial reward for working hard. Learners produced particularly good work in vocational training, for example, preparing food to a high standard.
- 3.33** Women made very good progress in classroom sessions and produced work of a high standard. No significant differences in performance between distinct groups of learners were evident.

Recommendation

- 3.34** **College managers should take action to improve achievement rates in English and maths at higher levels and in all vocational courses.**

Library

- 3.35** The library provision met the needs of the prison population well. However, stock losses were high. Books were available in easy-read formats and in an appropriate range of foreign languages. Prisoners had adequate access to legal texts and to Prison Service orders and instructions.
- 3.36** Staff were particularly active in promoting the development of prisoners' reading skills through the Six Book Challenge scheme and Storybook Mums (in which prisoners record stories for their children).
- 3.37** Access to the library was good. However, our survey showed that fewer women than the comparator visited the library at least once a week. Many other purposeful activities clashed with library opening hours, particularly in the evenings. Staff did not use the data they collected to identify which groups of women were using the library regularly.

Recommendations

- 3.38** **Swift action should be taken to reduce the number of book losses by implementing better monitoring and security procedures.**
- 3.39** **Library staff should analyse data on library use so they can identify whether there are particular groups of prisoners that are not benefiting from library services and take appropriate action.**

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.

- 3.40** Dedicated and well-qualified staff managed the prison's physical education (PE) department well. Prisoners received a prompt induction to the gym that provided them with comprehensive information on what was on offer. Instructors worked particularly effectively to break down the barriers some women had to participating in exercise.
- 3.41** The gym had a good range of appropriate equipment, although it had not been inspected in line with health and safety expectations. The fitness facilities at the open unit were limited and did not provide the women with equitable facilities to the main prison.
- 3.42** Instructors could deliver many level 2 fitness and physical exercise qualifications but no courses had been run in the current academic year. Many fitness sessions were delivered and staff often introduced new classes and activities at the request of prisoners or based on the analysis of data on use to meet the women's needs. Relationships between staff and prisoners were respectful and they took part in sports events together; women successfully ran aerobics at lunchtimes for both staff and prisoners.
- 3.43** Managers and staff at the gym supported the prison's resettlement ethos by promoting a good work ethic; they ensured that visits to the gym did not interfere with women attending work or education and opened the gym for long hours, including during evenings and weekends.
- 3.44** Peer health champions extensively promoted services available such as smoking cessation and weight loss. Links between gym staff and the prison's health care department were ineffective. Instructors at the gym worked hard to improve communication with health care staff but the health care department failed to send any prisoner referrals to the gym.

Recommendations

- 3.45** **Appropriate health and safety checks on the gym equipment should be carried out to ensure women's safety when using it.**
- 3.46** **The prison should introduce more fitness and exercise facilities for women in the open unit.**
- 3.47** **Communications between staff at the gym and the health care department should be improved to ensure women receive appropriate fitness plans that take into account any health considerations.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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 The whole prison focused on enabling women to make progress during their sentence. Although resettlement work was not informed by an up-to-date needs analysis or strategy, staff had a good understanding of the issues the women faced on release.
- 4.2 In the previous six months prior to the inspection 180 women, over half the population, had been released. Nearly two thirds of them (115 women), had not been released in the area local to the prison. Coordinating resettlement work for women returning to other areas across the country was a significant challenge.
- 4.3 The reducing reoffending strategy was reasonable and resettlement pathway work was well coordinated and monitored through the reducing reoffending meeting. The meeting looked at data on outcomes for the preceding month but methods for analysing longer-term patterns needed developing. Although not all pathways were adequately resourced, prison and community rehabilitation company (CRC)⁹ staff were making efforts to bring services into the prison. Relationships between the prison and outside agencies providing services were very constructive. The CRC was well integrated into the prison.
- 4.4 In our survey, 98% of women who responded to our survey said they had had a job in Drake Hall, 93% had been involved in education and 87% had been involved in vocational or skills training. These high levels of participation supported the prison's resettlement ethos and most women felt these activities would assist them on release.
- 4.5 In our survey, a large proportion of women who knew someone in the prison who could support them with a range of resettlement issues on release. However, only 24% of respondents felt a member of staff had helped them prepare for release. The CRC systematically identified and interviewed women 10 to 12 weeks prior to release so it was possible that resettlement planning had not started for some women who responded to the survey.
- 4.6 Release on temporary licence (ROTL) was a key part of the resettlement strategy and used effectively to support reintegration planning. Women could access ROTL for voluntary and work placements, childcare and other resettlement purposes and risk assessments we reviewed were thorough. However, some women we spoke to were confused and unhappy about the rules for ROTL. The prison was working within the complex national policy, which was restrictive for women and did not necessarily reflect the low risk level of the majority of them. The offender management unit (OMU) monthly newsletter, first issued in May 2016 went some way to explaining the system.

⁹ From May 2015 rehabilitation services, both in custody and after release, have been organised through community rehabilitation companies (CRCs) who are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

- 4.7** Although some women we spoke to complained about the length of the ROTL process, the majority of the cases we saw were processed within two months which was reasonable (see also paragraph 4.14).
- 4.8** The open unit was impressive and women valued it (see section on reintegration planning, the open unit).

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.

- 4.9** Offender management work was good overall. The culture and team work were impressive. All women were allocated an offender supervisor and most respondents to our survey (93%) knew who they were. OMU staff interviewed women on arrival in the prison and most were assessed within a week.
- 4.10** Although only 44% of women responding to the survey said their offender supervisor was working with them on sentence plan targets, levels of contact were high and entries on P-Nomis (the Prison Service IT system) recording contact between offender supervisors and prisoners were meaningful. Women had access to their offender supervisor through daily drop-in sessions and we observed women contacting their offender supervisor at other times. However, the prison did not have anywhere for women to be interviewed in private.
- 4.11** OMU staff, including case administrators, were motivated and knew the women they worked with well. Case loads were reasonable, at around 40. Probation and prison staff were co-located, which promoted integrated working. However, the OMU department was split between two buildings, which was not ideal. Prison officer and probation offender supervisors received little formal supervision and OMU meetings were not held regularly.
- 4.12** Offender management arrangements were largely effective. The majority of offender assessment system (OASys) documents and sentence plans were up to date but sentence planning objectives needed to be more targeted. Processes to escalate cases when community offender managers caused delays needing further clarification.
- 4.13** Most women were involved in a sentence planning board but this was not noted on P-Nomis, and some women did not feel involved in the process. OASys documents were based on accurate information from risk of harm screenings and analyses of risk of harm, but some risk management plans needed to be improved. Most cases had been reviewed appropriately to check on progress, but the quality assurance processes for OASys documents needed tightening.
- 4.14** ROTL paperwork was well organised and all necessary checks were made. Risk assessments were robust but routinely checking multi-agency public protection arrangements (MAPPAs) when considering women for the open unit would have strengthened the process further. Licence conditions were appropriate. Case files also contained feedback forms from the women, which gave both staff and prisoners a chance to reflect on progress made.
- 4.15** Home detention curfew (HDC) decisions were justifiable and considered information from a variety of sources when risks were being assessed. Most women applying for HDC were granted it. Some women were not released on their eligibility date either because of difficulties accessing accommodation or because they had arrived from another prison very

shortly before their eligibility date. In these situations, prison staff made every effort to carry out the necessary checks on time but it was not always possible.

Recommendations

- 4.16 All OMU staff should receive regular supervision.**
- 4.17 The prison should ensure that quality assurance arrangements for OASys documents and sentence plans maintain consistently high standards.**

Public protection

- 4.18** Processes were in place for screening women on arrival for public protection concerns and to establish their security category. The security department managed restrictions and monitoring of communication, although the process started in the OMU and was reviewed at the monthly multidisciplinary inter-departmental risk management meeting. The meeting was reasonably well attended; it discussed women who were a high risk or who had child protection issues with six months or less before their release.
- 4.19** We found that in all relevant cases we reviewed, satisfactory arrangements were in place. Two of the cases were high risk; they had been discussed at previous meetings and appropriate action had been taken. Difficulties obtaining the right contact details and receiving a response from the National Probation Service (NPS) and CRC staff was a major issue for the OMU. The prison had recently reviewed its child protection policy and the National Offender Management Service (NOMS) public protection manual was used as a reference point; however, there was no local public protection policy.
- 4.20** Enhanced behaviour monitoring (in which psychologists work with women during assessment or while they are on ROTL to help them manage risky behaviours more effectively) had been introduced from April/May 2016 for a small number of women but it was too early to assess its impact.

Allocation

- 4.21** Categorisation decisions were up to date and justifiable and supported women's progression. Offender supervisors conducted the review and decisions were signed off by senior managers. There was not enough detailed information from other departments to enhance the categorisation process.
- 4.22** Eighty women had been categorised as open status and could have moved to an open prison; however, many chose to stay at Drake Hall to access ROTL opportunities and to be closer to home. Only four women had moved to Askham Grange open prison in the year before the inspection.
- 4.23** The population had recently increased following the closure of HMP Holloway. The prison had received some women because of overcrowding elsewhere and not all of them were from the local catchment area. At the time of the inspection, only 91 women were from within 50 miles of their home area. Despite OMU staff's efforts, securing transfers for women wanting to be closer to home was problematic because of the population pressures in other prisons. Few women asked to be moved so they could be closer to the area into which they would be released, but this could have been facilitated if necessary. Five women

had had accumulated visits (where prisoners are allowed several visits over a few days) in the previous 12 months.

Recommendation

4.24 The OMU should use information from other prison departments when conducting categorisation reviews.

Indeterminate sentence women

- 4.25** At the time of the inspection there were 17 life sentenced prisoners and four prisoners on indeterminate sentences for public protection (IPP); all IPP prisoners and five of the lifers were over their tariff. The work with women on indeterminate sentences was effectively led by the OMU custodial manager who had also set up some training sessions on lifer issues for staff. Lifer forums had not been well attended, possibly due to the small number of women involved.
- 4.26** Processes for parole reports were good and dossiers were collated on time but parole hearings could be delayed by a few months due to national pressures. In the week before the inspection, two life-sentenced women had been before the parole board and had their open status agreed. They could now apply for ROTL and work towards moving to the open unit.
- 4.27** Most lifers were enhanced status prisoners, which gave them access to the enhanced unit, where they could cook and socialise. Many life sentenced women chose to live in the Lancaster Unit which was more settled and quiet.
- 4.28** OMU staff were well aware of the needs of indeterminate sentence prisoners and were committed to helping them progress. We heard that one lifer had received substantial support from the OMU, even after her release.

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.

- 4.29** All women had a resettlement review, carried out by CRC staff 10 to 12 weeks prior to release. A resettlement plan was prepared and women were referred to services across the prison. Initial action points in the resettlement plan were implemented promptly but time pressures meant they were not followed up systematically. Resettlement pathway work was coordinated but did not have named lead staff. Peer workers were used well in many areas of resettlement.
- 4.30** Offender supervisors made referrals to organisations that supported women on release. Arrangements for discharge were good and women received their property and any money they were owed promptly. The chaplaincy supported women by making contact with their local faith community on request.

