

Report on an unannounced inspection of

HMP & YOI Low Newton

by HM Chief Inspector of Prisons

12–22 February 2018

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



Crown copyright 2018

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

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

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

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

Printed and published by:
Her Majesty's Inspectorate of Prisons
Clive House
5th floor
70 Petty France
London
SW1H 9EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	21
Section 2. Respect	31
Section 3. Purposeful activity	45
Section 4. Resettlement	51
Section 5. Summary of recommendations and good practice	59
Section 6. Appendices	63
Appendix I: Inspection team	63
Appendix II: Progress on recommendations from the last report	65
Appendix III: Care Quality Commission Requirement Notices	71
Appendix IV: Prison population profile	73
Appendix V: Summary of prisoner questionnaires and interviews	77

Glossary of terms

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

Introduction

HMP & YOI Low Newton is a women's local resettlement prison in the north east of England. The population held there at the time of this inspection was immensely complex, ranging from those remanded by the courts across a huge geographical area to women serving very long, often indeterminate sentences. Within this mix was a small number of young adults and foreign nationals, and many women with significant histories of substance misuse, self-harm and mental health problems. Nearly all the women held said they had arrived at the prison with problems, and over 40% of the population at the time of the inspection were receiving opiate substitution treatment. The prison was also one of only two in England that held restricted status prisoners (any female, young person or young adult prisoner convicted or on remand whose escape would present a serious risk to the public and who is required to be held in designated secure accommodation). At our last inspection in October 2014, we commented on the complexity of the population and were impressed with what we considered to be a humane and caring approach to managing the women. At this inspection, we were again struck by the skilled and motivated management and staff and by how they carried out their duties in a decent, caring and, when necessary, firm way to keep women safe, and the prison purposeful.

The prison faced a series of new challenges that were not evident when we last visited. It was more crowded, violence had increased, particularly women assaulting other prisoners. The misuse of Buscopan and other substances was more pronounced. It was likely that the smoking ban had contributed to the problematic use of illicit drugs, bullying and assaults. The prison was working hard to address these issues, and while many women reported that they had felt unsafe at some time, and that they had been victimised, they also told us that the prison was still basically safe. Shutting off the supply of problematic illicit substances entering the prison was a major challenge, and the lack of technology to assist with the problem impeded the prison's ability to do so. We therefore think that HM Prison and Probation Service (HMPPS) should, as a matter of priority, provide Low Newton with body-scanning technology to assist in keeping harmful contraband out of the jail.

Many women at the prison had a long history of self-harm, and 77% told us in our survey that they had mental health problems. Care for vulnerable women was excellent and staff knew about the detailed circumstances of those in their care who had complex needs, and every effort was made to provide them with the support they needed. Primary and mental health care were good, but there were gaps, particularly in the provision of counselling and in arranging timely moves to secure hospital beds when needed. We remained concerned that courts were inappropriately using the prison as a place of safety for some women with more severe and acute mental health problems.

An increase in the population meant that more women than previously were now living in overcrowded cells designed for one person, but being used to hold two. The prison buildings were, in parts, somewhat shabby and rather claustrophobic, but they were nevertheless clean and decent. Women received day-to-day basics, and they were consulted well. Staff-prisoner relationships were very strong and formed the basis of what was good about the prison. There was a much better focus on equality and diversity than we usually see, and some excellent support was being provided to those with protected characteristics. Excellent support was also provided to pregnant women, and faith support was very good.

Time out of cell was good and delivered reliably. All women were offered full-time activities, and many participated and progressed well. Ofsted rated the leadership and management of activities as outstanding, and overall assessed learning, skills and work activities as good. There was a particularly impressive focus on providing women with opportunities to improve their personal and social skills and self-confidence. Some aspects of teaching and learning needed further improvement, as did the range of opportunities offered, but we considered outcomes in purposeful activity good overall.

Children and families work remained good. Resettlement and offender management and offending behaviour support were good, particularly for higher-risk women. Public protection arrangements were also robust, and through-the-gate support was generally good. Offender management work with low- and medium-risk women needed improvement, as did the coordination of pre-release and through-the-gate support. Support for women who had experienced domestic abuse also needed further attention.

In conclusion, Low Newton remained an excellent women's prison where leaders and staff understood and managed the complex mix of risks and needs well. Some robust action was being taken to address the use of illicit drugs and associated violence and bullying, and staff were skilled in challenging poor behaviour when it occurred. They also provided excellent care when needed, which many women told us they appreciated. The regime was purposeful, and the generally good resettlement provision supported efforts to rehabilitate the women. We commend the work of the governor and her team at Low Newton, as it provides the prisoners, their families and the public with the reassurance that the fundamental aims of the establishment are being achieved.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

March 2018

Fact page

Task of the establishment

Low Newton is a women's resettlement prison in County Durham, serving courts from the Scottish Borders to Cumbria and North Yorkshire. It holds sentenced and unconvicted prisoners aged 18 and over, those participating in the personality pathway (known as the Primrose Offender Personality Disorder Service), women accommodated in the psychologically informed planned environment unit (PIPE), as well as restricted status prisoners (the female equivalent of category A).

Prison status

Public

Department

Women's estate

Number held

341 (on 13 February 2018)

Baseline certified normal capacity

314

In-use certified normal capacity

352

Operational capacity

352

Date of last full inspection

29 September–10 October 2014

Brief history

HMP Low Newton, on the outskirts of Durham City, was built in 1965 as a small remand centre for men and women. Additional accommodation was added in 1975 and the prison changed its role to a male young offender institute in 1976 with a small self-contained unit holding remand women. The prison became a women's prison in 1998.

Short description of residential units

Aykley, Bede, Cuthbert, Dunelm wings – mainstream prisoners.

Elvet wing housed the first night centre and induction unit as well as a small substance misuse unit.

Finchale wing accommodated long-term and indeterminate sentenced women, as well as 12 prisoners benefiting from the Primrose Offender Personality Disorder Service.

Giles wing had a lower security specification and was used as a 40-room wing for women on recovery considered to be at low risk of using drugs.

India wing consisted of a self-contained PIPE unit.

Name of governor

Gabrielle Lee

Escort contractor

GEOAmey

Health service providers

Physical health provider: G4S Forensic and Medical Services (UK) Limited

Mental health provider: Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

Substance misuse provider: Care, Grow, Live and G4S

Learning and skills provider

Novus

Independent Monitoring Board chair

David Brand

Community rehabilitation company (CRC)

Durham Tees Valley CRC

Northumbria CRC

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.

- **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.

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

- **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

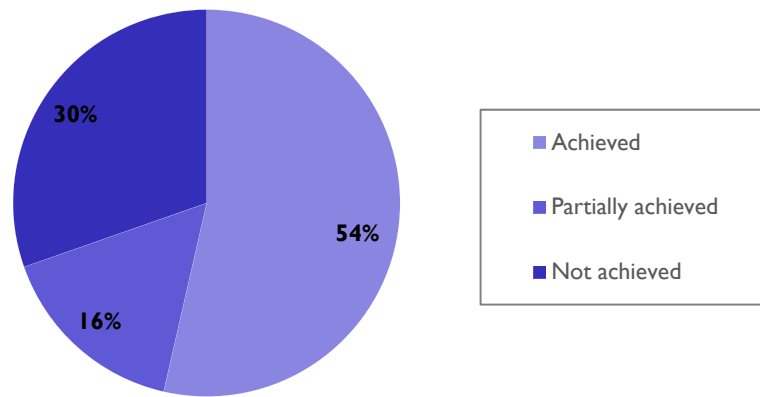
- A10 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow five sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women 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 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

- S1 We last inspected HMP & YOI Low Newton in 2014 and made 56 recommendations overall. The prison fully accepted 46 of the recommendations and partially (or subject to resources) accepted seven. It rejected three of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 30 of those recommendations, partially achieved nine recommendations and not achieved 17 recommendations.

Figure 1: HMP & YOI Low Newton 2018 progress on recommendations from last inspection (n=56)



- S3 Since our last inspection outcomes for prisoners stayed reasonably good for Safety and Resettlement and remained good for Respect and Purposeful Activity.

Figure 2: HMP & YOI Low Newton healthy prison outcomes 2014 and 2018



Safety

S4 *Women still waited too long in court cells before being moved to the prison. Support during women's early days at the prison was very good. Levels of violence had risen. Most incidents were not serious, and steps had been taken to ensure the underlying causes were understood and addressed. Care for vulnerable and complex women was good. Security arrangements were proportionate, but many women said it was easy to get drugs. Disciplinary measures were appropriate and force was only used as a last resort. Segregation was not over-used and the regime was reasonable. Psychosocial and clinical substance misuse support was good. **Outcomes for women were reasonably good against this healthy prison test.***

S5 *At the last inspection in October 2014 we found that outcomes for women in Low Newton were reasonably good against this healthy prison test. We made 18 recommendations in the area of safety. At this follow-up inspection we found that 11 of the recommendations had been achieved, three had been partially achieved and four had not been achieved.*

S6 Women could still spend too long in court cells and in escort vans. They were often transported with men. The reception had been thoughtfully and sensitively designed, following consultation with women. In our survey, 86% of women said they were treated well in reception and searching processes were appropriate; 91% of women said they had a problem on arrival. The confidential reception interview was thorough and identified women's needs. They received useful packs containing clear and concise information. Peer workers were used well in reception. First night cells were reasonable, but unwelcoming. Access to essential kit, such as toiletries, was good. The prison induction was comprehensive, well presented and engaging.

S7 Levels of violence had risen since our last inspection, particularly the number of assaults on other women. There were few serious assaults, and the trend had started to move downwards in recent months. Much of the antisocial behaviour was related to the misuse of Buscopan, an over-the-counter antispasmodic that reduces muscle movement, (which can, if crushed and smoked, cause effects such as hallucinations, palpitations and irritability), and the smoking ban. The prison had taken steps to tackle bullying and violence. Reporting systems were comprehensive, and information was gathered from most available sources. Investigations were adequate and wing staff often intervened early to prevent small disagreements from escalating. Perpetrators were challenged through formal disciplinary procedures and women told us they understood and appreciated the firm stance being taken. Good support was offered to victims who wanted it. The incentives and earned privileges scheme was used effectively to challenge less serious incidents and there was now a greater distinction between the different levels and evaluations showed that the more austere regime for women on the basic level had led to better behaviour.

S8 There had been two self-inflicted deaths and one from natural causes since our last inspection and recommendations from investigations had been implemented. Rates of self-harm were similar to what we typically see in other women's prisons. Women in crisis or at risk of self-harm were identified well. The assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm was well managed. Initial ACCT documents were good and explored the issues thoroughly. Reviews were supportive and multidisciplinary. Care plans were updated regularly but did not focus enough on outcomes. Wing staff had a good knowledge of the women on ACCTs and their circumstances. Support for those on an ACCT was good and women were complimentary about the staff caring for them. The prison had some positive initiatives to support women's well-being. The safer custody team provided all women with 'distraction packs' and the Pets As Therapy dog (shown to improve mood, reduce stress and boost self-esteem) was very

- popular. Women on an ACCT could involve their family, which was good. There were too few Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) but they were well supported and motivated.
- S9 Processes for identifying adults at risk and making safeguarding referrals were appropriate. The prison held multidisciplinary meetings on individual women and some services for more complex individuals were well established.
- S10 Security arrangements focused on keeping women safe and addressing the most serious issues – the use and availability of illicit substances. Security measures were proportionate; free-flow movement (which allows prisoners to move about the prison unescorted) had been successfully introduced and feedback from women was positive. A substantial amount of intelligence was submitted, analysed well and promptly acted on, and information-sharing with other key departments was good. Strip-searching was always intelligence-led.
- S11 In our survey, 64% said it was easy to get drugs at the prison, and a significant number reported developing problems with illicit drugs and diverted prescribed medications. The combined synthetic cannabinoids³ and mandatory drug testing positive rate was very low at 2%. The main drugs issue concerned the use was Buscopan, which could not be tested for. The prison did not have the technology to identify women arriving in custody with drugs hidden internally, which was apparently the main route in. The supply reduction strategy did not relate to the specific problems faced by the prison, but appropriate action was nonetheless taken to disrupt the flow of drugs into the establishment.
- S12 The number of adjudications had risen since our last inspection, which reflected the robust stance the prison took against poor behaviour. Records generally showed a full investigation took place into what had happened and punishments were proportionate. We found that some safer custody matters had not been followed up.
- S13 Force was not used frequently. Monitoring and analysis were thorough and governance good. Documents and video-recordings we reviewed showed that women were only restrained as a last resort and de-escalation was used well. Almost half of incidents involving force did not make full use of restraint.
- S14 The segregation unit was small, clean and appropriately used. The yard remained stark. Staff-prisoner relationships were good and staff understood the needs of the women in the unit well. The regime was reasonable and women had access to an association room and exercise, as well as to activities away from the unit, where appropriate.
- S15 Psychosocial work for women with substance misuse problems was good. The prison offered a suitable blend of individual interventions and programmes supporting women's harm reduction needs through to recovery. The development of Giles wing (for women considered to be at a low risk of using drugs) and peer mentor scheme was positive. Clinical care for women arriving with substance misuse issues was very good. First night monitoring and prescribing were good. Prescribing was largely flexible and reflected prisoners' individual needs and risks. However, only pregnant women could continue on buprenorphine (a heroin substitute), which was too restrictive and could have led to poorer outcomes for women who switched to methadone. There were 136 women on opiate substitution treatment, which was high. A dual diagnosis pathway provided positive links between substance misuse and mental health services.

³ Synthetic cannabinoids refer to a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

Respect

S16 *Most buildings were shabby and cramped in places, but the living environment was decent. Women received what they needed every day, and they were consulted well. Staff-prisoner relationships were very good. Equality and diversity work was impressive and faith provision excellent. The complaints process was well managed. Legal services were adequate and health provision was good. There was a high demand for mental health support, but most women's needs were being met. **Outcomes for women were good against this healthy prison test.***

S17 *At the last inspection in October 2014 we found that outcomes for women in Low Newton were good against this healthy prison test. We made 18 recommendations in the area of respect.⁴ At this follow-up inspection we found that eight of the recommendations had been achieved, two had been partially achieved and eight had not been achieved.*

S18 Residential units were variable and there were some signs of deterioration externally. Cells, showers and communal areas were clean. Some women shared cells designed for one person and not all of those who shared a cell had in-cell lockable storage. Women had good access to facilities to keep themselves, their clothes and their cells clean. Women were positive about the applications system and prisoner information desk workers helped women complete their tasks, which was good. Access to phones was good.

S19 We observed positive interactions between staff and women, and the environment was supportive. In our survey, most women said they had a member of staff to turn to if they had a problem and most staff we spoke to knew the women in their care well. There had been a significant focus on empowering women to make their own decisions, and regular consultation meetings, which women chaired and minuted, took place. There was evidence that issues raised were dealt with.

S20 Equality and diversity was given a high priority. The governor took a close, active interest in this area and set high expectations. The equality policy was comprehensive. It described accurately what needed to be done and placed a strong emphasis on advancing and promoting equality and diversity. The monthly equality meeting, known as the Celebrating Diversity meeting, functioned well. It included prisoner representatives who participated and felt their views were being heard. Diversity data on religion were accurate and analysed well. Data covering other areas of equality and diversity did not allow anomalies to be identified easily. Consultation forums were conducted to cover most protected characteristics. Staff tried to address issues that were raised and women involved described the meetings as helpful. The number of discrimination incident reporting forms submitted remained low and most complaints were about derogatory comments. The standard of investigations was reasonable.

S21 Consultation with black and minority ethnic women was good, and some changes had been made as a result. A large proportion of the population reported having a disability. Women were screened on arrival and their needs identified efficiently. A small number of women with the most serious needs received very good care. Reasonable adjustments were made for women with less severe disabilities. A regular support group for lesbians, bisexual and transgender prisoners was held and those involved were in the process of planning a celebration event. Each of the trans prisoners we spoke to were positive about the thoughtful, sensitive way staff dealt with them. Attempts had been made to engage with the small number of people under the age of 21, but they had not been successful. Those we

⁴ 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.

- spoke to were positive about their experiences and saw no need for separate consultation arrangements. Support for the small number of older women was good.
- S22 Women in our survey were positive about the prison's faith provision and their spiritual and pastoral needs were met well. The chaplaincy had a high profile in the prison and reached out to women from all backgrounds so it could provide support.
- S23 Most complaint responses we sampled were prompt, polite and addressed the issues raised, although a few investigations appeared cursory. Quality assurance had been strengthened and the process identified areas for improvement. The number of complaints had fallen since the previous inspection. Some women in our survey said they had been prevented from making a complaint. We could find no explanation for this, but the prison needed to investigate the finding. Legal support was adequate. Specialist legal advice for women whose children were subject to court proceedings was available.
- S24 Overall health care services remained good and were delivered by a skilled staff group. Partnership working and governance were mostly effective, but some aspects, including the monitoring of emergency bags, were insufficient. The inpatient facility was relatively poor. The location of some of the inpatient beds and primary care facilities on the ground floor remained unsatisfactory and limited therapeutic options for both parts of the service. The development of the perinatal and maternity pathway was excellent and enabled effective care to be provided through good joint multidisciplinary work. The range of primary care services was good and included specific women's services and clinics for long-term conditions. Medicines management was adequate but risk assessments for in-possession medication needed a more consistent approach. Dental services were good and a dental therapist was available. Mental health services were good, although waiting times for counselling services were too long. The prison was still being used as a place of safety for women who were mentally ill. Social care arrangements were good.
- S25 In our survey, 49% of women said the food was good or very good and consultation arrangements were also good. Except for the breakfast packs, the food was reasonable, and the new six-weekly menu cycle provided greater variety. Most women ate together in a relaxed environment. There were self-catering facilities in some units. More women than the comparator were positive about the range of goods available from the prison shop. Women could also buy clothing from a new onsite shop.