Children, families and contact with the outside world

- 4.31** Provision to help women maintain contact with children, family and friends had improved considerably since our last inspection. PACT (Prison Advice and Care Trust, a prisoner advice organisation) provided two family engagement workers for two specific projects. One project for 18- to 25-year-old women from the West Midlands provided intensive support to maintain family links and contact with services. The second was targeted at the remainder of the prison population and provided individually assessed support with family matters, including help to re-establish family relationships, contact social workers and undertake family conferences. Families were also able to phone in to speak to the women. The Building Stronger Families course also ran at least four times per year.
- 4.32** All women could apply for themed family days organised six times a year during school holidays and PACT ran family visits separately where they were needed. The open unit contained two flats where some women's children could stay overnight and there was scope to increase the use of this facility (see section on the open unit).
- 4.33** The visitors' centre was clean; refreshments were not always available and the centre only provided a check-in service. The visits hall had been refurbished to provide a child friendly environment and a full refreshment service was now provided.
- 4.34** On the day we observed visits, many visitors were not admitted to the hall until nearly half an hour after the advertised visiting time. Booking visits was sometimes problematic but could be done by phone or email. Our calls to the line went unanswered.
- 4.35** Children were now rarely searched; when they were, it was based on intelligence. Women were not routinely searched after visits. The play area was not supervised but parents could play with their children there. Staff were aware of safeguarding and security issues.
- 4.36** Three forums had been held with visitors to help improve the visiting experience. Visitors we spoke to were complimentary about the way staff treated them and about visiting Drake Hall. Women could apply for inter-prison visits; 21 women were using this facility regularly.

Recommendation

- 4.37 Visits should start at the advertised time.**

Victimisation, abuse and vulnerability

- 4.38** Women were asked whether they had experienced abuse, domestic violence or been involved in sex work. Staff had a good awareness of the possible issues women might have been facing but felt not all of them would have disclosed or recognised their experiences as abuse. OMU and CRC staff were aware of agencies to whom they could refer women leaving prison and attempts were being made to further develop links with groups that could support women in their home communities. Staff could also obtain advice on safety plans for women at risk on release.
- 4.39** The prison did not provide OMU staff with training in gender sensitive practices which would have increased their confidence in supporting women and complemented the trauma-informed approach (which aims to create a greater understanding of trauma and the impact this may have on behaviour).

- 4.40** Thirty women a year attended the Power to Change programme (see paragraph 4.55); it was not sufficient for the large number of women who had experienced domestic violence. Women received individual support from CRC and OMU staff and workers from Anawim (Birmingham's women's centre, which supports vulnerable women, particularly those involved in sex work) attended fortnightly and provided specialist advice. Neither the prison nor the CRC were funded to do this work and despite strenuous efforts to plug the gap, it was not meeting all women's needs.
- 4.41** Although health care staff had received training on identifying victims of trafficking, (see paragraph 2.34) there was little awareness of this issue among other staff.

Recommendation

- 4.42 OMU staff should undertake training on gender sensitive practices and have a better awareness of victims of trafficking.**

Accommodation

- 4.43** The CRC was largely focused on finding accommodation for the significant number of women who did not have secure accommodation on release. In the six months prior to the inspection, 70 women (out of 180 released) required support in obtaining accommodation. Many local authority or housing providers for homeless people would not assess women prior to their release and expected them to be homeless before they would undertake a housing assessment. This created stress and uncertainty and made effective resettlement planning extremely difficult. Despite housing caseworkers' strenuous efforts, 11 women were released without a fixed address. This was even more difficult because women were increasingly being released across a wide geographical area.
- 4.44** The CRC employed a prisoner caseworker to assist with housing applications. All women were assessed and offered support to find accommodation if needed. Funding was allocated differently for women who were going to be under NPS supervision on release, making it more difficult for the prison to access sufficient resettlement services for them.

Recommendation

- 4.45 Funding arrangements for women managed under NPS and CRC services should be sufficient to support work to find them secure accommodation.**

Education, training and employment

- 4.46** The quality of the National Careers Service (NCS) provided to prisoners by Prospects was good. Advisers met prisoners soon after their arrival to develop their skills action plan. Advisers were highly skilled at working with prisoners on setting realistic expectations for their resettlement goals and managed any conflicts sensitively. A particularly large number of women had access to further study and employment via ROTL. For example, peer supporter recovery champions helping with the drug and alcohol recovery service (DARS) could use ROTL to work in the local community drugs agency drop-in centre. Many prisoners engaged in full-time paid work in the community while in the last stages of their sentence. Peer mentors offered good, targeted support to prisoners planning for their employment on release. However, the NCS adviser did not provide a regular, scheduled service in the open unit.

- 4.47** The prison had good contact with local charities and was working to create more links with employers. Women received support with job applications, had restricted internet access and could loan clothes for interview from the charity shop. Once they were working, they could access prison vehicles driven by a prisoner also on ROTL to get to work, open a bank account and were encouraged to save money for release.

Recommendation

- 4.48** **The prison should establish a timetable for the delivery of the advice service in the open unit.**

Good practice

- 4.49** *Recovery champions could obtain ROTL to work in the local community drugs agency drop-in centre, which gave them valuable experience and better employment opportunities in similar services on release.*

Health care

- 4.50** Women being released from Drake Hall received assistance to find community GPs and dentists. They also received help to access ongoing mental health services and social care in the community, and were given adequate medication to take home. Palliative and end-of-life care was available. Women entering the open unit received assistance to access community health services, and were discharged from prison health care, which reinforced their responsibility for their own well-being.

Drugs and alcohol

- 4.51** The drug and alcohol recovery service (DARS) made good use of recovery champions to help provide a wide range of harm reduction advice. The DARS arranged reintegration plans that included referrals to community drug intervention programmes (DIPs), community prescribers, rehabilitation centres and specialist women's units. Follow-up phone calls were made seven days after the women were released and the prison asked the DIP to report back on the women after one, three and six months.

Finance, benefit and debt

- 4.52** The CRC could direct women to relevant agencies and provide general debt advice. Fortnightly specialist money advice appointments were available and women could be referred to charity Birmingham Settlement for telephone advice. However, the provision was not sufficient for those with more complex debt-related issues. Milton Keynes College provided some personal money management courses.
- 4.53** Jobcentre Plus attended the prison three days a week and saw all prisoners before their release to assist with benefit applications and help them obtain a national insurance number. They also carried out benefit checks for women applying for childcare ROTL and helped them provide evidence of their sole carer status. All women, including those working outside the prison, could receive assistance to open a bank account.

Attitudes, thinking and behaviour

- 4.54** As at our last inspection, the only accredited offending behaviour course was the thinking skills programme (TSP), which ran three times a year. Completion rates were good. There was a short waiting list but the criteria for the course had changed to include more people convicted of acquisitive crimes, which meant the waiting list might increase.
- 4.55** A non-accredited course Power to Change ran for women who had experienced domestic violence. It offered 30 places a year and women who had participated valued it. OMU and programmes staff estimated that at least another 100 women in the prison could have benefited from the programme.
- 4.56** Although there was no victim awareness programme, one-to-one work on this subject took place with OMU staff. Support with gambling addictions had been identified as a need.
- 4.57** PACT staff had 70 hard-to-reach women on their caseload. They also provided short courses. Care UK employed two life coaches who came into the prison to work with women on motivation and well-being issues.

The open unit

- 4.58** The unit, which opened in February 2015, was an attractive facility providing low risk women needing minimal supervision with the opportunity to reintegrate into the community. Women could develop their independent living skills, demonstrate risk reductions, enhance their employability and consolidate family and community links. It was particularly beneficial for those nearing release after serving a long sentence. The women living there valued the opportunity to prepare for release effectively.
- 4.59** The unit had a separate facility allowing children to stay overnight with their mothers. Eleven women had received these family visits, helping the women maintain their relationships, which positively assisted in their rehabilitation. This facility was, however, underused and further opportunities, for instance for longer visits during the day, or for parents, siblings or grandchildren to visit were not available.

Recommendation

- 4.60** Further opportunities for family visits in the open unit flats should be explored.

Section 5. Summary of recommendations and good practice

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

Main recommendation

To the governor

- 5.1** A professional review of pharmacy services as well as of medicine supplies, prescribing and administration should be undertaken to ensure improved and more consistent clinical treatment for women. (S46)

Recommendations

To the governor

Safe and supportive relationships

- 5.2** Supervision of the IEP scheme should be improved, and management quality checks should take place regularly. (1.16, repeated recommendation 1.58)

Self-harm and suicide prevention

- 5.3** A multidisciplinary team of staff should attend all ACCT reviews including representatives from the health care and chaplaincy teams. (1.21)
- 5.4** Facilities should be available for Listeners to see women confidentially and in private. (1.22, repeated recommendation 1.35).

Substance misuse

- 5.5** Methadone administration should be effectively supervised. (1.50)

Residential units

- 5.6** Women should be able to use telephones in private. (2.5, repeated recommendation 2.11)

Equality and diversity

- 5.7** Telephone interpretation should be used for all confidential conversations with women whose command of English is limited. (2.23)
- 5.8** St David's house should be properly equipped to meet fully the needs of women with disabilities. (2.24, repeated recommendation 2.48)
- 5.9** The prison should be prepared to respond to the needs of pregnant women. (2.25)

Legal rights

- 5.10** Procedures for logging legal correspondence opened in error should be reviewed and communicated to post room staff. (2.31)

Health services

- 5.11** Women should not wait a long time in the health care waiting room before their appointment. (2.46)
- 5.12** Health care staff should work with women and prison staff to ensure they understand what can be reasonably expected from the service and to provide prisoners with regular, open forums. (2.47)
- 5.13** The confidentiality of medical information should be subject to clinical audit. (2.48)
- 5.14** The complaints system should be confidential and have the confidence of users. (2.49)
- 5.15** Sustained management action should be used to drive down non-attendance rates. (2.56)
- 5.16** Women should have timely access to screening, immunisations and appointments with HCPs. (2.57)
- 5.17** Patients with long term or complex health care needs should have relevant care plans. (2.58)
- 5.18** All checks required on the safety and maintenance of radiological equipment should be completed. (2.71)
- 5.19** All staff should be aware of the location of emergency resuscitation equipment and drugs. (2.72)
- 5.20** The local health delivery board should review the requirement for professional counselling services. (2.78)

Catering

- 5.21** Opportunities to further expand self-catering facilities should be explored and refrigerators introduced in the residential unit kitchens. (2.84)

Learning and skills and work activities

- 5.22** The prison should improve women's attendance at vocational training and work. (3.10)
- 5.23** The evaluation of the activities provision should be further developed to ensure prison managers assess accurately what is working well and plan effectively to improve the provision further. (3.11)
- 5.24** The prison should record, recognise and where possible accredit the range of skills and behaviour that women working in prison industries develop, so that they have evidence of their work experience when they are released. (3.17)
- 5.25** The curriculum should be reviewed further to increase the range of therapeutic activities and progression pathways to higher level qualifications. (3.18)

- 5.26** College managers should help teachers to improve the pace of lessons so that women remain involved in challenging activities throughout the session. (3.24)
- 5.27** College managers should ensure that teachers make better use of the available information learning technology resources to further improve learners' interaction and technological skills. (3.25)
- 5.28** Prison managers should ensure that women have opportunities to develop further their English and maths skills in industries and work. (3.29)
- 5.29** College managers should take action to improve achievement rates in English and maths at higher levels and in all vocational courses. (3.34)
- 5.30** Swift action should be taken to reduce the number of book losses by implementing better monitoring and security procedures. (3.38)
- 5.31** Library staff should analyse data on library use so they can identify whether there are particular groups of prisoners that are not benefiting from library services and take appropriate action. (3.39)

Physical education and healthy living

- 5.32** Appropriate health and safety checks on the gym equipment should be carried out to ensure women's safety when using it. (3.45)
- 5.33** The prison should introduce more fitness and exercise facilities for women in the open unit. (3.46)
- 5.34** Communications between staff at the gym and the health care department should be improved to ensure women receive appropriate fitness plans that take into account any health considerations. (3.47)

Offender management and planning

- 5.35** All OMU staff should receive regular supervision. (4.16)
- 5.36** The prison should ensure that quality assurance arrangements for OASys documents and sentence plans maintain consistently high standards. (4.17)
- 5.37** The OMU should use information from other prison departments when conducting categorisation reviews. (4.24)

Reintegration planning

- 5.38** Visits should start at the advertised time. (4.37)
- 5.39** OMU staff should undertake training on gender sensitive practices and have a better awareness of victims of trafficking. (4.42)
- 5.40** Funding arrangements for women managed under NPS and CRC services should be sufficient to support work to find them secure accommodation. (4.45)
- 5.41** The prison should establish a timetable for the delivery of the advice service in the open unit. (4.48)

5.42 Further opportunities for family visits in the open unit flats should be explored. (4.60)

Examples of good practice

5.43 Work to gain the Enabling Environment award and trauma-informed training had a positive impact on the quality of relationships and staff's ability to understand and respond to problematic behaviour. (2.9)

5.44 The in-depth analysis of outcome data for each protected characteristic, involving the women held, had led to positive changes in practice for the protected groups. (2.14)

5.45 The external scrutiny panel's rigorous examination of every investigation report following any allegation of discriminatory behaviour had led to better practices and outcomes for those with protected characteristics. (2.15)

5.46 Recovery champions could obtain ROTL to work in the local community drugs agency drop-in centre, which gave them valuable experience and better employment opportunities in similar services on release. (4.49)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Karen Dillon	Inspector
Fionnuala Gordon	Inspector
Martin Kettle	Inspector
Sharon Shalev	Inspector
Anna Fenton	Researcher
Natalie-Anne Hall	Researcher
Patricia Taflan	Researcher
Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Elizabeth Walsh	Health services inspector
Deborah Hylands	Pharmacist
Catherine Raycraft	Care Quality Commission inspector
Caroline Williams	Care Quality Commission inspector
Maria Navarro	Ofsted inspector
Jai Sharda	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
Keith Humphreys	Offender management inspector
Nigel Scarff	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 2013, we found that while some journeys to the prison were lengthy, women said they had been treated well by escort staff. Women were supported on their arrival at the prison and most felt safe on their first night. Prisoners received an informative and upbeat induction. Levels of violence were low, and incidents of self-harm were well managed. Safeguarding arrangements were underdeveloped. Security arrangements were generally proportionate. Too many adjudications were for petty reasons and governance of the incentives and earned privileges (IEP) scheme was weak. Use of force was minimal. The segregation regime was basic but staff offered women good reintegration support. There was little evidence of drug use in the prison. Outcomes for women were good against this healthy prison test.

Main recommendation

An alternative supportive facility for women in crisis should be provided with immediate effect. (HP50)

Achieved

Recommendations

The video link should be made available. (1.5)

Achieved

An advance for phone credit should be offered to women on arrival. (1.13)

Not achieved

The negative perceptions of intimidation by staff should be examined and dealt with. (1.25)

Achieved

Facilities should be available for Listeners to see prisoners confidentially and in private. (1.35)

Not achieved (recommendation repeated, 1.22)

The observation cell in the segregation unit should not be used for prisoners in crisis. (1.36)

Achieved

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. (1.41)

Achieved

The prison should ensure that visits-related searching is more proportionate and based on a specific assessment of risk. (1.50)

Achieved

Supervision of the IEP scheme should be improved and management quality checks should take place regularly. (1.58)

Partially achieved (recommendation repeated, 1.16)

All planned use of force incidents should be video-recorded. (1.68)

Achieved

The segregation exercise yard should be improved. (1.72)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, we found that the grounds were impressive and accommodation was good. Relationships between prisoners and staff were good and in spite of a few negative staff, these were continuing to improve, due primarily to a new initiative, Every Contact Matters. The promotion of diversity benefitted from strong leadership and the equalities hub was impressive: however, the perceptions of foreign national women and those with disabilities were negative. Faith provision was good. Responses to complaints were generally timely and appropriate. Legal services provision was adequate. Health services were good. Catering and the prison shop offered a good service. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

Domestic facilities should be improved and better equipped to enable women to carry out basic tasks, including simple food preparation. (2.9)

Partially achieved

Arrangements for the handling of legal correspondence should be reviewed. (2.10)

Not achieved

Women should be able to use telephones in private. (2.11)

Not achieved (recommendation repeated, 2.5)

Managers should monitor the processing of applications and the quality of responses. (2.12)

Achieved

The prison should address the inconsistent behaviour exhibited by a minority of staff towards prisoners. (2.20)

Achieved

The equality policy should be based on a needs analysis of all protected characteristics and include a live action plan for each. (2.29)

Not achieved

Monitoring should be introduced across all characteristics to ensure fair treatment and access to services. (2.30)

Achieved

Forums should be introduced for black and minority ethnic women, which ensure opportunities for meaningful consultation and provide an opportunity to discuss concerns. (2.31)

Achieved

Information should be displayed in an appropriate range of languages. (2.45)

Achieved

Foreign national prisoners should receive additional help to keep in touch with family abroad including through technology such as Skype. (2.46)

Not achieved

The prison should explore and address the reasons for the significantly poorer perceptions of foreign national women and women with disabilities. (2.47).

Achieved

St David's House should be properly equipped to meet fully the needs of women with disabilities. (2.48)

Partially achieved (recommendation repeated, 2.24)

The legal services officer should receive refresher training. (2.62)

Not achieved

All clinical staff should access regular, documented clinical supervision and appraisals within agreed policies. (2.70)

Not achieved

There should be easy access to a female GP for all health issues. (2.80)

Achieved

Prisoners should have prompt, safe access to over-the-counter medications, as required, out-of-hours. (2.81)

Not achieved

Staff who have received appropriate training should review patients with lifelong conditions regularly: reviews should generate an evidence-based care plan. (2.82)

Partially achieved

Patients should have timely access to breast screening. (2.83)

Not achieved

Medication administration records should be complete and issues relating to non-attendance should be consistently addressed. (2.90)

Achieved

The storage of medication on open shelves in the pharmacy should be assessed to establish if security is sufficient and any required remedial action should be taken. (2.91)

No longer relevant

The dental surgery should comply with dental regulation HTMI-05. (2.97)

Achieved

Breakfast should be served on the morning it is to be eaten. (2.108)

Not achieved

Facilities to allow prisoners to cook and prepare their own meals should be introduced. (2.109)

Partially achieved

The prison should review how women access some everyday sanitary items. (2.13)

Achieved

Purposeful activity

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

At the last inspection, in 2013, we found that prisoners were unlocked all day and there were sufficient activity places for all women. Learning and skills had a resettlement focus but quality improvement arrangements were ineffective. There was a good range of vocational training and outcomes were good. Achievement of educational qualifications was good except in information technology (IT) and literacy. The quality of teaching, punctuality and attendance all required improvement. The library was impressive and access was very good. The gym was an excellent facility offering a quality service, meeting the needs of women and supporting older and disabled prisoners. The use of peer workers in teaching prisoners in the gym was impressive. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

Attendance and punctuality at education and training sessions should be prioritised over other activities. (3.10)

Partially achieved

Attendance at each workshop and training session should be better monitored through analysing registers to manage the sequencing and prioritisation of planned activities. (3.11)

Not achieved

Accurate monitoring systems should be developed to provide teachers, trainers and managers with detailed information about the attendance of learners in classes and workshops. (3.12)

Achieved

Expert advice, support and training about money management should be provided. (3.17)

Achieved

The quality of teaching, training, learning and assessment should be improved. (3.28)

Achieved

Education should be prioritised to improve punctuality and attendance at education and training sessions. (3.29)

Partially achieved

Managers should ensure that the quality and rigor of assessments of the PMO NVQ is appropriate and that only qualifications that reflect prisoners' work levels are offered. (3.30)

No longer relevant

Accredited qualifications should be introduced in horticulture as should a method of recognising skills in the DHL workshop. (3.31)

Partially achieved

Achievement rates on literacy and ICT courses should be improved. (3.34)

Achieved

Resettlement

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

At the last inspection, in 2013, we found that the reducing reoffending strategy provided clear direction. Offender management was well managed; all women knew their offender supervisors and had good quality sentence plans. There was good use of release on temporary licence (ROTL) and appropriate public protection arrangements were in place. With few exceptions, useful reintegration services were provided. The prison needed to do more to support family ties. Outcomes for women were good against this healthy prison test.

Recommendations

Managers should regularly monitor key elements of performance across the offender management department, and the purpose of the offender management meeting should be reviewed. (4.8)

Partially achieved

There should be routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues. (4.19).

Achieved

Indeterminate sentence prisoners approaching release should have opportunities to practice independent living skills. (4.28)

Achieved

Specialist accommodation provision should be introduced to support the accommodation pathway. (4.34)

Achieved

The skills that prisoners develop in the workplace should be monitored and recorded. (4.38)

Achieved

Specialist debt provision should be introduced. (4.44)

Achieved

The prison should develop a detailed strategy to ensure that all women are supported and encouraged to maintain contact with their families. (4.51)

Achieved

Young children should not be searched before visits unless there is specific intelligence to suggest this is necessary. (4.53)

Achieved

Appendix III: Care Quality Commission requirement notices



Requirement Notices

Provider: Care UK Clinical Services Limited

Location: HMP Drake Hall

Location ID: 1-2496756260

Regulated Activities: Treatment of disease, disorder, or injury and Diagnostic and screening.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9-Person centred care

We found that the registered person had not ensured that the care and treatment of service users were appropriate, or ensured they met their needs or reflected their preferences.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

We found that there were unacceptable waiting times to see health professionals and nurses had not had specific training to be able to carry out effective triage to help support the process for timely appointments. We found that one person had been waiting 10 weeks for a routine GP appointment, 6 patients had been waiting in excess of 14 weeks for contraception and sexual health services with the longest waiting being 23 weeks, 8 patients had been waiting in excess of 7 weeks to see an optician with the longest wait being 12 weeks and two patients had been waiting in excess of 17 weeks for physiotherapy.

We found that there were unacceptable delays for health screening: 98 patients were waiting for a cervical smear and 49 patients waiting for breast screening.

We also found examples of where people with significant needs as a result of their medical conditions had no care plan in place.

We found that the antenatal care provided and joint working with maternity services

did not ensure that patients' needs were met. A pregnancy had been confirmed by healthcare in May 2016 and at the time of our inspection a written care plan had not been developed. There was a lack of clarity about the provider's responsibility in the blood taking process and who was to provide items such as breast pads: subsequently this had led to an undignified delay for a patient in accessing necessary items.