Purposeful activity

- S26 *Time out of cell was good and delivered reliably. Ofsted rated learning, skills and work activities good overall. Leaders had a clear vision of how they wanted to develop the provision, and partnership working was good. There were sufficient activity places and take-up was high. The range of provision was reasonable, but there were a few gaps. The quality of teaching and learning was good, although some classes required improvement. There was a strong focus on personal and social development, which was particularly important given the population. Outcomes were generally good. The library and gym provided a positive range of opportunities. **Outcomes for women were good against this healthy prison test.***
- S27 *At the last inspection in October 2014 we found that outcomes for women in Low Newton were good against this healthy prison test. We made five recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, two had been partially achieved and one had not been achieved.*

- S28 Time out of cell for most women remained good, at over 10 hours a day during the week and close to eight on weekends. Women had reliable association periods each day, but access to outside exercise was too restricted.
- S29 Leaders and managers had developed good strategies for addressing the learning needs of the population. Partnership working between prison and partner providers was good. Managers monitored data carefully to identify and tackle areas of underperformance. There were sufficient activity places for the population, however, the selection of vocational training courses was too limited. The allocation process was managed well; most women could combine work and education and almost all were fully employed. Attendance at activities was affected by women's significant medical and other needs, but those able to attend them did. Quality improvement processes in education had led to improvements, but there were still weaknesses in some teaching and learning.
- S30 Most teaching was good; tasks and activities were matched to learners' abilities. The majority of learners made good progress on their courses. However, in some education classes the pace was slow and lessons lacked structure. Teachers did not do enough to check learners' understanding, or to ensure they made the progress expected of them. The induction to activities was good. All learners received an employment and training portfolio and an individual learning plan. The plans were reasonably good where setting targets and encouraging learners to reflect on their progress were concerned. In work areas, employability skills were developed well. Teachers planned the integration of English and maths learning well, and safe working practices were actively promoted. Most learners with additional needs received good support, but in a few cases they did not.
- S31 Women made good progress in overcoming personal and social difficulties, which enabled them to participate in their courses. Women's behaviour was very good in learning and skills activities. They enjoyed their studies and recognised they would play an important role in their future. Many women were employed as peer support workers, providing others with good support, which giving them the opportunity to develop their own skills and confidence. Women could also put forward their views through the student council, which had participated in a recent review of the curriculum.
- S32 Prisoners on most accredited courses made good progress. Pass rates for those who completed education courses were very good, although retention rates were not always sufficient.
- S33 The library was well used. It was well-run, suitably equipped and provided an appropriate range of reading material. It also ran activities. Access to the gym was good. The indoor facilities were adequate but, apart from a concrete area, there was still no proper outside space. A good range of suitable activities was available, including some specialist support for specific groups.

Resettlement

- S34** *Staff had a clear understanding of the population's complex resettlement needs. Offender management support was generally good, and particularly strong for high risk women. The work was less consistent for those assessed as posing a low and medium risk of harm. Public protection arrangements were strong. Through-the-gate provision was generally good, but the work was not integrated well enough to ensure outcomes were maximised. Children and families provision was reasonably good. Comprehensive support was offered to those with experience of sex work. Provision for women who had experienced domestic abuse was adequate and being further developed. **Outcomes for women were reasonably good against this healthy prison test.***
- S35** *At the last inspection in October 2014 we found that outcomes for women in Low Newton were reasonably good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that nine of the recommendations had been achieved, two had been partially achieved and four had not been achieved.*
- S36** The prison had a clear plan for progressing resettlement work. Monthly partnership meetings and quarterly reducing reoffending meetings focused on developing the provision. The co-location of all staff involved in offender management work was positive. The prison did not sufficiently promote release on temporary licence to ensure women made the most of the available provision.
- S37** Most offender assessment system reports were up to date and sentence planning arrangements were appropriate in most cases. Women assessed as posing a high risk of harm or presenting with complex needs, received good support and many prisoners were very positive about their experiences. The assessments we reviewed were generally good. However, those for low and medium risk women were not as comprehensive and contact between them and their offender supervisors was too variable. The introduction of casework supervision for all offender supervisors and quality assurance for risk management plans was positive and improved the support women received. Good support through the psychology department helped manage the increasing sex offender population. Home detention curfew processes were good.
- S38** Public protection arrangements were comprehensive. Monitoring data were up to date and reviewed regularly to ensure appropriate restrictions were in place. Women subject to multi-agency public protection arrangements were managed well, and necessary checks were undertaken in advance of their release. Allocation reviews and decisions were generally appropriate. Efforts had been made to gain an understanding of the issues affecting women serving indeterminate sentences.
- S39** Most resettlement plans we saw were suitable, and some good through-the-gate support was provided. However, in some cases women had no resettlement plan, and a lack of integration meant we were not confident that all appropriate action had been taken to support women prior to release. The prison failed to monitor post-release outcomes sufficiently, which hampered its ability to improve its effectiveness.
- S40** Family work was reasonably good and the prison planned to introduce additional visits sessions to meet the demands of the larger population. A charity supporting prisoners and their families provided women with good individual support to help them maintain or re-establish family relationships. Visits were managed well and took place in a relaxed environment. Children's visits and family days took place throughout the year. Seventeen per cent of women had not received a visit since arriving at the prison, despite an established prison visitors scheme having been in place.

- S41 Women who had experience of sex work had access to an appropriate range of support, such as fortnightly sessions and good post-release assistance. The provision for those who had experienced domestic abuse was less comprehensive. The Freedom programme for victims of domestic abuse had been taken in-house. Limited one-to-one support was available. However, the prison had links to community-based providers, which could support those being released.
- S42 Women arriving in custody received appropriate support to help them manage outstanding tenancies and housing-related debts. Accommodation support was provided for all women pre-release. It usually involved directing women to support in the community. It was estimated that around 15% of women left the establishment without an address to go to.
- S43 Education, employment and training provision was good. Staff used skills action plans well when they allocated prisoners to work. National Careers Service advisers undertook a detailed careers interview with prisoners prior to release, and they were also seen by Jobcentre Plus representatives. Good links had been developed with local and national employers. Advisers followed up prisoners who got a job after release.
- S44 Health discharge arrangements were good and health staff liaised and communicated effectively with GPs and community services. Those who had palliative or end of life care needs could benefit from the health team's links with local services. Through-the-gate support for women with substance misuse problems was excellent.
- S45 Support for women with financial and debt problems was appropriate but somewhat limited. Some basic debt advice, help contacting debtors and freezing debts was available and prisoners had access to a free telephone support line if they were concerned about moneylenders.
- S46 The prison population had changed substantially since the last inspection and more long-term prisoners were now at the prison. The psychologically informed planned environment and Primrose Offender Personality Disorder Service were positive interventions. The Thinking Skills Programme also met a substantial need, but it was not clear whether the provision was sufficient for the population. Women with fewer needs and/or on shorter sentences only had access to a limited range of support. Some women could transfer to other prisons within the estate to complete other identified courses and programmes.

Main concerns and recommendations

- S47 Concern: Too many women were using Buscopan and other illicit substances. The smoking ban had exacerbated the problem and many said they were using these substances as a substitute for nicotine. This was detrimental to the well-being of the women held and had contributed to an increase in violence and bullying. The prison was taking several steps to address the problem, but staff knew that some women were smuggling Buscopan and other illicit substances into the prison through the reception area. The lack of a body scanner meant it was relatively easy to do.

Recommendation: The prison should be equipped with full body scanner technology to help prevent illicit substances and other items from being smuggled in.

S48 Concern: The prison was still being used by the courts as a place of safety for women with significant and acute mental health problems. Staff did their best to support them, but they needed to be in hospital.

Recommendation: Low Newton and HMPPS should, with partner organisations, explore alternatives to using the prison as a place of safety for women with significant and acute mental health problems.

S49 Concern: Although some offender management and release planning work was good, it was too variable. Contact between offender supervisors and women was often too infrequent. Pre-release planning also varied and in some cases women were released without having had a resettlement plan.

Recommendation: The prison should ensure women receive consistent offender management support, especially in the lead up to their release. Managers should monitor the support and implement necessary changes.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Women still waited too long at court and in vans before being taken to the prison. Many women were transported with men. However, the vans we looked at were clean and women disembarked promptly. Escorts were friendly and respectful and we saw good verbal handovers take place between escort and prison staff. Person escort records were reasonable.
- I.2 Around 15 women a week arrived at Low Newton. There was a video link for court appearances, but it was not yet being used regularly. Women being moved to other prisons were not always given sufficient notice of their transfer, which meant they were unable to phone their families and friends the day before. Women returning from court too late to access facilities on the wing could use the phone, have a shower and obtain hot food and drinks in reception.

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 was excellent. It had been designed sensitively and thoughtfully after consulting the women. The area was attractively decorated and the atmosphere was welcoming and relaxed. Women were only locked in holding rooms if a risk assessment found this to be necessary. Searching was proportionate; strip-searches rarely took place and were appropriately authorised.
- I.4 Reception staff were approachable and considerate, and in our survey, 86% of women told us staff treated them well in reception. Women had a high level of need and in our survey, 91% said they had problems on arrival. The initial risk assessment interview was thorough and confidential. Women's immediate needs, including any caring responsibilities, were identified. During the interview, women received a useful information pack. They had been consulted on what they thought was the most valuable information and the pack had been condensed to contain essential and accessible information. Women were told about sources of support within the prison.
- I.5 Peer supporters were used well in reception. They provided hot drinks, essential kit and support, and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) met new arrivals.
- I.6 All women could make a phone call on their first night. They had good access to essential kit, consisting of toiletries, for example, and could obtain donated clothing alongside prison clothing if they did not have their own. Women could have an emergency reception pack (containing items such as biscuits, sweets and orange juice).

- I.7** Cell-sharing risk assessments were appropriate. New receptions were located in single cell accommodation on Elvet wing (the first night centre). Additional risk assessments were undertaken before women moved to another location.
- I.8** First night cells were reasonably clean and had appropriate furniture (including privacy screens) but they were bleak. Women had good access to bedding, toiletries and cleaning material and they could have a shower. The first night centre was busy and although women supported new arrivals informally, there was little structured support. Night staff knew where new arrivals were located, but no additional checks were made.
- I.9** The prison had a robust system for identifying and monitoring women who were withdrawing from alcohol and/or drugs. Substance misuse nurses and health care assistants conducted regular observations of women on the dedicated detoxification spur on Elvet wing, which included overnight monitoring. Women were moved only once they were considered to be stable.
- I.10** The peer-led prison induction was comprehensive, well presented and engaging. It consisted of an informal meeting and women had many opportunities to ask questions. Over the following week, different prison departments (such as the chaplaincy and education) met with individual women for assessments and induction sessions. Women who were on a drug and/or alcohol detoxification took the first part of the induction process once their treatment had finished. All women had a basic custody screening interview on the second day of their arrival so any additional individual needs could be identified (see paragraph 4.7). There was no induction tracking system, but women we spoke to had participated in the relevant sessions.
- I.11** Women generally stayed in the first night centre for around two weeks, but the large prison population meant spaces were at a premium. Women were allocated to activities promptly and were unlocked during the core day while on Elvet wing.

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.12** Levels of violence had risen since our last inspection, particularly the number of assaults on women which amounted to 46 in the previous six months. Most of the assaults were relatively minor, and we noted a downward trend since the high point in summer 2017.
- I.13** Twenty-eight women had been monitored for challenging behaviour over the previous six months. Much of it was related to drug use – namely Buscopan, an over-the-counter antispasmodic that reduces muscle movement (which can, if crushed and smoked, cause effects such as hallucinations, palpitations and irritability) and to a lesser extent synthetic cannabinoids⁵. The smoking ban from September 2017 meant women were seeking alternatives to tobacco.

⁵ Synthetic cannabinoids refer to a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- I.14** Over half of women in our survey (55%) said they had felt unsafe at some time at the prison, but the figure dropped to 18% when they were asked if they felt unsafe at the time of the inspection. Most women we spoke to said they felt safe, and our concerns about safety in the health care waiting room, which we raised at the last inspection, had been addressed. The prison had taken steps to tackle bullying and challenging behaviour and to ensure women were kept safe by, for example, consulting women and staff. (See paragraphs I.21 and I.45.)
- I.15** In our survey, 45% of women said they had been verbally abused and 39% had been threatened or intimidated by other prisoners. Most of the incidents were relatively minor, such as name-calling and relationship problems, although some incidents involved debt and bullying. The prison had not carried out its own safety survey, but managers held focus groups with the women during our inspection to find out what lay behind their responses on safety in our survey. Exit surveys were carried out, but the information was not used to inform current practice.
- I.16** Reporting systems for challenging behaviour were comprehensive and information was gathered from most of the available sources, such as wing observation books and information reports from the security department, as well as from women and staff. Staff, women and visitors could also report concerns through the prison's free At-Risk helpline.
- I.17** A monthly safer custody meeting chaired by a senior governor took place. Action points were identified and prisoners were represented by Listeners and peer welfare representatives (see paragraph I.19). A wide range of information and topics were considered. Data analysis and trend monitoring were good and managers took a measured response to issues arising.
- I.18** Investigations were reasonable and showed that wing staff often intervened early to prevent small disagreements between women from escalating. Daily monitoring of perpetrators was variable and the prison was considering a new approach to managing problem behaviour. Women, with wing welfare officers' support, completed workbooks to help them understand the impact of their behaviour (see paragraph I.19). Formal disciplinary procedures were also used to challenge perpetrators and women told us they understood and appreciated the firm stance being taken. (See paragraphs I.21 and I.45.)
- I.19** Two staff had been trained in mediation, which was used effectively to resolve conflict between women. Many staff and a small number of women had received trauma-informed training (to enable them to respond effectively to the effects of trauma) and prisoner welfare representatives had been appointed and trained to provide additional support.
- I.20** Staff provided victims with good support if they wanted it, but they did not have access to formal victim support booklets, which would have recorded and monitored the support they were receiving.
- I.21** The incentives and earned privileges scheme was used effectively to challenge minor incidents and there was now a greater distinction between the different levels to promote good behaviour. This followed consultations with women, who felt women on the basic level of the regime were treated almost the same as those on the standard level. Women on the basic level now faced a more austere regime as part of the prison's response to problems with drugs. This meant that for those on the basic level, the published regime was being adhered to and their time out of cell and opportunities to associate with other women were restricted. Managers' evaluation of the approach showed that the more austere regime had improved behaviour across the prison and there were now fewer incidents of challenging behaviour.

Recommendation

- I.22 Issues raised through consultations with women about safety should be addressed and information from exit surveys used to inform the prison's safety policy.**

Self-harm and suicide prevention

Expected outcomes:

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

- I.23** There had been two self-inflicted deaths and one from natural causes since our last inspection. Recommendations following Prisons and Probation Ombudsman investigations into the deaths had been implemented.
- I.24** Rates of self-harm were high, but similar to what we typically see in other women's prisons and there had been 306 incidents in the previous six months. The monthly safer prisons meeting was well attended, focused and action-driven, and data were analysed effectively.
- I.25** All staff understood their responsibility to support women and the care provided was good. Women who were in crisis or at risk of self-harm were identified well. We observed wing staff identify women's risks and needs and establish assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm.
- I.26** The ACCT process was well managed. Initial assessment interviews were thorough and explored the issues in depth. Reviews were supportive and multidisciplinary. Care plans were updated regularly and initial action was taken, but it did not focus enough on outcomes. ACCT records showed that women were meaningfully involved in the process and quality assurance was good.
- I.27** Wing staff knew the women in their care and their circumstances well. Women we spoke to who were on an ACCT or who had been on one were complimentary about their treatment and the support they received from staff.
- I.28** The prison had some positive initiatives to support women's wellbeing. The safer custody team provided all women with distraction packs on arrival and they could ask for more packs or activities if they needed them. The multi-sensory room helped the few women who used it and the Pets As Therapy dog (shown to improve mood, reduce stress and boost self-esteem) was extremely popular (see also paragraph 2.93). Women on an ACCT could also involve their family and we saw instances where family members had participated in a review by phone or where the case manager had contacted the family member to update them about a woman's well-being.
- I.29** Individual women had been subject to constant observations on seven occasions in the previous year. All except one had been in the inpatient unit. Constant observations were appropriately authorised and reviewed and, while most women were observed for short periods, two with particularly complex needs had been subject to constant observations for many weeks.
- I.30** There were too few Listeners, which meant 24-hour cover was not available during the inspection. In our survey, only 58% of women told us it was easy to see a Listener, which

was not enough. Plans to recruit and train more Listeners were in place. Listeners received good support and were very motivated. Although the Listener suite had been turned into cellular accommodation because of the high prison population, confidential space was still available.

- I.31** Access to Samaritans phones was good and the relationship between the safer custody team and the local Samaritans was strong. Women were given cards they could slip under their cell doors at night if they needed support and wished to contact staff without alerting other prisoners.

Recommendation

- I.32** **The prison should ensure that there are always enough trained Listeners to provide 24-hour support.**

Good practice

- I.33** *Women on an ACCT could involve their family in the process, which meant they could benefit from the extra support it provided.*

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.⁶

- I.34** There were appropriate processes for identifying adults at risk but the safeguarding policy needed to be updated to reflect current practices. A representative from HMP Durham attended the local adults safeguarding board on behalf of all the prisons in the area. Information from the meeting was not passed on to Low Newton staff systematically and the process needed strengthening.
- I.35** The prison held multidisciplinary meetings on women in crisis or who could not be managed easily within the usual regime. There were also meetings covering specific groups with additional needs (such as those identified as having a personality disorder, transgender prisoners and perinatal women). These pathways were well established. The prison had just established a more formal process for identifying women with complex needs that could not be met through existing support pathways. It involved a meeting, led by the psychology department, and appeared to be a positive development.
- I.36** The head of the offender management unit also identified women who were particularly vulnerable or who had experienced domestic or sexual violence and ensured appropriate referrals were made in prison and on release.
- I.37** In addition, the prison made safeguarding referrals for prisoners' family members and other people prisoners knew.

⁶ 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).

Recommendation

- I.38 Information from the local safeguarding board should be disseminated to key staff within the prison and the safeguarding policy should be updated.**

Security

Expected outcomes:

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

- I.39** Security was well managed. The prison had a proactive approach and focused on keeping women safe. Security arrangements supported the regime and free-flow movement (which allows prisoners to move about the prison unescorted) had been introduced – feedback from women was positive. Those posing a risk to or at risk from others were still escorted to activities.
- I.40** Relationships between staff and women were good and both felt comfortable reporting matters to the security department. Intelligence was collated and analysed well and disseminated promptly to other departments. Requests for searches were generally acted on swiftly and the searching system targeted those suspected of being in possession of illicit items. Strip-searching was only carried out when justified by an individual risk assessment and always authorised by a manager.
- I.41** Monthly security meetings were well attended by staff from all departments. The prison knew what risks the women posed and security objectives were set to reflect threats relating to drugs and bullying. The police provided good support and shared intelligence well. Intelligence and evidence showed that most illicit substances entered the prison through reception and occasionally visits. The prison planned to target women who frequently returned after reoffending so they could bring drugs into the prison, but it did not have the technology to identify objects secreted internally, which impeded these efforts (see main recommendation S47).
- I.42** In our survey, 64% of women said it was easy to get drugs in the prison, 23% had developed a problem with drugs since arriving at the prison and 17% with diverted prescribed medication. The mandatory drug testing positive rate was very low and even when synthetic cannabinoids were included, it was only 2%. Buscopan presented the biggest problem, as it could not be detected in tests (see paragraph I.13). The supply reduction strategy was too generic and did not fully address the specific problems faced by the prison. Nonetheless, the prison were doing what they could with the resources available to them to disrupt the flow of drugs into the establishment. The psychosocial drug and alcohol recovery team (DART) had held focus groups to better understand women's illicit use of Buscopan and synthetic cannabinoids.
- I.43** Restricted status women had access to a full regime and were not disadvantaged by their status. Intelligence on extremism was appropriately managed and systems enabling women to report historical abuse were good. Effective procedures were in place to manage staff misconduct or illegal conduct.
- I.44** Nine women were subject to closed visits, all for visits-related incidents. Women subject to closed visits had their cases reviewed every month and restrictions were removed when the risks had decreased.