Regulation 12-Safe care and treatment

We found that the registered person had not protected patients against the risks of receiving inappropriate treatment, associated with the management of medicines or ensured that the equipment used by the service provider for providing care or treatment to a service user was safe for such use.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

The risks associated with the proper and safe management of medicines were not identified or mitigated effectively. We found that patients did not always receive their medicines promptly. There was a lack of confidentiality during medication administration due to the proximity of two hatches and poor supervision of medication queues which increased the risks associated with diversion of medication. Risk assessments for patients to manage their own medicines 'in-possession' were not always appropriately updated following changes. Limited medicines administration times encouraged the inappropriate use of medicines. We also found that medication which was used to assist in sleeping or had a sedative effect was administered between 4pm and 6pm.

We found that annual checks on clinical equipment were not in date and had last been carried out on the 31 March 2015. This meant that the equipment may not be safe or fit for purpose.

Appendix IV: 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	13	306	95.5
Recall		15	4.5
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total	13	321	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced			
Less than six months		3	
six months to less than 12 months		6	1.8
12 months to less than 2 years	4	28	9.6
2 years to less than 4 years	7	88	28.5
4 years to less than 10 years	2	141	42.8
10 years and over (not life)		35	10.5
ISPP (indeterminate sentence for public protection)		3	0.9
Life		17	6.0
Total	13	321	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	13	3.9
21 years to 29 years	81	24.3
30 years to 39 years	110	32.9
40 years to 49 years	76	22.8
50 years to 59 years	42	12.6
60 years to 69 years	12	3.6
70 plus years		
Please state maximum age here: 67		
Total	334	100

Nationality	18–20 yr olds	21 and over	%
British	11	290	90.1
Foreign nationals	2	31	9.9
Total	13	321	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B			
Category C			
Category D			
Female Closed	12	242	76.0
Other Female Open	1	79	24.0
Total	13	321	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British/Welsh/Scot/N.Irish	6	233	71.6
Irish		4	1.2
Gypsy/Irish Traveller		2	0.6
Other white	2	18	6.0
Mixed			
White and black Caribbean	1	13	4.2
White and black African			
White and Asian		1	0.3
Other mixed		1	0.3
Asian or Asian British			
Indian		2	0.6
Pakistani		5	1.5
Bangladeshi			
Chinese			
Other Asian		4	1.2
Black or black British			
Caribbean	2	31	9.9
African		2	0.6
Other black	2	3	1.5
Other ethnic group			
Arab		1	0.3
Other ethnic group		1	0.3
Not stated			
Total	13	321	100

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England	1	70	21.3
Roman Catholic		68	20.4
Other Christian denominations	3	63	19.8
Muslim	4	16	6.0
Sikh		5	1.5
Hindu		1	0.3
Buddhist		1	0.3
Jewish			
Other	2	10	3.6
No religion	3	87	26.9
Total	13	321	100

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			32	9.6
1 month to 3 months	4	1.2	58	17.4
3 months to 6 months	6	1.8	68	20.4
6 months to 1 year	2	0.6	72	21.6
1 year to 2 years	1	0.3	53	15.9
2 years to 4 years			32	9.6
4 years or more			6	1.8
Total	13	3.9	321	96.3

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

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

Appendix V: 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 establishment¹⁰. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 11 July 2016 the prisoner population at HMP & YOI Drake Hall was 312 on the closed site and 23 on the open site. Using the method described above, questionnaires were distributed to a sample of 156 women on the closed site. All prisoners were offered a questionnaire on the open site.

On the closed site, we received a total of 129 completed questionnaires, a response rate of 83%. One respondent refused to complete a questionnaire and 26 questionnaires were not returned.

¹⁰ 95% confidence interval with a sampling error of 7%. 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
Bristol	7
Canterbury	9
Durham	9
Exeter	8
Folkstone	8
Gloucester	6
Ipswich	9
Keele	6
Lancaster	8
Margate	8
Norwich	9
Oxford	6
Plymouth	16
Richmond	16
St David's	4
Segregation unit	0

On the open site, we received a total of seven completed questionnaires, a response rate of 30%. No one refused to complete a questionnaire and 16 questionnaires were not returned.

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP & YOI Drake Hall.

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 significant differences¹¹ 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 women's 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 for the closed site:

- The current survey responses from HMP & YOI Drake Hall in 2016 compared with responses from women surveyed in all other women's training prisons. This comparator is based on all responses from prisoner surveys carried out in two women's training prisons since April 2013.
- The current survey responses from HMP & YOI Drake Hall in 2016 compared with the responses of women surveyed at HMP & YOI Drake Hall in 2013.

¹¹ 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 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2016 survey between the responses of white women and those from a black and minority ethnic group.
- A comparison within the 2016 survey between women who are British and those who are foreign nationals.
- A comparison within the 2016 survey between the responses of women who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between women who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between responses of women who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.
- A comparison within the 2016 survey between the responses of women on Plymouth and Richmond wings (P and R) and the rest of the establishment

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	6 (5%)	
	21 - 29.....	34 (27%)	
	30 - 39.....	41 (32%)	
	40 - 49.....	30 (24%)	
	50 - 59.....	9 (7%)	
	60 - 69.....	7 (6%)	
	70 and over	0 (0%)	
Q1.3	Are you sentenced?		
	Yes	122 (96%)	
	Yes - on recall.....	5 (4%)	
	No - awaiting trial.....	0 (0%)	
	No - awaiting sentence.....	0 (0%)	
	No - awaiting deportation.....	0 (0%)	
Q1.4	How long is your sentence?		
	Not sentenced.....	0 (0%)	
	Less than 6 months.....	2 (2%)	
	6 months to less than 1 year	6 (5%)	
	1 year to less than 2 years.....	16 (13%)	
	2 years to less than 4 years	28 (23%)	
	4 years to less than 10 years.....	50 (41%)	
	10 years or more.....	14 (11%)	
	IPP (indeterminate sentence for public protection).....	1 (1%)	
	Life.....	5 (4%)	
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	Yes.....	13 (10%)	
	No.....	114 (90%)	
Q1.6	Do you understand spoken English?		
	Yes.....	125 (99%)	
	No.....	1 (1%)	
Q1.7	Do you understand written English?		
	Yes.....	123 (98%)	
	No.....	3 (2%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	78 (61%)	Asian or Asian British - Chinese
	White - Irish	4 (3%)	Asian or Asian British - other.....
	White - other.....	20 (16%)	Mixed race - white and black Caribbean
	Black or black British - Caribbean.....	5 (4%)	Mixed race - white and black African ...
	Black or black British - African	2 (2%)	Mixed race - white and Asian
	Black or black British - other	2 (2%)	Mixed race - other.....
	Asian or Asian British - Indian	3 (2%)	Arab.....
	Asian or Asian British - Pakistani.....	3 (2%)	Other ethnic group
	Asian or Asian British - Bangladeshi.....	0 (0%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		9 (7%)
	No.....		116 (93%)
Q1.10	What is your religion?		
	None.....	34 (27%)	Hindu
	Church of England	38 (30%)	Jewish
	Catholic	19 (15%)	Muslim
	Protestant.....	1 (1%)	Sikh
	Other Christian denomination	15 (12%)	Other.....
	Buddhist.....	0 (0%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		94 (74%)
	Homosexual/Gay.....		8 (6%)
	Bisexual.....		25 (20%)
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		40 (31%)
	No.....		87 (69%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		2 (2%)
	No.....		125 (98%)
Q1.14	Is this your first time in prison?		
	Yes		82 (65%)
	No.....		45 (35%)
Q1.15	Do you have children under the age of 18?		
	Yes		64 (50%)
	No.....		64 (50%)

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		37 (29%)
	2 hours or longer		86 (67%)
	Don't remember		5 (4%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		37 (30%)
	Yes		74 (59%)
	No.....		11 (9%)
	Don't remember		3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		37 (29%)
	Yes		2 (2%)
	No.....		87 (68%)
	Don't remember		2 (2%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		59 (46%)
	No.....		62 (48%)
	Don't remember		7 (5%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	99 (77%)
	No.....	26 (20%)
	Don't remember	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	39 (31%)
	Well.....	65 (51%)
	Neither	16 (13%)
	Badly.....	4 (3%)
	Very badly	1 (1%)
	Don't remember	2 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	84 (66%)
	Yes, I received written information	25 (20%)
	No, I was not told anything	21 (17%)
	Don't remember	1 (1%)
Q2.8	When you first arrived here, did your property arrive at the same time as you?	
	Yes	111 (87%)
	No.....	16 (13%)
	Don't remember	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours	75 (58%)		
	2 hours or longer	51 (40%)		
	Don't remember	3 (2%)		
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes	116 (93%)		
	No	5 (4%)		
	Don't remember	4 (3%)		
Q3.3	Overall, how were you treated in reception?			
	Very well.....	41 (32%)		
	Well.....	64 (50%)		
	Neither	19 (15%)		
	Badly.....	2 (2%)		
	Very badly	2 (2%)		
	Don't remember	1 (1%)		
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	23 (18%)	Physical health	23 (18%)
	Housing problems.....	23 (18%)	Mental health.....	41 (32%)
	Contacting employers	0 (0%)	Needing protection from other prisoners	7 (6%)
	Contacting family	37 (29%)	Getting phone numbers	33 (26%)
	Childcare.....	2 (2%)	Other.....	5 (4%)
	Money worries.....	21 (17%)	Did not have any problems	28 (22%)
	Feeling depressed or suicidal.....	36 (28%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	47 (37%)
	No.....	51 (40%)
	Did not have any problems	28 (22%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco.....	97 (75%)
	A shower	55 (43%)
	A free telephone call.....	91 (71%)
	Something to eat.....	89 (69%)
	PIN phone credit.....	38 (29%)
	Toiletries/ basic items	47 (36%)
	Did not receive anything	9 (7%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	86 (68%)
	Someone from health services.....	88 (70%)
	A Listener/Samaritans	40 (32%)
	Prison shop/ canteen	32 (25%)
	Did not have access to any of these.....	13 (10%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	49 (40%)
	What support was available for people feeling depressed or suicidal.....	42 (34%)
	How to make routine requests (applications)	55 (44%)
	Your entitlement to visits.....	32 (26%)
	Health services	55 (44%)
	Chaplaincy	65 (52%)
	Not offered any information.....	33 (27%)
Q3.9	Did you feel safe on your first night here?	
	Yes	75 (60%)
	No.....	50 (40%)
	Don't remember	1 (1%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	5 (4%)
	Within the first week.....	102 (80%)
	More than a week.....	20 (16%)
	Don't remember	0 (0%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	5 (4%)
	Yes	57 (45%)
	No.....	57 (45%)
	Don't remember	7 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	13 (10%)
	Within the first week.....	68 (55%)
	More than a week.....	32 (26%)
	Don't remember	11 (9%)

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>	16 (13%)	27 (23%)	19 (16%)	19 (16%)	12 (10%)	27 (23%)
	<i>Attend legal visits?</i>	13 (12%)	28 (25%)	17 (15%)	10 (9%)	6 (5%)	38 (34%)
	<i>Get bail information?</i>	3 (3%)	8 (8%)	14 (13%)	9 (8%)	12 (11%)	60 (57%)
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>						30 (24%)
	<i>Yes.....</i>						50 (40%)
	<i>No.....</i>						45 (36%)
Q4.3	Can you get legal books in the library?						
	<i>Yes.....</i>						63 (50%)
	<i>No.....</i>						10 (8%)
	<i>Don't know.....</i>						52 (42%)
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>	63 (52%)	59 (48%)	0 (0%)			
	<i>Are you normally able to have a shower every day?</i>	126 (99%)	1 (1%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	119 (94%)	8 (6%)	0 (0%)			
	<i>Do you normally get cell cleaning materials every week?</i>	40 (32%)	84 (67%)	1 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	47 (38%)	51 (41%)	26 (21%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	63 (50%)	61 (49%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	57 (47%)	40 (33%)	25 (20%)			
Q4.5	What is the food like here?						
	<i>Very good.....</i>						22 (18%)
	<i>Good.....</i>						60 (49%)
	<i>Neither.....</i>						26 (21%)
	<i>Bad.....</i>						12 (10%)
	<i>Very bad.....</i>						3 (2%)
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>						3 (2%)
	<i>Yes.....</i>						94 (75%)
	<i>No.....</i>						28 (22%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes.....</i>						78 (61%)
	<i>No.....</i>						6 (5%)
	<i>Don't know.....</i>						43 (34%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes.....</i>						80 (64%)
	<i>No.....</i>						9 (7%)
	<i>Don't know/ N/A.....</i>						36 (29%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes.....</i>						105 (83%)
	<i>No.....</i>						4 (3%)
	<i>Don't know/ N/A.....</i>						17 (13%)

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

<i>I don't want to attend</i>	23 (19%)
<i>Very easy</i>	50 (40%)
<i>Easy</i>	34 (27%)
<i>Neither</i>	4 (3%)
<i>Difficult</i>	2 (2%)
<i>Very difficult</i>	1 (1%)
<i>Don't know</i>	10 (8%)

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

<i>Yes</i>	109 (87%)
<i>No</i>	15 (12%)
<i>Don't know</i>	2 (2%)

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>	5 (4%)	63 (53%)	52 (43%)
<i>Are applications dealt with quickly (within seven days)?</i>	5 (4%)	38 (31%)	78 (64%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	77 (63%)
<i>No</i>	24 (20%)
<i>Don't know</i>	21 (17%)

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>	53 (43%)	27 (22%)	43 (35%)
<i>Are complaints dealt with quickly (within seven days)?</i>	53 (44%)	21 (17%)	47 (39%)

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

<i>Yes</i>	17 (14%)
<i>No</i>	101 (86%)

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>	31 (25%)
<i>Very easy</i>	14 (11%)
<i>Easy</i>	26 (21%)
<i>Neither</i>	26 (21%)
<i>Difficult</i>	17 (14%)
<i>Very difficult</i>	8 (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>	4 (3%)
<i>Yes</i>	82 (67%)
<i>No</i>	29 (24%)
<i>Don't know</i>	7 (6%)

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>	4 (3%)
	<i>Yes</i>	60 (52%)
	<i>No</i>	45 (39%)
	<i>Don't know</i>	7 (6%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	7 (6%)
	<i>No</i>	118 (94%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	97 (80%)
	<i>Very well</i>	2 (2%)
	<i>Well</i>	8 (7%)
	<i>Neither</i>	9 (7%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	4 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	92 (77%)
	<i>No</i>	28 (23%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	93 (77%)
	<i>No</i>	28 (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>	36 (28%)
	<i>No</i>	92 (72%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	6 (5%)
	<i>Never</i>	44 (35%)
	<i>Rarely</i>	33 (26%)
	<i>Some of the time</i>	28 (22%)
	<i>Most of the time</i>	9 (7%)
	<i>All of the time</i>	6 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	17 (13%)
	<i>In the first week</i>	36 (28%)
	<i>More than a week</i>	63 (50%)
	<i>Don't remember</i>	11 (9%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	17 (14%)
	<i>Very helpful</i>	30 (24%)
	<i>Helpful</i>	28 (23%)
	<i>Neither</i>	14 (11%)
	<i>Not very helpful</i>	22 (18%)
	<i>Not at all helpful</i>	13 (10%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes	66 (52%)	
	No.....	62 (48%)	
Q8.2	Do you feel unsafe now?		
	Yes	19 (15%)	
	No.....	104 (85%)	
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	62 (50%)	At meal times..... 34 (28%)
	Everywhere	21 (17%)	At health services..... 8 (7%)
	Segregation unit.....	3 (2%)	Visits area..... 2 (2%)
	Association areas	24 (20%)	In wing showers
	Reception area	2 (2%)	In gym showers
	At the gym	7 (6%)	In corridors/stairwells.....
	In an exercise yard	9 (7%)	On your landing/wing
	At work.....	12 (10%)	In your cell
	During movement.....	14 (11%)	At religious services.....
	At education	3 (2%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes	51 (41%)	
	No.....	74 (59%)	
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends)	30 (24%)	
	Physical abuse (being hit, kicked or assaulted)	13 (10%)	
	Sexual abuse	1 (1%)	
	Feeling threatened or intimidated.....	31 (25%)	
	Having your canteen/property taken.....	4 (3%)	
	Medication.....	11 (9%)	
	Debt	1 (1%)	
	Drugs.....	6 (5%)	
	Your race or ethnic origin.....	8 (6%)	
	Your religion/religious beliefs	2 (2%)	
	Your nationality	4 (3%)	
	You are from a different part of the country than others.....	3 (2%)	
	You are from a traveller community	1 (1%)	
	Your sexual orientation	2 (2%)	
	Your age.....	7 (6%)	
	You have a disability.....	4 (3%)	
	You were new here.....	17 (14%)	
	Your offence/ crime	11 (9%)	
	Gang related issues.....	8 (6%)	
Q8.6	Have you been victimised by staff here?		
	Yes	24 (19%)	
	No.....	101 (81%)	

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

Insulting remarks (about you or your family or friends)	13 (10%)
Physical abuse (being hit, kicked or assaulted).....	2 (2%)
Sexual abuse.....	0 (0%)
Feeling threatened or intimidated	7 (6%)
Medication	8 (6%)
Debt.....	0 (0%)
Drugs	1 (1%)
Your race or ethnic origin.....	1 (1%)
Your religion/religious beliefs.....	1 (1%)
Your nationality	2 (2%)
You are from a different part of the country than others.....	1 (1%)
You are from a traveller community	1 (1%)
Your sexual orientation.....	2 (2%)
Your age.....	4 (3%)
You have a disability	3 (2%)
You were new here	6 (5%)
Your offence/ crime	6 (5%)
Gang related issues.....	3 (2%)

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

Not been victimised	63 (56%)
Yes	23 (20%)
No.....	27 (24%)

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	5 (4%)	2 (2%)	7 (6%)	3 (2%)	38 (30%)	70 (56%)
The nurse	3 (2%)	5 (4%)	26 (21%)	13 (11%)	38 (31%)	38 (31%)
The dentist	10 (8%)	3 (2%)	4 (3%)	5 (4%)	22 (18%)	80 (65%)

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	14 (11%)	6 (5%)	19 (16%)	14 (11%)	18 (15%)	51 (42%)
The nurse	9 (8%)	12 (10%)	13 (11%)	17 (14%)	21 (18%)	47 (39%)
The dentist	27 (23%)	9 (8%)	11 (9%)	9 (8%)	13 (11%)	49 (42%)

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

Not been	5 (4%)
Very good.....	6 (5%)
Good.....	15 (12%)
Neither.....	8 (6%)
Bad	24 (19%)
Very bad.....	66 (53%)

Q9.4 Are you currently taking medication?

Yes	91 (72%)
No.....	36 (28%)

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>	36 (28%)
	<i>Yes, all my meds</i>	49 (39%)
	<i>Yes, some of my meds</i>	27 (21%)
	<i>No</i>	15 (12%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	68 (54%)
	<i>No</i>	59 (46%)
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>	59 (48%)
	<i>Yes</i>	27 (22%)
	<i>No</i>	37 (30%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	37 (29%)
	<i>No</i>	90 (71%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	13 (10%)
	<i>No</i>	113 (90%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	24 (19%)
	<i>Easy</i>	20 (16%)
	<i>Neither</i>	6 (5%)
	<i>Difficult</i>	3 (2%)
	<i>Very difficult</i>	5 (4%)
	<i>Don't know</i>	66 (53%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	16 (13%)
	<i>Easy</i>	16 (13%)
	<i>Neither</i>	11 (9%)
	<i>Difficult</i>	4 (3%)
	<i>Very difficult</i>	4 (3%)
	<i>Don't know</i>	75 (60%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	5 (4%)
	<i>No</i>	122 (96%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	7 (6%)
	<i>No</i>	118 (94%)
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>	83 (69%)
	<i>Yes</i>	30 (25%)
	<i>No</i>	8 (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>	113 (90%)
	Yes	9 (7%)
	No	3 (2%)
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>	86 (72%)
	Yes	29 (24%)
	No	5 (4%)

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	4 (3%)	53 (42%)	50 (40%)	10 (8%)	5 (4%)	3 (2%)
	Vocational or skills training	19 (16%)	28 (24%)	46 (39%)	14 (12%)	6 (5%)	6 (5%)
	Education (including basic skills)	8 (7%)	35 (29%)	52 (43%)	13 (11%)	5 (4%)	7 (6%)
	Offending behaviour programmes	32 (27%)	20 (17%)	34 (29%)	13 (11%)	13 (11%)	6 (5%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					5 (4%)	
	Prison job					110 (89%)	
	Vocational or skills training					25 (20%)	
	Education (including basic skills)					38 (31%)	
	Offending behaviour programmes					17 (14%)	
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	2 (2%)	57 (49%)	43 (37%)	14 (12%)		
	Vocational or skills training	12 (13%)	47 (53%)	17 (19%)	13 (15%)		
	Education (including basic skills)	7 (7%)	62 (65%)	16 (17%)	10 (11%)		
	Offending behaviour programmes	21 (25%)	37 (44%)	14 (16%)	13 (15%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					7 (6%)	
	<i>Never</i>					16 (13%)	
	<i>Less than once a week</i>					38 (30%)	
	<i>About once a week</i>					46 (37%)	
	<i>More than once a week</i>					18 (14%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					15 (12%)	
	Yes					60 (49%)	
	No					48 (39%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					25 (20%)	
	0					22 (18%)	
	1 to 2					41 (33%)	
	3 to 5					22 (18%)	
	More than 5					15 (12%)	