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.45** The number of adjudications had more than tripled since our last inspection and reflected the issues facing the prison and the prison's firmer stance on challenging poor behaviour. Women found in possession of drug paraphernalia were now charged and punishment tariffs had been increased for drug-related activity. More serious charges were referred to the independent adjudicator.
- I.46** Prison records showed that investigations were well conducted, sanctions were proportionate and women's mental health was taken into consideration before hearings took place. We noted several instances in which adjudications did not proceed because of mental health issues. We were, however, concerned to find cases where women had during the hearing reported that they were being threatened by other women, but where the matter had not been followed up or referred to the safer custody team.
- I.47** Adjudications were discussed at the segregation review and monitoring group (SMARG). Data were analysed and monitored well. The deputy governor carried out quality assurance.

Recommendation

- I.48** **Women's concerns about their own safety raised during adjudications should be investigated promptly.**

The use of force

- I.49** The number of incidents involving force had also increased since our last inspection but it was still low – 56 in the previous six months. There had been a spike in the number of incidents during the summer, but a small number of women were responsible for many of them. Incidents were now monitored and analysed well during SMARG meetings and reviewed to ensure they were justified and managed appropriately.
- I.50** Documentation and video-recorded incidents we reviewed showed that force was applied as a last resort. De-escalation was used routinely before force was applied, as well as during the incident when restraint became necessary. Almost half of incidents did not involve full restraint, which reflected the positive relationships between staff and the women and the efforts staff made to defuse incidents. Written records were detailed and much better than we usually see.

Segregation

- I.51** Segregation was used infrequently and only 38 women had been segregated in the previous six months, none of whom were there for their own protection. One woman was in the unit during the inspection. The environment, including the cells, was clean but the exercise yard remained stark.

- I.52** Only eight women had stayed in the unit for more than 10 days and only four for more than 20 days in the previous six months. Staff undertook reasonable reintegration work so women could return to the mainstream prison, although no formal reintegration policy was in place.
- I.53** Staff-prisoner relationships were good and officers knew the women in the unit well and understood their needs. Reviews, involving staff from relevant departments, were carried out regularly, and we saw women receiving good support tailored to their individual needs. A small number of women who were subject to ACCT procedures had been held in the unit. We found detailed explanations justifying why segregation was the best option in their individual circumstances and those considered unsuitable for segregation were placed elsewhere in the prison.
- I.54** Records showed that women received a daily visit from the duty manager, chaplain and health care staff and they could have a shower, make phone calls and exercise every day. The regime was adequate. Women had access to a small association room and could apply to attend religious services or continue with offending behaviour programmes. However, staff would not consider allowing women to associate or exercise together even if a risk assessment determined it to be safe to do so.
- I.55** Regular SMARG meetings showed detailed analyses of the use of segregation were carried out.

Recommendation

- I.56 The condition of the segregation unit exercise yard should be improved.**
(Repeated recommendation I.69)

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.57** Change Grow Live, a health and social care charity, provided psychosocial support to 184 women with drug and alcohol problems.
- I.58** Newly arrived women attended an induction session on harm reduction awareness, jointly facilitated by a recovery coordinator and a clinical health care assistant. Women had regular access to a named DART recovery coordinator and all coordinators knew the women well, including those on their own caseload.
- I.59** Psychosocial work was good, offering a suitable blend of individual interventions and a range of group work, which supported the varying needs of remanded and short sentenced women through to those serving long-term sentences. Group work we observed focused on key risks and provided good support, challenging women appropriately.
- I.60** Individual and programme work incorporated harm reduction, relapse prevention and recovery and included specific drug awareness, relaxation, acupuncture and mindfulness. Self-management and recovery training (a programme of recovery encompassing elements of different therapies) and the Recovery Café (a group set up so women in recovery could support each other) provided women with informal opportunities for change. There was no

dedicated 12-step programme or Alcoholics Anonymous group, but regular evening Narcotics Anonymous group sessions had been set up.

- I.61** A peer mentor scheme supported group sessions and individual work, and peer mentors were knowledgeable, suitably trained and well supported.
- I.62** The drug-free environment on Giles wing provided women focused on their recovery journey with a suitable supportive environment and motivation. It received regular input from DART recovery coordinators and peer mentors.
- I.63** The clinical DART service was provided by G4S. First night prescribing arrangements and ongoing monitoring were good and screening for women arriving with drug and/or alcohol dependence was effective. An advanced nurse practitioner and nurse prescriber assessed women and prescribed medication and prisoners had access to medical advice from a specialist on-call GP.
- I.64** A comprehensive assessment of women's needs on the following day informed a clinical treatment plan formulated by the GP. Opiate substitution treatment (OST) prescribing was largely flexible and reflected women's individual needs and risks. However, only pregnant women on a confirmed community prescription could be prescribed buprenorphine OST (a heroin substitute), leading to poorer outcomes for a few women who switched to methadone. We were told the decision had been taken for operational rather than clinical reasons. Nine women arrived with a community prescription for buprenorphine OST in the previous six months, all of whom switched to methadone OST. Clinical and prison staff supervised and controlled the administration of OST well.
- I.65** One hundred and thirty-six women were on OST (40% of population), which was high. Approximately two-thirds were on a reduction regime and one was on a maintenance dose. Thirty-seven women had completed alcohol detoxification in the previous six months.
- I.66** Clinical reviews after five days and 13 weeks were undertaken jointly by DART clinical practitioners and recovery coordinators. We observed excellent collaborative working in the case of one woman to inform a safe dose reduction.
- I.67** A dual diagnosis pathway supported care for women with complex mental health and substance misuse needs. It included regular sessions with a consultant psychiatrist specialising in addictions.
- I.68** In our survey, 64% of women said they had received support for their drug problems compared with 87% at our last visit; the reasons for the poorer findings were unclear and women we spoke to commended the service.

Recommendation

- I.69** **Prescribing should be flexible and based on an individual approach that provides women with continuity and supports their safe release into the community.**

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 Residential units varied in design and quality. One unit had deteriorated externally, but cells and communal areas were in a decent condition. The grounds outside were pleasant. Women were positive about their living conditions and some units had cooking facilities, which they appreciated.
- 2.2 Too many women (over 20%) shared cramped cells that were designed for one person and although they had privacy keys, women in shared cells did not all have lockable storage for their belongings. Most cells had toilets and some women told us curtains to screen toilets had only recently been provided. Giles wing did not have in-cell sanitation, but women there were not locked in their cells and had free access to toilets. Women on India wing had in-cell showers. Communal showers and baths in other units were clean and women had good access to them. Toiletries were readily available and most women said they could have a shower every day.
- 2.3 Many women took pride in personalising their cells and maintaining them to a high standard and access to cleaning material was good. Sanitary items were easily available and women could have enough clothing and toiletries in their cells. They had good access to laundry facilities and could obtain non-prison clothing from several sources (see paragraphs 1.6 and 2.110) which was an improvement since the previous inspection.
- 2.4 Efforts were made to keep all areas graffiti-free, but it was still evident in some units on the back of cupboard doors and under bunk beds.
- 2.5 In our survey, only a third of women said their cell call bells received a response within five minutes. During the inspection, staff answered bells promptly, but managers did not use the electronic monitoring system available to oversee call bell responses. Most women said staff knocked or warned them before opening cell doors, but not consistently.
- 2.6 Women could use a phone every day, but during the inspection they were frustrated because some phones were out of order. Arrangements for repairs were reasonable. Not all phones were in booths, which meant there was a lack of privacy.
- 2.7 Prisoner information desks (PIDs) had been introduced since the last inspection. They were run by trained prisoners who assisted their peers with advice and support to manage their everyday life in the prison. Women in residential units and elsewhere in the prison had easy access to PID workers. They met with prison staff every month and helped improve prison processes.
- 2.8 In our survey, more women than the comparator said applications were dealt with fairly (73% against 60%), while 43% said they received a response within seven days. The application tracking system was not up to date and a lack of oversight meant managers could not be confident that responses were timely and or monitor the reasons for women making an application.

Recommendation

2.9 Single cells should not be used as doubles. (Repeated recommendation 2.10)

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.

- 2.10** Many women were positive about staff and in our survey, most said they were treated with respect. During the inspection, we saw appropriate, supportive interactions between staff and women. Most women also said there was a member of staff they could turn to if they had a problem. Residential staff knew the women in their care well and were aware of their circumstances. We saw women approaching staff and managers to make a request, share information, raise concerns about another woman or simply to have a chat.
- 2.11** The prison had been encouraging women to take more responsibility for themselves, their community and the decisions they made and had strengthened consultation arrangements. A number of regular consultation forums took place, which women chaired and minuted, and there was evidence of action points arising being implemented.
- 2.12** Each woman had a personal officer. Electronic case management records indicated that in many cases, personal officers had regular contact with women and issues such as family contact, work allocations and prison behaviour were discussed. Notes for women on India wing, who were involved in psychologically informed and planned environment (PIPE) key work sessions, were particularly good.

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 characteristic⁷ 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

- 2.13** Equality and diversity were given a high priority. The governor took a close, active interest in this area of work, set high standards and expected all staff to contribute.
- 2.14** The equality policy was comprehensive and useful. It highlighted how diversity reflected the prison's professionalism and was not simply an additional requirement. The policy went beyond outlining legal obligations and described what needed to be done locally, placing a strong emphasis on advancing and promoting equality and diversity.

⁷ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.15** The monthly equality forum, known as the Celebrating Diversity meeting and chaired by the governor, was efficient and effective. Records showed all relevant aspects of equality and diversity were considered and there was a strong focus on monitoring the log of practical action points. The meeting involved prisoner representatives who spoke confidently about their own experiences and, from what we observed, they felt staff listened to them.
- 2.16** Diversity data on religion was detailed, accurate and analysed well. Recent statistics demonstrated that women's uptake of religious services was in line with the population profile. Data covering other areas of equality and diversity were presented as monthly numerical snapshots. The information was not always clear and, while staff had a good grasp of the issues affecting individual women, the material available did not allow anomalies to be reliably identified. The governor had already recognised this as a weakness and wanted to introduce trend analysis.
- 2.17** Forums took place approximately once a month and covered most of the protected characteristics. Staff tried hard to address issues that were raised. Prisoners involved kept a record of discussions and described the forums as helpful.
- 2.18** The number of discrimination incident reporting forms (DIRFs) submitted was small. Twenty-one DIRFs had been submitted over the previous six-month period. Most complaints related to verbal or derogatory written comments. The standard of investigations was reasonable. DIRFs were not subject to external quality assurance, although the prison had contacted the local university to obtain support. Reference numbers were not always created for each DIRF, which could lead to confusion.

Good practice

- 2.19** *Equality and diversity work was much stronger than we usually see. It was suitably prioritised and the governor took the lead, which meant outcomes for those with protected characteristics were good.*

Protected characteristics

- 2.20** Approximately 6% of the population was from a black and minority ethnic background. Prisoners in this group could attend regular support meetings, where they could raise specific concerns. Matters relating to hair, cosmetics and religious clothing had all been recently addressed.
- 2.21** Seven per cent of prisoners responding to our survey described themselves as being from a Gypsy, Romany or Traveller background. Although there was no formal support for them, the chaplaincy was aware of their circumstances and met with them informally, addressing their needs as they arose. The prison was also attempting obtain support for this group through the local council. Women we spoke to from these backgrounds were generally content with the way they were treated.
- 2.22** During the inspection, 15 prisoners were from a foreign national background. They were located across the establishment and were reasonably well integrated into prison life, with some attending English for speakers of other languages classes and workplaces. Several support groups had been run for foreign national prisoners, but they took place intermittently. Prisoners from a foreign national background who did not have visits received the free phone calls they were entitled to and they had been issued with a small amount of extra phone credit over Christmas.

- 2.23** Immigration officials continued to run bimonthly surgeries and a directory of solicitors had been produced to help prisoners identify legal representatives to assist them. Translation services were used where required for formal meetings.
- 2.24** A large proportion of the population – 47% of those responding to our survey – identified as having a disability. Prisoners were screened on arrival and their needs were identified efficiently. A small number of women with the most serious needs received well-organised social care input through the health care department. Reasonable adjustments, including a variety of aids and adaptations, were made for women with less severe disabilities. Thirty-seven individuals had a personal emergency evacuation plan (PEEP). Wing staff had access to PEEP information, which consisted of a list with photographs of the women and a summary about the kind of help they needed.
- 2.25** Thirty-eight per cent of those responding to our survey identified as being lesbian or bisexual, a significant proportion of the prison population. The prison ran a regular support group for them and those involved had been planning a celebratory event. Minutes from these meetings showed that participants could discuss sensitive issues openly. Six trans prisoners were being held during the inspection. Each of them was extremely positive about the thoughtful, sensitive way in which staff dealt with them. They also said they were confident about challenging staff if they thought they were being treated unfairly.
- 2.26** Eleven women were under the age of 21 (3.2%). Staff had attempted to interact with this small group, but had not been successful. We carried out our own discussion group with them and on balance, they were positive about their experience and saw no need for separate consultation arrangements. Their specific needs were being met through good staff-prisoner relationships and an effective personal officer scheme.
- 2.27** Nine women (2.6%) were over the age of 60. Staff were aware of the needs of older prisoners and there were several initiatives to address them, including talks by guest speakers, modified gym sessions and specially designed recreational events.

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.

- 2.28** The chaplaincy comprised two full-time managing chaplains, one of whom had recently been appointed. Sessional and part-time chaplains covering all the main religions supported them. Suitable facilities were available – the prison had a well-equipped chapel and a small multi-faith area.
- 2.29** Since the previous inspection, the managing chaplain had become a member of the senior management team and the appointment of an additional chaplain meant there was a stronger physical presence on site every day. The chaplaincy now had a high profile and played a prominent role in the prison. As a result, attendance at religious services had increased since the previous inspection.
- 2.30** Chaplains reached out to women from all backgrounds, meeting their spiritual and pastoral needs well. Survey findings were extremely positive: 79% of prisoners who had a religion said their beliefs were respected, 87% reported they could speak to a chaplain in private and 89% said they could attend religious services.

- 2.31** Chaplains contributed to assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm and had recently set up a support group specifically for vulnerable prisoners. Chaplains also promoted diversity and helped organise celebratory events. All prisoners were interviewed by a member of the chaplaincy before they were released. They were given a useful information leaflet, containing details about faith groups in the community that could support them on release.
- 2.32** Personalised induction leaflets produced by the chaplaincy were excellent, reflecting the team's tailored approach. Chaplains had strong links with local churches, which donated Christmas gifts and produced handwritten letters that were distributed across the prison. This appeared to have had a lasting impact on some of the prisoners who spoke to us.

Good practice

- 2.33** *The personalised induction material, which demonstrated the chaplaincy's level of interest in and care for women's needs, ensured that prisoners were treated as individuals.*

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.

- 2.34** The number of complaints had fallen since the last inspection to 328 over the previous six months, which was relatively low in comparison to similar prisons. Complaint forms were available in the units, but over a third of women in the survey said they had been prevented from making a complaint when they had wanted to, although we could find no evidence to explain these perceptions. Systems for managing complaints, including confidential access complaints (which are about staff or are particularly sensitive or personal) were good.
- 2.35** In our sample, most replies were polite, prompt and addressed the issue raised. Some, however, demonstrated that investigations had been cursory or that women had not been interviewed as part of the investigation when they should have been.
- 2.36** Quality assurance had been strengthened. The deputy governor reviewed all complaints about staff, and functional heads and the governor regularly reviewed other responses. They identified relevant issues and followed them up with the staff responsible for the complaint response.
- 2.37** Monthly trend reports were submitted to the senior management team meeting so areas where further work was needed could be identified.

Recommendation

- 2.38** **The prison should investigate why so many women said they had been prevented from making a complaint and address any issues.**

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.

- 2.39 There were no dedicated prison staff to help women with legal issues. Offender supervisors provided support with bail applications and the family engagement worker helped women who were involved in child custody proceedings.
- 2.40 The library held a reasonable range of legal texts, Prison Service instructions and Prisoners' Advice Service information.
- 2.41 Legal visits took place four days a week and three private rooms were available. Visitors had mixed views about how easy it was to book a visit since a new centralised booking system had been introduced.
- 2.42 Over half of women (56%) said their legal mail had been opened when they were not present. Staff responsible for processing mail knew they were not meant to open letters marked as legally privileged and records showed on average one piece of legal mail was opened in error each month in 2017. Women's perceptions were not consistent with this finding and needed further investigation.
- 2.43 Women received information during elections about their eligibility to vote while at Low Newton. No records were available detailing how many eligible women had exercised their right to vote in the most recent general election.

Recommendation

- 2.44 **The prison should investigate and address women's negative perceptions of the way legally privileged mail is managed.**

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.

- 2.45 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁸ 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.

⁸ 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>.

Governance arrangements

- 2.46** NHS England had commissioned a range of providers to deliver health services, including G4S Forensic and Medical Services (UK) Limited, which delivered primary care nursing. Although commissioning arrangements were complicated, partnership working and governance were mostly effective. However, some aspects of medicines management and local governance of emergency bags needed to be standardised.
- 2.47** A health and social care needs assessment from August 2017 informed service delivery. Health care providers reported incidents through their own reporting systems, which were shared during governance meetings and lessons learnt were cascaded to all health care staff.
- 2.48** A rolling patient satisfaction survey provided staff with feedback on primary care services. Staff interacted with women to help inform the development of the mental health service.
- 2.49** Despite some staffing vacancies, which regular agency staff covered, an appropriate skills mix was maintained throughout the 24-hour period. Staff had been recruited to fill vacancies and were awaiting clearance. A daily handover meeting attended by representatives from all teams identified any clinical concerns and demonstrated effective joint working. Health staff were clearly identifiable and interactions we observed with patients were very good.
- 2.50** Staff received support through annual appraisals and regular managerial and clinical supervision. Mandatory training was well managed, and deficits were addressed, for example, dates for basic and intermediate life support training had been set.
- 2.51** The health centre was located over two floors and comprised clinical rooms, inpatient beds and several offices. On the ground floor, inpatient beds were on the same corridor as the busy outpatient area, which was inappropriate. Custody and health care staff found delivering both functions challenging and the services were adversely affected as a result.
- 2.52** The recent implementation of free-flow movement (which allows prisoners to move about the prison unescorted) had reduced women's waiting time for health care appointments, which was positive. However, we still saw some women waiting too long to see GPs and psychiatrists.
- 2.53** Clinical rooms were clean and tidy. An infection control audit was completed in November 2017 and staff were now in the process of addressing non-compliance issues.
- 2.54** The perinatal and maternity pathway, led by a specialist midwife, was excellent. It ensured that pregnant women were identified promptly and that their needs were met as part of a structured pathway based on good multidisciplinary work. Antenatal education and clinical services, including postnatal infant feeding plans and parenting support services, were impressive.
- 2.55** Health care complaints were managed through a confidential system and passed on to individual health care managers. G4S kept an overall log and responses were timely. Investigations were sensitive, addressed concerns raised and provided clear responses.
- 2.56** Emergency equipment was located across the prison. However, oxygen and defibrillators were not clearly visible or accessible. It was not evident how frequently checks were undertaken and a few items had passed their expiry date. Emergency drugs had not exceeded their expiry date and were stored securely, but separately. An emergency childbirth kit was kept in the treatment room.

- 2.57** Approximately 41% of officers were trained to use the equipment, but some were unsure about emergency codes. Ambulances were called promptly in an emergency.
- 2.58** Health promotion literature was clearly displayed. The prison had been smoke-free since September 2017, aided by well-planned smoking cessation support, which was still available.
- 2.59** Access to immunisations and age-appropriate and blood borne virus screenings was good, although there were delays in women receiving hepatitis B vaccinations because of a national shortage.
- 2.60** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

Recommendations

- 2.61** **Primary care and inpatient facilities should not be co-located.** (Repeated recommendation 2.62)
- 2.62** **Emergency resuscitation equipment and medicines should be in good order, stored appropriately and easy to access. An effective monitoring system should be in place and all prison staff should be familiar with the emergency code protocol and feel confident about using it.**

Good practice

- 2.63** *A range of excellent perinatal initiatives, including better reception screening, good multi-agency information-sharing and improved clinical caseload management, provided women with impressive individually tailored care.*

Delivery of care (physical health)

- 2.64** Over the previous six months there had been approximately 15 new arrivals per week. A registered nurse carried out an assessment of all health, social care, mental health and substance misuse needs. An advanced nurse practitioner reviewed immediate substance misuse and health issues that might have required a prescription. Comprehensive secondary health screening was completed within a few days and appropriate referrals were made.
- 2.65** Woman requested health services through a dedicated telephone appointment line, which was popular with most woman, or through applications, which were collected every day.
- 2.66** An extensive range of women's health clinics were available. Nurses were trained to undertake cervical smears, which were encouraged. Weekly contraception and sexual health clinics were organised and consultant gynaecologists visited regularly to undertake colposcopies and ultrasound scans.
- 2.67** A Macmillan link nurse provided women who had cancer with support. The women also benefited from a peer support group known as Inspire, which was held in a dedicated room offering a therapeutic space.
- 2.68** Women's long-term conditions were managed well through a range of clinics, and visiting specialists were used effectively. They included an epilepsy nurse and a consultant neurologist.

- 2.69** Allied health professionals ran an appropriate range of clinics, which had acceptable waiting times. The optician waiting list was over six weeks, but staff were planning an additional clinic to address the need.
- 2.70** Women had good access to routine and urgent 'on the day' appointments. Out-of-hours' GP cover was provided by the local community on-call service.
- 2.71** Women had access to telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance), which meant women did not have to visit a hospital for these appointments. Arrangements for those who did attend secondary care appointments were good.
- 2.72** The eight-bedded inpatient unit usually held between three and four patients, mainly woman with mental health needs. During the inspection there were three women, two of whom were receiving good care. We observed a restricted regime for one patient who could only be unlocked in the presence of two officers. However, it was not always possible to unlock her because of the location of the cell, near the busy outpatient area, and the lack of staff.
- 2.73** The association room had comfortable seating and a TV. It was used for individual patient sessions, although staff walking through to reach the administrative area and offices often interrupted them. Inpatients could attend activities.

Pharmacy

- 2.74** HMP Durham supplied medicines for named prisoners. Some stock medicines were also supplied, including methadone and over-labelled medicines, but the supplier did not have the appropriate licences in place. Requisitions for methadone were not countersigned by a doctor or pharmacist as required by law.
- 2.75** Prisoners could consult the pharmacist who had seen 140 patients in the previous seven months, which was positive.
- 2.76** The prison had a limited medicine formulary (medications used to inform prescribing), which was seldom adhered to. A common medicine for relieving period pain and newly available preventer inhalers were not on the list, but had been prescribed. About 60% of patients had their medicines in-possession, half of them over 28 days. Not all cells were single occupancy or had lockable cupboards, which meant some women could not store their medicines safely. The prison's in-possession policy stipulated that the patient should be assessed alongside the medicine, but risk assessments did not include any assessment of the medication. A quarter of women collecting in-possession medicines did not have an up-to-date risk assessment, including one vulnerable patient who was prescribed 56 paracetamol pills a week.
- 2.77** Competent staff who knew the women well administered their supervised medicines twice a day. There was also provision for them to receive doses at lunchtime and at night. Officer supervision at medicine queues was good.
- 2.78** Prescribers did not adhere to some recognised dosage schedules to ensure women received effective care. Pain killers were prescribed 'as required', including the tradeable medicine codeine, which meant they might not have provided effective relief. About a third of the prison population was prescribed methadone. Records showed that one patient was also prescribed codeine which should not have been prescribed along with methadone for clinical reasons. About 25% of the prison population received well-known tradeable medicines.

- 2.79** The prison had written protocols for the supply of medicines without prisoners having to see a doctor, but those for vaccine administration were out of date.
- 2.80** Stock reconciliation procedures had been established for out-of-hours' medicines but not for medicines to treat minor ailments. The fridge temperature was checked every day.
- 2.81** A regional medicines management meeting took place, but not all stakeholders were invited or attended and there was no prison specific meeting.

Recommendations

- 2.82 All stock medicines should be obtained in line with legal requirements.**
- 2.83 In-possession medication should be prescribed, reviewed and administered by health care professionals in line with an up-to-date policy that reflects current prescribing guidelines, and includes a robust risk assessment of the patient and the medication.**
- 2.84 Medicines should be administered in line with recommended dosage schedules for optimal and effective care, and procedures should be put in place to reduce the quantity of well-known tradeable medicines prescribed.**

Dentistry

- 2.85** Between four and six dental clinics were offered every week, split between dental checks and treatment, depending on clinical needs. A full range of NHS treatment was available. A dental therapist ran clinics, offering advice and information about how to maintain good oral health. Emergency appointments were available within 48 hours, often less. Waiting times for routine appointments were four weeks.
- 2.86** The dental suite and separate decontamination room were clean, well-stocked and met infection control standards. Equipment was well maintained.

Delivery of care (mental health)

- 2.87** The skills mix of the mental health team remained impressive and included experienced nurses, a clinical psychologist, a higher assistant psychologist and psychological well-being practitioners.
- 2.88** The team provided a stepped model of care (mental health services that address low level anxiety and depression through to severe and enduring needs) and ran an open referral system. The model offered extensive individual and group, primary, secondary and trauma care therapeutic options. Demand for mental health services remained very high – 77% of women in our survey said they had a mental health problem. Fifty-six women were receiving support through the primary mental health care pathway and 120 through secondary care.
- 2.89** All referrals were triaged by a multidisciplinary group, which allocated women to the most appropriate level of care. Timely comprehensive assessments were also conducted.
- 2.90** Women were encouraged to take an active part in their own recovery, and care plans were holistic and tailored to the individual. The team monitored the health of women who were prescribed mood stabilisers and antipsychotic medication, which was appropriate.

- 2.91** A learning disability pathway had been established and was under review. The team also worked with women in the PIPE and personality disorder units and those with a dual diagnosis.
- 2.92** A psychiatrist saw women with urgent needs promptly. An additional weekly session was being planned to reduce the waiting time for 15 women, some of whom had been waiting 10 weeks.
- 2.93** Women also had access to a Pets As Therapy dog (see paragraph 1.28) and patient-led groups, such as the Recovery Café (see paragraph 1.60) and a hearing voices group, which were positive initiatives.
- 2.94** Six women were receiving individual counselling and six attended a new loss group. However, 50 women were waiting up to 32 weeks for counselling, which was too long and needed to be reviewed.
- 2.95** Prison staff had received no recent mental health awareness training, which some felt they would have benefited from. However, 38% of officers had completed trauma-informed training (to enable them to respond effectively to the effects of trauma).
- 2.96** During 2017, seven women had been transferred to medium security units under the Mental Health Act (MHA) (1983). The average transfer time was seven weeks but one case took 15 months, which was too long.
- 2.97** Despite ongoing work with Durham Crown Court and liaison and diversion services in courts, women were still being inappropriately brought into custody for their own protection. In 2017, three women were later sectioned under the MHA on release.

Recommendation

- 2.98** **Patients being hospitalised under the MHA should be transferred within current Department of Health transfer guidelines.**

Good practice

- 2.99** *Patient-led initiatives, such as the hearing voices group, the Recovery Café and the Inspire group encouraged women to be involved in their own recovery, helping to boost their self-esteem and confidence.*

Social care

- 2.100** The prison had a memorandum of understanding with Durham County Council and G4S. Women with social care needs were promptly assessed by a social worker, and G4S staff provided relevant packages. There had been 20 referrals in 2017, and one in 2018. During the inspection four women were receiving social care packages.
- 2.101** Women who needed equipment received it after they had had an occupational therapy assessment. There were sufficient staff to deliver care, but some women we spoke with had a negative perception about the amount of care they received. Arrangements were the same as one would have expected in the community and were good overall.

- 2.102** The prison had a formal supporter (buddy) scheme, but there were three buddy vacancies. Buddies had a job specification and appropriate training. Some women felt they required more buddy support than was available.
- 2.103** All care plans were jointly reviewed by the provider and the local authority on a regular basis, which ensured that women's needs were met.

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.

- 2.104** In our survey, 49% of women said the food was very or quite good. The prison had recently introduced a six-week menu cycle, which provided a greater variety of hot food. Healthy options were available and different dietary needs were catered for. Fruit was offered every day and portion sizes were reasonable. Food sampled during the inspection was good, although breakfast packs remained inadequate and were distributed the day before they were to be eaten.
- 2.105** Except for those on Elvet wing, which had its own dining area, women ate their evening meals during the week and brunch at weekends in a communal dining hall. The atmosphere was relaxed and pleasant. Meals were generally served at reasonable times, although there was still a long gap between substantial hot meals at weekends.
- 2.106** The main kitchen was clean and adequately equipped. Much of the food was freshly prepared rather than ready-made. Women who worked in the kitchens undertook basic food hygiene training, but accredited training was not available.
- 2.107** Food consultation arrangements were good and there was a monthly forum, surveys were undertaken twice a year and comments books were available in the dining hall.
- 2.108** Women on Giles, Finchale and India wings had access to unit kitchens, which allowed them to cater for themselves, although some said they would have liked to have been able to buy and cook meat. Women did not have in-cell kettles and relied on flasks if they wanted a hot drink, instant noodles or soup when locked in their cell.

Purchases

Expected outcomes:

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

- 2.109** Women could buy items every week from the national prison shop and in our survey more women than the comparator said it sold a wide enough range of goods to meet their needs. They could also buy items from a range of catalogues, although they were charged an administration fee for some of them. Women could wait a week to make their first full shop order, depending on what day they arrived at the prison. However, they could buy packs of essential items on reception, with the costs spread out over several weeks.
- 2.110** Women could also buy clothing and accessories from an onsite shop, staffed by the prisoners. They received monthly financial statements, which helped women manage their

prison finances. Money could be sent to women electronically and the use of identity cards to authorise payments to the onsite shop replicated electronic payments in the community.

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.⁹

- 3.1 Time out of cell for most women remained good, at approximately 10 hours a day during the week and eight at the weekend. This reflected the scheduled core day and women told us that the amount of time they received unlocked was reliable and consistent.
- 3.2 A small number of unemployed prisoners, nine at the time of the inspection, who were on the basic level only received an hour unlocked each day. Although this appeared restrictive, it was only for short periods of time, the process was well governed and it was very effective at motivating women (see paragraph 1.21).
- 3.3 Evening association was available until 7.15pm, Monday to Thursday and 76% of women said they had association more than five times a week if they wanted it, which was good. No planned activities were available on the wings during these periods, but women seemed happy to socialise with their peers and keep themselves occupied.
- 3.4 Only 14 % of women said they could exercise outside more than five times in a typical week if they wanted to, which was poor. This shortcoming was offset by the amount of time women were unlocked and the opportunities they had during the day to move about outside when they went to activities and appointments. Staff told us that programming slots for exercise was difficult because of numerous competing priorities, as well as a shortage of time. They informed us that the profile for the new core day, which was due to be launched within the following few months, was designed to improve access to exercise.

⁹ 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.

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.

3.5 Ofsted¹⁰ made the following assessments about the learning and skills and work provision:

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

Management of learning and skills and work

- 3.6** Leaders and managers had successfully developed the learning, skills and work provision to meet the needs of the women at the prison, focusing particularly well on their empowerment, employability and enterprise skills. This vision informed curriculum developments and was well communicated to staff at all levels. Strategies for involving women were effective, helping them to deal with personal and social issues and to develop the confidence and skills they needed to succeed.
- 3.7** Partnerships were well managed. Prison managers met with providers regularly to discuss strategy and share good practice. They made good use of data to identify and jointly tackle areas of underperformance. Providers worked well together to ensure the provision met specific needs. For example, the National Careers Service and Novus had organised a course for women over 50 who had little work experience to help them prepare for employment after release.
- 3.8** There were sufficient activity places for all women, and almost all were fully employed. The allocation process was efficient and effective. Most women could combine work and education. Prison departments jointly monitored those who were unemployed and encouraged participation. The pay policy was fair and did not disadvantage those attending education and training. Women's attendance was well managed. Full-time prisoners sometimes missed classes because of appointments, such as counselling sessions, but staff were aware of the problem and planned teaching accordingly.
- 3.9** The range of education and training courses was matched to the labour market, although subjects, such as construction, which some women were interested in, were not available. Women working in a social enterprise workshop and retail shop developed enterprise and

¹⁰ 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>.

customer service skills alongside creative craft skills, such as curtain-making. Support for higher-level courses was good. Twenty-six prisoners were on open and distance learning courses and around 20 participated in a joint study programme with students from Durham University each year.

- 3.10** The education and vocational training provision, provided by Novus, was good. The college responded well to changing curriculum requirements, for example by providing outreach teaching to prison workshops. Quality assurance was used well to drive improvements, for example through a strong staff development programme. However, while most teaching was good, there were weaknesses in a few aspects, which had not been identified through the lesson observation process.
- 3.11** Almost all women received very good careers information, advice and guidance enabling them to make informed decisions about their next steps. The prison made good use of partnerships with employers and community organisations to provide women with opportunities for employment or work experience on release. Several companies had visited the prison to speak to women about the opportunities they could offer, and a recent apprenticeship event had highlighted the potential for work and training after release.

Quality of provision

- 3.12** The quality of most teaching was good. Tutors and instructors had high expectations of prisoners and most women participated fully in the education, training and work opportunities on offer. Teachers made good use of motivational speakers from outside the prison.
- 3.13** Most teachers planned teaching well, ensuring that targets set for women were based on their individual needs and progress to date. They included providing interesting and challenging activities. For example, in a maths class, women investigated calculations of body mass and meal portion sizes. However, in a few lessons, teachers did not do enough to check women's progress and understanding before moving onto new topics. In these classes, not all women made the progress expected.
- 3.14** The induction to activities was well planned and helped women settle into education. All prisoners received an employment and training portfolio, encouraging them to set personal and work targets, and record their progress. This initiative was positive, but had recently been introduced and was not yet used in all areas. Individual learning plans were used well to set targets for personal behaviour and attitude, as well as coursework. Class profiles contained a good level of detail about individual women, which teachers used well to plan a suitable range of activities.
- 3.15** Teachers provided women with good feedback to ensure they knew what they had to do to improve, and to help develop their writing skills.
- 3.16** In practical work areas, such as horticulture and catering, facilities and materials were good. Staff and prisoners paid attention to safe working practices. Activities were carefully matched to women's abilities and English and maths were integrated effectively. Equality and diversity were promoted well in vocational training workshops.
- 3.17** Many women were assessed as requiring additional leaning support, and in education all prisoners had individual support plans. In most cases, they were effective and women with additional needs performed well. In a few cases, plans were not incorporated into group profiles and teaching plans, which meant a few women did not receive the support they needed.

Recommendation

- 3.18** The education provider should ensure that all identified learning needs are incorporated into teaching plans so that women consistently receive the support they need.

Personal development and behaviour

- 3.19** The prison's provision improved women's work skills and personal effectiveness. New arrivals who were not yet ready to attend education could attend a First Steps course, which prepared them well for learning in the future. It included a range of activities, such as drama, mindfulness training, and therapeutic art classes, which enabled them to gain confidence. Women in social enterprises worked well in a team, helping each other to develop skills. Staff encouraged women to initiate their own activities, for example, community events or self-employment training. Many overcame personal and social difficulties, enabling them to make good progress in their courses.
- 3.20** Women behaved well, showing respect for each other and for staff. Attendance and punctuality were very good. Almost all enjoyed their classes and participated enthusiastically in activities and discussions. They were keen to succeed and were aware of the relevance of their studies to their future prospects. Many women had improved their maths and English skills, which gave them the confidence to progress to higher-level studies.
- 3.21** Several prisoners were employed as peer supporters or mentors. More than 20 were involved in The Shannon Trust reading scheme, which saw them help other women improve their basic skills. Others were employed in education and training areas where they supported learning, at the same time developing their own skills and confidence. A student council met regularly. It gave women the chance to put forward their views, for example, on the recent curriculum review.

Education and vocational achievements

- 3.22** Most women made good progress. The standard of the majority of prisoners' work was good, and achievement rates for most courses were high. Those with additional learning needs who received support made good progress, and there were no significant differences in the achievements of different groups of women.
- 3.23** In vocational skills and work areas, women made good progress. In the social enterprise workshop, they developed good sewing and design skills, and in the training kitchen they gained a good range of cooking, food presentation, and customer service skills. They demonstrated a good work ethic, working diligently and achieving good results. Women on the horticulture course could identify plants and explain the conditions they required to flourish.
- 3.24** Retention rates were good on most courses and work activities, and the pass rates for those completing their courses were good. However, in a few cases, such as maths at level 1, and in some vocational courses, retention had been poor. In catering, poor results in the previous year were caused by staffing problems, which had been resolved.

Recommendation

- 3.25 The prison should improve retention on maths and some vocational training courses.**

Library

- 3.26** The library was easily accessible for women and they could visit twice a week. It was well-run and appropriately equipped, providing a wide range of suitable stock in different formats. It included material in foreign languages and books with large print, as well as 'quick-read' books. Eighty-five per cent of women who used the library said it had a wide enough range of material to meet their needs.
- 3.27** Several stimulating activities were held in the library. Speakers had been invited to give talks, including an author and an astronaut. The library ran two book clubs and a Storybook Mums service (in which prisoners record stories for their children). Computers, which had not been operational during the previous inspection, were now working and provided women with internet access for training and employment opportunities.

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.

- 3.28** Access to physical education (PE) had improved since the previous inspection and the gym was now open at the weekend and in the evenings for recreational sessions. Thirty-six per cent of women said they typically went to the gym twice a week or more often, which was positive.
- 3.29** Facilities in the indoor sports hall were adequate – it had cardiovascular, resistance and weight machines. A range of suitable sports and games activities was available. Specialist provision was made for the under-25s and over-40s, and there were also opportunities for women who needed remedial support. Yoga and dance classes were offered, and the prison had purchased a modular six-week exercise class for women working in the community, which proved popular. Gym staff responded to the needs of trans prisoners and individual programmes were also being provided.
- 3.30** Apart from a hard-concrete area, there was still no proper outside PE space.