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	5 (4%)
	<i>0</i>	4 (3%)
	<i>1 to 2</i>	21 (17%)
	<i>3 to 5</i>	18 (15%)
	<i>More than 5</i>	76 (61%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	11 (9%)
	<i>0</i>	6 (5%)
	<i>1 to 2</i>	7 (6%)
	<i>3 to 5</i>	9 (7%)
	<i>More than 5</i>	88 (73%)
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>	4 (3%)
	<i>2 to less than 4 hours</i>	10 (8%)
	<i>4 to less than 6 hours</i>	5 (4%)
	<i>6 to less than 8 hours</i>	17 (14%)
	<i>8 to less than 10 hours</i>	22 (18%)
	<i>10 hours or more</i>	53 (43%)
	<i>Don't know</i>	12 (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>	60 (49%)
	<i>No</i>	62 (51%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	54 (44%)
	<i>No</i>	69 (56%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	28 (23%)
	<i>No</i>	96 (77%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	17 (13%)
	<i>Very easy</i>	18 (14%)
	<i>Easy</i>	17 (13%)
	<i>Neither</i>	9 (7%)
	<i>Difficult</i>	16 (13%)
	<i>Very difficult</i>	44 (35%)
	<i>Don't know</i>	5 (4%)

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>	0 (0%)
	<i>Yes</i>	113 (92%)
	<i>No</i>	10 (8%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	10 (8%)
	<i>No contact</i>	35 (29%)
	<i>Letter</i>	41 (34%)
	<i>Phone</i>	30 (25%)
	<i>Visit</i>	32 (27%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	112 (93%)
	<i>No</i>	8 (7%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	81 (68%)
	<i>No</i>	39 (33%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (32%)
	<i>Very involved</i>	25 (20%)
	<i>Involved</i>	21 (17%)
	<i>Neither</i>	7 (6%)
	<i>Not very involved</i>	18 (15%)
	<i>Not at all involved</i>	13 (11%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (33%)
	<i>Nobody</i>	35 (30%)
	<i>Offender supervisor</i>	34 (29%)
	<i>Offender manager</i>	17 (15%)
	<i>Named/ personal officer</i>	13 (11%)
	<i>Staff from other departments</i>	12 (10%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (32%)
	<i>Yes</i>	61 (50%)
	<i>No</i>	8 (7%)
	<i>Don't know</i>	14 (11%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (33%)
	<i>Yes</i>	9 (8%)
	<i>No</i>	52 (44%)
	<i>Don't know</i>	19 (16%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	39 (33%)
	<i>Yes</i>	21 (18%)
	<i>No</i>	31 (26%)
	<i>Don't know</i>	28 (24%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	4 (3%)
	<i>No</i>	55 (46%)
	<i>Don't know</i>	61 (51%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes 28 (24%)
 No..... 88 (76%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	24 (21%)	53 (46%)	39 (34%)
Accommodation	24 (21%)	55 (47%)	37 (32%)
Benefits	18 (15%)	61 (52%)	39 (33%)
Finances	20 (18%)	45 (41%)	45 (41%)
Education	27 (24%)	51 (46%)	34 (30%)
Drugs and alcohol	42 (38%)	46 (41%)	24 (21%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 0 (0%)
 Yes 71 (61%)
 No..... 45 (39%)

Main comparator and comparator to last time



Prisoner survey responses HMP & YOI Drake Hall 2016

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 Drake Hall 2016	Women's training prisons comparator	HMP & YOI Drake Hall 2016	HMP & YOI Drake Hall 2103
	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		129	293	129	128
SECTION 1: General information					
1.2	Are you under 21 years of age?	5%	3%	5%	5%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	4%	5%	4%	4%
1.4	Is your sentence less than 12 months?	6%	2%	6%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	6%	1%	1%
1.5	Are you a foreign national?	10%	19%	10%	25%
1.6	Do you understand spoken English?	99%	98%	99%	97%
1.7	Do you understand written English?	98%	96%	98%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	39%	20%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	5%	7%	7%
1.1	Are you Muslim?	6%	6%	6%	7%
1.11	Are you homosexual/gay or bisexual?	26%	29%	26%	26%
1.12	Do you consider yourself to have a disability?	32%	24%	32%	15%
1.13	Are you a veteran (ex-armed services)?	2%	1%	2%	0%
1.14	Is this your first time in prison?	65%	65%	65%	72%
1.15	Do you have any children under the age of 18?	50%	50%	50%	49%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	67%	44%	67%	49%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	84%	78%	84%	87%
2.3	Were you offered a toilet break?	2%	6%	2%	10%
2.4	Was the van clean?	46%	60%	46%	56%
2.5	Did you feel safe?	77%	79%	77%	76%
2.6	Were you treated well/very well by the escort staff?	82%	75%	82%	81%
2.7	Before you arrived here were you told that you were coming here?	66%	58%	66%	82%
2.7	Before you arrived here did you receive any written information about coming here?	20%	34%	20%	12%
2.8	When you first arrived here did your property arrive at the same time as you?	87%	90%	87%	93%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	58%	56%	58%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	85%	93%	88%
3.3	Were you treated well/very well in reception?	81%	77%	81%	74%
	When you first arrived:				
3.4	Did you have any problems?	78%	67%	78%	55%
3.4	Did you have any problems with loss of property?	18%	16%	18%	7%
3.4	Did you have any housing problems?	18%	19%	18%	12%
3.4	Did you have any problems contacting employers?	0%	2%	0%	0%
3.4	Did you have any problems contacting family?	29%	17%	29%	14%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	5%	2%	5%
3.4	Did you have any money worries?	17%	23%	17%	11%
3.4	Did you have any problems with feeling depressed or suicidal?	28%	18%	28%	24%
3.4	Did you have any physical health problems?	18%	15%	18%	16%
3.4	Did you have any mental health problems?	32%	20%	32%	21%
3.4	Did you have any problems with needing protection from other prisoners?	6%	3%	6%	3%
3.4	Did you have problems accessing phone numbers?	26%	9%	26%	16%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	48%	42%	48%	52%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	75%	72%	75%	62%
3.6	A shower?	43%	28%	43%	41%
3.6	A free telephone call?	71%	62%	71%	79%
3.6	Something to eat?	69%	58%	69%	58%
3.6	PIN phone credit?	30%	40%	30%	39%
3.6	Toiletries/ basic items?	37%	43%	37%	46%

Key to tables

Main comparator and comparator to last time

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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				
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?	68%	62%	68%	74%
3.7	Someone from health services?	70%	70%	70%	81%
3.7	A Listener/Samaritans?	32%	46%	32%	49%
3.7	Prison shop/ canteen?	25%	28%	25%	39%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	40%	56%	40%	56%
3.8	Support was available for people feeling depressed or suicidal?	34%	49%	34%	42%
3.8	How to make routine requests?	44%	52%	44%	44%
3.8	Your entitlement to visits?	26%	48%	26%	35%
3.8	Health services?	44%	54%	44%	53%
3.8	The chaplaincy?	52%	58%	52%	57%
3.9	Did you feel safe on your first night here?	60%	76%	60%	80%
3.10	Have you been on an induction course?	96%	94%	96%	91%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	47%	56%	47%	62%
3.12	Did you receive an education (skills for life) assessment?	90%	83%	90%	79%
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?	36%	45%	36%	53%
4.1	Attend legal visits?	37%	47%	37%	53%
4.1	Get bail information?	11%	9%	11%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	43%	40%	43%
4.3	Can you get legal books in the library?	50%	54%	50%	62%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	81%	52%	82%
4.4	Are you normally able to have a shower every day?	99%	93%	99%	99%
4.4	Do you normally receive clean sheets every week?	94%	94%	94%	76%
4.4	Do you normally get cell cleaning materials every week?	32%	76%	32%	55%
4.4	Is your cell call bell normally answered within five minutes?	38%	44%	38%	48%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	50%	67%	50%	70%
4.4	Can you normally get your stored property, if you need to?	47%	23%	47%	49%
4.5	Is the food in this prison good/very good?	67%	44%	67%	56%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	75%	34%	75%	66%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	71%	61%	76%
4.8	Are your religious beliefs are respected?	64%	67%	64%	68%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	83%	74%	83%	71%
4.10	Is it easy/very easy to attend religious services?	68%	63%	68%	72%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	87%	86%	87%	91%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	55%	73%	55%	71%
5.2	Do you feel applications are dealt with quickly (within seven days)?	33%	58%	33%	66%
5.3	Is it easy to make a complaint?	63%	58%	63%	70%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	39%	38%	39%	52%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	31%	38%	31%	59%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	23%	14%	9%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	33%	47%	33%	48%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	67%	55%	67%	66%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	47%	52%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	3%	6%	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?	41%	50%	41%	38%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	77%	77%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	77%	77%	80%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	39%	28%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	20%	12%	15%
7.5	Do you have a personal officer?	87%	77%	87%	92%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	54%	72%	54%	67%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP & YOI Drake Hall 2016	Women's training prisons comparator	HMP & YOI Drake Hall 2016	HMP & YOI Drake Hall 2103
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 8: Safety					
8.1	Have you ever felt unsafe here?	52%	40%	52%	33%
8.2	Do you feel unsafe now?	15%	13%	15%	15%
8.4	Have you been victimised by other prisoners here?	41%	32%	41%	31%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	24%	22%	24%	18%
8.5	Hit, kicked or assaulted you?	10%	5%	10%	6%
8.5	Sexually abused you?	1%	0%	1%	0%
8.5	Threatened or intimidated you?	25%	22%	25%	22%
8.5	Taken your canteen/property?	3%	3%	3%	7%
8.5	Victimised you because of medication?	9%	1%	9%	2%
8.5	Victimised you because of debt?	1%	0%	1%	3%
8.5	Victimised you because of drugs?	5%	0%	5%	3%
8.5	Victimised you because of your race or ethnic origin?	6%	4%	6%	7%
8.5	Victimised you because of your religion/religious beliefs?	2%	2%	2%	1%
8.5	Victimised you because of your nationality?	3%	4%	3%	6%
8.5	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	0%
8.5	Victimised you because of your sexual orientation?	2%	3%	2%	1%
8.5	Victimised you because of your age?	6%	1%	6%	3%
8.5	Victimised you because you have a disability?	3%	3%	3%	0%
8.5	Victimised you because you were new here?	14%	6%	14%	4%
8.5	Victimised you because of your offence/crime?	9%	7%	9%	7%
8.5	Victimised you because of gang related issues?	6%	2%	6%	4%

Main comparator and comparator to last time

Key to tables

		HMP & YOI Drake Hall 2016	Women's training prisons comparator	HMP & YOI Drake Hall 2016	HMP & YOI Drake Hall 2103
	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 8: Safety continued					
8.6	Have you been victimised by staff here?	19%	32%	19%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	11%	10%	9%
8.7	Hit, kicked or assaulted you?	2%	1%	2%	3%
8.7	Sexually abused you?	0%	1%	0%	0%
8.7	Threatened or intimidated you?	6%	17%	6%	15%
8.7	Victimised you because of medication?	6%	3%	6%	2%
8.7	Victimised you because of debt?	0%	0%	0%	1%
8.7	Victimised you because of drugs?	1%	1%	1%	0%
8.7	Victimised you because of your race or ethnic origin?	1%	4%	1%	3%
8.7	Victimised you because of your religion/religious beliefs?	1%	2%	1%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	2%	3%	2%	2%
8.7	Victimised you because of your age?	3%	1%	3%	2%
8.7	Victimised you because you have a disability?	2%	4%	2%	2%
8.7	Victimised you because you were new here?	5%	6%	5%	5%
8.7	Victimised you because of your offence/crime?	5%	6%	5%	7%
8.7	Victimised you because of gang related issues?	2%	1%	2%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	46%	56%	46%	56%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP & YOI Drake Hall 2016	Women's training prisons comparator	HMP & YOI Drake Hall 2016	HMP & YOI Drake Hall 2103
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	7%	41%	7%	50%
9.1	Is it easy/very easy to see the nurse?	25%	67%	25%	60%
9.1	Is it easy/very easy to see the dentist?	6%	11%	6%	16%
	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?	23%	53%	23%	52%
9.2	The nurse?	23%	49%	23%	62%
9.2	The dentist?	22%	41%	22%	31%
9.3	The overall quality of health services?	18%	42%	18%	48%
9.4	Are you currently taking medication?	72%	75%	72%	61%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	84%	84%	84%	87%
9.6	Do you have any emotional well being or mental health problems?	54%	42%	54%	43%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	42%	66%	42%	64%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	29%	25%	29%	25%
10.2	Did you have a problem with alcohol when you came into this prison?	10%	21%	10%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	35%	21%	35%	23%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	9%	25%	4%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	4%	4%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	5%	6%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	79%	89%	79%	70%
10.8	Have you received any support or help with your alcohol problem while in this prison?	76%	90%	76%	80%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	85%	95%	85%	82%