Recommendation

- 3.31 There should be a suitable outdoor area for PE activities.**

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 prison did not have a reducing reoffending policy or offender management policy during the inspection. Both were being updated, as was a needs analysis of the population. Despite this, the prison had a clear plan for taking work forward and managers worked well together.
- 4.2 Quarterly reducing reoffending meetings were well attended by staff from across the prison, including offender management, and minutes demonstrated that there was a clear strategic direction. There was also a monthly partnership meeting to which all providers helping women prepare for their release were invited.
- 4.3 Since the last inspection the way in which resettlement services were provided had been changed substantially. Through-the-gate services had been introduced and resettlement services were now provided by community rehabilitation companies (CRCs). At Low Newton, Northumbria CRC worked exclusively with women from Northumbria, while Durham Tees Valley CRC, the primary service provider, worked with all other women.
- 4.4 There had also been an attempt to break down barriers between service providers and organisations by co-locating offender management, probation and psychology departments and the CRCs in one area. Although this was a positive initiative, we found some evidence that the provision was still not as integrated as it might have been.
- 4.5 The number of occasions on which women had been released on temporary licence had risen since our last inspection, but it was still too low. Many women were now being released on home detention curfew (HDC) (see paragraph 4.12) and the prison was under pressure to move women to open conditions if they met the criteria because of a lack of space in the closed estate. As a result, few women benefited from release on temporary licence (ROTL). In the six months up to the inspection, only five women had been granted ROTL on a total of 204 occasions. Sixteen women (5% of the population) were categorised as suitable for open conditions during our inspection, but they did not all have access to ROTL opportunities. Staff told us several possible ROTL placements were not being used.

Recommendation

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

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.

- 4.7** All remanded or newly sentenced women completed a basic custody screening within 24 hours of their arrival and the CRC then put together a resettlement plan. Screening assessments and resettlement plans were all up to date. Women serving over 12 months also had to have an offender assessment system (OASys) report. The prison had a small backlog of OASys reports (27), but most were up to date. Since the beginning of the year, the prison had started allocating offender supervisors to women on remand and those serving sentences of less than a year, as well as to those who had to have an OASys report. Women on remand and serving short sentence had to have a prison custody plan. The prison intended to ensure that women on short sentences could access interventions, but custody plans replicated CRC resettlement plans and caused confusion. In our survey 62% of women said they had a custody plan.
- 4.8** Our own review of OASys cases found that most assessment were reasonable or good, but there were some exceptions. OASys reports for which the National Probation Service (NPS) was responsible tended to be better than those managed by prison officer (band 4) offender supervisors. Some prison officer offender supervisors were unsure about the difference between the risk of harm and the risk of reoffending. Sentence planning targets were generally appropriate and, although there were exceptions, most appropriately focused on addressing risk factors associated with the person's offending. This was more likely the case for prisoners posing higher risks of harm. This was largely because women managed by the NPS had exclusive access to interventions, such as the psychologically informed planned environment (PIPE) and the Primrose Offender Personality Disorder Service, while lower risk women were less likely to meet the criteria for participating in the Thinking Skills Programme (TSP), the only accredited offending behaviour programme available (see paragraphs 4.51 and 4.52 and recommendation 4.54). In our survey, of those women who said they had a custody plan, 82% said they knew what their targets were.
- 4.9** Across the offender management unit (OMU), offender supervisors had reasonable caseloads of around 40. However, it was not always clear what the role of offender supervisors was beyond assessing women and sentence planning. In some, primarily low and medium risk of harm cases we looked at, there had been little or no contact between the offender supervisors and the women and in others contact was exclusively in response to practical queries (such as clarifying dates for reviews and addresses for HDC applications). Probation staff were far more likely to be actively involved in supporting and interacting with women. Women we spoke to largely reinforced these findings.
- 4.10** Prison officer offender supervisors were now receiving casework supervision, similar to their probation colleagues, which helped them develop necessary skills and was starting to improve the quality of work in the department. They also received regular support from the psychology department, which had been integrated within the OMU. The psychology department also offered women with more complex issues one-to-one work.
- 4.11** Since the last inspection, the number of women held at the prison for a sexual offence had risen substantially (from three in 2014 to 31). There was a clear focus on work with this group, driven by the psychology department. Probation offender supervisors had received Women Who Sexually Offend training to help them work with these women.

- 4.12** In the six months up to the inspection, 59 women had been considered by the HDC board and 53 (90%) had been successful. Despite the high success rate, we were told that relatively few women had been released on HDC on their eligibility date, mainly due to delays in reports being returned. Since January, substantial improvements had been made following the introduction of the new national scheme and more women were now being assessed in time to meet their qualifying date. The process also benefited from women being efficiently screened on arrival to determine if they met the criteria.
- 4.13** CRC staff were, however, still working towards a prisoner's conditional release date so if she was granted HDC, there would have been little or no time for them to provide an effective service.

Recommendation

- 4.14 Resettlement plans compiled by CRC staff should be based on women's HDC eligibility date.**

Public protection

- 4.15** Public protection arrangements were generally good. During the inspection, 54 women were subject to monitoring due to child protection concerns and 45 were subject to harassment procedures. All women were screened on arrival and those identified as posing a concern were subject to necessary restrictions and monitoring. Monitoring arrangements were reviewed regularly to ensure they were appropriate.
- 4.16** Risk management plans for all high and very high risk of harm prisoners were reviewed regularly by the senior probation officer to ensure the plans were relevant and of a high standard. This process also ensured that women subject to multi-agency public protection arrangements (MAPPAs) were identified early enough to implement effective pre-release planning arrangements. During the inspection, 21 women subject to MAPPAs were due to be released within the forthcoming six months. All had a confirmed MAPPA level. Two women were to be managed at MAPPA level 2 (where the active involvement of one or more agency is required) and in both cases the probation offender supervisors had already attended community MAPPA meetings.
- 4.17** Reports prepared by the prison for MAPPA panels (MAPPA F reports) which we examined were good.

Allocation

- 4.18** All women were initially categorised on their arrival. They then had their categories reviewed at least annually, depending on the length of their sentence. Both initial categorisations and reviews were undertaken on time and there was no backlog during the inspection. The women's estate was relatively full and the prison was under pressure to move suitable women to open conditions. In the six months prior to the inspection, 164 categorisation reviews had taken place and 13 women had been downgraded to open conditions. We analysed several initial and review cases and found decisions appropriate.
- 4.19** Some women, despite having been classified as suitable for open conditions, preferred to stay at Low Newton. In some cases, this was because their families were nearby and visits were easier, but in others it was because they felt settled at Low Newton. These women were accommodated on Giles wing, which gave them more freedom than elsewhere, as well

as the opportunity to cater for themselves and remain unlocked all day. Women we spoke to on the wing were positive about their experiences there.

- 4.20** Women whose home was closer to an alternative prison could apply for a transfer and we saw some transfers being approved.

Indeterminate sentence women

- 4.21** Indeterminate sentenced women were allocated to one of the probation offender supervisors and the cases we reviewed appeared to be managed well. Indeterminate sentenced prisoners were prioritised for the PIPE or Primrose Offender Personality Disorder Service to help them progress.
- 4.22** There had been two forums for indeterminate sentence prisoners in the previous 12 months, during which women had raised any concerns. A lifer family day was held at Christmas and it was hoped that another event would be organised in the summer.

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.

- 4.23** The prison released an average of 52 women each month. The two CRCs working at Low Newton had slightly different operating models but fundamentally offered the same service. All women were seen approximately 12 weeks before their release to complete a resettlement plan and then again a week before release to finalise plans. The resettlement plans we saw varied considerably. Many were detailed and covered all aspects of resettlement, while others contained little information about release plans. We also came across some women who had no plan at all but who were due to be released within a fortnight.
- 4.24** Pre-release work was not always effectively coordinated or integrated with other service providers. For example, we saw women with drug and alcohol problems receive some excellent support, yet it was not always reflected in their resettlement plans. We were not confident that responsible officers were always aware of the post-release support that had been set up. The roles of offender supervisors and resettlement workers were not clearly defined and staff we spoke to were not always sure who was meant to liaise with responsible officers in the community. These failings risked undermining potential outcomes for women.
- 4.25** Day of release arrangements were good. All women were seen in the 'departure lounge' based in the visitors' centre just before their release. Staff reinforced their licence conditions and reminded them of any support that had been arranged.
- 4.26** There was good pre- and post-release support for women who were being released through Wise Group, a social enterprise. During the inspection, 35 women participated in the project. The Open Gate project also offered women transport on the day of their release, as well as some post-release mentoring support where necessary.
- 4.27** Monitoring, both up to and post-release was limited and it was difficult to quantify accurately how effective the provision was.

Recommendations

- 4.28** All women released from Low Newton should have a resettlement plan, which outlines work that has been undertaken across all resettlement pathways and include any outstanding areas that need addressing.
- 4.29** The prison should ensure that outcomes for women are monitored post-release, especially in relation to accommodation, and used to inform service development.

Children, families and contact with the outside world

- 4.30** Women received good support to maintain ties with their families and children, but there was no strategy to pull the work together and gaps were not identified. Work to develop a strategy was underway.
- 4.31** The North-East Prison After Care Society (NEPACS), a charity supporting prisoners and their families, helped women maintain or renew contact with their children and families and supported women with final contact visits (when the courts decide to remove a child from a woman's custody). The family engagement manager and worker between them were involved with about 30 to 35 women at any one time. Their caseload had been reduced after funding had been reduced. A new family support worker for the substance misuse service had been appointed to provide the women with another source of support. The service ran the prison's only parenting course and all other work was delivered individually.
- 4.32** NEPACS also ran the visitors' centre, the tea bar and play area in the visits hall. The visitors' centre was well-equipped and visitors could obtain refreshments and prepare for their visit. Facilities for children were good and a range of useful information was available. First-time visitors were offered a private talk with one of the centre staff.
- 4.33** Visits staff were approachable and searching was carried out respectfully. The visits hall was nicely furnished and staff supervision was unobtrusive. Some visitors and women said it was difficult to book visits, which the prison was addressing. The prison planned to add more visits sessions to reflect the number of women held.
- 4.34** Family days and play days took place every month and the prison also offered child-parent visits every week.
- 4.35** Restricted status prisoners had their visits in a separate unit. The room used was a converted office and was less attractive and comfortable than the visits hall. Visitors could use the tea bar in the main visits hall on their way to their visit.
- 4.36** The chaplaincy organised a prison visitors scheme, but prison staff were unaware that over 40% of women had not had a visit in the year prior up to the inspection and 17% had not had any visits since arriving at Low Newton. Unused visiting orders could be exchanged for extra phone credit, but not enough was known about the reasons for the lack of visits or how to address the impact this had on women and their families.
- 4.37** In addition to visits and phone contact, the prison offered prisoners voicemail, where families could leave messages for women that they could access on a prison phone. Family and friends could also send emails to women via the Email A Prisoner scheme.

Recommendations

- 4.38 Women should be able to participate in relationship and parenting courses.**
(Repeated recommendation 4.43)
- 4.39 The prison should explore and address the reasons why so many women do not receive visits and consider new ways in which contact with the outside world can be maintained, for example, through Skype.**

Victimisation, abuse and vulnerability

- 4.40** Women who had been the victims of domestic abuse had access to the Freedom project. The six-week programme had been taken in-house after the organisation that ran it previously disbanded. The prison planned to deliver it within a month and new staff were being trained. Forty-five women were on the waiting list for the programme. Those who might have been released before the programme started could be referred to support in the community. Some individual counselling was also available through Relate but, we were told, the programme was short-staffed and the provision was limited.
- 4.41** Work with women who had been involved in the sex industry was more comprehensive. Two community-based projects ran fortnightly groups. Both offered post-release support in the Cumbria, Durham and Tees Valley areas. The prison attended the area sexual exploitation forum and worked with a number of community providers to provide support for women who had been trafficked.

Recommendation

- 4.42 The prison should ensure there is a sufficient range of interventions in place to address the concerns of women who have been or are at risk of domestic abuse.**

Accommodation

- 4.43** CRC staff saw women on their arrival and prior to their release to help them maintain or manage tenancies. Pre-release support mainly involved directing women to sources of help, and it was rare that new accommodation was secured prior to release. Post-release outcomes were not formally followed-up and it was difficult to establish how effective the provision was. It was estimated that around 15% of those released had no fixed accommodation, which was higher than at the last inspection. However, the prison did not know how many women managed to secure temporary or emergency accommodation on release. (See recommendation 4.29.)

Education, training and employment

- 4.44** The National Careers Service (NCS), provided by the Education Development Trust (EDT), was good. Advisers worked with women during their induction to produce a skills action plan, which provided a sound basis for allocating women to activities. NCS and Jobcentre Plus advisers saw all prisoners before their release to review their progress, and discuss job opportunities. However, some short-term prisoners were not seen in time to provide adequate pre-release support, and few prisoners used the virtual campus (internet access for prisoners to community education, training and employment opportunities) to search for job opportunities. The prison had a good range of placements for prisoners released on

temporary licence, but none of them were being offered during the inspection. EDT advisers and job brokers in the community followed up many prisoners after release, which helped inform plans for improving job outcomes in the future.

Health care

- 4.45** Discharge arrangements for women were thorough. A discharge summary was sent to GPs. If a woman did not have a GP they received help to register with one. Women were invited to a contraception and sexual health clinic prior to discharge. Take-home medication was supplied. Arrangements for patients with palliative or end of life needs were good and the prison had effective links with local services providing care for those with a terminal illness.
- 4.46** The mental health team liaised effectively with community mental health teams and pre-release planning for patients with enduring mental health problems was well managed. However only four patients were subject to the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness), a framework of care that should follow the patient. We were informed that some community services discharged women who entered the criminal justice system, undermining the CPA approach.
- 4.47** A resettlement worker had offered advocacy and community housing support to 30 women with mental health problems who had been released in the previous six months.

Drugs and alcohol

- 4.48** Excellent through-the-gate work ensured women could access community drug and alcohol services, including residential rehabilitation provision. The prison did not offer women naloxone (a drug designed to reverse an opiate overdose), but was considering doing so. An enthusiastic and focused family worker supported women with substance misuse problems to initiate and develop links with their children, families and community support networks.

Recommendation

- 4.49** **The prison should offer naloxone to women being released, subject to an individual risk assessment.**

Finance, benefit and debt

- 4.50** Support for women with financial and debt problems was appropriate but limited. Some basic debt advice and assistance with contacting debtors and freezing debts was available, and prisoners had access to a free telephone support line if they were concerned about moneylenders. However, no records were kept to indicate how widely used either of these services were. Women were also directed to community support, but it was unclear how effective it was.

Attitudes, thinking and behaviour

- 4.51** The population of Low Newton had changed substantially since our last inspection and 48% of the population were now serving sentences of over four years. Despite this, the only accredited programme offered was the TSP, which had an annual target completion figure of 45.

- 4.52** The prison had two other initiatives – the Primrose Offender Personality Disorder Service and the PIPE. The Primrose programme worked with up to 12 women at a time, in two cohorts of six. It was extremely comprehensive and consisted of a range of largely bespoke interventions for very complex women. The programme was available to women across England and Wales. The PIPE accommodated up to 40 women on one wing and offered a range of interventions to reinforce what they had learned previously through, for example, the TSP and the Primrose programme, in a therapeutically supportive environment. Women were involved in both programmes on a part-time basis, working or attending education for the other half of the week. Women we spoke to during the week were extremely positive about the support they received.
- 4.53** The range of interventions appeared broadly appropriate for the population, although the prison had not conducted a needs analysis based on OASys reports to determine whether the needs of those posing a risk of harm and of reoffending were being met. The Primrose and PIPE programmes were only available for higher risk women serving relatively long sentences, and those posing a lower risk or serving shorter sentences were less likely to meet the criteria for the TSP (see also paragraph 4.8.) There were few alternative interventions for women who did not meeting the criteria. However, three women had been transferred to other prisons to complete offending behaviour programmes in the six months prior to the inspection.

Recommendation

- 4.54** **The prison should undertake a regular analysis of the needs of women based on OASys data to ensure that the range of interventions is sufficient to meet the needs of women and to reduce their risk of reoffending.**

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** The prison should ensure women receive consistent offender management support, especially in the lead up to their release. Managers should monitor the support and implement necessary changes. (S49)

Main recommendation

To the governor and HMPPS

- 5.2** Low Newton and HMPPS should, with partner organisations, explore alternatives to using the prison as a place of safety for women with significant and acute mental health problems. (S48)

Main recommendation

To HMPPS

- 5.3** The prison should be equipped with full body scanner technology to help prevent illicit substances and other items from being smuggled in. (S47)

Recommendations

Safe and supportive relationships

- 5.4** Issues raised through consultations with women about safety should be addressed and information from exit surveys used to inform the prison's safety policy. (1.22)

Self-harm and suicide prevention

- 5.5** The prison should ensure that there are always enough trained Listeners to provide 24-hour support. (1.32)

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

- 5.6** Information from the local safeguarding board should be disseminated to key staff within the prison and the safeguarding policy should be updated. (1.38)

Disciplinary procedures

- 5.7** Women's concerns about their own safety raised during adjudications should be investigated promptly. (1.48)

- 5.8** The condition of the segregation unit exercise yard should be improved. (1.56, repeated recommendation 1.69)

Substance misuse

- 5.9** Prescribing should be flexible and based on an individual approach that provides women with continuity and supports their safe release into the community. (1.69)

Residential units

- 5.10** Single cells should not be used as doubles. (2.9, repeated recommendation 2.10)

Complaints

- 5.11** The prison should investigate why so many women said they had been prevented from making a complaint and address any issues. (2.38)

Legal rights

- 5.12** The prison should investigate and address women's negative perceptions of the way legally privileged mail is managed. (2.44)

Health services

- 5.13** Primary care and inpatient facilities should not be co-located. (2.61, repeated recommendation 2.62)
- 5.14** Emergency resuscitation equipment and medicines should be in good order, stored appropriately and easy to access. An effective monitoring system should be in place and all prison staff should be familiar with the emergency code protocol and feel confident about using it. (2.62)
- 5.15** All stock medicines should be obtained in line with legal requirements. (2.82)
- 5.16** In-possession medication should be prescribed, reviewed and administered by health care professionals in line with an up-to-date policy that reflects current prescribing guidelines, and includes a robust risk assessment of the patient and the medication. (2.83)
- 5.17** Medicines should be administered in line with recommended dosage schedules for optimal and effective care, and procedures should be put in place to reduce the quantity of well-known tradeable medicines prescribed. (2.84)
- 5.18** Patients being hospitalised under the MHA should be transferred within current Department of Health transfer guidelines. (2.98)

Learning and skills and work activities

- 5.19** The education provider should ensure that all identified learning needs are incorporated into teaching plans so that women consistently receive the support they need. (3.18)
- 5.20** The prison should improve retention on maths and some vocational training courses. (3.25)

Physical education and healthy living

- 5.21** There should be a suitable outdoor area for PE activities. (3.31)

Strategic management of resettlement

- 5.22** Subject to appropriate risk assessments, ROTL should be used more widely to support resettlement planning. (4.6, repeated recommendation 4.6)

Offender management and planning

- 5.23** Resettlement plans compiled by CRC staff should be based on women's HDC eligibility date. (4.14)

Reintegration planning

- 5.24** All women released from Low Newton should have a resettlement plan, which outlines work that has been undertaken across all resettlement pathways and include any outstanding areas that need addressing. (4.28)
- 5.25** The prison should ensure that outcomes for women are monitored post-release, especially in relation to accommodation, and used to inform service development. (4.29)
- 5.26** Women should be able to participate in relationship and parenting courses. (4.38, repeated recommendation 4.43)
- 5.27** The prison should explore and address the reasons why so many women do not receive visits and consider new ways in which contact with the outside world can be maintained, for example, through Skype. (4.39)
- 5.28** The prison should ensure there is a sufficient range of interventions in place to address the concerns of women who have been or are at risk of domestic abuse. (4.42)
- 5.29** The prison should offer naloxone to women being released, subject to an individual risk assessment. (4.49)
- 5.30** The prison should undertake a regular analysis of the needs of women based on OASys data to ensure that the range of interventions is sufficient to meet the needs of women and to reduce their risk of reoffending. (4.54)

Examples of good practice

- 5.31** Women on an ACCT could involve their family in the process, which meant they could benefit from the extra support it provided. (1.33)
- 5.32** Equality and diversity work was much stronger than we usually see. It was suitably prioritised and the governor took the lead, which meant outcomes for those with protected characteristics were good. (2.19)
- 5.33** The personalised induction material, which demonstrated the chaplaincy's level of interest in and care for women's needs, ensured that prisoners were treated as individuals. (2.33)

- 5.34** A range of excellent perinatal initiatives, including better reception screening, good multi-agency information-sharing and improved clinical caseload management, provided women with impressive individually tailored care. (2.63)

- 5.35** Patient-led initiatives, such as the hearing voices group, the Recovery Café and the Inspire group encouraged women to be involved in their own recovery, helping to boost their self-esteem and confidence. (2.99)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Karen Dillon	Inspector
Paddy Doyle	Inspector
Angela Johnson	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Kam Sarai	Inspector
Laura Green	Researcher
Catherine Shaw	Researcher
Emily Spilman	Researcher
Beth Wilson	Researcher
Maureen Jamieson	Health services inspector
Nicola Rabjohns	Substance misuse inspector
Deborah Hylands	Pharmacist
Lynda Day	Care Quality Commission inspector
Jo MacDonald	Care Quality Commission inspector
Dan Grant	Ofsted inspector
Ken Merry	Ofsted inspector
Stephen Oliver-Watts	Ofsted inspector
Martin Ward	Ofsted 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 2014, some women waited too long in court and had long journeys to the prison. Early days support was good. Most women felt safe and there were relatively few serious incidents. Care for women at risk was generally good but weak coordination meant there were gaps in support for some whose needs were complex. Safeguarding arrangements needed development. Security was proportionate. Many women said it was easy to get illegal drugs, but we did not find evidence to support this. Some adjudications could have been dealt with through other means. Use of force was low and well managed. Segregation was used infrequently. Substance misuse services were good overall. Outcomes for women were reasonably good against this healthy prison test.