Main comparator and comparator to last time

Key to tables

		HMP & YOI Drake Hall 2016	Women's training prisons comparator	HMP & YOI Drake Hall 2016	HMP & YOI Drake Hall 2103
	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?	83%	73%	83%	86%
11.1	Vocational or skills training?	62%	47%	62%	49%
11.1	Education (including basic skills)?	73%	61%	73%	58%
11.1	Offending behaviour programmes?	46%	43%	46%	38%
Are you currently involved in any of the following activities:					
11.2	A prison job?	90%	83%	90%	92%
11.2	Vocational or skills training?	21%	23%	21%	22%
11.2	Education (including basic skills)?	31%	42%	31%	40%
11.2	Offending behaviour programmes?	14%	23%	14%	19%
11.3	Have you had a job while in this prison?	98%	98%	98%	99%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	50%	55%	50%	50%
11.3	Have you been involved in vocational or skills training while in this prison?	87%	81%	87%	85%
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?	61%	74%	61%	61%
11.3	Have you been involved in education while in this prison?	93%	89%	93%	91%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	70%	77%	70%	71%
11.3	Have you been involved in offending behaviour programmes while in this prison?	75%	86%	75%	78%
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?	58%	72%	58%	54%
11.4	Do you go to the library at least once a week?	51%	69%	51%	54%
11.5	Does the library have a wide enough range of materials to meet your needs?	49%	55%	49%	60%
11.6	Do you go to the gym three or more times a week?	30%	24%	30%	34%
11.7	Do you go outside for exercise three or more times a week?	76%	38%	76%	59%
11.8	Do you go on association more than five times each week?	73%	53%	73%	69%
11.9	Do you spend ten or more hours out of your cell on a weekday?	43%	21%	43%	50%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	49%	48%	49%	50%
12.2	Have you had any problems with sending or receiving mail?	44%	47%	44%	26%
12.3	Have you had any problems getting access to the telephones?	23%	31%	23%	10%
12.4	Is it easy/ very easy for your friends and family to get here?	28%	32%	28%	28%

Main comparator and comparator to last time

Key to tables

		HMP & YOI Drake Hall 2016	Women's training prisons comparator	HMP & YOI Drake Hall 2016	HMP & YOI Drake Hall 2103
	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 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?	92%	85%	92%	83%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	32%	32%	32%	30%
13.2	Contact by letter?	37%	36%	37%	44%
13.2	Contact by phone?	27%	34%	27%	28%
13.2	Contact by visit?	29%	35%	29%	29%
13.3	Do you have a named offender supervisor in this prison?	93%	88%	93%	92%
For those who are sentenced:					
13.4	Do you have a sentence plan?	68%	76%	68%	89%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	55%	67%	55%	64%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	45%	39%	45%	32%
13.6	Offender supervisor?	44%	41%	44%	48%
13.6	Offender manager?	22%	31%	22%	25%
13.6	Named/ personal officer?	17%	16%	17%	19%
13.6	Staff from other departments?	15%	23%	15%	16%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	74%	72%	74%	72%
13.8	Are there plans for you to achieve any of your targets in another prison?	11%	23%	11%	14%
13.9	Are there plans for you to achieve any of your targets in the community?	26%	26%	26%	24%
13.10	Do you have a needs based custody plan?	3%	7%	3%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	24%	23%	24%	25%
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?	58%	48%	58%	53%
13.12	Accommodation?	60%	59%	60%	64%
13.12	Benefits?	61%	57%	61%	66%
13.12	Finances?	50%	43%	50%	45%
13.12	Education?	60%	50%	60%	58%
13.12	Drugs and alcohol?	66%	64%	66%	65%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	61%	71%	61%	62%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP & YOI Drake Hall 2016

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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	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		26	102	13	114
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	8%	11%		
1.6	Do you understand spoken English?	100%	99%	93%	100%
1.7	Do you understand written English?	100%	97%	83%	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.)			16%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	9%	0%	8%
1.1	Are you Muslim?	25%	1%	7%	6%
1.12	Do you consider yourself to have a disability?	27%	33%	16%	33%
1.13	Are you a veteran (ex-armed services)?	3%	1%	0%	2%
1.14	Is this your first time in prison?	57%	66%	94%	62%
2.6	Were you treated well/very well by the escort staff?	76%	83%	83%	82%
2.7	Before you arrived here were you told that you were coming here?	57%	68%	83%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	96%	100%	92%
3.3	Were you treated well/very well in reception?	70%	85%	94%	80%
3.4	Did you have any problems when you first arrived?	64%	81%	77%	78%
3.7	Did you have access to someone from health care when you first arrived here?	76%	69%	69%	70%
3.9	Did you feel safe on your first night here?	68%	57%	23%	64%
3.10	Have you been on an induction course?	97%	96%	100%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	32%	56%	35%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	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?	50%	53%	41%	53%
4.4	Are you normally able to have a shower every day?	100%	99%	94%	100%
4.4	Is your cell call bell normally answered within five minutes?	33%	39%	61%	35%
4.5	Is the food in this prison good/very good?	45%	71%	63%	67%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	56%	79%	61%	77%
4.7	Are you able to speak to a Listener at any time, if you want to?	41%	67%	61%	62%
4.8	Do you feel your religious beliefs are respected?	79%	60%	100%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	85%	94%	83%
5.1	Is it easy to make an application?	83%	88%	77%	88%
5.3	Is it easy to make a complaint?	82%	60%	47%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	70%	83%	66%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	52%	50%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	5%	7%	6%
7.1	Do most staff, in this prison, treat you with respect?	79%	77%	76%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	77%	83%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	12%	7%	13%
7.4	Do you have a personal officer?	84%	87%	93%	86%
8.1	Have you ever felt unsafe here?	32%	57%	77%	48%
8.2	Do you feel unsafe now?	17%	15%	35%	13%
8.3	Have you been victimised by other prisoners?	17%	46%	47%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	3%	30%	31%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	6%	23%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%	7%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	3%	23%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%	0%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	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				
8.6	Have you been victimised by a member of staff?	13%	21%	31%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	5%	7%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	0%	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	0%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	16%	0%
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%	0%	3%
9.1	Is it easy/very easy to see the doctor?	13%	6%	0%	8%
9.1	Is it easy/ very easy to see the nurse?	30%	24%	31%	25%
9.4	Are you currently taking medication?	56%	75%	53%	74%
9.6	Do you feel you have any emotional well being/mental health issues?	28%	59%	47%	54%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	40%	23%	37%
11.2	Are you currently working in the prison?	80%	92%	83%	90%
11.2	Are you currently undertaking vocational or skills training?	28%	19%	35%	19%
11.2	Are you currently in education (including basic skills)?	60%	23%	50%	29%
11.2	Are you currently taking part in an offending behaviour programme?	3%	17%	0%	15%
11.4	Do you go to the library at least once a week?	60%	50%	77%	47%
11.6	Do you go to the gym three or more times a week?	52%	23%	31%	30%
11.7	Do you go outside for exercise three or more times a week?	80%	74%	69%	76%
11.8	On average, do you go on association more than five times each week?	75%	72%	37%	78%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	36%	44%	31%	45%
12.2	Have you had any problems sending or receiving mail?	32%	46%	47%	44%
12.3	Have you had any problems getting access to the telephones?	28%	22%	23%	22%

Diversity Analysis



Key question responses (disability, age over 50) HMP & YOI Drake Hall 2016

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		40	87	16	111
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	5%	13%	18%	9%
1.6	Do you understand spoken English?	100%	99%	95%	100%
1.7	Do you understand written English?	98%	98%	95%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	22%	13%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	7%	0%	8%
1.1	Are you Muslim?	5%	6%	5%	6%
1.12	Do you consider yourself to have a disability?			50%	28%
1.13	Are you a veteran (ex-armed services)?	2%	1%	5%	1%
1.14	Is this your first time in prison?	42%	75%	87%	63%
2.6	Were you treated well/very well by the escort staff?	77%	85%	82%	83%
2.7	Before you arrived here were you told that you were coming here?	64%	67%	74%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	93%	100%	92%
3.3	Were you treated well/very well in reception?	77%	84%	87%	80%
3.4	Did you have any problems when you first arrived?	93%	71%	82%	77%
3.7	Did you have access to someone from health care when you first arrived here?	67%	72%	82%	69%
3.9	Did you feel safe on your first night here?	61%	58%	44%	62%
3.10	Have you been on an induction course?	95%	97%	100%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	37%	23%	38%

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				
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	51%	82%	47%
4.4	Are you normally able to have a shower every day?	98%	100%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	39%	39%	39%	38%
4.5	Is the food in this prison good/very good?	69%	65%	62%	68%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	84%	70%	69%	76%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	58%	50%	63%
4.8	Do you feel your religious beliefs are respected?	74%	60%	74%	63%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	90%	80%	87%	83%
5.1	Is it easy to make an application?	87%	88%	100%	85%
5.3	Is it easy to make a complaint?	70%	62%	69%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	64%	70%	74%	66%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	66%	46%	33%	55%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	5%	0%	7%
7.1	Do most staff, in this prison, treat you with respect?	74%	78%	82%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	76%	94%	76%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	13%	6%	13%
7.4	Do you have a personal officer?	89%	86%	95%	85%
8.1	Have you ever felt unsafe here?	59%	50%	69%	48%
8.2	Do you feel unsafe now?	19%	14%	6%	16%
8.3	Have you been victimised by other prisoners?	45%	38%	56%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	22%	39%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	9%	5%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	5%	5%	3%
8.5	Have you been victimised because of your age? (By prisoners)	2%	7%	26%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	1%	0%	4%