Main recommendation

All women with complex needs should be appropriately identified, supported and managed by a multidisciplinary team. (S44)

Achieved

Recommendations

Women should be held in court cells for the minimum possible time. (1.4)

Not achieved

Women should be given sufficient notice of transfers to other prisons so that they are able to notify family and friends of the move at least the day before. (1.5)

Partially achieved

Men and women prisoners should be transported separately. (1.6)

Not achieved

The reception interview should be completed in private. (1.16)

Achieved

Induction should be delivered using a range of accessible formats specifically targeting those with low levels of literacy. (1.17)

Achieved

The prison should robustly address prisoners' perceptions of victimisation. (1.29)

Achieved

Women's concerns about safety in the health care waiting room should be addressed effectively. (1.30)

Achieved

ACCT documents should record the required number of observations to be undertaken. (1.42)

Achieved

Women on constant watches should be seen by a GP every 24 hours. (1.43)

Achieved

Safeguarding policy and practice should be developed in conjunction with the local safeguarding adults board. (1.48)

Partially achieved

Women's perception of the easy availability of drugs in the prison should be explored and addressed. (1.59)

Not achieved

Analysis of trends in the use of force should be improved. (1.64)

Achieved

The condition of the segregation unit exercise yard should be improved. (1.69)

Not achieved (recommendation repeated, 1.56)

The segregation unit regime should be improved and include some purposeful activity. (1.70)

Achieved

A designated drug recovery unit and a peer support scheme should be developed to further increase support for women with drug and alcohol problems. (1.75)

Partially achieved

First night opiate substitute prescribing should be available consistently with prescribing regimes in line with national guidance. (1.76)

Achieved

A dual diagnosis pathway of care should be developed for women with both substance and mental health-related problems (1.77)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, living conditions were generally good. Relationships were strong, and the personal officer scheme worked very well. Equality and diversity support was provided on an individual basis and most women's needs were met. Faith services were good. Most responses to complaints were satisfactory. Legal services support was adequate. Health care provision was generally good although women's negative perceptions needed to be addressed. Demand for mental health services was exceptionally high and women's needs were mostly met. A small number of very ill women were inappropriately held for their own protection. Food was reasonable and self-catering opportunities were valued. Canteen items were too expensive. Outcomes for women were good against this healthy prison test.

Main recommendation

The prison health partnership board should engage with HM Courts and Tribunals Service to monitor jointly the transfer of women from magistrates' courts in the North East to HMP Low Newton to ensure that women at court with mental health problems are diverted to appropriate mental health services. (S45)

Not achieved

Recommendations

Single cells should not be used as doubles. (2.10)

Not achieved (recommendation repeated, 2.9)

Graffiti should be removed from beds. (2.11)

Not achieved

Women should not have to buy all their clothing from catalogues. (2.12)

Achieved

Officers should knock and wait for a reply before entering cells. (2.13)

Not achieved

Foreign national prisoners should have good access to specialist legal advice. (2.32)

Achieved

The poor perception of prisoners with disabilities should be explored and addressed. (2.33)

Achieved

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

Achieved

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

Achieved

A strategy to address prisoners' negative perceptions of health care should be implemented. (2.61)

Partially achieved

Primary care and inpatient facilities should not be co-located. (2.62)

Not achieved (recommendation repeated, 2.61)

Patients should not wait for excessive periods before and after their health care appointments. (2.63)

Partially achieved

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

Not achieved

The waiting time for dental treatments should be reduced. (2.81)

Achieved

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

Achieved

The gap between hot meals at weekends should be reduced. (2.94)

Not achieved

Women should receive sufficient portions of fruit and vegetables. (2.95)

Achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2014, time out of cell was good but access to outside areas was limited. Leadership and management of learning and skills was good and focused appropriately on women's needs. Purposeful activity was good and the range offered was appropriate. The quality of the provision was good and individual targets were set. Achievements were good in most areas but poor in English. Learners were well motivated and behaviour was good. The library and gym provided some good support, although recreational gym was limited. Outcomes for women were good against this healthy prison test.

Recommendations

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

Not achieved

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

Achieved

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

Achieved

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

Partially achieved

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

Partially 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 2014, the prison had a good understanding of the resettlement needs of the population. Use of release on temporary licence (ROTL) was limited. Much offender management work was good, but the quality and timeliness of some assessments needed to improve. Aspects of public protection needed attention. Some reintegration work required improvement but resettlement services were generally good. Children and families work was very good but support for women who had been victimised or abused was underdeveloped. Too many women were released with no fixed address. A range of relevant offending behaviour programmes were offered and some excellent opportunities were offered to women with personality disorders. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

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

Not achieved (recommendation repeated, 4.6)

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

Achieved

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

Achieved

Risk management plans for high risk prisoners, and those posing a potential risk to children should be routinely monitored. (4.14)

Achieved

OSs should record their work with prisoners on the prison's electronic case note system. (4.15)

Achieved

There should be sufficient evidence to justify mail and telephone restrictions and reviews should be conducted on time. (4.21)

Achieved

The management level of every MAPPA nominal should be confirmed six months prior to release. (4.22)

Achieved

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

Partially achieved

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

Partially achieved

Women should be able to participate in relationship and parenting courses. (4.43)

Not achieved (recommendation repeated, 4.38)

The criteria for attendance at children and family visits should be extended to include step-parents and grandparents. (4.44)

Achieved

The strategies developed since the needs assessment should be implemented so that a coordinated range of services can be put in place to identify and support women at risk of victimisation and abuse. (4.49)

Achieved

Prison staff should receive specialist training to support women at risk of sexual exploitation, abuse and being trafficked. (4.50)

Achieved

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

Not achieved

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

Not achieved

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Registered provider: G4S Forensic and Medical Services (UK) Limited

Registered location: HMP YOI Low Newton

Location ID 1-1988036090

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening procedures and Surgical procedures.

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 12(1) (2) (a) (b) (i): Safe care and treatment	Care and treatment must be provided in a safe way for service users
--	---

How the regulation was not being met:

The registered person did not ensure that assessments of the risks to the health and safety of service users of receiving care or treatment were carried out.

The registered person did not ensure that where care and treatment of service users was shared between providers, staff worked together effectively to ensure the health, safety and welfare of service users in relation to in possession risk assessment.

- G4S staff were responsible for the completion of in-possession medication risk assessments for patients. They did not work effectively with other providers to ensure the safe management of patient medicines and associated risk assessment.
- Risk assessments including in-possession risk assessments, were not completed for 25% of women who were in receipt of in-possession medicines.
- There were clinical protocols in place for the administration or supply of discretionary medicines; however these did not include a risk assessment about storage and access in an emergency.

Requirement Notices

Provider: Spectrum Community Health C.I.C.

Location: One Navigation Walk

Location ID: 1-2579124197

Regulated activities: Diagnostic and screening procedures; treatment of disease, disorder, or injury.

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 12(1) (2) (a) (b) (i): Safe care and treatment

Care and treatment must be provided in a safe way for service users

How the regulation was not being met:

The registered person did not ensure that assessments of the risks to the health and safety of service users of receiving care or treatment were carried out.

The registered person did not ensure that where care and treatment of service users was shared between providers, staff worked together effectively to ensure the health, safety and welfare of service users in relation to in possession risk assessment.

- Spectrum staff were responsible for most prescribing of medication at HMP Low Newton, and the issuing of in-possession medicines. They did not work effectively with other providers with respect of the safe management of patient medicines and the risk assessment process.
- We found evidence that GPs did not routinely complete in-possession risk assessments for patients for whom they subsequently prescribed medicines.
- Patient records did not demonstrate GPs had reviewed current in-possession risk assessment status or requested a risk assessment was carried out.
- Primary care nurses completed in-possession risk assessments for medicines, however, 25% of women in receipt of in-possession medicines had no risk assessment in place.
- Pharmacy technicians issued in-possession medicines but had no process in place to ensure a risk assessment had been completed.

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	7	244	73.5
Recall	0	18	5.3
Convicted unsentenced	2	9	2.9
Remand	3	27	8.8
Civil prisoners	0	0	0
Detainees	0	0	0
Total	11	329	

Sentence	18–20 yr olds	21 and over	%
Unsentenced	4	38	12.4
Less than 6 months	0	31	9.1
6 months to less than 12 months	1	15	4.7
12 months to less than 2 years	1	30	9.1
2 years to less than 4 years	0	65	19.1
4 years to less than 10 years	4	98	30
10 years and over (not life)	0	19	5.6
ISPP (indeterminate sentence for public protection)	0	7	2.1
Life	1	26	10
Total	11	329	

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	11	3.2
21 years to 29 years	76	22.4
30 years to 39 years	136	40
40 years to 49 years	77	22.6
50 years to 59 years	31	9.1
60 years to 69 years	9	2.6
70 plus years	0	0
Please state maximum age here:	68	
Total	340	

Nationality	18–20 yr olds	21 and over	%
British	11	316	96.2
Foreign nationals	0	13	3.8
Total	11	329	

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	3	38	12
Female Restricted	0	2	0.6
Female Closed	7	269	81.2
Female Open	0	16	4.7
		4	1.5
Other	1		
Total	11	329	

Ethnicity	18–20 yr olds	21 and over	%
White			
British	10	301	91.5
Irish	0	2	0.6
Gypsy/Irish Traveller	0	0	0
Other white	0	5	1.5
Mixed			
White and black Caribbean	1	2	0.9
White and black African	0	0	0
White and Asian	0	1	0.3
Other mixed	0	2	0.6
Asian or Asian British			
Indian	0	1	0.3
Pakistani	0	0	0
Bangladeshi	0	0	0
Chinese	0	1	0.3
Other Asian	0	2	0.6
Black or black British			
Caribbean	0	6	1.8
African	0	1	0.3
Other black	0	1	0.3
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	3	0.9
Not stated			
Total	11	329	

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.3
Church of England	0	85	25
Roman Catholic	0	65	19.1
Other Christian denominations	5	34	11.5
Muslim	0	5	1.5
Sikh	0	0	0
Hindu	0	0	0
Buddhist	0	7	2.1
Jewish	0	1	0.3
Other	0	7	2.1
No religion	6	124	38.2
Total		329	

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3	41	12.1
1 month to 3 months	1	0.3	55	16.2
3 months to 6 months	0	0	45	13.2
6 months to 1 year	4	1.2	62	18.2
1 year to 2 years	1	0.3	59	17.4
2 years to 4 years	0	0	18	5.3
4 years or more	0	0	11	3.2
Total	7	2.1	291	85.6

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	4.8	13	31
1 month to 3 months	1	2.4	9	21.4
3 months to 6 months	0	0	10	23.8
6 months to 1 year	1	2.4	5	11.9
1 year to 2 years	0	0	1	2.4
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	4	1.2	38	11.2

Main offence	18–20 yr olds	21 and over	%
Violence against the person	4	99	29.9
Sexual offences	1	29	8.7
Burglary	1	34	10.2
Robbery	2	39	11.7
Theft and handling	0	46	13.8
Fraud and forgery	0	8	2.4
Drugs offences	0	37	11.1
Other offences	3	39	11.7
Civil offences	0	0	0
Offence not recorded /holding warrant			
Total	11	331	

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMIP) researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison.¹¹

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-Nomis prisoner population printout ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.¹²

Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 12 February 2018 the prisoner population at HMP & YOI Low Newton was 340. Using the sampling method described above, questionnaires were distributed to 170 prisoners. We received a total of 155 completed questionnaires, a response rate of 91%. Five prisoners declined to participate in the survey and ten questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP & YOI Low Newton. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

¹¹ Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

¹² 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP & YOI Low Newton 2018 compared with those from other HMIP surveys¹³

- Survey responses from HMP & YOI Low Newton in 2018 compared with survey responses from the most recent inspection at all other women's local prisons.
- Survey responses from HMP & YOI Low Newton in 2018 compared with survey responses from HMP & YOI Low Newton in 2014.

Comparisons between sub-populations of prisoners within HMP & YOI Low Newton 2018¹⁴

- disabled prisoners' responses compared with those who do not have a disability.
- responses of prisoners with mental health problems compared with those who do not have mental health problems.
- responses of prisoners aged 50 and over compared with those under 50.
- responses of prisoners aged 25 and under compared with those over 25.
- heterosexual prisoners' responses compared with those of other sexual orientations.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.¹⁵

In the comparator analyses, statistically significant¹⁶ differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

¹³ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

¹⁴ These analyses are carried out on summary data from selected survey questions only.

¹⁵ A minimum of 10 responses which must also represent at least 10% of the total response.

¹⁶ 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing	12 (8%)
	B Wing	15 (10%)
	C Wing	24 (15%)
	D Wing	24 (15%)
	E Wing	23 (15%)
	F Wing	19 (12%)
	G Wing	17 (11%)
	I Wing	18 (12%)
	Segregation unit.....	2 (1%)
	Health care unit.....	1 (1%)
I.2	How old are you?	
	Under 21	7 (5%)
	21 - 25.....	22 (14%)
	26 - 29.....	15 (10%)
	30 - 39.....	63 (41%)
	40 - 49.....	28 (18%)
	50 - 59.....	16 (10%)
	60 - 69.....	2 (1%)
	70 or over	0 (0%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	133 (87%)
	White - Irish.....	1 (1%)
	White - Gypsy or Irish Traveller.....	3 (2%)
	White - any other White background	1 (1%)
	Mixed - White and Black Caribbean.....	5 (3%)
	Mixed - White and Black African	0 (0%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background	0 (0%)
	Asian/ Asian British - Indian.....	0 (0%)
	Asian/ Asian British - Pakistani.....	1 (1%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background	1 (1%)
	Black/ Black British - Caribbean.....	1 (1%)
	Black/ Black British - African	0 (0%)
	Black - any other Black/ African/ Caribbean background.....	0 (0%)
	Arab.....	6 (4%)
	Any other ethnic group	0 (0%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	57 (38%)
	6 months or more	93 (62%)

1.5	Are you currently serving a sentence?	
	Yes	126 (82%)
	Yes - on recall	13 (8%)
	No - on remand or awaiting sentence	15 (10%)
	No - immigration detainee.....	0 (0%)
1.6	How long is your sentence?	
	Less than 6 months.....	12 (8%)
	6 months to less than 1 year	14 (9%)
	1 year to less than 4 years	44 (29%)
	4 years to less than 10 years	46 (30%)
	10 years or more	9 (6%)
	IPP (indeterminate sentence for public protection)	4 (3%)
	Life	7 (5%)
	Not currently serving a sentence.....	15 (10%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	25 (16%)
	No.....	118 (77%)
	Don't remember	11 (7%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	82 (53%)
	2 hours or more.....	52 (34%)
	Don't remember	20 (13%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	136 (89%)
	No.....	10 (7%)
	Don't remember	7 (5%)
2.4	Overall, how were you treated in reception?	
	Very well	68 (44%)
	Quite well	63 (41%)
	Quite badly	12 (8%)
	Very badly	3 (2%)
	Don't remember	7 (5%)

2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	48 (31%)
	Contacting family.....	46 (30%)
	Arranging care for children or other dependants.....	8 (5%)
	Contacting employers.....	4 (3%)
	Money worries.....	36 (24%)
	Housing worries	44 (29%)
	Feeling depressed.....	95 (62%)
	Feeling suicidal.....	33 (22%)
	Other mental health problems	77 (50%)
	Physical health problems	28 (18%)
	Drug or alcohol problems (e.g. withdrawal)	63 (41%)
	Problems getting medication	74 (48%)
	Needing protection from other prisoners.....	9 (6%)
	Lost or delayed property	21 (14%)
	Other problems.....	21 (14%)
	Did not have any problems.....	14 (9%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	69 (47%)
	No.....	65 (44%)
	Did not have any problems when I first arrived.....	14 (9%)

First night and induction

3.1	Before you were locked up on your first night here, were you offered any of the following things?			
	Tobacco or nicotine replacement.....	98 (64%)		
	Toiletries / other basic items	93 (61%)		
	A shower.....	71 (46%)		
	A free phone call	112 (73%)		
	Something to eat	114 (75%)		
	The chance to see someone from health care.....	105 (69%)		
	The chance to talk to a Listener or Samaritans.....	66 (43%)		
	Support from another prisoner (e.g. Insider or buddy).....	31 (20%)		
	Wasn't offered any of these things	6 (4%)		
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean	11 (7%)		
	Quite clean	55 (37%)		
	Quite dirty	48 (32%)		
	Very dirty	33 (22%)		
	Don't remember	3 (2%)		
3.3	Did you feel safe on your first night here?			
	Yes	104 (69%)		
	No.....	41 (27%)		
	Don't remember	6 (4%)		
3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	48 (33%)	88 (61%)	8 (6%)
	Free PIN phone credit?	97 (67%)	39 (27%)	9 (6%)
	Numbers put on your PIN phone?	67 (46%)	67 (46%)	12 (8%)

3.5	Did your induction cover everything you needed to know about this prison?	
	Yes	71 (49%)
	No	59 (41%)
	Have not had an induction.....	15 (10%)

On the wing

4.1	Are you in a cell on your own?	
	Yes	107 (70%)
	No, I'm in a shared cell or dormitory.....	46 (30%)

4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	49 (33%)
	No.....	65 (44%)
	Don't know.....	21 (14%)
	Don't have a cell call bell.....	13 (9%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	122 (79%)	31 (20%)	1 (1%)
Can you shower every day?	142 (92%)	12 (8%)	0 (0%)
Do you have clean sheets every week?	148 (97%)	5 (3%)	0 (0%)
Do you get cell cleaning materials every week?	127 (85%)	20 (13%)	2 (1%)
Is it normally quiet enough for you to relax or sleep at night?	102 (68%)	49 (32%)	0 (0%)
Can you get your stored property if you need it?	45 (30%)	68 (46%)	36 (24%)

4.4	Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?	
	Very clean	24 (16%)
	Quite clean	86 (57%)
	Quite dirty	27 (18%)
	Very dirty	15 (10%)

Food and canteen

5.1	What is the quality of food like in this prison?	
	Very good.....	6 (4%)
	Quite good.....	66 (45%)
	Quite bad	50 (34%)
	Very bad	26 (18%)

5.2	Do you get enough to eat at mealtimes?	
	Always.....	20 (13%)
	Most of the time.....	41 (27%)
	Some of the time.....	68 (44%)
	Never	25 (16%)

5.3	Does the shop / canteen sell the things that you need?	
	Yes	104 (68%)
	No.....	44 (29%)
	Don't know.....	4 (3%)

Relationships with staff

6.1	Do most staff here treat you with respect?	
	Yes	122 (82%)
	No	27 (18%)
6.2	Are there any staff here you could turn to if you had a problem?	
	Yes	128 (85%)
	No	22 (15%)
6.3	In the last week, has any member of staff talked to you about how you are getting on?	
	Yes	70 (46%)
	No	81 (54%)
6.4	How helpful is your personal or named officer?	
	Very helpful.....	38 (26%)
	Quite helpful.....	42 (28%)
	Not very helpful.....	17 (11%)
	Not at all helpful.....	19 (13%)
	Don't know.....	18 (12%)
	Don't have a personal / named officer	14 (9%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	21 (14%)
	Sometimes.....	36 (24%)
	Hardly ever	83 (55%)
	Don't know.....	11 (7%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	69 (48%)
	No	76 (52%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	43 (28%)
	Yes, but things don't change.....	57 (37%)
	No.....	30 (20%)
	Don't know.....	23 (15%)

Faith

7.1	What is your religion?	
	No religion.....	49 (33%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	85 (57%)
	Buddhist.....	5 (3%)
	Hindu.....	0 (0%)
	Jewish	1 (1%)
	Muslim.....	4 (3%)
	Sikh	0 (0%)
	Other	6 (4%)
7.2	Are your religious beliefs respected here?	
	Yes	77 (53%)
	No.....	10 (7%)
	Don't know.....	10 (7%)
	Not applicable (no religion).....	49 (34%)

7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes	90 (59%)
	No	4 (3%)
	Don't know.....	9 (6%)
	Not applicable (no religion).....	49 (32%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	92 (61%)
	No	9 (6%)
	Don't know.....	2 (1%)
	Not applicable (no religion).....	49 (32%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	78 (52%)
	No	72 (48%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	73 (48%)
	No	80 (52%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	136 (90%)
	No	15 (10%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	16 (11%)
	Quite easy	43 (28%)
	Quite difficult	32 (21%)
	Very difficult	55 (36%)
	Don't know.....	6 (4%)
8.5	How often do you have visits from family or friends?	
	More than once a week.....	5 (3%)
	About once a week.....	20 (14%)
	Less than once a week.....	61 (42%)
	Not applicable (don't get visits).....	59 (41%)
8.6	Do visits usually start and finish on time?	
	Yes	63 (73%)
	No	23 (27%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	73 (89%)
	No	9 (11%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	102 (69%)
	Yes, but these times are not usually kept to	38 (26%)
	No	7 (5%)

9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	9 (6%)
	2 to 6 hours.....	29 (20%)
	6 to 10 hours	52 (35%)
	10 hours or more	37 (25%)
	Don't know.....	20 (14%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	8 (5%)
	2 to 6 hours.....	55 (37%)
	6 to 10 hours	52 (35%)
	10 hours or more	19 (13%)
	Don't know.....	15 (10%)
9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None	1 (1%)
	1 or 2	10 (7%)
	3 to 5.....	13 (9%)
	More than 5.....	110 (75%)
	Don't know.....	12 (8%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	7 (5%)
	1 or 2	8 (5%)
	3 to 5.....	8 (5%)
	More than 5.....	112 (76%)
	Don't know.....	13 (9%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	83 (57%)
	1 or 2	17 (12%)
	3 to 5.....	3 (2%)
	More than 5.....	20 (14%)
	Don't know.....	22 (15%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	52 (36%)
	About once a week.....	13 (9%)
	Less than once a week.....	14 (10%)
	Never	66 (46%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	17 (12%)
	About once a week.....	55 (38%)
	Less than once a week.....	22 (15%)
	Never	52 (36%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	74 (53%)
	No.....	13 (9%)
	Don't use the library	52 (37%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?				
	Yes			125 (86%)	
	No			13 (9%)	
	Don't know			8 (5%)	
10.2	If you have made any applications here, please answer the questions below:				
		Yes	No	Not made any applications	
	Are applications usually dealt with fairly?	97 (70%)	36 (26%)	6 (4%)	
	Are applications usually dealt with within 7 days?	56 (41%)	73 (54%)	6 (4%)	
10.3	Is it easy for you to make a complaint?				
	Yes			103 (69%)	
	No			22 (15%)	
	Don't know			24 (16%)	
10.4	If you have made any complaints here, please answer the questions below:				
		Yes	No	Not made any complaints	
	Are complaints usually dealt with fairly?	34 (25%)	50 (37%)	51 (38%)	
	Are complaints usually dealt with within 7 days?	22 (17%)	57 (44%)	51 (39%)	
10.5	Have you ever been prevented from making a complaint here when you wanted to?				
	Yes			36 (26%)	
	No			64 (46%)	
	Not wanted to make a complaint			40 (29%)	
10.6	In this prison, is it easy or difficult for you to...				
		Easy	Difficult	Don't know	Don't need this
	Communicate with your solicitor or legal representative?	52 (36%)	53 (37%)	24 (17%)	14 (10%)
	Attend legal visits?	68 (49%)	22 (16%)	32 (23%)	17 (12%)
	Get bail information?	24 (18%)	24 (18%)	41 (30%)	46 (34%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?				
	Yes				74 (51%)
	No				58 (40%)
	Not had any legal letters				12 (8%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	3 (2%)	40 (27%)	67 (46%)	30 (20%)	7 (5%)
	Nurse	13 (9%)	64 (44%)	38 (26%)	22 (15%)	8 (6%)
	Dentist	4 (3%)	29 (20%)	47 (33%)	49 (34%)	14 (10%)
	Mental health workers	9 (6%)	31 (22%)	46 (32%)	37 (26%)	20 (14%)

11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	5 (3%)	29 (20%)	55 (38%)	42 (29%)	13 (9%)
	Nurse	14 (10%)	57 (40%)	31 (22%)	29 (20%)	13 (9%)
	Dentist	8 (6%)	46 (32%)	26 (18%)	27 (19%)	35 (25%)
	Mental health workers	17 (12%)	43 (30%)	31 (22%)	18 (13%)	33 (23%)
11.3	Do you have any mental health problems?					
	Yes					115 (77%)
	No					34 (23%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					70 (48%)
	No					43 (29%)
	Don't have any mental health problems					34 (23%)
11.5	What do you think of the overall quality of the health services here?					
	Very good.....					10 (7%)
	Quite good.....					45 (30%)
	Quite bad					38 (26%)
	Very bad					51 (34%)
	Don't know.....					4 (3%)
Other support needs						
12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?					
	Yes					69 (47%)
	No					78 (53%)
12.2	If you have a disability, are you getting the support you need?					
	Yes					26 (18%)
	No					38 (27%)
	Don't have a disability					78 (55%)
12.3	Have you been on an ACCT in this prison?					
	Yes					64 (44%)
	No					83 (56%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?					
	Yes					39 (27%)
	No					22 (15%)
	Have not been on an ACCT in this prison					83 (58%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?					
	Very easy					50 (34%)
	Quite easy					35 (24%)
	Quite difficult					4 (3%)
	Very difficult					6 (4%)
	Don't know.....					50 (34%)
	No Listeners at this prison					2 (1%)
Alcohol and drugs						
13.1	Did you have an alcohol problem when you came into this prison?					
	Yes					44 (29%)
	No					106 (71%)

13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	29 (20%)
	No.....	12 (8%)
	Did not / do not have an alcohol problem	106 (72%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	80 (54%)
	No.....	68 (46%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	33 (23%)
	No.....	113 (77%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	26 (17%)
	No.....	123 (83%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	54 (39%)
	No.....	30 (21%)
	Did not / do not have a drug problem.....	56 (40%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy.....	58 (41%)
	Quite easy.....	32 (23%)
	Quite difficult	9 (6%)
	Very difficult	4 (3%)
	Don't know.....	38 (27%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	8 (6%)
	Quite easy.....	16 (11%)
	Quite difficult	12 (8%)
	Very difficult	38 (26%)
	Don't know.....	70 (49%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	81 (55%)
	No.....	66 (45%)
14.2	Do you feel unsafe now?	
	Yes	26 (18%)
	No.....	116 (82%)

14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	64 (45%)
	Threats or intimidation.....	55 (39%)
	Physical assault.....	16 (11%)
	Sexual assault.....	4 (3%)
	Theft of canteen or property.....	31 (22%)
	Other bullying / victimisation	37 (26%)
	Not experienced any of these from prisoners here.....	57 (40%)

14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	65 (42%)
	No.....	89 (58%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	34 (24%)
	Threats or intimidation.....	31 (22%)
	Physical assault.....	4 (3%)
	Sexual assault.....	4 (3%)
	Theft of canteen or property.....	4 (3%)
	Other bullying / victimisation	22 (16%)
	Not experienced any of these from staff here.....	81 (57%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	81 (58%)
	No.....	59 (42%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	65 (46%)
	No.....	59 (42%)
	Don't know what the incentives / rewards are	17 (12%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	59 (41%)
	No.....	46 (32%)
	Don't know.....	21 (15%)
	Don't know what this is	18 (13%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	7 (5%)
	No.....	139 (95%)

15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?	
	Yes	2 (1%)
	No.....	4 (3%)
	Don't remember	1 (1%)
	Not been restrained here in last 6 months	139 (95%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	10 (7%)
	No	136 (93%)

15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	9 (100%)	0 (0%)
	Could you shower every day?	8 (100%)	0 (0%)
	Could you go outside for exercise every day?	6 (75%)	2 (25%)
	Could you use the phone every day (if you had credit)?	7 (88%)	1 (13%)

Education, skills and work

16.1	Is it easy or difficult to get into the following activities in this prison?				
		Easy	Difficult	Don't know	Not available here
	Education	98 (69%)	27 (19%)	17 (12%)	1 (1%)
	Vocational or skills training	62 (46%)	31 (23%)	38 (28%)	3 (2%)
	Prison job	69 (51%)	42 (31%)	20 (15%)	3 (2%)
	Voluntary work outside of the prison	6 (4%)	39 (29%)	71 (53%)	19 (14%)
	Paid work outside of the prison	6 (4%)	37 (27%)	64 (47%)	29 (21%)

16.2	If you have done any of these activities while in this prison, do you think they will help you on release?			
		Yes, will help	No, won't help	Not done this
	Education	86 (62%)	31 (22%)	21 (15%)
	Vocational or skills training	59 (46%)	30 (23%)	40 (31%)
	Prison job	65 (49%)	42 (32%)	25 (19%)
	Voluntary work outside of the prison	19 (15%)	16 (13%)	90 (72%)
	Paid work outside of the prison	19 (15%)	16 (13%)	89 (72%)

16.3	Do staff encourage you to attend education, training or work?	
	Yes	100 (72%)
	No	34 (24%)
	Not applicable (e.g. if you are retired, sick or on remand)	5 (4%)

Planning and progression

17.1	Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)	
	Yes	86 (62%)
	No	53 (38%)

17.2	Do you understand what you need to do to achieve the objectives or targets in your custody plan?	
	Yes	70 (82%)
	No	8 (9%)
	Don't know what my objectives or targets are.....	7 (8%)

17.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes	54 (65%)
	No	22 (27%)
	Don't know what my objectives or targets are.....	7 (8%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	30 (40%)	8 (11%)	37 (49%)
Other programmes	34 (47%)	5 (7%)	34 (47%)
One to one work	34 (45%)	8 (11%)	33 (44%)
Being on a specialist unit	14 (20%)	5 (7%)	50 (72%)
ROTL - day or overnight release	3 (4%)	2 (3%)	62 (93%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	39 (27%)
No.....	90 (63%)
Don't know.....	14 (10%)

18.2 How close is this prison to your home area or intended release address?

Very near.....	8 (21%)
Quite near.....	11 (29%)
Quite far.....	11 (29%)
Very far.....	8 (21%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	29 (78%)
No.....	8 (22%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	10 (28%)	15 (42%)	11 (31%)
Getting employment	5 (15%)	19 (56%)	10 (29%)
Setting up education or training	4 (12%)	16 (47%)	14 (41%)
Arranging benefits	15 (42%)	16 (44%)	5 (14%)
Sorting out finances	5 (15%)	18 (53%)	11 (32%)
Support for drug or alcohol problems	17 (50%)	11 (32%)	6 (18%)
Health / mental health support	14 (41%)	11 (32%)	9 (26%)
Social care support	6 (18%)	11 (32%)	17 (50%)
Getting back in touch with family or friends	9 (25%)	12 (33%)	15 (42%)

More about you

19.1 Do you have children under the age of 18?

Yes	80 (57%)
No.....	61 (43%)

19.2 Are you a UK / British citizen?

Yes	140 (99%)
No.....	1 (1%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	10 (7%)
No.....	132 (93%)

19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes	2 (1%)
	No	139 (99%)
19.5	What is your gender?	
	Male	0 (0%)
	Female	140 (99%)
	Non-binary	0 (0%)
	Other	2 (1%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	89 (62%)
	Gay / lesbian / homosexual	27 (19%)
	Bisexual	27 (19%)
	Other	0 (0%)
19.7	Do you identify as transgender or transsexual?	
	Yes	1 (1%)
	No	140 (99%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend	10 (7%)
	Less likely to offend	81 (59%)
	Made no difference	46 (34%)

HMP & YOI Low Newton 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP & YOI Low Newton 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other women's local prisons (6 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from HMP & YOI Low Newton in 2018 are compared with those from HMP & YOI Low Newton in 2014. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

n=number of valid responses to question (HMP & YOI Low Newton 2018)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n=153</i>	5%	3%	5%	5%
	Are you 25 years of age or younger?	<i>n=153</i>	19%		19%	
	Are you 50 years of age or older?	<i>n=153</i>	12%	11%	12%	12%
	Are you 70 years of age or older?	<i>n=153</i>	0%	1%	0%	0%
1.3	Are you from a minority ethnic group?	<i>n=153</i>	10%	17%	10%	5%
1.4	Have you been in this prison for less than 6 months?	<i>n=150</i>	38%		38%	
1.5	Are you currently serving a sentence?	<i>n=154</i>	90%	82%	90%	86%
	Are you on recall?	<i>n=154</i>	8%	7%	8%	8%
1.6	Is your sentence less than 12 months?	<i>n=151</i>	17%	29%	17%	16%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=151</i>	3%	3%	3%	3%
7.1	Are you Muslim?	<i>n=150</i>	3%	5%	3%	2%
11.3	Do you have any mental health problems?	<i>n=149</i>	77%		77%	
12.1	Do you consider yourself to have a disability?	<i>n=147</i>	47%	37%	47%	35%
19.1	Do you have any children under the age of 18?	<i>n=141</i>	57%	55%	57%	60%
19.2	Are you a foreign national?	<i>n=141</i>	1%	9%	1%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=142</i>	7%	7%	7%	4%
19.4	Have you ever been in the armed services?	<i>n=141</i>	1%	1%	1%	2%
19.5	Is your gender male or non-binary?	<i>n=142</i>	1%		1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=143</i>	38%	25%	38%	34%
19.7	Do you identify as transgender or transsexual?	<i>n=141</i>	1%		1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=154</i>	16%		16%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=154</i>	53%	52%	53%	67%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=153</i>	89%	88%	89%	93%
2.4	Overall, were you treated very / quite well in reception?	<i>n=153</i>	86%		86%	

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

n=number of valid responses to question (HMP & YOI Low Newton 2018)

2.5	When you first arrived, did you have any problems?	n=153	91%	83%	91%	81%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=153	31%	29%	31%	19%
	- Contacting family?	n=153	30%	27%	30%	27%
	- Arranging care for children or other dependents?	n=153	5%		5%	
	- Contacting employers?	n=153	3%	3%	3%	2%
	- Money worries?	n=153	24%	26%	24%	19%
	- Housing worries?	n=153	29%	28%	29%	27%
	- Feeling depressed?	n=153	62%		62%	
	- Feeling suicidal?	n=153	22%		22%	
	- Other mental health problems?	n=153	50%		50%	
	- Physical health problems	n=153	18%	26%	18%	22%
	- Drugs or alcohol (e.g. withdrawal)?	n=153	41%		41%	
	- Getting medication?	n=153	48%		48%	
	- Needing protection from other prisoners?	n=153	6%	5%	6%	4%
	- Lost or delayed property?	n=153	14%	12%	14%	10%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	n=134	52%	46%	52%	61%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=153	64%	80%	64%	88%
	- Toiletries / other basic items?	n=153	61%	74%	61%	80%
	- A shower?	n=153	46%	41%	46%	55%
	- A free phone call?	n=153	73%	74%	73%	83%
	- Something to eat?	n=153	75%	81%	75%	72%
	- The chance to see someone from health care?	n=153	69%	68%	69%	76%
	- The chance to talk to a Listener or Samaritans?	n=153	43%	43%	43%	44%
	- Support from another prisoner (e.g. Insider or buddy)?	n=153	20%		20%	
	- None of these?	n=153	4%		4%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=150	44%		44%	
3.3	Did you feel safe on your first night here?	n=151	69%	69%	69%	80%
3.4	In your first few days here, did you get?					
	- Access to the prison shop / canteen?	n=144	33%	28%	33%	33%
	- Free PIN phone credit?	n=145	67%		67%	
	- Numbers put on your PIN phone?	n=146	46%		46%	
3.5	Have you had an induction at this prison?	n=145	90%	87%	90%	89%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	n=130	55%		55%	