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				
8.6	Have you been victimised by a member of staff?	24%	17%	18%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	8%	5%	0%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	0%	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	0%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	5%	1%
8.7	Have you been victimised because of your age? (By staff)	2%	3%	0%	4%
8.7	Have you been victimised because you have a disability? (By staff)	6%	1%	0%	3%
9.1	Is it easy/very easy to see the doctor?	6%	8%	5%	7%
9.1	Is it easy/ very easy to see the nurse?	22%	27%	39%	24%
9.4	Are you currently taking medication?	89%	63%	87%	70%
9.6	Do you feel you have any emotional well being/mental health issues?	79%	43%	44%	54%
10.3	Is it easy/very easy to get illegal drugs in this prison?	38%	35%	31%	36%
11.2	Are you currently working in the prison?	86%	91%	94%	89%
11.2	Are you currently undertaking vocational or skills training?	22%	20%	27%	20%
11.2	Are you currently in education (including basic skills)?	20%	35%	19%	33%
11.2	Are you currently taking part in an offending behaviour programme?	20%	12%	0%	15%
11.4	Do you go to the library at least once a week?	43%	55%	74%	47%
11.6	Do you go to the gym three or more times a week?	19%	34%	31%	30%
11.7	Do you go outside for exercise three or more times a week?	69%	78%	74%	76%
11.8	On average, do you go on association more than five times each week?	77%	70%	60%	76%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	33%	47%	31%	46%
12.2	Have you had any problems sending or receiving mail?	41%	44%	18%	48%
12.3	Have you had any problems getting access to the telephones?	17%	26%	5%	25%

Diversity analysis



Key question responses (sexual orientation) HMP & YOI Drake Hall 2016

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		33	94
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	6%	12%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	15%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	6%
1.1	Are you Muslim?	3%	7%
1.12	Do you consider yourself to have a disability?	53%	25%
1.13	Are you a veteran (ex-armed services)?	3%	1%
1.14	Is this your first time in prison?	55%	68%
2.6	Were you treated well/very well by the escort staff?	70%	86%
2.7	Before you arrived here were you told that you were coming here?	66%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	93%
3.3	Were you treated well/very well in reception?	79%	84%
3.4	Did you have any problems when you first arrived?	81%	76%
3.7	Did you have access to someone from health care when you first arrived here?	72%	70%
3.9	Did you feel safe on your first night here?	65%	57%
3.10	Have you been on an induction course?	98%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	35%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	47%
4.4	Are you normally able to have a shower every day?	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	31%	41%
4.5	Is the food in this prison good/very good?	72%	64%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	84%	71%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	63%
4.8	Do you feel your religious beliefs are respected?	58%	66%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	85%	82%
5.1	Is it easy to make an application?	81%	89%
5.3	Is it easy to make a complaint?	71%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	64%	69%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	66%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	5%
7.1	Do most staff, in this prison, treat you with respect?	69%	80%
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)	16%	11%
7.4	Do you have a personal officer?	85%	87%
8.1	Have you ever felt unsafe here?	45%	55%
8.2	Do you feel unsafe now?	15%	16%
8.3	Have you been victimised by other prisoners?	35%	43%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	25%	25%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	6%	0%
8.5	Have you been victimised because of your age? (By prisoners)	6%	6%
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	23%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	5%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your sexual orientation? (By staff)	3%	1%
8.7	Have you been victimised because of your age? (By staff)	3%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	2%
9.1	Is it easy/very easy to see the doctor?	7%	8%
9.1	Is it easy/ very easy to see the nurse?	25%	26%
9.4	Are you currently taking medication?	84%	67%
9.6	Do you feel you have any emotional well being/mental health issues?	60%	52%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	35%
11.2	Are you currently working in the prison?	87%	90%
11.2	Are you currently undertaking vocational or skills training?	9%	24%
11.2	Are you currently in education (including basic skills)?	13%	37%
11.2	Are you currently taking part in an offending behaviour programme?	16%	13%
11.4	Do you go to the library at least once a week?	36%	58%
11.6	do you go to the gym three or more times a week?	23%	32%
11.7	Do you go outside for exercise three or more times a week?	68%	79%
11.8	On average, do you go on association more than five times each week?	71%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	40%	43%
12.2	Have you had any problems sending or receiving mail?	48%	42%
12.3	Have you had any problems getting access to the telephones?	20%	24%



Prisoner survey responses HMP & YOI Drake Hall 2016

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

		Plymouth and Richmond units	All other units
	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		32	97
SECTION 1: General information			
1.2	Are you under 21 years of age?	13%	2%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	7%	3%
1.4	Is your sentence less than 12 months?	10%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5	Are you a foreign national?	3%	13%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	7%
1.1	Are you Muslim?	9%	4%
1.11	Are you homosexual/gay or bisexual?	23%	27%
1.12	Do you consider yourself to have a disability?	37%	30%
1.13	Are you a veteran (ex-armed services)?	3%	1%
1.14	Is this your first time in prison?	37%	73%
1.15	Do you have any children under the age of 18?	68%	44%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	71%	66%
2.5	Did you feel safe?	71%	80%
2.6	Were you treated well/very well by the escort staff?	70%	86%
2.7	Before you arrived here were you told that you were coming here?	60%	68%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	89%

Key to tables

	Any percentage highlighted in green is significantly better	Plymouth and Richmond units	All other units
	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 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	56%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	93%
3.3	Were you treated well/very well in reception?	81%	81%
	When you first arrived:		
3.4	Did you have any problems?	93%	73%
3.4	Did you have any problems with loss of property?	29%	15%
3.4	Did you have any housing problems?	32%	13%
3.4	Did you have any problems contacting employers?	0%	0%
3.4	Did you have any problems contacting family?	45%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%
3.4	Did you have any money worries?	16%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	25%	29%
3.4	Did you have any physical health problems?	29%	15%
3.4	Did you have any mental health problems?	39%	30%
3.4	Did you have any problems with needing protection from other prisoners?	3%	6%
3.4	Did you have problems accessing phone numbers?	48%	19%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	97%	68%
3.6	A shower?	47%	41%
3.6	A free telephone call?	84%	66%
3.6	Something to eat?	72%	68%
3.6	PIN phone credit?	28%	30%
3.6	Toiletries/ basic items?	28%	39%

Key to tables

	Any percentage highlighted in green is significantly better	Plymouth and Richmond units	All other units
	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 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?	69%	68%
3.7	Someone from health services?	60%	73%
3.7	A Listener/Samaritans?	28%	33%
3.7	Prison shop/ canteen?	19%	28%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	28%	44%
3.8	Support was available for people feeling depressed or suicidal?	22%	38%
3.8	How to make routine requests?	50%	42%
3.8	Your entitlement to visits?	22%	27%
3.8	Health services?	47%	44%
3.8	The chaplaincy?	53%	52%
3.9	Did you feel safe on your first night here?	65%	58%
3.10	Have you been on an induction course?	91%	98%
3.12	Did you receive an education (skills for life) assessment?	87%	90%
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?	29%	38%
4.1	Attend legal visits?	32%	38%
4.1	Get bail information?	10%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	25%	45%
4.3	Can you get legal books in the library?	40%	54%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	55%
4.4	Are you normally able to have a shower every day?	97%	100%
4.4	Do you normally receive clean sheets every week?	94%	94%
4.4	Do you normally get cell cleaning materials every week?	16%	37%
4.4	Is your cell call bell normally answered within five minutes?	30%	40%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	19%	61%
4.4	Can you normally get your stored property, if you need to?	19%	57%
4.5	Is the food in this prison good/very good?	60%	69%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	77%	74%
4.7	Are you able to speak to a Listener at any time, if you want to?	53%	64%
4.8	Are your religious beliefs are respected?	55%	67%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	80%	84%
4.10	Is it easy/very easy to attend religious services?	56%	72%

Key to tables

	Any percentage highlighted in green is significantly better	Plymouth and Richmond units	All other units
	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 5: Applications and complaints			
5.1	Is it easy to make an application?	75%	90%
5.3	Is it easy to make a complaint?	49%	68%
5.5	Have you ever been prevented from making a complaint when you wanted to?	29%	9%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	38%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	75%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	55%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	2%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	68%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	61%	82%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	0%	16%
7.5	Do you have a personal officer?	77%	90%

Key to tables

	Any percentage highlighted in green is significantly better	Plymouth and Richmond units	All other units
	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 8: Safety			
8.1	Have you ever felt unsafe here?	53%	51%
8.2	Do you feel unsafe now?	30%	11%
8.4	Have you been victimised by other prisoners here?	52%	37%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	20%	26%
8.5	Hit, kicked or assaulted you?	7%	12%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	29%	23%
8.5	Taken your canteen/property?	9%	1%
8.5	Victimised you because of medication?	13%	8%
8.5	Victimised you because of debt?	0%	1%
8.5	Victimised you because of drugs?	9%	3%
8.5	Victimised you because of your race or ethnic origin?	9%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	1%
8.5	Victimised you because of your nationality?	3%	3%
8.5	Victimised you because you were from a different part of the country?	0%	3%
8.5	Victimised you because you are from a traveller community?	3%	0%
8.5	Victimised you because of your sexual orientation?	3%	1%
8.5	Victimised you because of your age?	3%	7%
8.5	Victimised you because you have a disability?	3%	3%
8.5	Victimised you because you were new here?	23%	11%
8.5	Victimised you because of your offence/crime?	3%	11%
8.5	Victimised you because of gang related issues?	13%	4%

Key to tables

	Any percentage highlighted in green is significantly better	Plymouth and Richmond units	All other units
	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 8: Safety continued			
8.6	Have you been victimised by staff here?	32%	15%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	23%	7%
8.7	Hit, kicked or assaulted you?	7%	0%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	13%	3%
8.7	Victimised you because of medication?	16%	3%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	3%	0%
8.7	Victimised you because of your race or ethnic origin?	3%	0%
8.7	Victimised you because of your religion/religious beliefs?	3%	0%
8.7	Victimised you because of your nationality?	0%	2%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	3%	0%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	9%	1%
8.7	Victimised you because you have a disability?	7%	1%
8.7	Victimised you because you were new here?	7%	4%
8.7	Victimised you because of your offence/crime?	7%	4%
8.7	Victimised you because of gang related issues?	7%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	7%	8%
9.1	Is it easy/very easy to see the nurse?	20%	27%
9.1	Is it easy/very easy to see the dentist?	7%	5%
9.4	Are you currently taking medication?	69%	73%
9.6	Do you have any emotional well being or mental health problems?	60%	52%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	40%	25%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	10%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	33%
10.4	Is it easy/very easy to get alcohol in this prison?	39%	21%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	1%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	19%	1%

Key to tables

	Any percentage highlighted in green is significantly better	Plymouth and Richmond units	All other units
	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?	84%	82%
11.1	Vocational or skills training?	57%	64%
11.1	Education (including basic skills)?	53%	79%
11.1	Offending Behaviour Programmes?	40%	48%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	94%	88%
11.2	Vocational or skills training?	16%	22%
11.2	Education (including basic skills)?	22%	34%
11.2	Offending Behaviour Programmes?	28%	9%
11.4	Do you go to the library at least once a week?	44%	54%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	50%
11.6	Do you go to the gym three or more times a week?	31%	29%
11.7	Do you go outside for exercise three or more times a week?	84%	73%
11.8	Do you go on association more than five times each week?	77%	71%
11.9	Do you spend ten or more hours out of your cell on a weekday?	47%	42%
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%	56%
12.2	Have you had any problems with sending or receiving mail?	56%	40%
12.3	Have you had any problems getting access to the telephones?	23%	23%
12.4	Is it easy/ very easy for your friends and family to get here?	22%	30%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	91%	94%
13.10	Do you have a needs based custody plan?	0%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	7%	30%