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

Number of completed questionnaires returned

n=number of valid responses to question (HMP & YOI Low Newton 2018)

ON THE WING					
4.1	Are you in a cell on your own?	n=153	70%		70%
4.2	Is your cell call bell normally answered within 5 minutes?	n=148	33%	42%	33%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	n=154	79%	67%	79%
	- Can you shower every day?	n=154	92%	90%	92%
	- Do you have clean sheets every week?	n=153	97%	88%	97%
	- Do you get cell cleaning materials every week?	n=149	85%	83%	85%
	- Is it normally quiet enough for you to relax or sleep at night?	n=151	68%	61%	68%
	- Can you get your stored property if you need it?	n=149	30%	26%	30%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=152	72%		72%
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good?	n=148	49%		49%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=154	40%		40%
5.3	Does the shop / canteen sell the things that you need?	n=152	68%	47%	68%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	n=149	82%	76%	82%
6.2	Are there any staff here you could turn to if you had a problem?	n=150	85%	79%	85%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=151	46%	34%	46%
6.4	Do you have a personal officer?	n=148	91%		91%
	<i>For those who have a personal officer:</i>				
6.4	Is your personal or named officer very / quite helpful?	n=134	60%		60%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=151	14%		14%
6.6	Do you feel that you are treated as an individual in this prison?	n=145	48%		48%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=153	65%		65%
	If so, do things sometimes change?	n=100	43%		43%
FAITH					
7.1	Do you have a religion?	n=150	67%	74%	67%
	<i>For those who have a religion:</i>				
7.2	Are your religious beliefs respected here?	n=97	79%		79%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=103	87%		87%
7.4	Are you able to attend religious services, if you want to?	n=103	89%		89%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP & YO1 Low Newton 2018	All other women's local prisons	HMP & YO1 Low Newton 2018	HMP & YO1 Low Newton 2014
155	974	155	133

n=number of valid responses to question (HMP & YO1 Low Newton 2018)

CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=150	52%		52%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=153	48%	45%	48%
8.3	Are you able to use a phone every day (if you have credit)?	n=151	90%		90%
8.4	Is it very / quite easy for your family and friends to get here?	n=152	39%		39%
8.5	Do you get visits from family/friends once a week or more?	n=145	17%		17%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=86	73%		73%
8.7	Are your visitors usually treated respectfully by staff?	n=82	89%		89%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=147	95%		95%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>					
9.1	Are these times usually kept to?	n=140	73%		73%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=147	6%	9%	6%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=147	25%	14%	25%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=149	5%		5%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=149	13%		13%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=146	75%		75%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=148	76%		76%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=145	14%		14%
9.7	Do you typically go to the gym twice a week or more?	n=145	36%		36%
9.8	Do you typically go to the library twice a week or more?	n=146	12%	8%	12%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=87	85%	57%	85%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=146	86%	78%	86%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=133	73%	60%	73%
	Are applications usually dealt with within 7 days?	n=129	43%	46%	43%
10.3	Is it easy for you to make a complaint?	n=149	69%	60%	69%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=84	41%	39%	41%
	Are complaints usually dealt with within 7 days?	n=79	28%	36%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=100	36%		36%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

n=number of valid responses to question (HMP & YOI Low Newton 2018)

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

<i>For those who need it, is it easy to:</i>					
10.6	Communicate with your solicitor or legal representative?	<i>n=129</i>	40%		40%
	Attend legal visits?	<i>n=122</i>	56%		56%
	Get bail information?	<i>n=89</i>	27%		27%
<i>For those who have had legal letters:</i>					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<i>n=132</i>	56%	47%	56% 55%
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	<i>n=147</i>	29%		29%
	- Nurse?	<i>n=145</i>	53%		53%
	- Dentist?	<i>n=143</i>	23%		23%
	- Mental health workers?	<i>n=143</i>	28%		28%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	<i>n=144</i>	24%		24%
	- Nurse?	<i>n=144</i>	49%		49%
	- Dentist?	<i>n=142</i>	38%		38%
	- Mental health workers?	<i>n=142</i>	42%		42%
11.3	Do you have any mental health problems?	<i>n=149</i>	77%		77%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	<i>n=113</i>	62%		62%
11.5	Do you think the overall quality of the health services here is very / quite good?	<i>n=148</i>	37%		37%
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	<i>n=147</i>	47%	37%	47% 35%
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	<i>n=64</i>	41%		41%
12.3	Have you been on an ACCT in this prison?	<i>n=147</i>	44%		44%
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	<i>n=61</i>	64%		64%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<i>n=147</i>	58%		58%
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	<i>n=150</i>	29%	31%	29% 30%
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	<i>n=41</i>	71%	71%	71% 86%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<i>n=148</i>	54%	46%	54% 43%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<i>n=146</i>	23%	9%	23% 4%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=149</i>	17%		17%
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	<i>n=84</i>	64%	77%	64% 87%
13.7	Is it very / quite easy to get illicit drugs in this prison?	<i>n=141</i>	64%		64%
13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=144</i>	17%		17%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

n=number of valid responses to question (HMP & YOI Low Newton 2018)

SAFETY						
14.1	Have you ever felt unsafe here?	n=147	55%	52%	55%	40%
14.2	Do you feel unsafe now?	n=142	18%	20%	18%	10%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=141	45%		45%	
	- Threats or intimidation?	n=141	39%		39%	
	- Physical assault?	n=141	11%		11%	
	- Sexual assault?	n=141	3%		3%	
	- Theft of canteen or property?	n=141	22%		22%	
	- Other bullying / victimisation?	n=141	26%		26%	
	- Not experienced any of these from prisoners here	n=141	40%	55%	40%	67%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=154	42%		42%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=141	24%		24%	
	- Threats or intimidation?	n=141	22%		22%	
	- Physical assault?	n=141	3%		3%	
	- Sexual assault?	n=141	3%		3%	
	- Theft of canteen or property?	n=141	3%		3%	
	- Other bullying / victimisation?	n=141	16%		16%	
	- Not experienced any of these from staff here	n=141	57%	66%	57%	79%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=140	58%		58%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=141	46%		46%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=144	41%		41%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=146	5%	7%	5%	6%
	<i>For those who have been restrained in the last 6 months:</i>					
15.4	Did anyone come and talk to you about it afterwards?	n=7	29%		29%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=146	7%	20%	7%	17%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>					
15.6	Were you treated well by segregation staff?	n=9	100%		100%	
	Could you shower every day?	n=8	100%		100%	
	Could you go outside for exercise every day?	n=8	75%		75%	
	Could you use the phone every day (if you had credit)?	n=8	88%		88%	

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

n=number of valid responses to question (HMP & YOI Low Newton 2018)

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=143	69%		69%
	- Vocational or skills training?	n=134	46%		46%
	- Prison job?	n=134	52%		52%
	- Voluntary work outside of the prison?	n=135	4%		4%
	- Paid work outside of the prison?	n=136	4%		4%
16.2	In this prison, have you done the following activities:				
	- Education?	n=138	85%	77%	85% 88%
	- Vocational or skills training?	n=129	69%	66%	69% 77%
	- Prison job?	n=132	81%	81%	81% 89%
	- Voluntary work outside of the prison?	n=125	28%		28%
	- Paid work outside of the prison?	n=124	28%		28%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=117	74%	66%	74% 65%
	- Vocational or skills training?	n=89	66%	58%	66% 56%
	- Prison job?	n=107	61%	58%	61% 52%
	- Voluntary work outside of the prison?	n=35	54%		54%
	- Paid work outside of the prison?	n=35	54%		54%
16.3	Do staff encourage you to attend education, training or work?	n=134	75%		75%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=139	62%		62%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=85	82%		82%
17.3	Are staff helping you to achieve your objectives or targets?	n=83	65%		65%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=75	51%		51%
	- Other programmes?	n=73	53%		53%
	- One to one work?	n=75	56%		56%
	- Been on a specialist unit?	n=69	28%		28%
	- ROTL - day or overnight release?	n=67	8%		8%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=38	79%		79%
	- Other programmes?	n=39	87%		87%
	- One to one work?	n=42	81%		81%
	- Being on a specialist unit?	n=19	74%		74%
	- ROTL - day or overnight release?	n=5	60%		60%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP & YOI Low Newton 2018	All other women's local prisons	HMP & YOI Low Newton 2018	HMP & YOI Low Newton 2014
155	974	155	133

n=number of valid responses to question (HMP & YOI Low Newton 2018)

PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	n=143	27%		27%	
<i>For those who expect to be released in the next 3 months:</i>						
18.2	Is this prison very / quite near to your home area or intended release address?	n=38	50%		50%	
18.3	Is anybody helping you to prepare for your release?	n=37	78%		78%	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	n=36	69%		69%	
	- Getting employment?	n=34	71%		71%	
	- Setting up education or training?	n=34	59%		59%	
	- Arranging benefits?	n=36	86%		86%	
	- Sorting out finances?	n=34	68%		68%	
	- Support for drug or alcohol problems?	n=34	82%		82%	
	- Health / mental Health support?	n=34	74%		74%	
	- Social care support?	n=34	50%		50%	
	- Getting back in touch with family or friends?	n=36	58%		58%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	n=25	40%		40%	
	- Getting employment?	n=24	21%		21%	
	- Setting up education or training?	n=20	20%		20%	
	- Arranging benefits?	n=31	48%		48%	
	- Sorting out finances?	n=23	22%		22%	
	- Support for drug or alcohol problems?	n=28	61%		61%	
	- Health / mental Health support?	n=25	56%		56%	
	- Social care support?	n=17	35%		35%	
	- Getting back in touch with family or friends?	n=21	43%		43%	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=137	59%		59%	

HMP & YOI Low Newton 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems
- Disabled prisoners' responses are compared with those of prisoners who do not have a disability

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
115	34	69	78

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	4%	6%	0%	9%
	Are you 50 years of age or older?	8%	27%	7%	14%
1.3	Are you from a minority ethnic group?	9%	9%	9%	11%
7.1	Are you Muslim?	2%	3%	2%	4%
11.3	Do you have any mental health problems?			91%	66%
12.1	Do you consider yourself to have a disability?	55%	19%		
19.2	Are you a foreign national?	0%	3%	2%	0%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	7%	9%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	88%	94%	90%	89%
2.4	Overall, were you treated very / quite well in reception?	85%	85%	87%	83%
2.5	When you first arrived, did you have any problems?	95%	85%	96%	91%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	49%	60%	48%	53%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	66%	79%	67%	69%
3.5	Have you had an induction at this prison?	90%	87%	91%	88%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	51%	63%	51%	55%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	30%	38%	33%	31%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	76%	88%	74%	83%
	- Can you shower every day?	91%	97%	87%	97%
	- Do you have clean sheets every week?	98%	94%	96%	99%
	- Do you get cell cleaning materials every week?	85%	85%	82%	87%
	- Is it normally quiet enough for you to relax or sleep at night?	66%	73%	65%	68%
	- Can you get your stored property if you need it?	30%	27%	28%	27%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
115	34

Have a disability	Do not have a disability
69	78

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	52%	39%	36%
5.3	Does the shop / canteen sell the things that you need?	66%	74%	66%	69%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	80%	91%	79%	84%
6.2	Are there any staff here you could turn to if you had a problem?	84%	91%	84%	87%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	46%	44%	43%	47%
6.6	Do you feel that you are treated as an individual in this prison?	44%	56%	47%	47%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	79%	82%	74%	83%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	90%	83%	85%	89%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	51%	52%	46%	55%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	48%	47%	51%	45%
8.3	Are you able to use a phone every day (if you have credit)?	89%	94%	88%	91%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	88%	91%	86%	91%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	6%	6%	10%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	24%	28%	22%	28%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	86%	83%	84%	85%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	85%	88%	84%	88%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	68%	90%	69%	76%
10.3	Is it easy for you to make a complaint?	68%	74%	71%	69%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	41%	38%	41%	39%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	38%	28%	41%	31%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
115	34

Have a disability	Do not have a disability
69	78

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	27%	39%
	- Nurse?	54%	52%
	- Dentist?	21%	31%
	- Mental health workers?	32%	16%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	62%	
11.5	Do you think the overall quality of the health services here is very / quite good?	40%	25%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	42%	29%
SAFETY			
14.1	Have you ever felt unsafe here?	61%	32%
14.2	Do you feel unsafe now?	20%	9%
14.3	Not experienced bullying / victimisation by other prisoners	37%	50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	40%	56%
14.5	Not experienced bullying / victimisation by members of staff	53%	71%
14.6	If you were being bullied / victimised by staff here, would you report it?	55%	68%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	58%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	38%	52%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	5%	3%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	0%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	73%	79%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	60%	70%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	61%	76%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	80%	71%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	59%	59%

33%	25%
60%	47%
24%	21%
29%	28%
61%	62%
33%	40%
40%	
60%	49%
26%	11%
33%	47%
47%	40%
52%	63%
56%	60%
36%	54%
37%	45%
6%	4%
6%	8%
69%	79%
59%	65%
75%	57%
74%	83%
61%	57%

HMP & YOI Low Newton 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25

- Responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under	Over 25		50 and over	Under 50
	29	124		18	135

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	7%	11%	6%	10%
7.1	Are you Muslim?	4%	3%	0%	3%
11.3	Do you have any mental health problems?	82%	76%	50%	81%
12.1	Do you consider yourself to have a disability?	26%	52%	31%	49%
19.2	Are you a foreign national?	0%	1%	0%	1%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	16%	5%	0%	8%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	86%	89%	100%	87%
2.4	Overall, were you treated very / quite well in reception?	85%	86%	89%	85%
2.5	When you first arrived, did you have any problems?	90%	91%	89%	91%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	54%	50%	75%	47%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	68%	69%	89%	66%
3.5	Have you had an induction at this prison?	89%	91%	77%	92%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	54%	55%	77%	53%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	24%	34%	44%	31%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	83%	80%	94%	78%
	- Can you shower every day?	93%	92%	100%	91%
	- Do you have clean sheets every week?	90%	98%	100%	96%
	- Do you get cell cleaning materials every week?	93%	83%	94%	84%
	- Is it normally quiet enough for you to relax or sleep at night?	64%	68%	56%	69%
	- Can you get your stored property if you need it?	30%	30%	56%	26%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
29	124

50 and over	Under 50
18	135

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	31%	41%
5.3	Does the shop / canteen sell the things that you need?	68%	68%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	71%	84%
6.2	Are there any staff here you could turn to if you had a problem?	83%	86%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	48%	45%
6.6	Do you feel that you are treated as an individual in this prison?	39%	49%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	88%	78%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	94%	86%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	68%	49%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	55%	47%
8.3	Are you able to use a phone every day (if you have credit)?	85%	91%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	93%	88%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	4%	7%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	15%	28%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	93%	83%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	88%	85%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	79%	71%
10.3	Is it easy for you to make a complaint?	67%	70%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	43%	39%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	26%	38%

59%	36%
67%	68%
94%	80%
94%	84%
59%	44%
50%	47%
92%	77%
93%	87%
65%	51%
44%	49%
94%	89%
91%	89%
0%	7%
33%	24%
87%	84%
94%	84%
88%	71%
65%	70%
63%	37%
30%	36%

Shading is used to indicate statistical significance*, as follows:

- Green shading shows results that are significantly more positive than the comparator
- Blue shading shows results that are significantly more negative than the comparator
- Orange shading shows significant differences in demographics and background information
- No shading means that differences are not significant and may have occurred by chance
- Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
29	124

50 and over	Under 50
18	135

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	22%	31%
	- Nurse?	41%	55%
	- Dentist?	15%	25%
	- Mental health workers?	30%	26%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	71%	59%
11.5	Do you think the overall quality of the health services here is very / quite good?	41%	35%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	50%	39%
SAFETY			
14.1	Have you ever felt unsafe here?	52%	55%
14.2	Do you feel unsafe now?	12%	20%
14.3	Not experienced bullying / victimisation by other prisoners	48%	39%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	28%	46%
14.5	Not experienced bullying / victimisation by members of staff	54%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	65%	55%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	47%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	31%	44%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	7%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	80%	73%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	69%	60%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	61%	67%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	60%	81%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	54%	61%

41%	27%
59%	52%
27%	22%
19%	28%
44%	63%
39%	36%
50%	39%
59%	54%
22%	18%
28%	43%
61%	40%
50%	58%
65%	56%
59%	45%
41%	42%
6%	5%
0%	8%
88%	72%
81%	59%
69%	65%
100%	77%
56%	60%

HMP & YOI Low Newton 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of non-heterosexual prisoners are compared with those of heterosexual prisoners
Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Gay/bisexual/other	Heterosexual
54	89

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	4%	5%
	Are you 50 years of age or older?	6%	16%
1.3	Are you from a minority ethnic group?	8%	10%
7.1	Are you Muslim?	0%	2%
11.3	Do you have any mental health problems?	80%	78%
12.1	Do you consider yourself to have a disability?	50%	47%
19.2	Are you a foreign national?	0%	1%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	9%	6%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	87%	90%
2.4	Overall, were you treated very / quite well in reception?	83%	88%
2.5	When you first arrived, did you have any problems?	91%	94%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	54%	49%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	74%	63%
3.5	Have you had an induction at this prison?	92%	88%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	58%	50%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	28%	34%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	72%	82%
	- Can you shower every day?	94%	91%
	- Do you have clean sheets every week?	94%	99%
	- Do you get cell cleaning materials every week?	85%	85%
	- Is it normally quiet enough for you to relax or sleep at night?	77%	60%
	- Can you get your stored property if you need it?	28%	28%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

	Gay/bisexual/other	Heterosexual
Number of completed questionnaires returned	54	89

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	33%	41%
5.3	Does the shop / canteen sell the things that you need?	74%	62%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	77%	84%
6.2	Are there any staff here you could turn to if you had a problem?	91%	83%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	43%	45%
6.6	Do you feel that you are treated as an individual in this prison?	41%	51%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	84%	77%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	94%	84%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	53%	51%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	48%
8.3	Are you able to use a phone every day (if you have credit)?	89%	90%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	85%	91%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	2%	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	21%	27%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	89%	81%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	85%	86%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	74%	72%
10.3	Is it easy for you to make a complaint?	69%	68%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	37%	40%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	42%	34%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

	Gay/bisexual/other	Heterosexual
Number of completed questionnaires returned	54	89

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	39% 22%
	- Nurse?	59% 49%
	- Dentist?	28% 19%
	- Mental health workers?	30% 27%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	74% 53%
11.5	Do you think the overall quality of the health services here is very / quite good?	40% 35%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	40% 38%
SAFETY		
14.1	Have you ever felt unsafe here?	54% 58%
14.2	Do you feel unsafe now?	18% 19%
14.3	Not experienced bullying / victimisation by other prisoners	40% 39%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33% 50%
14.5	Not experienced bullying / victimisation by members of staff	57% 57%
14.6	If you were being bullied / victimised by staff here, would you report it?	48% 63%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37% 50%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	34% 44%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4% 6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	6% 8%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	75% 74%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	69% 56%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	71% 58%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	85% 75%
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	60% 58%